A Participatory Evaluation of a Development NGO in Nicaragua

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(ABSTRACT)

International development has been a central aspect of foreign policy from the "developed" to the "less-developed" world for more than fifty years. Despite several trillions of dollars being spent for the ambiguous purpose that is "development," poverty and suffering have yet to be eliminated. With this being the case, existing institutions and processes that are part of "development" need to be analyzed, and the voices of those who are supposedly being helped, heretofore marginalized, need to be accessed in order to find where the fault lies so that it may be addressed. The present study assessed the opinions of a rural community in Nicaragua being served by a small US-based NGO on issues of development, participation, and healthcare. This was done through interviewing members of the organization and, mainly, through both surveying and interviewing members of the recipient community. Findings show that most of the people in this community very much want to be "developed," and that they are appreciative of any help that they receive.

Table of Contents

List of Tables iv

Acknowledgements v

I. Introduction 01

II. Literature Review 03

i. A Brief History of International Development 03

ii. Problems with International Development 03

iii. NGOs and Development 05

III. Nicaragua in a global context 09

IV. Natural Doctors International 11

V. Methodology 15

VI. Analysis 17

i. Quality of Healthcare 18

ii. Community Participation 26

iii. Foreign Aid and Development 28

VII. Discussion and Conclusion 33

i. Evaluation of NDI 33

ii. Evaluation of Development 34

iii. Limitations and Future Research 35

VIII. Appendices 37

Appendix A: NDI Staff Interview 37

Appendix B: Community Interview 39

Appendix C: Community Survey 41

Appendix D: Community Survey (Spanish) 47

Appendix E: Ometepe Map 50

IX. References 51

List of Tables

Table 1: Demographic Characteristics of the Community Sample 19

Table 2: Views of NDI among the Survey Sample 20

Table 3: Healthcare Satisfaction among the Survey Sample 22

Table 4: Views of Natural Medicine in Culture among the Survey Sample 24

Table 5: Views of Natural Medicine in Healthcare among the Survey Sample 25

Table 6: Views of NGO-Community Integration among the Survey Sample 27

Table 7: Views of Development among the Survey Sample 29

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I. Introduction

International aid is a multi-billion dollar industry each year, reaching a stunning 78.6 billion dollars in official development aid alone in 2004 (Hirvonen, 2005). This first- to third-world flow of money, products, and "expertise" is overtly intended as response to critical situations around the world, such as chronic famine, poor medical care, and, more generally, wide-spread poverty. Many different agencies exist to facilitate the largesse of the wealthy nations, both large and small, and each has advantages and disadvantages. Non-governmental organizations (NGOs) have, for the past few decades, played a crucial role in this process, often even being "synonymous with development" or being the "favored child of development" (Abom, 2004; Munck 2001; Hulme & Edwards, 1997). The present study seeks to assess, from the recipients perspective, the advantages held by small NGOs in effective aid delivery by looking closely at the operation of a U.S.-based organization delivering medical aid in Nicaragua. The ultimate determinant of whether or not an aid program is "effective" is whether the intended beneficiaries do, in fact, benefit.

The present study examined the story of one U.S.-based aid organization working in Nicaragua, and assessed the particular advantages and disadvantages faced by a small-scale organization in aid delivery. Natural Doctors International (NDI) has been working on the island of Ometepe for nearly three years and seems to be an organization that is both genuinely concerned with the welfare of the community in which they are living, as well as aware of the potential troubles involved with international aid. They are providing medical aid to the heavily impoverished community of about 35,000 people, aid that the government is no longer capable of providing. Beyond treating health issues, NDI also implements projects for enhancing the sense of community on the island; a step they hope will treat some of the problems behind the symptoms they see every day. This study surveyed the recipient population on Ometepe in order to base an assessment of NDI on the actual experiences of the people they claim to be helping, rather than on their perceptions of their own success. My focus with this research was to investigate whether a small-scale organization, such as NDI, is well-integrated with their recipient population. Further, if an organization is well-integrated, then it should serve the needs of the people, rather than the organizations own interests or some less-noble goal. Additionally, I hope to see that NDI, being an organization outside of the "aid industry" and funded by private donations, will contribute less to the perpetuation of First World discourse, technologies, and cultural formulas as the dominant ideologies in Third World communities.

The notion of "effectiveness," however, can be broken down into several dimensions. The first such dimension might be appropriateness of aid which, surprisingly, refers to even the obvious, that food is sent to a famine or medicine to combat an outbreak of disease. It is not unheard of for supplies that are useless to be given to people as charity, such as food that is inedible, or medicines that are expired or not even useful (Hancock, 1989). Related to this is the requirement that aid be delivered in a timely fashion. After all, it does nothing to send food to fight a famine already several months or growing seasons old. A third dimension of effective

delivery is that the aid is delivered in appropriate quantities. Given modern technological capacities for production, there is no excuse for the quantity of aid to be unequal to the crisis it is meeting, and considering the significant amounts of money funneled through the international aid system this should not be an issue. Nevertheless, it has happened in the past that too little is sent to communities in crisis. It can also be the case that too much aid can be delivered to a region. Food aid provides the best example where international donations are given in such quantities that it actually destroys the local economy and makes it difficult or impossible for local farmers to maintain production and create a lasting solution to food shortages (Maren 1997, Hancock 1989). This unnecessary dependency on first world aid can shift to a focus on sustainability or local empowerment that can interact with other dimensions, such as appropriateness given different cultural contexts.

Another related, but extremely important aspect is that the aid is desired by the recipients; that the target population has an active role in defining both the problems that they face and the solutions to those problems. Many organizations enter a situation with misconceptions or incomplete cultural knowledge that creates programs unacceptable to the recipients (Mindry, 2001; Ewig, 1999; Maren, 1997). This could be rectified simply by involving the recipients in the planning process to ensure that their needs and desires are placed first. This is certainly not a new idea; participatory development has been a catchphrase in the industry for decades. Unfortunately, participatory designs have been seen much less in actual implementation than in theory, both in terms of where the dominant discourse is coming from and how the aid organizations are actually organized within their target communities (Tvedt, 2006; Sharma, 2001).

