



Urban governance and health development in León, Nicaragua

René Pérez Montiel and
Françoise Barten

SUMMARY: *This paper describes the development of a “healthy municipality” initiative in León, Nicaragua’s second largest city, in 1995, and of the innovations in local governance that preceded it - especially the partnerships that local government developed with the university, bilateral agencies and the long-established urban social movement. The healthy municipality initiative helped bind and mobilize support for the already established partnerships set up to address poverty and health and environmental problems. The emphasis has been on building the capacity of urban social movements to interact with local government in the process of policy-making. After first discussing why participation and good governance are so central to “healthy cities”, the paper describes the specific conditions which fostered the participatory approach in León, and the difficulties faced - especially an unresponsive central government. The paper also analyzes the process of citizen participation in policy-making and the contents and results of the programme. León and its surrounds were also severely affected by the recent hurricane Mitch - and the paper describes how important the existing local capacity and the healthy municipality initiative proved in addressing the immediate needs of communities during and after the emergency.*

René Pérez Montiel is a senior lecturer in Public Health at the Universidad Nacional Autónoma de Nicaragua in León and the School of Public Health (CIES) in Managua, Nicaragua. Between 1992 and 1994, he was the coordinator of the UNI urban health development project in León. He is currently doing PhD research on citizen participation in local public policy.

Address: Dept. de Medicina Preventiva, HEODRA, Universidad Nacional Autónoma (UNAN) León, Nicaragua.

I. INTRODUCTION

GIVEN THE COMPLEXITY and magnitude of health and environmental issues in many cities all over the world, it is clear that improvements in urban health will require not only changes in both the physical and the socio-economic environment of cities but also an integrated approach which takes into account the wider socio-economic and environmental factors affecting health.⁽¹⁾ The social processes are often of even greater importance in determining the health status of both individuals and communities. The political and legal organization of the policy-making process has been identified as a major determinant of urban health, due to the role it plays in creating possibilities for participation and its influence on the content of public policies and the distribution of limited resources.⁽²⁾ This paper interprets the Healthy Cities project, which was formally launched

E-mail: montiel@unanleon.edu.ni

Dr Françoise Barten is the coordinator of the Nijmegen Urban Health Group at Nijmegen University and a senior lecturer at the Institute for International Health. She has done research and consultancy work on municipal health initiatives and has been active in the field of urban health in Latin America since 1983. A previous version of this paper was presented at a symposium on "Healthy Cities in the North and South" held at Nijmegen University in December 1998.

Address: Nijmegen Institute for International Health, Nijmegen University, the Netherlands. E-mail: f.barten@aig.azn.nl

1. Barten F. and T. Van Naerssen (1995), "Towards an urban health paradigm" in Van der Velden, K., Van Ginneken, J.K., Velema, J.P. et al. (editors) (1995), *Health Matters: Public Health in North-South Perspective*, Health Policy Series, Part 9, Bohn Stafleu Van Loghum, Amsterdam, pages 129-142.

2. WHO/WCK (1997), *Report of An Expert Meeting Group on Determinants of Urban Health*, Kobe, Japan.

3. WHO (1986), *The Ottawa Charter on Health Promotion*, WHO, Canadian Public Health Association, Health and Welfare, Canada.

4. Hancock, T. (1993), "The healthy city from concept to application: implications for research" in Davies, J. and Kelly M. (editors) (1993), *Healthy Cities: Research and Practice*, Routledge, London and New York, pages 14-24.

5. Lowndes, V. (1995), "Citizenship and urban politics" in Judge, D., Stoker, G. and H. Wolman (editors) (1995), *Theories of Urban Politics*, Sage, London,

by the World Health Organization in 1986, in the context of health promotion as defined by the Ottawa Charter for Health Promotion: "...the process of enabling people to increase control over and to improve their health."⁽³⁾ This definition identifies health promotion as a process aimed at empowerment. As existing inequalities in health are rooted in the inequity in access to basic prerequisites for health in many cities, health promotion is concerned with social inequity. This means that it is not "value-free, but socially and politically aware".⁽⁴⁾ These starting points have implications for the Healthy Cities project.

In most policy environments, local government does not have the jurisdiction or power to address the inequity in access to the basic determinants of health in the city or the fundamental social and economic determinants of health in general. It is also clear that the breadth and depth of participation will vary according to the culture and design of political systems.⁽⁵⁾ However, the present paper will argue that *locality* may also have a role to play. In societies with a high degree of political and social polarization, such as Nicaragua, it is often difficult to attain social agreement at the national level. In practice, it is the *local* level which provides the best conditions for developing an agenda for improving the health and well-being of a city and its inhabitants. One of the most important results of the healthy municipality initiative in León has been the development of strategic alliances between the principal stakeholders at the local and regional level, with a view to developing coordinated policies, strategies and activities and to promote an integrated approach to urban health development.⁽⁶⁾ We examined the model of urban governance which has emerged since the mid-1970s against the background of the healthy municipality initiative in León, in order to determine whether it has given local people a voice in decision-making and, ultimately, control over the decisions which affect their lives.

