
Who Cares in Nicaragua? A Care Regime in an Exclusionary Social Policy Context

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ABSTRACT

In Latin American countries with historically strong social policy regimes (such as those in the Southern Cone), neoliberal policies are usually blamed for the increased burden of female unpaid work. However, studying the Nicaraguan care regime in two clearly defined periods — the Sandinista and the neoliberal eras — suggests that this argument may not hold in the case of countries with highly familialist social policy regimes. Despite major economic, political and policy shifts, the role of female unpaid work, both within the family and in the community, remains persistent and pivotal, and was significant long before the onset of neoliberal policies. Nicaragua's care regime has been highly dependent on the 'community' or 'voluntary' work of mostly women. This has also been, and continues to be, vital for the viability of many public social programmes.

INTRODUCTION

Policies of economic liberalization and structural adjustment during the 1990s have increased the burden of unpaid work assumed by Latin American women, particularly in countries with historically strong social policy regimes which have experienced State retrenchment during the last three decades, as is the case in the Southern Cone countries (Molyneux, 2000).¹ Has neoliberal restructuring had a similar impact on women's unpaid work in countries with more familialist social policy regimes? This contribution will explore this question by focusing on Nicaragua, a country that went from a liberal to a revolutionary regime and back to a (neo)liberal

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1. Following O'Connor et al. (1999), we understand social policy regimes as institutionalized patterns in state social provision that establish systematic relations between the state and social structures. The outcomes capture a broad range of interventions that go well beyond state transfers and services.

regime in less than thirty years. It provides an interesting case study for understanding certain continuities in the gender dimensions of the care regime which stand apart from economic and political transformations.

Nicaragua is the second poorest country in the Western Hemisphere. Gross domestic product (GDP) is exceptionally low (US\$ 958 per capita) and remittances from family members who have emigrated to the United States or Costa Rica are a primary source of national income (World Bank, 2008a). Some 20 per cent of individuals are illiterate, 80 per cent of the economically active population are classified as vulnerable workers, and 70 per cent of the population lives below the poverty line (ECLAC, 2007a). Furthermore, the country is very vulnerable to natural disasters such as hurricanes and earthquakes (IDB, 2008).

Within this complex reality, families are known to play a key role in the survival strategies of the majority of the population. Furthermore, family networks often rely heavily on mothers, daughters and other female family members, and are not necessarily shaped by marriage or partnership between women and men (Largaespada-Fredersdoff, 2006a, 2006b). In this sense, Nicaragua does not fit the traditional welfare regime literature from the North which is largely premised on the idea of a heterosexual couple (either through marriage or cohabitation). In fact, in the North, social provision against social risks has historically been accompanied by the reproduction of traditional gender roles, based on the model of the male provider and female care giver (Fraser, 1994; Orloff, 1996, 2009; Sainsbury, 1996).

This normative underpinning does not hold in the case of Nicaragua. While women are central in the productive and reproductive work of the family, close to 40 per cent of households are managed by women without a male partner or spouse (ECLAC, 2007a). Like many countries in Latin America, Nicaragua has seen a significant increase in the number of female-headed households (Canales, 2004; Rendón, 2004) as a result of growing trends of migration and informality, labour flexibilization and underemployment. At the same time, it also has one of the highest proportions of extended family households in Latin America (34 per cent), along with Honduras and Venezuela (Barahona, 2006). What is unusual about Nicaragua is that, here, extended families are a widespread phenomenon not only in rural, but also in urban areas. Some studies suggest that their prevalence increased between 1993 and 2001, particularly in rural areas, in what has been described as the 'accordion effect' or the tendency by families to come together and separate depending on the availability of resources (Agurto and Guido, 2001). Family support networks become 'a central resource in the process of social reproduction of individuals and their families: they allow access to other resources (education, work, income, health), [and] they play a decisive role in carrying out certain daily activities (care of children, domestic work, care for the sick...)' (Ariza and Oliveira, 2004: 26, own translation). In Nicaragua, then, these networks are more important than traditional notions of the nuclear family would seem to suggest.

In this ‘familialistic’ context,² did neoliberal public policy between the 1990s and 2006 increase the demand placed on female unpaid work, as it did in the Southern Cone countries? To answer this question, we compare the nature of the Nicaraguan care regime between 1990 and 2006 with the legacies of the Sandinista revolution (1979–1990). Our findings suggest that the argument that structural adjustment increased women’s high care burden may need to be more nuanced in the Nicaraguan context. In both the Sandinista and the neoliberal period, albeit for different reasons, the care regime was highly and explicitly dependent on unpaid work of mostly women. Also, women’s unpaid contribution has been, and continues to be, central for the viability of many public social programmes. That is, despite major economic, political and policy shifts, the role of female, unpaid work remained central throughout both periods.

Unpaid work includes two distinct components: first, unpaid domestic and care work that is largely performed by women and often mediated through family and kinship relations; and second, a more ambiguous category of work, widely referred to as ‘community’ or ‘voluntary’³ work which may be mediated by community relations or performed in the context of public social programmes as a condition for accessing their services. The two components share some characteristics. Neither involves direct monetary reward (although ‘stipends’ may be offered for some forms of ‘community/voluntary’ work), nor are they included in the system of national accounts (SNA). Moreover, their analysis involves similar conceptual, methodological and measurement problems (Benería, 1999). Both reflect larger societal arrangements — rather than being based on isolated individual decisions — particularly the degree to which states expect engagement or ‘participation’ from their citizens (Anheier and Salamon, 2001). There are also significant differences: community work is very often part of an organized programme, whereas unpaid domestic work is not; beneficiaries of the latter are members of the immediate household or family, whereas the former mostly targets people outside the family (Benería, 1999). There are nevertheless close connections between the two which makes it difficult to draw boundaries between them (*ibid.*). As will be shown below, this is also the case with community work in Nicaragua’s social programmes, which is far from ‘voluntary’ and more akin to being a conditionality for accessing public social programmes. In this sense women’s ‘voluntary’ work may be seen as an extension of their unpaid domestic and care work to secure the well-being and care of their dependants.

2. A familialistic welfare regime is defined as one that ‘assigns a maximum of welfare obligations to the households’ (Esping-Andersen, 1999: 45).

3. This is, however, a somewhat misleading label. As in the case of unpaid domestic and care work, community work is embedded in societal expectations and norms which override individual choice. In addition, as we will discuss below, much ‘voluntary’ work is basically mandatory for the women whose children access social services.

In characterizing Nicaragua's care regime we start by presenting some general features of the social policy regime. In the following section we address the principal components of the care regime, namely, education, healthcare, social protection and care services, and analyse their similarities and differences. The final section presents some concluding remarks about the nature of Nicaragua's care regime, its policy implications and prospects for change.