II. Literature Review

i. A Brief History of International Development

Modern international aid has its roots in the Marshall Plan for the massive reconstruction efforts in Western Europe after the Second World War. During this time, major supranational organizations such as the International Monetary Fund (IMF) and the World Bank (WB) were created to provide the means for controlling an integrated global economy and preventing future economic collapses. As the European nations stabilized and needed less aid from the United States, the focus of aid shifted to third world nations, the so-called "under-developed" nations. Much of this early aid, beginning in the 1950s, was focused on economic growth through heavy industrialization, great improvements in national infrastructure, and increases in agricultural production (Ebrahim, 2001).

NGOs made their appearance when it was apparent that the dominant development paradigm was failing to address the rampant poverty that existed in many "developing" countries. Beginning in the 1970s, NGOs focused on provision of "basic needs" to impoverished communities around the world. By the 1980s the discourse shifted again towards ideas of participatory and sustainable development and NGOs in this era often focused upon social change and political mobilization (Ebrahim, 2001; Sharma 2001). The modern era of development discourse and practice has seen NGOs become accepted and integral parts of the development system, playing upon their acquired label as heroes with the moral high ground (Mindry 2001). During this time, the role of NGOs has shifted towards the delivery of services, not unlike the "basic needs" approach of decades past, but this time funded by the major lending agencies (Pfeiffer 2003). With this acceptance into the prevailing political and economic order, NGOs flourished and, according to the World Bank (2007), "the number of international NGOs was reported to have increased from 6000 in 1990 to 26,000 in 1999." One further indicator of the legitimation of NGOs as development actors was the awarding of the 1999 Nobel Peace Prize to Doctors Without Borders (Médecins Sans Frontières) for providing medical services in crisis situations across the world (Pfeiffer 2003).

ii. Problems with International Development

There are some significant problems present within this brief history of international development. First and foremost is that development, in all its many forms, has produced few great successes over the last half of the 20th century and many notable failures across the world. Though many lives have been saved due to responses to crisis situations in the Third World, poverty and suffering are far from being eliminated. World Bank research has found that while the number of people living on less than one dollar a day decreased by 400 million since the 1980s, there are still almost three *billion* people living on less than two dollars a day (Ravallion & Chen 2004). It is hard to believe that this can be considered poverty reduction by any serious standard. It is even harder to believe this when other, more personal, factors are considered: that

many people lack adequate access to healthcare; that many people, especially children, are chronically malnourished; that many people do not have to opportunity to benefit from basic education (Easterly 2006).

Why, then, have institutions possessing all of the resources, power, and legitimacy that the first world nations have to offer failed? Serious analysis of this question requires one to question the goals of the First World nations in "developing" the rest of the world. Despite all of the rhetoric about poverty reduction to be found in development literature and the 2.3 trillion dollars that have been spent by the First World on foreign aid over the past five decades (Easterly 2006), poverty still exists and may have actually increased over the past several decades. This should be evidence enough that development, in its current and historical forms, is wrongheaded at best and a lie at worst. One common response has been the idea that aid is just another aspect of the global neo-colonial machine perpetuating the exploitation of the majority of the world's population. Hancock (1989) points out that foreign aid certainly benefits the First World countries themselves by creating immediate markets for surplus products and stimulating future markets by both cultural and economic means. The cultural stimulation of future markets refers to the idea of "cocacolonization," in which First World cultural hegemony encroaches upon and homogenizes Third World societies. In this way, at least the elites of Third world societies, if not others, begin to internalize and value First World culture over their own and to alter their consumption patterns to match this. Examples of this include Coca-Cola and McDonald's, which are now seen in most of the nations on Earth, and imports of first-world staple foods such as corn or wheat, which have begun to replace traditional staple foods within a society (Hancock 1989). First World nations also benefit politically and these concerns often determine where a developed country invests its money. For instance, the U.S. spends a great deal of money to support key allies, primarily Egypt and Israel, to "democratizing" nations, and to establish military bases around the world (Boone 1995). Western European aid, in contrast, goes in the greatest quantities to former colonies. Finally, the destination of Japanese aid is highly correlated with who votes with Japan in the United Nations (Alesina & Dollar 2000).

The economic stimulation of future markets by agents of First World interests in Third World occurs through the imposition of Structural Adjustment Programs (SAPs) upon exploited countries as a prerequisite for receiving aid in the first place, including development loans. Through SAPs, recipient nations are required to limit federal spending and to privatize public services, two hallmarks of the neo-liberal economic theory that has dominated First World discourse for the past few decades. Though the established wisdom and reassurances from foreign consultant's claims that the result of adopting SAPs and opening up domestic markets to the control of international corporations will be to reduce inefficiencies caused by government management, the results seldom work out well for the beneficiaries. Instead of having the newly privatized services provided better, cheaper, and to more people, these populations often experience the opposite: higher prices due to "unforeseen costs," significant reduction in quality of service due to cost cutting measures, and complete lack of access by many people in areas

deemed by economists a world away to be insufficient markets to warrant provision of service. For instance, rural communities that are too poor to generate significant profit for the corporation when services are not offered, as well as too poor to fight for their right to access a given service. It is as a result of these programs, in fact, that the plight of many of the world's poor continues to exist.

iii. NGOs and Development

It is also as a result of these policies that the role of NGOs has expanded. Explicitly, NGOs have come to be a central actor in "globalization from below" or "civil society," which is a space for action outside of the political and economic spheres, both at the international and local levels (Munck 2001). In this way, NGOs have come to represent an alternative to national governments that may be weak, corrupt, or pose other "stumbling blocks" for economic, political, and social development (Lewis 2006; Rahman 2006; Pfeiffer 2003; Ebrahim 2001; Ewig 1999; Zaidi 1999). This, then, is the privatization of the provision by the state of a "social safety net" or social welfare; i.e. should a problem arise, private organizations will be able to, and indeed have a comparative advantage to be able to respond more efficiently, effectively, and compassionately to reach the needs of poor communities than would the national government (Pfeiffer 2003; Lewis 2001).