II. CONCEPTS

a. Healthy Cities

IN 1978, THE Alma Ata conference endorsed the notion that health is linked to the living conditions of a population. It stated clearly that inequity and injustice are at the root of many health problems and that comprehensive social responses are needed to protect and improve health. Alma Ata also formally acknowledged the role of community participation in health.⁽⁷⁾ The move towards effective community involvement was underlined again in 1986 by the Ottawa Charter for Health Promotion which focused on processes of advocacy, enablement and mediation, and on strategies to build healthy public policy, empower communities, create supportive environments and reorient health services.⁽⁸⁾ The Healthy Cities project was seen as "...a means of taking these broad concepts and strategies and applying them at the local level." One of the starting points was the realization that cities are in a unique position to implement public health

pages 160-180; also Berry J.M., Portney, K.E. and K. Thomson (1993), *The Rebirth of Urban Democracy*, Brookings Institution, Washington DC.

6. Amador, R. and W. Valladares (1991), *León, Municipio docente asistencial*, occasional paper, UNAN León, Nicaragua; also Melendez R. and W. Valladares (1993), *Proyecto UNI, León-Nicaragua*, project report, UNAN León, Nicaragua.

7. WHO (1978), *Primary Health Care: a report on the conference on primary health care* (Alma Ata) WHO, Geneva.

8. See reference 3.

9. See reference 4, page 14; also Tsouros, A. and R. Draper (1993), "The healthy cities project. New developments and research needs" in Davies and Kelly (1993), see reference 4, pages 25-33.

10. Tsouros, A. (1990), "Healthy cities means community action", *Health Promotion International* Vol.5, pages 177-8; also, see reference 9.

11. See reference 3.

12. Kelly, M., Davies, J. and B. Charlton (1993), "Healthy cities: a modern problem or a post-modern solution?" in Davies and Kelly (1993), see reference 4, pages 159-67.

13. Held, D. and C. Politt (editors) (1986), *New Forms of Democracy*, Sage, London; also Gyford, J. (1991), *Citizens, Consumers and Councils*, Macmillan, London.

14. Barten, F. and T. Van Naerssen (1998), "Healthy cities and the construction of environmental health indicators", paper presented at the Symposium on Healthy Cities in the North and South, Nijmegen University, The Netherlands, December.

measures, and therefore have a significant role to play in promoting health.⁽⁹⁾

The Healthy Cities concept and method were considered both innovative and opportune. The positive socio-ecological definition of health - as opposed to the negative biomedical definition of illness - together with the concern about inequalities and the emphasis on process, public policy and community empowerment represent a decisive shift in the approach to health in urban environments. Moreover, this concept was proposed at a time when the old approaches were beginning to lose their relevance as a result of changes in the policy environments and the growing complexity of urban health issues. Although, in practice, Healthy Cities projects often develop strong bureaucratic and administrative elements due to the emphasis on local government, and few cities have permitted community control and ownership of the initiative, it is important to stress that a key characteristic of Healthy Cities projects is the participatory process and the concept of community empowerment.⁽¹⁰⁾ Just as the principles of the Ottawa Charter are not so much scientific principles as demands for the prerequisites of health,⁽¹¹⁾ Healthy Cities is a political programme in that it is about changes in the power relations concerned with health and illness, and with social and health rights.⁽¹²⁾

b. Local Governance

Since the late 1960s, a new policy paradigm has developed which seeks to increase the scope of democratic decision-making and transform the methods employed⁽¹³⁾ while at a global level such concepts as governance and civil society are gaining in importance. Local government clearly offers a range of possibilities to provide good quality service⁽¹⁴⁾ but it has been argued that it can offer much more than service delivery.⁽¹⁵⁾ Local government can also be a means of setting collective goals and protecting collective interests. Where it is functioning properly, it enables the views and concerns of citizens and communities to be introduced into the process of local policy-making.⁽¹⁶⁾

As noted above, health and well-being are determined by a broad range of factors including public policies at the macro level as well as the micro level. Political institutions appear increasingly unable to handle the demands generated by urban societies. Therefore, if local governance may be defined as decision-making aimed at protecting and enhancing the quality of life of local citizens, then clearly local government is only one of the stakeholders involved.⁽¹⁷⁾ Given the complexity and diversity of most urban health issues, under the influence of a range of non-local and non-governmental forces, local government clearly lacks not only the capacity and resources but also the formal authority and autonomy to influence many of the factors which affect urban health and well-being.⁽¹⁸⁾ In the view of Harding, local government would do well to elicit the support of non-governmental forces and other parts of the fragmented public sector in an effort to achieve its aims in the many areas where it has interests but little power to control events.⁽¹⁹⁾ More and more

15. Hambleton, R. (1988), "Consumerism, decentralisation and local democracy", *Public Administration* Vol.66, Summer, pages 125-147; also Hambleton R. and P. Hoggett (editors) (1990), *Beyond Excellence: Quality Local Government in the 1990s*, Working Paper No.85, School for Advanced Urban Studies, Bristol.

16. Burns, J., Hambleton, R. and P. Hoggett (1990), *The Politics of Decentralisation: Revitalising Local Democracy*, Macmillan, London.

17. Harding, A. (1995), "Elite theory and growth machines" in Judge, Stoker and Wolman (1995), see reference 5, pages 34-53.