NICARAGUA'S EXCLUSIONARY SOCIAL POLICY REGIME

In Nicaragua, unlike the rest of Latin America, the first half of the 1980s witnessed a considerable expansion in the provision of education, healthcare and care services in the immediate aftermath of the Sandinista revolution (Chávez Metoyer, 1999). Underpinning this expansion was a universalist vision, in which social services were to be made available to all citizens through the workings of a strong, centralized State. In reality, such expansion in service provisioning was only possible through the mobilization and organization of volunteers.⁴ Most of the volunteers were women: 'The Sandinistas' women's organization, the Association of Nicaraguan Women (AMNLAE) mobilized large numbers of young women as teachers for the Literacy Crusade, with their mothers for logistical support. When that was over, many of the same women participated in vaccination campaigns and nutrition hygiene, and preventative medicine brigades' (Chinchilla, 1990: 376).

Childcare services were not available on a significant scale until the second half of the 1980s, when the economy relied on a massive incorporation of women into the labour force (Molyneux, 1985). At this point, the goal of establishing universal social policies remained intact, but social spending dropped considerably due to the combination of a badly needed adjustment policy and the Contra war. In this context, many women who had volunteered for the provision of social services joined the Popular Militias (Chinchilla, 1990). In the 1990s, however, the earlier policy vision was sharply reversed as governments inspired by neoliberal ideas came to power, promoting decentralization and the targeting of services, along with higher levels of commodification through the imposition of co-payments and user charges as a condition for accessing public social services, as well as the expansion of private provision.

Today, Nicaragua's education system has a public sector, financed by public revenues, and a private sector financed through out-of-pocket payments. Its healthcare system combines social security, which funds pensions and healthcare services, with private sector and public and community services,

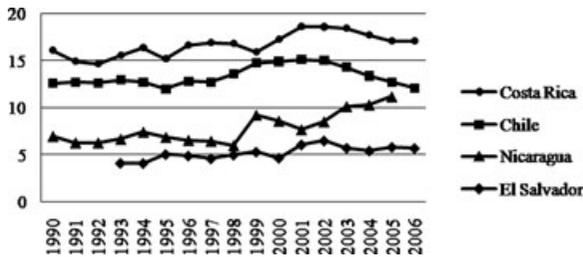
4. The National Literacy Campaign is the best-known example, but volunteer work played a similar role in other sectors such as healthcare and childcare.

creating a highly stratified and uncoordinated system (Mesa-Lago, 2008). Although the pension system has a private component, coverage is negligible, with huge gaps in protection in many cases. Education, healthcare and pensions are supplemented by social assistance programmes which are implemented by many different institutions. Of particular relevance are cash transfers and nutrition and childcare programmes, which are designed to mitigate poverty and provide care services.

In many Latin American countries, public policy was transformed during the first half of the twentieth century in response to social demands articulated by organized labour (Collier and Collier, 2002). This was not the case in Nicaragua. As a result, Nicaragua's social policy regime was termed 'exclusionary' (Filgueira, 1998), that is, a social state in which only a small and privileged part of the population has access to social protection, even before the wave of neoliberal reforms swept the region. In various ways, the role of the State was, and continues to be, secondary to the very significant role played by families in both subsistence and social protection. First, funding is extremely limited and only basic services, such as primary healthcare, are provided. Second, in the division of responsibility between the State and the family/community, the latter bears most of the burden. Third, distinctions between market, public and family allocation of resources are blurred by the overwhelming role that unpaid work plays across all three, leading Martínez Franzoni (2008) to classify Nicaragua as an 'informal' welfare regime. Not only is the State's role in welfare arrangements limited (Martínez Franzoni, 2008; Mesa Lago, 2008), but most of the existing public programmes also require beneficiaries, their families and communities, to contribute via what is often referred to as 'voluntary work' (*trabajo voluntario*) and, in some cases, through co-payments. Nearly all social programmes, including those that are formally universal, are in practice targeted to the poor; however, given that the poor comprise the majority of the population, coverage is in fact rather limited. For example, between 1998 and 2005, pre-school provision for children under six years of age stagnated at around 17 per cent of eligible children. And while both primary and secondary school enrolment increased in the same period, the latter reached only 43 per cent of the population in 2006 (Gershberg, 1999).

In general, Nicaragua's social policy regime has relatively little influence on care arrangements, which instead largely rely on social practices that are unrelated to the State and its policies. Nevertheless, it is important to understand the role and relative importance of State institutions if the overwhelming reliance on the family is ever to be changed. Moreover, in a context such as Nicaragua's, with relatively underdeveloped care services, we should not only focus on those institutions with explicit care goals (such as childcare centres), but also on other institutions that may not have been specifically designed to cater to care needs, but which in reality play an important role in its provisioning, such as primary schools.

Figure 1. Public Social Spending as percentage of GDP, 1990–2006



Source: ECLAC (2007b).

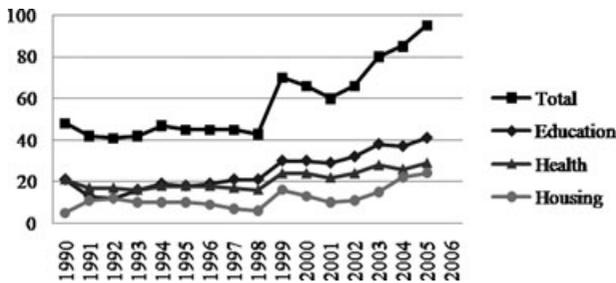
Social Spending

During the 1990s, trends in social spending across Latin America reflected the ‘Washington Consensus’: social policy was to be rearranged around privatization, decentralization and the targeting of all social expenditure. The State’s role was to be limited to compensating for market ‘failures’, promoting individual risk management and encouraging the market-based allocation of resources (Molyneux, 2007). Yet, the prevailing international paradigm had different outcomes in very diverse national contexts as the adoption of this general recipe was conditioned by how it was filtered domestically.

Ideally, to study Nicaragua’s social spending, time-series data would be needed to allow us to compare the 1990s with the 1980s. However, in 1990, Nicaragua was emerging from a devastating and asymmetric war against the United States, which means that the data for the 1980s is patchy and unreliable. For this analysis we therefore use data sets that begin in 1990. In general, when we make claims based on available data, it should be borne in mind that the statistical base line is 1990, that is, the year in which the Contra war ended and the neoliberal administration took over from the Sandinistas.