Though this may seem like a rational and positive response to government failures, it is actually extremely problematic. This is especially true given the prevalence of international NGOs providing intervention rather than local organizations managing their own affairs. In one regard, the influx of aid money can "erode the quality of government" within recipient countries. This erosion can occur by providing money directly to governments, which makes them less dependent upon their citizenry for revenues and therefore less accountable to the citizenry. Another mechanism for this erosion is the circumvention of the government in favor of NGOs, which reduces the resources and efficiency of bureaucratic processes within the government, encourages corruption among the establishment, and discourages the rule of law when it was already weak to begin with (Rahman 2006; Knack 2001). In the other regard, the intercession of f NGOs in Third World societies has been the destruction of local civil society in favor of global civil society (Keck & Sikkink 1998). This can actually be used, intentionally or otherwise, as a form of social control. When well-funded, "legitimate" First World NGOs enter a community they may actually displace leftist popular movements within the impoverished communities. International NGOs often offer an alternative to direct action and revolutionary interests and so may stabilize political and economic relationships by co-opting local intellectuals and leaders away from politically oppositional movements and into their own ranks (Petras 1999). Petras goes even farther by claiming that NGOs exist in order to deflect criticisms of failure in addressing social and economic concerns away from macro-level neo-liberal practices and towards micro-level structures, such as insufficient resources for a project, bad planning, or poor project implementation.

The problems mentioned above have much to do with NGO's relationship to existing power structures within and between societies. Participatory development has been a key element of development theory for over two decades (Ebrahim 2001). It is an idea focused on addressing the reality of experiences and respecting the values of the community, rather than the forcing of alien knowledge and imposing outside values (Sharma 2001). This has been a focus that, while laudable in intent, has usually been difficult to find in actual fieldwork. Zaidi (1999) claims that for most NGOs, being "participatory" is a sham while the reality is one of an intervention with top-down integration with the community. Instead of being participatory, the situation is more likely to be one where First World field workers must "interpret correctly the needs of the poor" and then quickly meet those needs (Hancock 1989). This is an ironic situation for many NGOs receiving funding from the major international lenders considering that "democracy building" is often a primary goal (Lewis 2006). A more cynical view of participation in development would label the idea of "north-south partnership" a First World construct intended solely to add legitimacy to exploitative programs operated in the Third World. This view would argue that "participation" is the equivalent of manipulation (Lister 2000; Maren 1997).

The idea of participation as a First World construct intended as a tool for manipulation and exploitation brings all of the dominant First World discourse on development under question. After all, it is only in First World institutions where theories of development and policy planning are created, places such as the World Bank, and the U.S. State Department. Foucault (1991) develops the idea that power can come not only from domination, from violence and military occupation, but also from knowledge. Since the First World produces the majority of knowledge, they use this to set up a power structure favoring their interests: by claiming sole legitimacy for their knowledge, by creating binary distinctions that enable "development" by limiting and controlling others, and by disseminating this knowledge through "experts" (Foucault 1991). Instead of looking at NGOs as agents of charity and kindness, it is just as easy to see them as agents of colonialism and domination (Petras & Veltmeyer 2001) or as a ruse to encourage "privatization from below," or getting people in a country to voluntarily forfeit government-run services in favor of private enterprise (Petras 1999). In fact, the concept of "development" itself is in many ways a First World construction, since it is usually in contrast to First World ideals and society, the dominant global ideologies, that other nations need to change and "catch up." That change is linear or even necessary at all, or that the societies that exist in the First World are the ideal type, should be questioned (Ebrahim 2001). NGOs play their role in this process as well, as disseminators of the First World discourse (Meyer 1997). This is justified by First World cultural stereotypes of the people of the Third World as helplessly poor, starving, or ill and that they need western help (Maren 1997). These presumptions are extremely patronizing and false, as there is no reason why external agents *must* be necessary for empowering desires and capacities of a community, particularly when the aid itself keeps these communities dominated under the yoke of First World imperialism. Indeed, it is eerily reminiscent of the "civilizing" justification used during the long periods of European colonialism

in the majority of the world. Most NGOs claim to be voices for the poor, while knowingly or unknowingly espousing the discourse of exploitation and domination (Tvedt 2006), today the discourse of economic liberalization and civil society. With the benefits of being seen as apolitical entities, NGOs are granted access and trust by communities, who are then betrayed to the political will of the First World nations. This has the actual effect of depoliticizing these "beneficiary" communities and making them dependent upon foreign intervention to define their problems, define solutions, and lobby other groups for the resources and support needed to enact these solutions. This creates a buffer that separates communities from participating in their government, while also demobilizing them from pursuing extra-institutional means of seeking social change (Petras 1999).

Many of these issues *might* be less problematic if global civil society were successful in addressing the needs of impoverished peoples around the world. This, however, is not always the case. Instead, it is very possible that a foreign NGO can enter a situation and fail to help, exacerbate the problem, or even create new problems. Generally, aid fails to increase investment within a country. Instead it increases the size of governments and increases consumption within the society. However, this consumption fails to reach poor communities and benefits mostly the elites within the country (Boone 1995). This encourages corruption and the marketing of donated items within clandestine markets (Maren 1997; Hancock 1989). These failures are often the result of NGOs being more concerned with winning lucrative contracts than with actually helping communities (Devine 2003). Since, then, NGOs are more accountable to their donors than to the recipients of their aid, they often provide "band-aid" welfare programs that are short sighted. These NGOs become more concerned with objective numbers, i.e. how many people were helped, how many tons of food were delivered, etc, than with producing meaningful changes in the community. With this shift, NGOs have become simply another big business, an end in themselves, competing for profits (Hancock 1989). Though NGOs are seldom in a position to address the larger social factors behind chronic problems of poverty, healthcare, and famine, their intervention creates a temporary solution where the communities are dependent upon continued economic support (Maren 1997). Should that support be withdrawn, the problem may rise again and may be complicated by the community's lack of resources resulting from their disempowerment.