18. Wolman, H. and M. Goldsmith (1992), *Urban Politics and Policy: A Comparative Approach*, Blackwells, Oxford; also Dunleavy, P. and B. O'Leary (1987), *Theories of the State: The Politics of Liberal Democracy*, Macmillan, London.

19. See reference 17.

20. Fainstein, S.S. and C. Hirst (1995), "Urban social movements" in Judge, Stoker and Wolman (1995), see reference 5, pages 181-204.

21. The Commission on Global Governance (1995), *Our Global Neighbourhood: The Report of the Commission on Global Governance*, Oxford University Press, Oxford, page 2; also, see reference 17, Harding (1995): "Local governance is about different interests clarifying what they want for or out of particular places, assessing how feasible their desires are, courting those interests who might support their objectives, bargaining with others on what place their desires might have within a wider urban development agenda and setting up formal and informal coalitions with others to achieve at least some of their aims." (page 49)

urban social movements are becoming agents for social change; they have raised social consciousness and challenged both the process and the outcome of social and political decision-making.⁽²⁰⁾

According to the commission on global governance:

"...local governance is the sum of the many ways in which individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and cooperative action may be taken. It includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interest."⁽²¹⁾

The concept of local governance clearly underlines the move towards participatory processes of public policy-making and breaks with the notion that local government should always be the vehicle through which local needs are met. It involves devolving influence and power to local communities, but sharing power means gaining access not only to resources - primarily funds - but also to information.

c. Participation

Community involvement has long been advocated as desirable in a wide range of government activities, including urban planning and the management of health services. Many authors have recognized the relevance of citizen participation in the process of public policy-making and the setting of a local health agenda. However, in practice, achieving effective community involvement is more difficult than is often suggested. If we examine the record on local citizen empowerment, we see that the results obtained are not always impressive.⁽²²⁾ A major study on the many participation initiatives of the 1960s and 1970s concluded that:

"...though there have been great moves towards public involvement in local service provision in recent years, little has been achieved by way of a fundamental shift in power, a shift which implicitly underlay the ideas of radical proponents of participation in the late 1960s. In the end, élite perspectives have won out, and participation has served the purposes of building up a consensus of those in power, thereby legitimating them."⁽²³⁾

Often, participation took place in name only because the concept of community involvement had been manipulated by professionals, public officials and bureaucracies.

It gradually became clear that participation is not only about sharing responsibilities but also about power and privileges. As Sherry Arnstein argued over 20 years ago in her classic article on participation: "...there is a critical difference between going

22. Dixon, J. (1989), "The limits and potential of community development for personal and social change", *Community Health Studies* Vol.13, pages 82-92; also Baum F., Cooke, R., Traynor, M. and B. Clarke (1990), *Evaluation of the Healthy Cities Noarlunga Project*, Community Health Research Unit, South Australia Health Commission, Adelaide; and Baum F. (1993), "Noarlunga healthy cities pilot project; the contribution of research and evaluation" in Davies and Kelly (1993), see reference 4, pages 90-111.

23. Boaden, N., Goldsmith, M., Hampton, W. and P. Stringer (1982), *Public Participation in Local Services*, Longman, London, page 179.

24. Arnstein, S. (1971), "A ladder of participation in the USA", *Journal of the Royal Town Planning Institute*, April, pages 176-82; also, see reference 16, page 156.

25. See reference 16.

26. PNUD (1998), *Informe Sobre el Desarrollo Económico 1997*, UN Development Programme, New York.

27. Fundación Internacional para el desarrollo económico global - FIDEG (1998), *El Impacto del Mitch en la Economía Nicaraguense*, Managua.

through the empty ritual of participation and having the real power needed to affect the outcome of the process."⁽²⁴⁾

This paper is based on the assumption that increased participation in local policy-making processes, and empowerment through improved governance, can contribute to the protection of social and health rights, sound public policy and equity. This leads us to the subject of power and influence. Arnstein maintained that genuine empowerment depends on the control that community based organizations ultimately acquire. She developed the "ladder of citizen participation", where each rung corresponds to the degree of power which citizens have to determine the outcome or end product. Burns notes that there are different spheres of influence; for example, a group may gain a relatively large measure of power and influence within one sphere - say, the neighbourhood - and yet still have little control over the following one - e.g., local government or policy-making.⁽²⁵⁾ True participation requires certain pre-conditions, and existing possibilities, mechanisms and opportunities should be taken into account. However, it is also important to specify such particulars as the level of the decision-making process and the nature of the decisions in which the community is to participate.

The imperative to develop new ways of involving people in the decisions that shape their lives at the local level remains undiminished and is no less relevant then 20 years ago when Sherry Arnstein set out her typology on citizen participation. Indeed, in countries such as Nicaragua, characterized by social, political and epidemiological polarization, the development of genuine and effective participation on the part of citizens and organizations within the civil society is considered a critical determining factor for health development.