In the period 1990 to 2005, under post-war rebuilding and democratization, public social expenditure increased from 6.9 to 11.2 per cent of GDP, with the increase becoming sharper in 1998. More specifically, expenditure dropped during the first half of the 1990s (under the Barrios de Chamorro government), remained constant during the second half of the decade (the Alemán government), and then increased again in 2001 (with the Bolaños government) when Nicaragua joined the debt forgiveness initiative for Highly Indebted Poor Countries (HIPC) and received support to cope with the devastating effects of Hurricane Mitch. As a percentage of GDP, Nicaragua’s entire investment in social policy is comparable to what Costa Rica spends on one specific sector alone (e.g. education). While in terms of social spending as a percentage of GDP Nicaragua performs better than certain other countries in the region, like El Salvador (see Figure 1), because Nicaragua’s GDP is so small, social spending in absolute terms is the lowest of all Central American countries.

Figure 2. Nicaragua: Evolution of per capita Public Social Spending (in 2000 dollars), 1990–2006



Source: ECLAC (2007b).

Nicaragua's educational spending, for example, is among the lowest in Latin America. The gap between Nicaragua and countries with State welfare regimes is enormous; Costa Rica spent US\$ 250 per capita on education in 2006, compared to Nicaragua's US\$ 45 per capita. But even compared with El Salvador, another country with an exclusionary social policy regime, the gap is significant: in the same year, El Salvador's per capita spending on education (US\$ 79) was considerably higher than that of Nicaragua (ECLAC, 2009).

Overall, Nicaragua's annual per capita social spending more than doubled between 1990 and 2005, from US\$ 45 to US\$ 95 (see Figure 2). Priority has been given to education and health, which were allocated similar levels of funding, while housing has traditionally received less. The lack of data on social security is not a coincidence; it reflects the persistent lack of social protection for risks such as old age, disability and death, despite the current pay-as-you-go pension system.⁵ The marginal role of the State in social provisioning becomes clear if we compare public social expenditure per person with the contributions of the family and international cooperation. For example, in 2005, remittances made up 6.1 per cent of GDP, which translated into a per capita average of US\$ 95 and US\$ 52 *per month* in urban and rural areas respectively (Proyecto Estado de la Región, 2008). These remittances are, of course, not all spent on social services, but according to the Proyecto Estado de la Región (2008), almost half is spent on medicine, housing and education. Similarly, close to US\$ 132 per capita came into the country in the

5. Those who contribute to the pension plan are given the option, although they are not automatically obliged, to contribute to health insurance, but only when there are social security healthcare services available in the area where they live. Thus, some individuals have relatively comprehensive coverage for disability, old age, life and occupational risk, as well as healthcare, while others have only limited coverage (Rodríguez, 2005). There was an attempt to replace the pay-as-you-go regime by an individual capitalization regime, and legislation was passed to that effect, but it was never enforced.

form of foreign direct assistance in 2006 (World Bank, 2008b). When these figures are placed alongside those on public social expenditure they show the relatively small role played by the State in sustaining livelihoods compared to the much larger contribution of family networks and international cooperation.

In terms of public per capita social spending on health, there has been considerable stagnation, with only a slight increase in 2005 (US\$ 29) over 1990 (US\$ 21). The biggest changes have occurred in education and housing expenditure, which increased by US\$ 20 and US\$ 19 per capita, respectively. These trends in per capita social spending are important to keep in mind when assessing the effectiveness of the large number of public social programmes described in the following section. Despite overall increases in social expenditure between 1990 and 2005, and a rise in the percentage of social spending in total public spending from 32.5 per cent in 1990 to 40.2 per cent in 1994 and 41.8 per cent in 2004–05, it remains low in comparative regional terms.

Institutional Changes

In the North, analyses of social policy, welfare and care regimes can safely assume the existence of adequate and capable institutions. However, in the global South, and certainly in Nicaragua, high-capacity public institutions for the implementation of social policies are often lacking. In Nicaragua, the period under review was rife with insecurity, instability and change. The ability of the State to implement proposals was repeatedly undermined by the lack of organizational, technical and financial capabilities (Medellín Torres, 2004). In addition, the precarious nature and instability of institutions was exacerbated by the demands of external actors involved in shaping social policy, which often came in the form of conditionalities attached to funding.

During the 1980s, the Sandinista government had created the Ministry of Social Welfare which was in charge of implementing social policies and programmes during the revolution. The Ministry, however, lacked financial sustainability and in 1983 its functions were transferred to the Social Security Institute, which then became the Nicaraguan Institute of Social Security and Welfare (INSSBI) (Largaespada-Fredersdorff, 2006a). With the advent of peace, the government faced demands for land, work, food and housing, especially from former combatants from both sides of the conflict (Sandinistas and Contra forces).⁶ In order to successfully demobilize these

6. In contrast to the El Salvadoran and Guatemalan civil wars, Nicaragua's war did not end with a negotiated settlement but with an election that was won by the political party that was supported by the armed opposition. The Chamorro government therefore had no formal obligations to militants on either side to ensure demobilization. By 1992, conditions were so bad that many of the Contras had rearmed themselves. However, the government was able to appease the Contras primarily through land distribution and weapons repurchase (Armony, 1997).

groups, a response to their demands was prioritized in the political agenda. In 1993, the government launched the so-called 'Social Agenda', which included universal education and healthcare services, along with targeted measures to reach vulnerable groups such as war veterans and, very specifically, orphan children who were malnourished and poor.

Both the new administration and the Sandinista opposition considered community involvement — inherited from the 1980s — to be part and parcel of all social policy, albeit for different reasons. For the Barrios administration, the priority of the Social Agenda was decentralization which implied rapid and radical institutional reforms in the education and health sectors. Given the financial constraints and the public sector retrenchment which were conditions of structural adjustment loans from the International Monetary Fund, community involvement was seen as vital. For the Sandinistas, on the other hand, community involvement had a far more political character and was driven by the legacies of the revolution which required 'mobilization from below'. Several accounts show the importance of participation in the Sandinista concept of democracy; the bottom-up involvement and participation of community members in the collective allocation of resources was central to their policies (Hoyt, 1997; Luciak, 1995; Molyneux, 1985, Prevost, 2000; Serra, 1993). Hoyt (1997: 3) argues that 'the major contribution of the Sandinista revolution for Latin America was to bring together in practice and in theory representative, participatory, and economic aspects of democracy'. Brown (2003) describes the same three pillars: representative democracy (i.e. the popular election of governments); participatory or 'mass' democracy (i.e. a substantial citizen participation in the regime's activities); and economic democracy (i.e. a more equitable distribution of the means of production and wealth).

Of most relevance for this paper is participatory democracy, which entailed establishing 'popular institutions that would build democracy from below through the construction of neighbourhood, gender, or functional grass roots, mass organizations. These new organizations were to be the primary mechanism for popular empowerment' (Prevost, 2000: 279). On the one hand, these policy measures had positive effects on childcare, family health, housing and food provision, which 'not surprisingly elicited a positive response from the women affected by them' (Molyneux, 1985: 249). On the other hand, the time demands of this participation of women in politics and social programmes often created tensions with the demands of providing for their families (Chinchilla, 1990).