Considering all of these problems with international aid and development, it would be tempting to claim that all aid is negative and should not be given. Regardless of the political feasibility of that option, it is important to note that not all experiences with aid have resulted in harm for the recipient communities. One need only think of the cost in human life that would result from a total halting of subsidized food and medical aid to impoverished countries to have a visceral aversion to such a stoppage. For all of the ominous warnings in preceding sections, it is certain that many individuals and organizations genuinely hold positive and honorable intentions. This, of course does not necessarily mean that these people do not contribute to the larger problems, but it does show that domination and exploitation do not have to be the motivations

behind aid. Another perspective could be that the flow of resources and knowledge from the first to the third world is not aid, per se, but a redistribution of wealth, particularly wealth that has been extracted from Third World nations for centuries. If due consideration is paid to issues of dependency, cultural homogenization, delegitimization and disempowerment of Third World communities, it is possible that aid could be delivered in a fashion that maximizes the benefits while minimizing the negative impacts.

In summary, NGOs hold a place of prominence in the development industry because of their supposed ability to interface well with indigenous movements and grassroots organizations in target populations and to deliver aid more effectively because of this. However, despite *trillions* of dollars that have been funneled through NGOs, the questions reviewed above have arisen about the very efficacy that NGOs were supposed to provide. The present study looked at these questions in the context of Nicaragua, specifically that of one US NGO operating in a single small community, in the hope of finding an example of a better paradigm for providing aid to impoverished communities.

III. Nicaragua in a Global Context

Nicaragua, like much of Central and South America, has a very long history of foreign intervention. Settled as a Spanish colony in the early sixteenth century, Nicaragua spent many years under colonial rule, including time within the Mexican empire. After gaining independence in 1838, Nicaragua enjoyed only a few brief years of genuine authority within its own borders before the United States began what would become almost one hundred years of intervention, both direct and indirect. During the latter half of the nineteenth and into the early twentieth centuries, United States marines often were sent to Nicaragua to police the interests of U.S. investors and to support or demobilize revolutionary forces within the country depending on their attitude towards the U.S. (Sklar, 1988).

Ultimately presidential puppets were installed by U.S. forces to ensure that Nicaragua, as well as other Caribbean, Central, and South American countries, would be open to U.S. investment and trade. The worst of these was actually military dictator Anastasio Somoza Garcia who assassinated the national hero Augusto Cesar Sandino, the leader of the guerrilla forces that had recently forced U.S. marines from the country, and then led a coup against the president. The Somoza regime, beginning in 1937 was one in which U.S. interests were supported not only politically, but militarily through the country's own National Guard. Worse still, the dictatorship was effectively hereditary as, after Somoza was himself assassinated in 1956, his son Luis Somoza Debayle took over and after his death, the younger son Anastasio took on the dictatorship. A West Point graduate and strong ally of the U.S., the third and final Somoza once bragged that he knew the U.S. better than his own country (Sklar 1988).

During the 43 years of the Somoza family's rule, corruption in government and violence in support of the regime was the norm. Though there was a significant amount of oppression, opposition groups did exist, the most important being the Sandinista National Liberation Front (FSLN). Founded in 1961, the FSLN made gains in the latter half of the 1970s, culminating in the revolutionary overthrow of the government in 1979. This was accomplished despite behind-the-scenes support from the CIA. A collaborative junta then ruled Nicaragua from 1979 until 1985 when coordinator of the Sandinista party, Daniel Ortega, was elected president. His presidency would last until 1990 and during this time major gains were made in land redistribution to the impoverished, literacy and education, and healthcare. Also during this time, there was heavy opposition to FSLN rule in the form of violent counter-revolutionary groups known as Contras operating mostly on the Honduran border. In much the same way that the U.S. CIA had supported the Somoza regimes, the CIA also provided weapons and training to Contra personnel in order to oppose the Sandinista party's anti-U.S. stance and their so-called "socialist" policies.

In 1990 Daniel Ortega lost his reelection bid to Violeta Chamorro, a former ally during the revolution. Though still popular for the social welfare programs they had implemented, support for the FSLN waned due to the lengthy and deadly Contra war supported by the U.S.

This all ended as soon as Chamorro was elected, which also began the era of incorporating Nicaragua into the global economy. In order to bring in foreign direct investment and developmental loans from international lending agencies such as the U.S. Agency for International Development and the World Bank, the Nicaraguan government was forced to implement neo-liberal economic reforms and structural adjustment programs (SAPs). These programs have led, as in so many other "developing" countries, to the destruction of social welfare programs and privatization or severe cutbacks of public services, such as education and healthcare (Pfeiffer, 2003; Hancock, 1989). In the nearly two decades since that time we have seen a regression in poverty, education, and healthcare to levels not seen since the Somoza era.

Over this period of economic and social decline, as well as the ideological shift towards civil society in development theory, many NGOs have appeared in Nicaragua. Some have come to provide disaster relief after hurricanes, particularly after Hurricane Mitch in 1998 which was one of the worst natural disasters to ever hit Nicaragua. Many more have come to help Nicaragua implement the development projects funded by the first-world economic powers or to provide services that have been outsourced by the federal government. The organization being assessed in the present study is one of the latter groups.

IV. Natural Doctors International

Natural Doctors International (NDI) is an organization dedicated to providing free naturopathic and alternative medicine to under-served communities around the world. Based in Portland, Oregon, NDI is an organization still in its early development stage, having reached the end of its first three year contract with the Nicaraguan Ministry of Health and negotiating for a second term. Currently operating only in Moyogalpa, Nicaragua, on the island of Ometepe, a community of about thirty five thousand people, NDI runs the only 24-hour medical facility on the island. Face-to-face interviews and interviews through e-mail correspondence were conducted with five members of NDI in order to obtain important background information (see Appendix I). In its first two years, according to NDI Executive Director of services Dr. Tabatha Parker, NDI has "served over three thousand patients, provided tens of thousands of dollars in medicine and medical supplies and started over five community projects."