III. THE LEÓN CONTEXT

a. Poverty, Health and Environment in Nicaragua

IT IS WELL-KNOWN that Nicaragua is an extremely poor country. Its ranking on the Human Development Index (124th out of 174) is among the lowest in Latin America⁽²⁶⁾ and the tragic consequences of the recent hurricane Mitch have highlighted the existing contradictions and inequalities within Nicaraguan society following decades of dictatorship under Somoza.⁽²⁷⁾ Both a low-intensity war supported by the US government during the 1980s and the effects of the structural adjustment programmes of the 1990s have helped to make Nicaragua the second poorest country in Latin America.

According to official information provided by Pan American Health Organization and the United Nations Children's Fund, UNICEF, the country has a population of 4.4 million and an annual population growth rate of 2.6 per cent. The average life expectancy is 68 years; 45 per cent of the population are under 15 years of age; and 54 per cent live in urban areas. Annual public expenditure on health is estimated at 4.6 per cent of

28. Nicaragua (1995), *Censo Nacional*; also CELADE (1994), *Proyecciones de Población, Nicaragua 1950-2050*; FIDEG (1996), *Valoración Económica de Trabajo de la Mujer Nicaraguense*; and Nicaragua (1997), *Estadísticas Vitales*, Banco Central.

29. Asamblea Nacional de Nicaragua (1996), *Ley de Municipios*, Managua.

30. Ortega, M. (1997), *Descentralización y Participación Ciudadana*, FLACSO, El Salvador.

31. Personal communication 1998.

GNP, the equivalent of US\$ 16 for each inhabitant of Nicaragua. The degree of human deprivation is reflected in the fact that 48 per cent of the urban population and 88 per cent of the rural population do not have access to safe water, while only 35 per cent of the urban population have access to sanitation. Despite such major efforts as the literacy campaigns of the 1980s, the adult illiteracy rate remains high (26 per cent) with 4.5 mean years of schooling. Per capita GNP is estimated at US\$ 448. As in many countries of Latin America, there is considerable disparity in income; 85 per cent of the population live in conditions of poverty and 63 per cent in conditions of chronic deprivation. This is reflected in the infant mortality rate (58 per 1,000 live births) and the maternal mortality rate (110 per 100,000 live births). The average per capita calorie intake is only 1,600 kilocalories per day.⁽²⁸⁾

b. The Policy Environment

In Nicaragua, the Municipalities Act (1995) delegates to the municipal level specific competencies. However, this set of shared and complementary competencies has never been clearly specified. The municipality is expected "to provide a set of services" and also "to stimulate local development".⁽²⁹⁾ These complementary activities include education, health, construction, transport, security, welfare, and the provision of water and electricity.

However, recent central government reforms aimed at reducing expenditures in the social sector, and complaints from the public about fragmented local service delivery, have forced the municipalities to assume the provision of services which do not actually fall under their competence.⁽³⁰⁾ In León, the situation is even more complex due to the political pressure and the control which the central level has over local government, which significantly limits the scope for local initiatives.

According to local policy analysts, the actual process of decentralization is part of the structural adjustment package which is being imposed under pressure from international organizations. Until now, there has been no clear government policy or commitment with respect to decentralization or the strengthening of the authority, autonomy and capacity of the municipalities. A "concrete" indicator of actual decentralization would be the transfer of resources. However, in Nicaragua, the majority of municipalities suffer from a total lack of resources and, although the constitution was reformed in 1995 and, for the first time, a proposal was put forward to transfer resources to local governments, this move was not incorporated into the Municipalities Act. In fact, in 1998 municipal taxes were lowered from 2 per cent to 1 per cent! According to Manuel Ortega Hegg, we are now seeing a process of "recentralization" or, at most, what is observed is deconcentration.⁽³¹⁾ This is due in part to the existing political polarization and the fear of the Aleman government that a transfer of resources and authority might strengthen Sandinista municipalities. This is particularly relevant in view of the elections scheduled for the year 2000.

Another problem is the fact that the Ministry of Health (MINSA, *Ministerio de Salud*) has never acknowledged the potential leadership role of the municipality in the development of health, while no real decentralization has yet taken place within the MINSA itself, either. In practice, therefore, the local government is perceived as just another “partner” which uses its own resources to support the implementation of activities determined by the local district health system (SILAIS, *Sistema Local de Atención Integral en Salud*). No shared vision or local health plan has yet been developed.

c. The City of León

The city of León is the second most important municipality in Nicaragua. It is a colonial, university town with a rich historical past. Founded by the Spanish over four centuries ago, it is located approximately 93 kilometres from Managua, the capital city. Although León is a major agro-industrial centre, it is still feeling the effects of the policy of mono-export which was imposed in the 1950s and which condemned the population to producing cotton for the international market. In the 1980s, when cotton prices suddenly dropped, this situation of dependency led to an abrupt crisis; unemployment levels rose rapidly and, at present, they are still as high as 60 per cent. Both official and informal estimates indicate that, next to Managua, León is the city most severely affected by disasters. These include not only natural disasters but also the post-modern “disasters” brought about by structural adjustment policies. In the last ten years alone, the city has suffered the effects of a tsunami, volcanic eruptions, prolonged drought and tropical hurricanes. This has increased poverty levels and led to further inequity. It is estimated that 60 per cent of the population live in conditions of poverty and 24 per cent in conditions of extreme deprivation. Due to the cotton monoculture practised during the 1960s and 1970s, local water sources and land have been severely contaminated and deforestation is extensive. Residuals of DDT have been found in cow milk and in grass grown on land where cotton was previously cultivated.