The gains in women's participation in political activity occurred in the context of a very traditional, male-dominated society (Molyneux, 1985; Prevost, 2000) — a traditionalism that reached the inner circles of Sandinista government officials. In addition, the strong influence of the Catholic Church proved a sizeable limitation to reforms that improved women's position in the family and political and economic life (Molyneux, 1985; Prevost, 2000). The conservative wing of the Catholic Church was indeed

a ‘formidable opponent’ because of its ‘extensive institutional presence, forms of organization, access to the media, and base within a substantial section of the population’ (Molyneux, 1985: 243). While many consider that the Sandinistas’ promise of emancipation was never delivered (Molyneux, 1985), by 1990 ‘women had indeed emerged. . . as much greater players in Nicaraguan society than ever before’ (Prevost, 2000: 284).

Kampwirth (1997) shows how, in Nicaragua after 1990, changes in social policies promoted by neoliberal governments largely depended on the political convictions held by the heads of specific social ministries, and whether they decided to fight for (as in the case of the Ministry of Health) or abandon (as in the Ministry of Social Welfare) ‘the gains of the Sandinistas in the context of now tighter budgets’ (Brown, 2003: 111, review of Kampwirth, 1997).⁷ While some programmes and institutions were eliminated, the neoliberal governments generally avoided making major changes in popular and effective social programmes (Kampwirth, 1997). This in practice meant that social policy continued to be heavily influenced by Catholic values, and that within many social programmes community participation and ‘voluntary’ work remained a central pillar — albeit motivated by a concern with cost efficiency and public sector retrenchment rather than any interest in promoting political participation.

During the Alemán government (1997–2002), social policy reflected the technocratic adoption of social investment ideas (Jenson, 2008) prevalent in the region. Through direct ‘social investment’ for the development of ‘human capital’, social policy aimed to eradicate extreme poverty as quickly as possible, and to efficiently and equitably increase the coverage and quality of public services. The new priorities did not necessarily entail interrupting previous programmes, although several new ones were put in place. Community participation was officially established as a matter of public policy; the government was to enable the rights and duties of the population while civil society was to have a larger role in managing, funding and implementing social policy. In addition, the government banned any collaboration between Sandinista organizations and State institutions, in particular in the health sector — although the ban was quickly rescinded with the threat of a dengue epidemic and the devastation of Hurricane Mitch, when all available help was needed.

Again reflective of the government’s responsiveness to international forces and norms, in 1998, Nicaragua sanctioned the Code of Children’s Rights and Obligations (*Asamblea Nacional de la República de Nicaragua,*

7. For instance, ‘the minister of social welfare Simeón Rizo, who saw social welfare as a tool of a “totalitarian” welfare state, eliminated his ministry entirely and replaced it with an agency designed to channel funds only to NGOs that worked with children. In contrast, the Health Ministry incorporated the views of many FSLN community health workers, avoided mass or ideologically motivated layoffs, received input from former [Sandinista] health ministers. . . , and generally avoided making major changes in Nicaragua’s most popular and effective social service ministry’ (Brown, 2003: 111).

1997), which conceived of children as full right-bearers, and defined the respective obligations of the State, the family and the community towards them.⁸ Similarly, in 1999 the government established the Ministry of the Family (MIFAMILIA), although it left no doubt that its adoption of some elements of the global agenda for gender equality was not going to upset its broader commitment to the heterosexual family as the unit of reproduction, giving ‘greater importance to the nucleus of the family, the husband and wife, both basic elements in the education of the children’ (Max Padilla quoted in Ramírez González, n.d.).

In 2001, the Enhanced Economic Growth and Poverty Reduction Strategy (Estrategia Reforzada de Crecimiento Económico y Reducción de Pobreza, or ERCERP), provided yet another framework for social policy, under the HIPC initiative. This framework rested on four pillars: economic growth with job creation through expanded production and support to rural areas (and the agricultural sector); social investment based on a human development approach; social protection of the most vulnerable population; and good governance and institutional strengthening. A review of this programme in 2003 led to a longer-term strategy with the National Development Plan announced by the Bolaños administration (2002–2007). For the first time, Nicaraguan social policy formally had a long-term vision (up to 2050), including medium-term goals and estimated costs. During this administration, the contribution of voluntary health personnel was officially recognized through the payment of stipends (a cash payment intended to cover the commuting expenses of the volunteer to the worksite) or other perks (like T-shirts and caps), mainly provided by non-governmental organizations.

In short, Nicaraguan levels of public social spending remain very low and clearly inadequate to address the country’s pressing social needs. Despite some increase in levels of public expenditure allocated to the social sectors, the government has not been able to meet the high levels of demand for education, access to safe drinking water, electricity and social services. That said, the country has made progress in reshaping and expanding the remit of public policy, albeit under a clearly different policy paradigm than the one promoted by the Sandinista revolution. This progress is reflected, for example, in the considerable expansion in both the coverage of primary education and the proportion of children completing primary school. At the same time, in the period under review, the expansion of the State’s social services has been very dependent on family participation. This participation, as we have shown, was neither new nor unique to the neoliberal policies of the time: participation had been central during the Sandinista era when community involvement ‘from below’ was widely promoted as a central feature of democratic state–society relations.

8. The Code seemed to be responding directly to the 1989 International Convention on the Rights of the Child.

Molyneux (1988) shows that in Nicaragua, the Sandinistas' rise to power initiated a period during which considerable efforts were made:

to promote improvements in women's socio-economic position: women have seen an extension of their rights within the family and in the workplace through legal reform; they have been more involved in the political life of the country than ever before; and they have been encouraged to participate in the defence and development efforts, entering various kinds of economic activity in large numbers. (Molyneux, 1988: 116)

Indeed, on Women's Day 1987, the Sandinistas made their 'first programmatic statement on the situation of women' (Chinchilla, 1990: 370) which represented a 'historic commitment the FSLN made to combating discrimination against women' (*ibid.*: 371). While women experienced some degree of empowerment as the Sandinistas embraced selected elements of the feminist agenda, for example their focus on women's 'double shift' and the need for women's self-organization, they also tried to maintain cordial relations with those in their alliance who advocated a more traditional position on women and the family. This was reflected in the Sandinista silence on the contested questions of birth control, sex education and abortion, and in the statement that 'the family is the basic unit of society and guarantees social reproduction not only from the biological point of view, but also of the principles and values of society' (FSLN, 1987 cited in Chinchilla, 1990: 371).