The perception within NDI is that they understand the importance of community participation in healthcare, the need to collectively assess health needs and design the strategies to address those needs (Jacobs 2003). Though the board of directors is located in Portland, Oregon, there are almost as many NDI members in Nicaragua as there are in the U.S., many with close relationships with individuals in the community. This relatively horizontal integration with the community allows the board and the doctors to plan strategies without the degree of disconnect from the target population that is often found in larger organizations. In fact, the doctors working in Nicaragua relay the desires of the community directly to the board of directors who then determine if NDI has the technical and material capacity to implement a new project or policy. However, NDI still makes mistakes and sometimes fails to fully integrate the community of Ometepe into the decision making process. For example, one community health project undertaken by NDI was to provide safety gear for farmers using large quantities of pesticides. Though this sounds reasonable, most farmers did not want to wear the heavy gear in the hot and humid tropical climate, so another solution had to be found, one involving education about toxic pesticides and screening for their effects. Tania Neubauer, a staff physician in Moyogalpa, admits that while NDI would like to do community research, the time and cost of such research is outside of their capacity at the moment. The goal is that as they grow, both in Nicaragua and at home in Portland, they will be able to devote more resources to fully integrate the community into the planning process.

Two important questions about NDI arise: why Nicaragua, and why naturopathic medicine? An obvious reason for NDI to choose Nicaragua is the chronic poverty prevalent across the country. As the second poorest country in the western hemisphere, Nicaragua has a per capita Gross Domestic Product of $3000, compared to $43,500 in the United States, and has 80% of the population living on less than two dollars a day (CIA World Factbook, 2007; Population Reference Bureau, 2006). This results in a country where perhaps fifty percent lack access to basic healthcare, thirty percent suffer from malnutrition, and child mortality rates continue to be a problem. In the years following the ousting of the Sandinista party and the

beginning of Nicaragua's entry into the global capitalist system, health care for the people of Nicaragua has declined sharply. During this period, government funded hospitals have suffered a huge decrease in funding, creating not just a decrease in the number of patients seen, but also a horrifying and often dangerous decrease in sanitation and quality of service. In some of the worst cases, the people who die while waiting for treatment are better off than those who die from the treatment. When the doctors working in these facilities complain or ask for a pay raise the government responds that its "hands are tied" by the Structural Adjustment Programs imposed by the major international development agencies. To make matters worse, doctors and other hospital personnel have been on strike in order to receive salary increases. Though this has led to further decreases in service for Nicaragua's poor, it is still widely supported. Of the alternatives to the public healthcare system, one, private hospitals, are completely unaffordable to "the poor majority, who make up an estimated 80% of Nicaragua's population" (Shelby, 2006). The other alternative is free healthcare provided by international organizations, of which NDI is one. In this regard, NDI works closely with the public hospitals on the island to provide healthcare for the entire community. Furthermore, NDI is beginning to work with the Ministry of Health and other NGOs, both local and international, in the region to expand their effectiveness through collaboration. This policy of cooperation, rather than competition, with other local and international organizations working towards the same goals is a very important aspect of successful aid delivery (Nelson 2006; Jacobs 2003; Martin 2003).

Another reason, one perhaps more precise, for NDI choosing Nicaragua is that the co-founder and president of the board of directors, Laurent Chaix, spent much of his life in Nicaragua. Better still, his family has connections in the Ministry of Health that directly aided NDI and "opened the door to NDI getting the status it now has." It is possible that this gives NDI a greater degree of legitimacy in dealing with the needs of the people of Ometepe.

The second question is about the role of naturopathic medicine in developing countries. Some members of NDI believe that it is more culturally appropriate, i.e. naturopathic medicine is, or has been, historically located within the community. Dr. Neubauer points out that, though natural remedies are familiar, their use has largely been replaced by First World pharmaceuticals and the profession of herbalist has all but disappeared. Dr. Neubauer hopes to work with the few herbalists in the community both to learn more about local natural remedies, rather than imported herbal supplements, and to help reestablish the value of natural remedies within the community. It remains to be seen if the community appreciates such efforts or views them as patronizing. Another of NDI's frames is that naturopathic medicine can be used in a more sustainable manner, as opposed to dependence upon U.S. pharmaceuticals which are, as Dr. Tabatha Parker mentions, much more expensive. Through the use of bio-regional herbalism, the community can create their own supply of naturopathic remedies and wean themselves off of strict reliance upon First World pharmaceuticals and imported medicines.

According to the staff interviews, NDI fully recognized the larger social, political, and economic context of health problems in developing countries like Nicaragua. For many on the

island, common health problems are directly linked to poor economic conditions, such as lack of access to clean water or good sanitation, nutritional deficiencies from poor diets, or respiratory ailments due to burning trash and indoor fire pits for cooking. Depression, often expressed through alcoholism, is a not uncommon reaction of people to the harsh realities of life as a sustenance farmer, barely able to provide food, much less anything else. According to Dr. Parker, "all the work we do at NDI tries in some way to address underlying social factors – whether it is taking time to counsel a patient who has fallen victim to those injustices, or working on projects that try to educate people about them." This can be seen in the goals of some of their community projects. Dr. Neubauer said that many of the projects sought to increase the sense of community and fellowship across the island and to encourage people to stay on the island, rather than fleeing to other areas for job opportunities. Some community-oriented projects have included sponsoring a baseball league, engaging in community beautification, and assisting with simple maintenance in community buildings such as the hospital. Also, NDI does as much purchasing as possible directly on the island so as to improve the local economy. Obviously, NDI does not have the power or the resources to institute major structural change, so what they feel that one of the most important aspects of their work is bringing other people from the United States down to Nicaragua for ten days to experience the poor conditions and to return home and "tend to our own backyard."

NDI has avoided the problem of participating directly with the major agents of First World imperialism, such as the World Bank and the U.S. Agency for International Development, in the way of most small aid organizations: by not acquiring funding from these organizations. As a volunteer-based charitable organization, NDI receives all of its support in the form of donations from individuals and small businesses, mostly in the Portland area. This, as well as being one of the first organizations to bring naturopathic medicine to international development, gives them a great degree of mobility in project design and implementation, without regard to the trends and fads that sweep through the international aid community. An obvious downside to this is, of course, that NDI has nowhere near the resources available to larger organizations, such as World Vision which raised 1.97 billion dollars in 2005 (World Vision, 2007) or Oxfam International which has an annual operating budget in excess of $500 million (Oxfam, 2007). It should be noted, however, that NDI is pursuing legal status with the United Nations in order to be eligible for World Health Organization projects and monies as early as 2008.