These are the main causes of the rapid urban growth from a population of 90,000 in 1980 to 170,000 in 1997. New neighbourhoods, informal settlements (*asentamientos*) and “slums” are literally mushrooming. It is expected that, by 2001, the population will be close to 200,000, a development which will exacerbate existing urban problems. The spatial distribution of deprivation in León - characterized by *asentamientos* on the periphery, positioned around a centre consisting of middle-class and low-income neighbourhoods - is related to the pattern of rapid urban growth seen in the last ten years as poor peasants and landless agricultural workers moved to the city in search of work and better living conditions. Most of them settled in the *asentamientos* on the outskirts of the city where basic prerequisites for health such as safe water, sanitation, electricity, and refuse and solid waste disposal were lacking.

Although the Municipalities Act and recent reforms may, in

theory, have increased the level of decentralization and the autonomy of local government, the “centralistic” tendencies of the national government and the growing political polarization have, in reality, placed the municipalities in a complex and critical situation. Projects aimed at developing tourism in León have been redirected to municipalities which have a political affinity to the central government. At the present time, technical equipment required to repair the damage to the infrastructure caused by hurricane Mitch has not been allocated to the municipality of León, forcing the local government to spend scarce local resources and endangering the implementation of its own strategic development plan. However, the greatest relevance of the example of local governance in León lies in the fact that, despite these difficulties, a coalition of local government, community based organizations, NGOs and bilateral agencies is addressing local priorities and health needs resulting from both the hurricane and national policy. Although the legal framework is important, it must be accompanied by the involvement and support of local and community based organizations.

IV. DEVELOPMENT OF AN INTEGRATED APPROACH

a. The History of Citizen Participation

THE HISTORY OF citizen participation in León goes back to the 1960s and 1970s when students and workers demanded the rights denied them by the Somoza dictatorship. It was against this background of struggle that the *Movimiento Comunal* (communal movement), the most important community based organization in Nicaragua, was born. In the midst of bombardments, the civilian population undertook to provide care for the wounded, and protection for children, women and the elderly. Later, in the first cities to be liberated by the resistance forces, popular governments were set up which elected their own mayors and coordinated campaigns to ensure the provision of food, shelter, health services and security to thousands of people. This was the origin of the *Movimiento Comunal*, while León and other cities, such as Esteli and Masaya, became strongholds of popular struggle.

b. The Actors

The main actors in León are the local government, the community, the university and the health services system:

- The community used to be the actor with the least power over the processes of decision-making and policy-making. However, in León it has proved impossible to undertake activities designed to change health determinants without reserving a major role for the community based organization. The *Movimiento Comunal* is not only well-represented in various areas within local government, including the municipal coun-

cil, but it has also developed a large network of *brigadistas de salud* (voluntary health workers). This organization constitutes the most important urban social movement at the local and national level with delegates within each neighbourhood or locality, and in municipal, departmental and national assemblies. The movement includes women, young people, workers, artists, sportsmen and journalists.

- The local government has been the most important actor in articulating the efforts of social movements and local institutions. It has promoted the construction of a local agenda and a so-called “strategic local development plan” for León which runs well into the next century. Continuous and systematic intersectoral coordination has been achieved for the design and implementation of activities aimed at the municipality’s development. In this way, the local government has taken on a role which transcends the traditional role of municipal governments in Nicaragua.
- The health services system is a network consisting of health centres, health posts and a regional hospital. It plans and organizes its activities via a commission consisting of relevant local actors, and labour unions consisting of health workers and health professionals. Although there are national health policies, and a proposal for health sector reform imposed by international financial institutions is being implemented at present, the interaction with other actors at the local level has made possible the development of an innovative local health strategy focusing on the protection and promotion of health and the development of a municipal health plan.
- The university of León, one of the oldest and most distinguished educational institutions in Central America, combines professional training and work with communities through a so-called study-work (*Estudio-Trabajo*) strategy. This involves learning by doing, learning by researching, learning by service delivery. In the health field faculties, work is carried out by multi-disciplinary teams. This allows linkages between students in different faculties (medicine, dentistry, pharmacy, nutrition and nursing), who acquire skills in different training scenarios, in close interaction with the community.

c. The Process: Developing an Institutional Strategy

For the last 20 years, León has been a Sandinista municipality and the cradle of major events in the recent political history of Nicaragua. The city has displayed a singular degree of municipal cohesion, reflected in the fact that all parties have agreed to work together in the interest of local development. No doubt this is related to the level of deprivation and the lack of real possibilities for sustained development, especially after the cultivation of cotton ceased, and it created renewed possibilities for strategic alliances, as well as for coordinated policies, strategies and campaigns. In the last ten years, a participatory approach to health development and development in general has been institutionalized throughout the municipality. This approach involves all the stakeholders and makes use of and de-

32. Alcaldía de León (1987), *Plan de Desarrollo Local: León, Nicaragua 1987-2001*, León.

33. Movimiento Comunal (1990), *Plataforma de Desarrollo Municipal, León, Nicaragua 1990-1997*.

34. Vargas, O. (1998), *Pobreza en Nicaragua: un abismo que se agranda*, Instituto de Investigación y Desarrollo Humanístico, Universidad Politécnica de Nicaragua.

velops the capacity of existing institutions and organizations.