The Sandinista silence, however, was much more benign for gender equality than the fierce 're-traditionalization' of women's roles pursued by the neoliberal governments in the 1990s (Mann, 2005). These governments 'continued to shore up the turn towards conservative familialism in policies of reproduction and sexuality. . . and began to roll back the more progressive measures by dismantling the INIM [National Institute for Nicaraguan Women] and further integrating Christianity into state policies' (*ibid.*: 27). More specifically, the Catholic Church, 'the oldest and most influential ethical tradition in the Latin American region' which 'provides a basic script for men's and women's proper roles, the function and nature of marriage and the family, and the significance of reproduction' (Htun, 2003: 30–31) justifies the nuclear family based on a strict and allegedly traditional sexual division of labour. This has been the argument behind state reforms pursued since 1990: to explicitly revitalize the traditional nuclear family. However, this nuclear family has never been a major part of reality for most Nicaraguans, among whom it is commonplace that people live together without getting married, that women have children with more than one man and outside of wedlock, and that a large proportion of families are headed by women (Chávez Metoyer, 1999).

The policies towards the family of the neoliberal, but at the same time Catholic, governments of the 1990s reflected conservative views of the family and of women in their role as care givers. This was evident in the establishment of the Ministry of the Family as an umbrella agency for

children and women's affairs. Feeney (1997: 1) describes how '[t]he right wing in Nicaragua, particularly an especially conservative brand of Catholicism' pushed for the establishment of this Ministry. The women's movement voiced concerns about the traditional definition of the family and the role of women which the Ministry adopted, 'describing women's role in the family in a very limited fashion, based on conservative traditions not necessarily relevant to some women's lives' (ibid.). Not surprisingly, this conservative view of the family has been reflected directly in the policies formulated by the Ministry of the Family, as well as other ministries, that together have shaped the institutional framework for care, to which we now turn.

NICARAGUA'S CARE REGIME

In this section we describe the institutional blueprint for childcare, focusing on primary education, pre-school education and care programmes, and other aspects of Nicaragua's care regime, such as the conditional cash transfer programme. It is important to note that these programmes rank second to unpaid care mediated through household and family relations, which constitutes the most significant component of care giving in Nicaragua. Despite methodological difficulties in capturing this work, the first section provides a brief insight into unpaid care arrangements, using data from the time use section of the 1998 National Standard of Living Survey; this is followed by an analysis of the institutional care framework.

Unpaid Care Work

It should come as no surprise that women have much higher participation rates in, and devote much more time to, unpaid care activities than men. These gender gaps exist in both urban and rural areas, but time use data suggest that rural women devote relatively more time to such work, given the larger size of rural households and the fewer amenities and services available, like clean water and electricity (Espinosa, 2009). Moreover, in line with general trends in most other countries, Nicaraguan women, particularly urban ones, have increasingly entered the labour market, while assuming a disproportionate share of unpaid care work. It is noteworthy that men tend to do a relatively larger amount of unpaid care work when they are older and retire or do fewer hours of paid work, whereas women assume a relatively larger amount of unpaid care work when they are at the peak of their labour capacity. Hence, the gender gaps in unpaid work are larger during the reproductive years and in families with young children: 'The presence of children under 6 in the household leads to a reinforcement or resumption of traditional gender roles, as women reduce their participation in paid work to devote more time to unpaid care work, whereas men do the opposite' (ibid.: 18).

Using multivariate analysis and an econometric model based on time use data, Espinosa estimates that ‘women account for approximately 79 per cent of the value of unpaid care work and 87 per cent of the value of care of persons’ (ibid.: 24), and, using the same model, that the value of unpaid care work is equivalent to about 31 per cent of Nicaragua’s GDP. Despite the central importance of unpaid care work, especially by women, in Nicaragua’s care regime, it is also important to understand formal arrangements through state policy, if care is ever to be taken out of the private realm and into the public (Hernes, 1987).

The Institutional Care Framework

Primary and Secondary Education

Primary and secondary education services were expanded in 1990 with increases in public spending. Primary education coverage increased from around 73 per cent for the period 1985–90 to 90 per cent in 2006; enrolment in secondary schools rose from 18 per cent in 1985 to 43 per cent in 2006 (ECLAC, 2007a). An important aspect of Nicaragua’s formal education system is that, in addition to external loans, many resources are supplied by the unpaid work of families, such as in school management and food preparation. Family participation in the implementation of public educational programmes has been a constant factor over the last couple of decades. In terms of school management, Nicaragua underwent one of the most radical decentralization reforms in Latin America during this period, allegedly based on the Chilean model:

Its autonomous schools programme implements a system of school-based management with local school-site councils that have a voting majority of parents and allocate resources that are derived in part from fees charged to parents. Nowhere in Latin America have parents officially been given so much responsibility, and nowhere have they been asked to directly provide such a large proportion of school resources. (Gershberg, 1999: 8)

Indeed, in the context of acute budgetary constraints, the government decreased the State’s involvement in 1992 and promoted the educational model entitled ‘Self Help’ (Ministry of Education, 1990), following Latin American regional trends of reducing the size and functions of the State. Administration was decentralized to the schools, and the central government assumed ‘facilitation’ tasks, such as regulating the schools’ operation, defining the basic programme content, and establishing quality standards for the selection of material, qualifying teachers and school infrastructure.

However, according to the authorities at the time, the Chilean-inspired reforms were impulsive and lacked external resources during the first two

years.⁹ As a result, existing resources needed to be more efficiently utilized, and community input into the maintenance and improvement of facilities needed to be increased. Autonomous schools were free to solicit ‘voluntary’ contributions from parents and to carry out fundraising activities.¹⁰ Resource constraints were thereby addressed and solutions that encouraged shared responsibility among various stakeholders linked to each school, notably the families, were explored. Among the positive outcomes were greater involvement and more responsibility on the part of parents. On the more negative side, however, was the considerable amount of time that teachers and parents, mostly mothers, had to devote to fundraising aimed at improving school conditions and staff wages. Compared to the majority of countries which have school systems in which parents are expected to participate not as volunteers, but only as beneficiaries, parents’ involvement with school management activities is much higher in Nicaragua (Greenwood and Hickman, 1991).

Another weakness of school autonomy was the absence of timely and adequate supervision, as well as effective mechanisms to verify information and reports provided by the autonomous centres. The high degree of autonomy that the schools were given, together with their dependence on transfers received from the central government, and the economic and social constraints faced by the education sector in general, led to questionable practices. For example, autonomous centres were known to alter records, reporting an inflated number of enrolments in order to obtain more transfers from the government.¹¹ Decentralization and school autonomy also had major implications for teacher–school labour relations. Rather than being part of the national payroll, teachers were hired by a decentralized, parent-run commission, with ‘full hiring and firing power’.¹² This new recruitment method led to tensions with the unions and the Sandinista opposition, whose support bases were unionized workers.