The purpose of the present study is to measure, from the recipient community's perspective, the effectiveness of aid delivery of NDI and the necessity of aid in general. This is an important aspect because many other studies in development literature get their information only from the organization itself or from local elites as "voices for the people," each with concerns and perspectives that may not accurately reflect the impact on the community (Maren 1997). The nature of the aid being delivered, naturopathic healthcare, is expected to be more culturally appropriate than First World pharmaceutical medicine given the historical role of natural remedies in the local culture and around the world. Furthermore, it is expected that such

natural remedies are being delivered in a way that is ultimately more sustainable, on an individual and community-wide basis, than the pharmaceuticals that have dominated the medical market. Finally, the small size of the organization is expected to allow NDI to be well-integrated into the community and to allow a greater degree of participation from the community in planning and implementing the aid programs that they deliver (Ewig 1999). Ultimately, development theory needs to be centered to a greater extent on discourse from the exploited countries of the world, not from the position of power held by the handful of wealthy nations. .

V. Methodology

The present study was conducted in two separate stages. In the first stage, in January 2007, semi-structured interviews were conducted with NDI personnel in the community where they work in Ometepe (see Appendix I). Additional information was gathered from NDI members that were not available for interview through the use of the interview schedule as an open-ended self-administered survey that was submitted via e-mail. In total, five members of NDI participated in this phase of the study: the president of the board of directors, the executive director of the Ometepe facilities, the public relations director and donations coordinator, the 2007 volunteer doctor, and an administrative assistant volunteering at the Ometepe site. This sample was chosen as a convenience sample of those available in Nicaragua at the time when the survey was being given and three members of the U.S. staff. From this information, the researcher gained a detailed understanding of the actual activities that NDI engages in, as well as the frames internal to NDI that motivate their action and the external frames that they use to generate support both in the U.S. and in Nicaragua.

This background information has allowed for the design of a more appropriate set of questions for the second, larger phase of the project. In this phase, running from May to July 2007, surveys and semi-structured interviews were conducted with members of the community being served by NDI in order to assess perceptions about development in general, and NDI in particular (see Appendix II). These questions are a measure community opinion in several dimensions: the extent to which the community has internalized and accepted the dominant discourse on development; the extent to which the community believes that international assistance is necessary or working; the extent to which the community believes this particular program and others like it are working towards sustainable improvements; and the extent to which the community feels integrated into and empowered by the decision making process with NDI.

One hundred surveys were administered in order to gain a breadth of the community's opinions, while twenty in-depth, semi-structured interviews provided detailed responses into the "hows and whys" of their opinions. Both the surveys and the interviews were collected over a seven week period between May and July 2007 as two samples: people who had interacted with NDI and people who had *not*. The original plan for the first group was to use a client list from the hospital that NDI worked out of to locate former patients in their homes. Unfortunately, due to difficulties in finding the necessary information and then actually locating the residences, this plan, for the most part, had to be abandoned. Instead, tables were set up in the hospital in Moyogalpa or in the community clinics in the smaller towns, including Esquipulas, Los Angeles, and San Jose Sur (see Appendix IV), and people were recruited directly from the patients that were present. After one day with very low participation in the hospital the researcher recruited members of the hospital staff to speak with the patients on our behalf and to encourage participation. This immediately increased participation and greatly facilitated the completion of this project. Even so, however, many people did not wish to be interviewed in the hospital so the

researcher had to locate these respondents by walking in and around the towns and asking people in their homes if they wanted to be interviewed.

The second set of participants, those who have not interacted with NDI, was drawn primarily from areas not served by NDI. The researcher traveled to the other side of the island, primarily to the cities of Alta Gracia and Balgue (See Appendix IV) and set up tables in clinics and in a pharmacy as they had done for the first sample. Again, door-to-door sampling was used to supplement the responses gained at the tables. These respondents, seven of the interviews and 39 of the surveys, were asked a screening question at the beginning of their session to ensure that they had not had contact with NDI. These respondents also received a slightly altered form of the survey and interview questions that replaced any instance of NDI with the generic comparison group "any other aid organization."

All interviews were conducted through a third party translating the questions for the respondent as well as their answer to the investigator. This translator was an associate of the investigator who had volunteered for the position and who received no monetary compensation. The translator was a native Argentine who has grown up living in the U.S. and is fluent in both Spanish and English. He underwent a brief training period with the investigator to ensure that he understood the nature of the study and could adequately address many of the translation issues that arose. I also recruited an NDI volunteer who is more familiar with Nicaraguan Spanish to ensure the clarity of both the interview questions and the surveys. The total time spent for each interview was between thirty and ninety minutes, which allowed sufficient time for the translation process. Because of this being a significant unpaid period of time to request from members of the community, great efforts were made by the research team to adapt to the schedules and time constraints of the participants and meet with them wherever they are most comfortable. No remuneration was offered to participants. All interviews were tape recorded and then partially transcribed with the help of notes taken during the interview. Participant's responses are not anonymous but have been kept confidential.

VI. Analysis

Since the purpose of using interviews to collect data is to be open to a wider array of responses from the participants, the interview process allowed the respondents a greater degree of freedom. This means that in order for this research project to be grounded in the life experiences of the Ometepe community, the interview process needed to be less structured and more of a narrative or story about the respondent's interaction with the global forces of "development" and healthcare in their community. In this way, the interview transcript was used as an analysis of the extent to which the community has been exposed to First World developmental discourse and whether the community understands such discourse in its intentions and its effects. Additionally, I want to try to understand why development aid is valued or rejected because of the communities understanding of aid and development.

For the interviews that were conducted, the analysis consisted of coding each participant's story from the transcript for each of several variables and then searching for underlying themes, as well as variations in these themes, across the interviews. Regarding NDI specifically, the investigator looked for indicators of the extent to which the respondent believes that NDI has positively impacted themselves, their families, and the entire community. This includes perceptions of the appropriateness of aid for the given problem and setting, as well as how the organization integrates itself into the community. I also looked for whether or not the respondent feels that with NDI's presence they can make lasting improvements in healthcare and quality of life across the community. The final portion of analysis was the search for the internalization of First World discourse, i.e. looking for instances where the respondent displayed a desire to receive First World inputs, be they monetary, material, or knowledge, and the reason behind this desire. For the present study this was both very general as well as particular to healthcare and NDI. When looking for instances of First World discourse generally, the indicators were the presence of language such as "development" ("desarrollo") or "grassroots" ("populares") which are directly handed down from the dominant discourse, or for related ideas such as whether it is "right" or "good" that the community of Ometepe is receiving assistance from donor nations. Also important were indicators of the extent to which respondents understand the costs of First World "aid" and how "success" is measured. Relevant quotes were pulled from the interview transcripts and organized according to topic as above. These quotes were then sorted to find not just the most poignant and illustrative, but also to find and collect multiple consenting and dissenting opinions.