To understand the political origins of León's healthy municipality initiative, we must return to the situation immediately after the 1986 elections when a number of organizations put forward a proposal designed to strengthen citizen participation in policy-making, develop an integrated approach to public health problems, and improve living conditions and the environment.⁽³²⁾ The local elections in 1990 facilitated the start of a broad consultative process involving popular assemblies set up by the *Movimiento Comunal*.⁽³³⁾ These assemblies drew up a political platform for the community based groups and organizations to present to the newly elected local authorities. Meanwhile, those responsible for devising a strategic development plan, for example, representatives from the private sector, non-local government agencies, NGOs and bilateral agencies, were working on a concerted plan which established priorities for local development. The newly elected local authorities organized a public debate on the proposals of both the *Movimiento Comunal* and the civil organizations, with a view to drawing up a new municipal agenda. In this way, the priorities established by local government not only addressed community needs but also took into account the needs of local development. The organizations on the local development committee - each according to its own aims, resources and capacity - carried out their own activities, in keeping with the local development plan, without taking over the role of local government or the other participating organizations.

In order to institutionalize this approach, there are agreements between local authorities, civil organizations and bilateral agencies. These are designed to formalize proceedings to develop the projects which will constitute the local development plan. It would be difficult for a new local government to introduce significant changes in agreements which have been signed by various organizations, and the strength of the model lies precisely in the integration of the policies and activities of the major stakeholders.

When we use the term participation, we refer to the interaction between the most relevant actors in the municipality, in particular the community, which is aimed at influencing the local determinants of health. It also involves the capacity of urban social movements to interact with local government in order to implement public policies and promote gradual processes to construct health which transcend the micro level (local) and also influence the macro level (central).

In Nicaragua, a country where the political and institutional determinants are of special importance, participation is seen not as a means but as an end in itself. Indeed, we believe that increasing participation can help to eradicate social exclusion and inequalities in health in polarized societies with a centralist and authoritarian culture, where the local level has traditionally been dominated by a political élite. Local analysts have pointed out that the countries of Central America are undergoing a so-called "triple" transition: from war to peace, from impoverishment to social and economic development, and from an authoritarian system to democracy.⁽³⁴⁾

In this respect, it is important to look at the role of the *Movimiento Comunal* in León. Not only is the *Movimiento* represented on the municipal council, its influence is felt throughout nearly all the neighbourhoods and *barrios* of the municipality. It would be difficult to make any major decision in the city without taking into account the *Movimiento Comunal*. The people's assemblies, the main consultative bodies within local government, include most of the leaders of this urban social movement. The strength of the *Movimiento* lies not only in its ability to mobilize the community but also in its capacity to administer resources. It manages a number of projects, ranging from adult literacy and child-care facilities to fish cooperatives and housing repairs, using resources often obtained through international cooperation. Another important factor has been the *Movimiento's* capacity-building activities. Whilst initially most of the leaders had only a minimal level of education, today nearly all the leaders and promoters have had formal training in health or the social sciences. This has greatly enhanced the *Movimiento's* management capacity and increased its influence on decision-making.

Although the healthy municipality process in León was already well underway, it was not until 7 April 1995 that the member organizations of the local development committee officially proclaimed their commitment to change León into a healthy municipality.⁽³⁵⁾ It is clear that a proposal of this nature would not have been viable if León had not had a history of participation and a model of urban governance.

d. The Contents

Within the framework of the León healthy municipality initiative, the local development commission has launched policies and strategies to ensure the basic prerequisites for health in the city. Ordinances have been introduced to reduce the illiteracy rate, provide safe and adequate water supplies, build and improve housing, control waste water and ensure the adequate disposal of garbage. The coordination of policies and strategies has contributed to the development of a joint programme which draws together existing local initiatives, including the UNI project at UNAN university and the León development plan.

Initially, the emphasis was on programmes to build and improve houses, recreational centres and schools; to repair roads and ensure access to rural areas; and to increase access to drinking water. Coordinated action was also undertaken to move the polluting leather industry from the river shores to the city's industrial zone. In Subtiava, the indigenous neighbourhood and most important *barrio* of León, a project was set up to ensure waste water disposal, encourage the collection of garbage and raise awareness on health issues. With the cooperation of the local media and the city's primary schools, the problem of violence and issues related to mental health were also addressed. The promotion of community child-care centres through the *Movimiento Comunal*, the support for organizations which provide adult education, the development of primary schools in rural

35. Ministerio de Salud, León (1998), *León Municipio Saludable*, León, Nicaragua; also, see references 32 and 33.

areas, in collaboration with the Ministry of Education and other organizations, are some of the activities aimed at developing culture and education and, ultimately, reducing illiteracy.