Childcare Programmes

Since the 1980s, various pre-school programmes have been implemented to cater for children between three and five years of age. The 1980s also saw the creation of the flagship care programme of the Sandinista period, Children’s Development Centres (CDIs, to use their Spanish acronym),

9. Interview with Humberto Belli, Education Minister during the Chamorro Administration and the first half of the Alemán administration. Interview by Carmen Largaespada, Managua (28 April 2008).
10. The possibility of asking for voluntary contributions, which were in fact co-payments, was abandoned soon after (at least on paper), as they excluded the lower-income population.
11. Interview with Elisabeth Espinosa, the General Director of Security and Evaluation of the Social Sector in the Secretary of Social Action in the Alemán Administration. During the Bolaños administration she was an expert on social protection in the Technical Secretary of the Presidency. Interview by Carmen Largaespada, Managua (26 April 2008).
12. Interview with Elisabeth Espinosa (see footnote 11).

Table 1. Coverage of Care Centres among Children below Six Years of Age by Type of Centre and Year (absolute numbers and percentages)

Care centre	1998		2001		2005	
	Children	%	Children	%	Children	%
Infant care (CDIs)	6,926	1%	7,075	1%	5,010	1%
Children's lunchrooms	10,746	1%	17,206	3%
Pre-school	128,205	16%	128,875	17%	116,028	18%
Primary school	16,723	2%	20,456	3%	5,585	1%
Do not attend	635,521	81%	595,628	78%	509,958	78%
Not accounted for	213	0%	89	0%
Total	787,374	100%	762,993	100%	653,875	100%

which accommodated children from birth up to five years of age. The pre-school programmes and the CDIs share a similar history: they were created and expanded during the revolutionary period, with a significant role for direct family and community involvement in service delivery.¹³ In most cases, the force behind family and community participation came, and continues to come, from women. Puar (1996: 80) argues that 'along with their roles as reproducers, Nicaraguan women must cope with two additional duties: those of producer and of community manager', the latter being seen as a natural extension of their domestic duties. Montaña (2003) argues that this female participation is especially important in initiatives fighting poverty. The concept of 'feminization' has special significance in the Latin American context in general, and in Nicaragua in particular, where women are over-represented in the fight against poverty. Referring to Nicaragua as one of the countries that illustrates her point, Montaña argues that 'there are countless programmes executed by the government, NGOs and development agencies, in which female presence is crucial' (*ibid.*: 363, own translation).

As such, care programmes combine both formal and informal modes of care. The CDIs were created by the Sandinista government as part of the social security system, rather than under social assistance,¹⁴ and served as many as 37,000 children. But with the change of government in 1990, the number of CDIs declined considerably (exactly how much is unclear because of lack of data), and with it the number of children they served (see Table 1). Although pre-school coverage increased and diversified in the 1990s with the participation of civil society organizations as new actors alongside parents and communities, Table 1 shows that their relative importance in coverage did not vary much over the period 1998–2005. The pre-school, CDI and

13. Interview with Juan José Morales, former director of National Pre-school Education from the second half of the 1990s until March 2008. Interview by Carmen Largaespada, Managua (24 April 2008).
14. Ten years later, child and adolescent care was separated from social security because of a change in the conception of the government's responsibilities for people's well-being.

Table 2. Overview of the Pre-school Programmes and the CDI Programme Implemented in Nicaragua

Period	Programme	Year	Responsible Agency	Objective
Sandinista	National Action Plan of the Main Project from Primary Education 1983–1986	1980s	Ministry of Education	Provide pre-school education for children between 0 and 6 years old.
	Children’s Development Centres (CDIs)	1980s	Social Security and Welfare Institute	Provide care and education for children from birth until 5 years of age
Neoliberal	Non-School Pre-school Education Centres (CEPNE)	1980s	Social and community organization that remained after the National Literacy Crusade of 1980, with Van Leer Foundation and the Ministry of Education	Assistance to educators, improvement of educational infrastructure, with donations of food and furniture etc.
	Day-care Centres	1993	Nicaraguan Fund for Children and Youth	Early childhood stimulation, pre-school education, and food
	Learn Project	1995	Government (Ministry of Education) with a loan from the World Bank	Technical assistance, supply of materials and financial support to educators in formal and community pre-schools.
	Programme of Comprehensive Care for Nicaraguan Children (PAININ)	1996	Nicaraguan Fund for Children and Families (FONIF – later the Ministry of Family) with technical assistance from the IDB.	Continuation of Learn Project, assumed the recruitment of educators for community pre-schools

Source: authors’ own elaboration.

primary school coverage of children under six stayed relatively constant in that period, at around 17 per cent, 1 per cent and 2 per cent, respectively.

Table 2 gives an overview of the CDIs and all the pre-school programmes. The neoliberal period saw the creation of several different programmes. The Day-care Centres Programme, created in 1993 for children under six years of age, offered early childhood stimulation, pre-school education and food prepared by female volunteers from the community. The programme also provided supplementary education and healthcare activities. In 1994, nearly 90,000 children were reportedly being served by these Day-care Centres — more than double the number served by the CDIs. In the mid-1990s, the

Programme of Comprehensive Care for Nicaraguan Children (PAININ) was launched as an adaptation of the Learn Project of 1995. It aimed to look after poor children under six years of age in rural and marginal urban areas. Although it did not impact on the rates of coverage at the national level, the programme served nearly 100,000 children between 2002 and 2005, which meant that approximately 30 per cent of children in vulnerable conditions¹⁵ in the sixty-seven priority municipalities were covered.

These programmes share several features that we will show to be characteristic of the Nicaraguan care regime. First, while there seems to be more continuity in the CDI programmes as compared to pre-school programmes, both share a heavy reliance on unpaid family and especially female work, albeit for different reasons. The Sandinistas' CDIs, at least at their inception, used to rely on community involvement to preserve their revolutionary ideals. The CDIs have changed considerably since the 1980s, and one could argue that the concept 'revolutionary' no longer resonates in the current, largely neoliberal setting. That said, the CDIs nevertheless continue to carry a largely symbolic meaning for the beneficiary population and the larger public.¹⁶ The programmes of the 1990s, on the other hand, included family involvement as a means of cutting programme costs.

A good example of this is the PAININ programme, in which the demand for volunteer work of parents has been formalized in public policy plans. While assessments of this programme have been mostly positive in terms of its impacts on child health and development, evaluations also document the vital role of families and communities in its success: providing support networks and eliciting community and 'volunteer' work have been key in building infrastructure¹⁷ and providing food. Given the low levels of public accountability in the field of social policy, such 'participation' seems to be indicative of the exploitation of existing forms of familialism and the further feminization of the care and welfare systems, rather than reflecting the effective realization of citizen participation. Although the costs of social programmes are reduced considerably, it is highly questionable whether this volunteer support is appropriate in a context where families, especially women, already face multiple demands on their time in the form of wage earning, care -giving and voluntary work in other State social programmes.