One important observation about the data is that its accuracy is very questionable due to a possible bias from the respondents to try to please the interviewer or survey administrator. This can be a factor *potentially* influencing the high degree of agreement among respondents and their overall positive view of NDI and development in general. Still, this data was useful in creating a baseline image of support for foreign aid in the communities on Ometepe against which future data can be compared.

Statistical analysis was used for the survey data in order to provide a background image for the interview narratives to bring to life. Of particular value to the present study were the simple frequency distributions for determining the degree of public support for development and for NDI, as well as correlations to measure the relationship for support of development among the population.

The entire survey sample of one hundred individuals consisted of 72% women, obviously not representative of the population on the island. This oversampling was due to the location where the researcher collected their data, in hospitals and clinics, where it was primarily mothers bringing children to receive medical attention. Seventy-one percent of respondents were between the ages of 20 and 49, and most (92%) had lived on the island for the majority of their lives (See Table 1).

Sixty-two percent of the sample, against the estimated national average of 80%, survived on less than C$1,000 in the last month, or $2 per day (CIA World Factbook, 2007; Population Reference Bureau, 2006). This could be due to the limited areas covered by the research team, primarily in the two major cities, Moyogalpa and Alta Gracia, where I found several respondents who were employed as attorneys (2), engineers (1), shop owners (4), or in healthcare (2) and who made several times as much as the national average. Even among those with the highest monthly income, only four made C$4,000 or more in the last month and only one of those reported making more than C$8,000. Many of the regions not covered by the research team were the most rural and the most impoverished, with no easy access to these communities. About one-third claimed to be campesinos, or farmers, who often live without earning any money until they can harvest and sell the crops that they have grown and were consequently in the less than C$1,000 last month category. Sixty-eight percent had had six or fewer years of formal education, though 11% had eleven to twelve years and 8% had gone on to a university or professional licensing program (See Table 1).

i. Quality of Healthcare

The first factor that I examined was the community's perception of NDI. For this I used the responses of people who have used NDI as one group and those of people who have never used NDI as a comparison group representing any and all other aid organizations that the respondent may have interacted with during their lives. Admittedly, this was a crude comparison since the type, organization, goals, and methods of other groups can vary widely, but it provides a basic view how the community feels about NDI. Overall, 69% of respondents had received medical services from NDI at least one time and about half of those had also participated in one or more of NDI's community programs (See Table 2). Everyone who had participated in the community programs had also received medical attention from NDI.

One dimension of this is appropriateness of aid, which was addressed by several of the questions on the survey and interview. Firstly, when asked whether foreign assistance in

Table 1: Demographic Characteristics of the Community Sample (N=100)

Gender	Frequency	Percent
Male	27	27.3
Female	72	72.7
Missing	1	
Total	100	100

How many years have you spent in school?	Frequency	Percent
4 or fewer	39	39.8
5-6	28	28.6
7-8	7	7.1
9-10	5	5.1
11-12	11	11.2
More than 12	8	8.2
Missing	2	
Total	100	100

For how long have you lived on Ometepe?	Frequency	Percent
A few years	8	8.2
Many years	6	6.2
All my life	83	85.6
Missing	3	
Total	100	100

What was your income last month?	Frequency	Percent
Less than C$ 1000	62	62.6
1000-1999	21	21.2
2000-3999	12	12.1
4000-7999	3	3.0
More than C$ 8000	1	1.0
Missing	1	
Total	100	100

Age	Frequency	Percent
Less than 20	8	8.1
20-29	33	33.3
30-39	20	20.2
40-49	17	17.2
50-59	11	11.1
60 or more	10	10.1
Missing	1	
Total	100	100

Occupation	Frequency	Percent
Farmer	33	34.0
Student	7	7.2
Attorney	2	2.1
Tourism	1	1.0
NGO	1	1.0
Ferry worker	1	1.0
Housekeeper	32	33.0
Finance	1	1.0
Shop owner	4	4.1
Administrator	3	3.1
Truck driver	1	1.0
Teacher	2	2.1
Brush Clearing	1	1.0
Construction	1	1.0
Engineer	1	1.0
Doctor	1	1.0
Machinist	1	1.0
Nurse	1	1.0
Seamstress	1	1.0
No occupation	2	2.1
Missing	3	
Total	100	100

Table 2: Views of NDI among the Survey Sample (N=100)

Have you or a member of your family ever received medical services from NDI	Frequency	Percent
No	31	31
Yes	69	69
Missing	0	
Total	100	100

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Have you or a member of you family ever participated in NDI-sponsored community programs?	None	31 (100%)	32 (46.4%)	63 (63.0%)
	One	0 (0%)	3 (4.3%)	3 (3.0%)
	More than one	0 (0%)	34 (49.3%)	34 (34.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that NDI's assistance, or that of other organizations, is necessary for good health in your community?*	Not at all	0 (0%)	0 (0%)	0 (0%)
	Somewhat	0 (0%)	1 (1.4%)	1 (1.0%)
	Very necessary	31 (100%)	68 (98.6%)	99 (99.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

* The asterisk after questions in tables 2, 6, and 7 denote the combination of questions from both the NDI-client and non-client forms of the survey. These questions, as given to the respondent, were not double-barreled questions. This was done to save space and increase readability in the relevant tables.