However, perhaps the most important aspect of this initiative is the fact that it has been welcomed and actively supported by the citizens of León. Local organizations have participated in countless activities, urban governance has been strengthened and, last but not least, there is now a network of healthy municipalities in the department of León. The tragedy which struck Nicaragua in November 1998 - hurricane Mitch - has tested the local capacity to respond. In the first few days, brigades of hundreds of volunteers were mobilized and sent to the most affected areas, while the limited resources at the local level were made available to the local authorities.

V. DISCUSSION

a. The Possibilities

ALTHOUGH EACH STAKEHOLDER participating in the initiative is, in effect, autonomous, considerable effort has been devoted to the establishment of a "municipal development committee" consisting of different task forces for the environment, education, health, infrastructure, etc. These groups do not take the place of the stakeholders, rather, they are designed to promote integrated urban development and create a mentality in which it is not possible to talk about development without thinking of productive investments, permanent education, decent housing for all, health care beyond the provision of curative health services, and institutions which are above party influence.

In *Who Governs the City*, Robert Dahl recognized the existence of serious inequalities in resources and pointed to the fact that, although there are many different kinds of resources, "...with few exceptions these ... are unequally distributed."⁽³⁶⁾ While each stakeholder represented in the initiative has certain resources at its disposal, the real strength of the actors is based on their capacity to establish alliances with other stakeholders. Such partnerships have been a determining factor in obtaining additional resources from abroad. There is international awareness of the fact that the projects are based upon intersectoral coordination and cooperation, which ensures optimum use of resources and increased efficiency in the implementation of projects.

Thus far, the healthy municipality process in León has not been "funded" by any donor agency or bilateral organization. It is not seen as just another project, with its own offices and coordinator. The essence of the process is the concept which places health at the centre of sustainable local and national development, something which goes beyond the provision of health services and is characterized by strong intersectoral coordination and genuine community participation. The designation "healthy municipality" has proved to be a successful binding and mobi-

36. Dahl, R.A. (1961), *Who Governs? Democracy and Power in An American City*, Yale University Press, New Haven.

37. Dr Argentina Parajón, personal communication 1998.

lizing element in a number of local initiatives for health and sustainable development.⁽³⁷⁾ This may explain why the healthy municipality initiative in León does not need a separate “space” of its own: it has been constructed upon many local organizations and initiatives within the municipality. The experience of León is linked to the historical origins and socio-political relevance of the municipality, to the presence of the university and, last but not least, to the existence of an organized, autonomous and militant urban social movement, the *Movimiento Comunal*. The strength of the model which strives to give local people a voice in decision-making and, ultimately, real power over the decisions which affect their lives and their health lies not in external support but in local ownership. The sustainability of the León project does not depend on financial support; on the contrary, it has developed within an unconducive and hostile environment with respect to the relationship with central and local government, and this has clearly limited the possibilities of obtaining external funding. But other factors have contributed to the sustainability of the initiative, such as the alliances established between major stakeholders, citizen participation, sound local government and a vision of strategic local health development.

Most projects developed within the municipality have built upon the above mentioned factors. Even if considerable resources had been available for implementation and operationalization, these projects would not have been sustainable without this platform of good local governance within the municipality. The importance of the political innovations designed to improve the responsiveness and accountability of local authorities will be clear. In a country where corruption and a general lack of confidence in institutions is one of the main socio-political problems, this would have been extremely difficult without the presence of a public administration in a “participatory mode”, clear mechanisms for auditing and good local government. The municipal budget in León is the subject of systematic discussion in both the municipal council and the *cabildo popular* (people’s council) and, as a rule, it is not approved without a consensus in both bodies.⁽³⁸⁾ The local authorities, many of whom come from civil organizations - the mayor is the former dean of the Faculty of Medicine of a national university - and have played a leading role in these processes, are convinced of the negative effects which corruption and the abuse of power can have on efforts to build a democracy in Nicaragua.

b. The Problems

Changes in local government cannot be divorced from wider national - and international - forces which shape the context of local political action.⁽³⁹⁾ Historically, polarization has been one of the main enemies of Nicaragua, a country with a history of armed conflicts. Despite the end of hostilities in the early 1990s, the country is still suffering from both political and social polarization. In León, that political polarization is reflected in relations between the central level (Liberal party) and the local au-

38. The popular councils are organisms (*instancias*) of the *Movimiento Comunal*, with decision-making power where issues of interest to the Movement are discussed (for instance, the election of leaders, the approval of action plans and the elaboration of pre-projects). The mayor and/or his/her co-workers usually appear before the popular councils to improve responsiveness and accountability and also to consult the *Movimiento Comunal* on priority issues.

39. See reference 16.

thorities (Sandinista Front). Despite the Municipalities Act, projects developed and promoted by the local government of León have been systematically obstructed. This was particularly apparent in the aftermath of hurricane Mitch, when the central government appointed the authorities of the Catholic church as coordinators of the emergency and reconstruction committee, instead of the local governments. This was intended to undermine the authority and leadership of the local authorities which, in the majority of the 74 municipalities affected by Mitch, had affinities with the Sandinista party.

Similarly, the possibilities to act upon determinants of health on the macro level - in particular the socio-economic determinants - have been reduced. Not only has there been no decentralization of resources (6 per cent of the budget, as required by the Municipalities Act) but the political polarization has reduced the access to resources beyond the limited tax collections carried out at the local level. In other words, the political-organizational determinants have acquired great importance, especially in societies with fragile juridical frameworks where the construction of a civil society has only recently been undertaken.