Second, these programmes have also been very dependent on external sources of funding from international organizations and/or NGOs and are, partly because of this, characterized by high levels of discontinuity.

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15. Defined in terms of exposure to malnutrition and inadequate schooling due to a lack of (pre-school) services.
 16. This was made evident in the four focus groups we conducted in the capital city of Managua and in Estelí as part of our research. Although the CDIs currently reach only about 1 per cent of children under six years of age, most of our informants pointed to them as a successful and relevant component of Nicaraguan public care policy.
 17. This includes the construction of wells and latrines, remodelling of buildings, provision of land, and contributions of construction labour and materials.

International agencies and NGOs typically work on a short- or medium-term project basis, and therefore their agendas will only partially coincide with those of the government. This in itself is not a problem, but when government programmes are dependent on NGO funding and their agendas, it may lead to discontinuity in implementation and inconsistencies across programmes, as happened in Nicaragua, especially in the 1990s. This could help explain why public perceptions regarding CDIs are more positive than perceptions concerning current programmes such as PAININ, despite the fact that the latter provide higher coverage.

Care Practices in Other Programmes

The fact that these features are not limited to childcare programmes can be demonstrated by examining school food programmes, healthcare services and conditional cash transfer programmes. All three are very important for care and all are highly dependent on family and community participation.

First, school food programmes help families with a basic need: as part of their survival strategy, low-income families often reduce food consumption, which in turn increases the risk of malnutrition. When food is provided by the school or care centre, part of the family's basic needs is (temporarily) provided for and school enrolment rates can also increase (Chacón, 2005). All food programmes implemented in Nicaragua since the 1980s were aimed at reducing the risk of malnutrition, improving (poor) children's diets and increasing school attendance. The most important programme during the Sandinista period was the Community Kitchens for Children (which ceased operation during the Bolaños administration), while the neoliberal period saw several different programmes, including the School Glass of Milk Programme (1992 to the late 1990s, and resumed in 2003) and the School Biscuits Programme (started in 1994).

Similar to the pre-school programmes, most of the school food programmes have been highly dependent on external sources of funding. As in other Latin American countries, a Social Investment Fund, FISE, was created in 1994 with USAID as its principal donor, and with partial funding from the Inter American Development Bank (IADB). Its purpose was to fund development and other programmes and projects to cushion the social effects of structural adjustment policies. Specifically, it responded to 'the necessity to create a programme of public investment that generates new jobs and restores the national infrastructure at the end of the war' (Envío, 1990). The FISE was extended in 1999, and Ortega's Sandinista government maintained the fund under the name 'the new FISE'.

This dependency of programmes on external sources of funding has, on occasion, led to conflicting interests. For example, the 1995 programme, the Construction and Operational Sustainability of Lunchrooms, funded under FISE, aimed at providing all community pre-schools with food and all

children's lunchrooms with pre-school education. Under this programme, lunchrooms were created within community pre-schools. As a result, many parents withdrew their children from formal pre-schools and enrolled them in community pre-schools which were able to provide food. Furthermore, as with the pre-school and childcare programmes, these programmes too show a high level of reliance on voluntary work, often by the mothers of the targeted children.

While the healthcare sector has not institutionalized community and family participation to the extent that the CDIs, pre-school and food programmes have, family co-payments nevertheless play an important part in financing the low-coverage and low-quality healthcare services that are offered. Health services in Nicaragua are characterized by a high degree of stratification between the private sector, public services, services provided by social security, and community services.¹⁸ In theory private sector care is mainly financed through 'out-of-pocket' payments, public services through the national budget, social security services through contributions, and community services through a combination of external resources and volunteer work. However, in practice, the distinctions are not always clear: families contribute half of the total annual expenditure on healthcare out-of-pocket, and co-payments (either as doctors' fees or for the purchase of medicines or laboratory exams) are common when accessing health services, even for public and social security services (Rodríguez, 2005).

Finally, in Nicaragua's conditional cash transfer programme, the Social Protection Network (RPS), family participation was again crucial. In 1999, Nicaragua adopted the conditional cash transfer (CCT) approach that was strongly promoted in the region by the World Bank. Its programme — 'exemplary but short-lived' (Moore, 2009) — was implemented during two consecutive government administrations, Alemán (1997–2002) and Bolaños (2002–2006) but discontinued thereafter. It provided cash transfers to households in extreme poverty.¹⁹ Similar to other countries in the region, transfers were conditional; in this case, they were conditional on school attendance of children under twelve years of age, and on children under three years of age undergoing health checks (growth monitoring, weight and development).

Although the RPS has received positive evaluations in terms of its impact on children's access to education and health services,²⁰ its scope was

18. There is no information on those covered by private insurers and HMOs (health maintenance organizations), though we know these represent a small proportion of the total (Rodríguez, 2005).
19. The idea of implementing direct transfers had existed since 1997, although at that time they were meant for poor farmers in order to capitalize on their assets (Largaespada-Fredersdorff, 2006a).
20. The RPS programme is probably one of the most extensively evaluated programmes in the history of Nicaragua. Evaluations have included quasi-experimental studies. One of the most cited studies was funded by the World Bank and conducted by IFPRI and academics from various universities (Maluccio and Flores, 2005).

nevertheless limited and it failed to secure adequate public investment for strengthening public services (in health and education, but especially in care services). It also became clear that the RPS was built on the same principle of family participation that pervades other social programmes. A report by IFPRI (2001) captures this idea in its title, 'My Family Breaking the Poverty Cycle' (IFPRI, 2001, own translation), and it becomes particularly clear when looking at the evaluations in terms of gender relations. There is some consensus in the literature that the fact that the cash transfer is made directly to women can have some positive effects in terms of women's self-esteem and economic autonomy. However, evaluations do not agree on the effect the conditional cash transfer can have on gender equality. First, there is the concern that the RPS perpetuated traditional gender roles by reinforcing women's role as the natural 'carers' while excluding men from such activities (Bradshaw and Quirós Viquez, 2008; Fredersdoff-Largaespada, 2006b). Second, there is the argument that transfers which go to women do not necessarily lead to increases in their control over household resources, given the skewed power relations between the recipient women and the *promotoras* of the programme. These *promotoras* guided the women 'at all stages of the programme, including accompanying women to receive their cash transfer' (Bradshaw and Quirós Viquez, 2008: 838), in many cases even monitoring purchases. Bradshaw and Quirós Viquez argue that '[t]he role of the *Promotoras* in the RPS casts some doubt on the autonomy of the women in the programme' (ibid.). Finally, the transfers are said to increase women's workloads because of the conditionalities that come with the CCT programme (Regalia and Castro, 2007). However, while the programme did perpetuate a vision of full-time mother/carer, the reality is that a significant proportion of households in Nicaragua are headed by women and lack a permanent male presence, and for many, therefore, there is no immediate alternative to combining care giving with primary breadwinning.