Although the municipality has a strategic development plan, the nation itself has no development plan. This makes it impossible to arrive at a cohesive proposal encompassing policies and strategies originating at the local level, and sectorial programmes imposed by the central level. Over 200 civil organizations which constitute the National Civic Coordination have recently demanded that the central government level elaborate a *plan de nación*, with the participation of the Association of Municipalities of Nicaragua (AMUNIC) and the civic organizations, in order to address the reconstruction of Nicaragua on the basis of a common vision of the future.

The larger socio-economic crisis which has affected Nicaraguan society has been particularly hard on the city of León. Hundreds of its inhabitants travel daily to the capital Managua or to the north of the country in search of job opportunities. Within the city, only the private banks and the informal sector of the economy have prospered, under a model which has stimulated the private sector and brought to the larger cities gasoline stations, commercial centres and fast-food chains. This development model, which was magnified by hurricane Mitch, has deepened the existing inequities and increased the social exclusion which has recently become apparent in Nicaragua.

VI. CONCLUDING COMMENTS

SOME WRITERS ARGUE that because of the drastic reforms which are taking place, local governments and local organizations are virtually helpless in the face of wider social and economic forces, and that there is little or no scope for autonomous political action.⁽⁴⁰⁾ It is true that the central government elected in 1996 has introduced reforms aimed at a "modernization of the state" and that this has meant a reduction in social expenditures and a strengthening of the private sector and the mar-

40. Gottdiener, M. (1987), *The Decline of Urban Politics*, Sage, London; also Cockburn, C. (1977), *The Local State: Management of Cities and People*, Pluto Press, London; and see reference 36.

ket economy. For the local governments, decentralization has meant a reduction in local resources and added responsibilities. However, while it is difficult to generalize, there would appear to be more scope for local political action. The difference seen in municipalities such as León, which have developed an innovative process of reform, has actually increased the responsibility and decision-making powers of civil organization and the community, which they share with strategic allies in sensitive areas of local development. In this sense, health has been a core element in municipal development, making possible the creation of effective alliances between the university, the community, the Ministry of Health, NGOs and other stakeholders. This has not only facilitated access to projects and programmes supported by external cooperation, it has also led to increased opportunities for local citizens to participate in decision-making.

Serious public health problems remain in various municipalities of León, including difficulties in ensuring that the basic conditions for a healthy existence are in place. This crisis situation was aggravated in October 1998 by the after-effects of hurricane Mitch. Even before this tragedy occurred, León was one of the two departments hardest hit by the economic crisis. According to recent estimates, this disaster has affected 120,000 people, destroyed more than 5,000 houses and 39 bridges, and caused damage to 30 per cent of the land suitable for agriculture. In the whole western region of Nicaragua, 200,000 people were affected, there were 2,700 deaths, and 8,500 houses and 69 bridges were destroyed. At the time of writing - two months after the disaster - the Pan-American highway, which is the main access road, was still inaccessible for international traffic.

It has been argued that the model of urban governance and the healthy municipality initiative were instrumental in providing an immediate response and in addressing the basic needs of the population in the wake of the disaster. Indeed, since the 1996 elections, hurricane Mitch has been the most important test for the local administration, which had to address the massive human and material damage caused by the disaster, quantify the loss and damage, move the population to a safer place, care for the wounded, prevent the spread of epidemics and create the necessary conditions for the people to "rebuild" their lives; in short, too many unexpected challenges for institutions weak in terms of financial resources and technical equipment.

The first government institution to declare a state of emergency was the local government, which called together its own officials and the civil organizations in order to address the worst disaster in Nicaragua's history. The measures embarked upon then have not yet been concluded. Community based organizations, local institutions, the media and international development aid workers were convened by the local government and asked to form a municipal emergency committee, a task force charged with addressing the effects of Mitch.

All the municipalities in the department of León, including neighbouring Posoltega (the town which incurred the most damage) which is not formally part of the department, were coordi-

nated by the local government of León, a tangible sign of the existing organizational capacity. The transfer of the injured and homeless to hospitals and shelters, the urgent call for help which was issued to twinned cities, the activities organized jointly with the central government, measures to meet the immediate needs of the affected population, and the search for food, clothing and medicine in the hours immediately after the disaster were among the first steps taken by the local government. Given the unwillingness of the central government to acknowledge the extent of the disaster, the difficulties in making resources available from the national level to the sector hardest hit, the political polarization which was reflected in a lack of support for those municipalities which had no political affinity with the national government, and the initial chaos - the magnitude of the disaster was not recognized until 48 hours after it had taken place - it was the organizational capacity and prompt action of the local bodies which made it possible to provide help and address the needs of the population.

We have stressed the strategic importance of local governance for local and national health development. The recent state of emergency following hurricane Mitch has allowed us to test the validity of the premise that a model of participatory urban governance, with strategic alliances among relevant stakeholders and a vision of local development, may also generate rapid and effective social responses in emergency situations and contribute in a significant manner to the formulation of proposals for both local and national reconstruction.