Our analysis of Nicaragua's care regime shows that the role of the State in care is very small as compared to the role played by highly familialized arrangements. First, social provisions for care by the State are lacking, and given Nicaraguans' generally low capacity to commodify care, the family remains central in care arrangements. Second, the different social programmes that do exist depend heavily on family and community participation and, third, these cut across all social programmes directly or indirectly related to care, perhaps even in the healthcare sector. On more than one occasion, this reliance on 'family and community participation' has even been formalized in official programme designs, as in the case of PAININ in the mid-1990s, or more recently in the country's CCT programme. Fourth, as discussed above, when the neoliberal governments started implementing their policies in the 1990s, the care programmes' high dependence on families and communities was not a new feature. What was substantially different was the motivation for community involvement during the neoliberal administrations as compared to the Sandinista revolution. In the revolutionary era, individuals

and families were expected to participate in social care programmes as a means of upholding the revolutionary legacy, through bottom-up involvement and community participation. In practice, this implied a high degree of feminization and familialization of care, and low effective degrees of decommodification through State programmes. In the later period, care programmes continued to depend heavily on unpaid (mostly female) work, but this participation was more clearly motivated by fiscal constraints in the context of structural adjustment policies.

Finally, the care programmes share a high level of discontinuity, in part due to their dependence on external sources of funding. This is especially true in the case of the neoliberal period, when the already weak presence of the State came under pressure through policies that promoted decentralization and the targeting of services. In relative terms the Sandinistas' CDIs have done better in this sense, which may also help explain their popularity among Nicaraguans, despite the fact that later programmes have achieved higher levels of coverage.

SO WHO CARES?

Since the 1990s, neoliberal governments have promoted social programmes under an exclusionary vision of targeted social policy: economic growth would automatically lead to more equal distribution. Decentralization was the main policy mechanism, which in turn underlined the role of the family (especially mothers), participation and community organizations (such as school boards). It also decreased the number of State employees and weakened their capabilities, creating a high degree of job instability among social service workers, especially among women working in jobs associated with care (such as nurses, teachers and cooks). Social policy was mainly organized through projects (rather than specific policies) each with distinct objectives and implementation cycles and principally funded through private loans from multilateral banks and donations. This mode of organization led to instability and discontinuity, lack of coordination and duplication of activities and initiatives.

However, our study has shown that in Nicaragua the central role of community involvement in social policy preceded economic liberalization. Of course, the down-sizing of government promoted by structural adjustment policies has not been favourable to the burden of responsibility that Nicaraguan women have had to carry. But this burden is also explained by other, more structural factors. First, Nicaragua is characterized by a heavy long-term reliance on solidarity as a means of confronting crises, coupled with social endorsement of community interventions in care, in particular among households and communities with meagre economic resources. Second, the appeal of the Sandinista opposition to govern 'from below' and to defend the revolutionary achievements strongly endorses community

involvement. Third, even when political parties disagreed with community participation they supported it when faced with epidemics or natural disasters, both of which were prevalent in the country during this period.

Nicaragua is thus one of many countries in which ‘social services have come to rely heavily on “voluntary” or “community” work — very often a short-hand for unpaid or underpaid work’ (Razavi and Staab, 2010: 10). In much the same way as conditional cash transfers — the current star programmes of social policy — ‘voluntary’ work could be considered a conditionality for accessing the benefits of the social programmes. Of course, this ‘voluntarism’ is interesting to the government in terms of cost saving, but is questionable in a context of extensive poverty and structurally high unemployment, and places extra demands on the already overburdened women of Nicaragua.

Despite the increasing role of the State after the war, Nicaraguan social policy remains very limited, both in fiscal terms and in its institutional structure. The social policy regime is further weakened by an ineffective State bureaucracy and the high level of dependence on non-governmental organizations and parent associations, which assume some of the strategic functions of the State. In order to mitigate the lack of resources, social policy is supported by external resources (increasingly loans rather than grants) from international organizations, which in turn define often inconsistent priorities that do not support public institutional strengthening. Consequently, the State’s social programmes lack resources, are insecure, unstable and offer poor services.

Parent associations, NGOs and other forms of local organization play an important role in compensating for the absence (or weakness) of State policies. The care regime is highly dependent on unpaid, predominantly female work. Mothers, who have often not finished primary school themselves, are managing educational institutions. These same mothers are also expected to generate income, care for their children, and be volunteer cooks or *brigadistas* in the existing care centres. For over three decades, this reliance on women’s unpaid work has been a constant feature across all sectors of the care regime, from health and nutrition, to social protection and education. It has remained basically unchanged, despite dramatic swings in political ideology and changes in ruling political parties. The argument often made about Latin American countries with more developed social policy regimes — that structural adjustment policies increased women’s unpaid work, particularly related to care — may not be all that appropriate when applied to the Nicaraguan care regime, where female unpaid work constituted one of the main pillars of the care regime long before the neoliberal wave hit the country.

The challenges for policy making are multiple. There is a pressing need to address the high degrees of familialization and, more challenging still, feminization of the care regime. The first is a necessary but not a sufficient condition for the second. Shifting care work out of the family has not, even in the most ‘successful’ cases, reduced its feminization. Sweden is a good

example; there, significant policy measures have been taken to shift care out of the family domain, but public employees in care occupations are still predominantly women and the country has one of the most gender-segmented labour markets in the world (Charles, 1992; Sainsbury, 1996).

In addition, while in countries with formal labour markets commodified care work has been relatively well paid and well protected, this is not often the case in developing countries with considerable informal labour markets. In Nicaragua (as in many other low-income countries), where so much of care work is unpaid and highly feminized, having a strategy for providing some care through public policy could provide some respite to family carers. Up to now, the discontinuities in Nicaragua's social policy and its high levels of dependence on external resources and the agendas of international cooperation have made it extremely difficult to systematically address the needs of women, families and care. One critical question is whether unpaid female work can be turned into paid decent work, even if this work is primarily done by women.²¹ For this to happen, it would be necessary to break with the 'traditional' paradigms that guide Nicaraguan social policy, through which women in their role as mothers are naturally held responsible for care. This would also imply challenging the Catholic dogma of the family that has shaped policy, particularly during the neoliberal period. Instead of assuming that women care, social policy should start to care about women.

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21. This would also entail a considerable restructuring of labour markets to ensure that the service economy in general, but care services in particular, can play a key role under the productive regime, thereby creating more favourable conditions for women to participate in both.

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