healthcare was necessary at all, 99% of NDI clients and 100% of non-clients agreed that such assistance is very necessary (See Table 2). Many descriptions by interviewees of the quality of healthcare on the island match the dismal descriptions of healthcare nationally, and certainly present a situation that might invite outside assistance. Client 1, a 29 year old mother, said that "healthcare is hard to get. [Previously,] medicine was very expensive and when you got to see the doctor you only got a prescription, there were no tests." This was an oft repeated sentiment, as one man, a middle-aged doctor, mentioned that "there is good access for people, but poor quality of consultations [with] nothing beyond the basics. There is only an ultrasound machine in one hospital on the island for only one month each year." Another young mother (client 14), said that "[the doctors] don't have the right instruments, so if there is a problem the patient must go to Rivas at their own expense." Needless to say, such a trip can be financially devastating to a low-income family, especially when the regional hospital at Rivas refuses to see a patient who must then return at a later date. A husband and wife (client 20) operating a restaurant out of their small home on the beach said that when "[the wife] had to go to Rivas for surgery, which is very difficult. I went five times before I was helped." Several other respondents pointed out the obvious result of this lack of testing: the opportunity to make incorrect diagnoses. One of the most common actions taken by doctors in this hospital was to administer antibiotics as a sort of panacea. Respondent 10, a 29 year old homemaker, told a story about children in particular, where "doctors are always injecting kids with things. One child got ten injections for bronchitis that wasn't even severe." This, of course, was only if medicines were available in the hospital. Otherwise, according to many of the respondents, people were forced to buy medicine elsewhere at prices that few families could afford. As client 3, a 50 year old farmer who lives in the town of Moyogalpa, put it: "some pills cost C$50 each, and people only make C$30 per day. Some are less, some are more, all are expensive." Even worse, said client 1, in an emergency "there is only one ambulance and the patient had to pay for gas, as well as everything else [the doctors] use, like gloves."

Secondly, regarding appropriateness of aid, I asked participants how satisfied they were with their access to healthcare in 2004, which was before NDI arrived on the island, and how satisfied they were at the time of their participation. Despite their stories about the quality of healthcare and its significant cost to families on Ometepe, several people responded optimistically. This included two middle-aged professional men, one a bank manager, the other, client 9, an architect, who said that "healthcare is there when you need it' or that "when people are sick, [the available healthcare] is sufficient." Others, like client 12, an elderly campesino, did not blame the hospital itself, saying that "the doctors attend well with what little they have." For both of the periods, most participants said that they were satisfied; only 16% were "not at all satisfied" in 2004, while only 6% were "not at all satisfied" at present. This overall increase in satisfaction might be in part due to the recent election of the Ortega government which mandated that all healthcare is to be free, both examinations and medicine, so that everyone has access. However, It should also be noted that there is a significant increase in satisfaction between the

Table 3: Healthcare Satisfaction among the Survey Sample (N=100)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
How satisfied were you with the healthcare you and your family had access to before NDI came to the island in 2004?	Not at all	7 (22.6%)	9 (13.0%)	16 (16.0%)
	Somewhat	10 (32.3%)	20 (29.0%)	30 (30.0%)
	Very satisfied	14 (45.2%)	40 (58.0%)	54 (54.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
How satisfied are you with the healthcare you and your family have access to today?	Not at all	6 (19.4%)	0 (0%)	6 (6.0%)
	Somewhat	10 (32.3%)	9 (13.4%)	19 (19.0%)
	Very satisfied	15 (48.4%)	58 (86.6%)	73 (73.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

two times among NDI clients, with 87% claiming that they are "very satisfied," up from only 58%, as well as 0% indicating that they were "not at all satisfied" (See Table 3).

These statistics, as well as the interviewees, speak highly of NDI and their role in the community's healthcare. Client 3, an elderly domestica living with her son's family in Moyogalpa, and Client 1 both said that healthcare is better now than it was before NDI came. Over and over again, I heard people praising NDI for providing their services to the community for free, as well as for the high quality of their services. Client 5 said that "NDI makes [healthcare] better by really having the capacity to help people," in contrast to the existing public healthcare system, such as with the lack of testing performed by the hospital. Client 3 said that "Dr. Parker did a great job of really checking me out, rather than just prescribing medicine" and the bank manager agreed that "NDI is preferred by people because of better attention, quality, more knowledge, and NDI is more open." Even one of the Nicaraguan doctors working in the hospital with NDI, client 8, approved of them, saying that "NDI is good as an alternative source of aid because there is a limit to the number of doctors and the number of patients [the hospital staff] can see each day" and that "NDI attends to the poorest and they are never political. They help many people and even finance expensive tests and procedures for some." One story in particular, told by client 9, illustrates NDI's willingness to go beyond the limits or efforts of the hospital. She said that "NDI always listens and they go beyond the normal doctors to help. One girl had exploded appendicitis and muscle cramps. [Dr. Parker] went around to find the right medicines to make the girl able to move and talk again before she died. Another child drank pesticides that were rapidly fatal, but [Dr. Parker] kept him alive long enough to say goodbye. That's great effort."

Finally, I measured how culturally appropriate natural medicines are in Nicaragua. Ninety-nine percent of all respondents believed that natural medicines were a part of their culture and 97% had used natural medicine at some point during their lives, though for many the trip to see NDI that day had been their first experience with natural medicine (See Table 4). Considering this unequivocal acceptance of natural medicines, some of the interview responses to this question were less affirmative. Some interviewees said that natural medicine was a part of their culture, but only in the past, and that young people do not use natural medicines "because they are impatient. They don't like natural medicines because they take longer" (client 1). The bank manager compared it to witchcraft, saying "many people don't believe in natural medicines. They think that Nicaraguan natural doctors are witches and will curse them." This belief, he continued, does not carry on to foreign naturopathic doctors, such as NDI, because "NDI is different. Not just because they are from the US, but because they work in the hospital with other doctors." This was interesting because, even by claiming that legitimacy is not solely based upon the natural doctors being from a developed country, he instead placed legitimacy only upon groups that worked in the hospitals, a First World context, and with medical doctors, a First World profession.

Table 4: Views of Natural Medicine in Culture among the Survey Sample (N=100)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
How many times have you used natural medicine in your life?	Never	3 (9.7%)	0 (0%)	3 (3.0%)
	A few times	14 (45.2%)	55 (79.7%)	69 (69.0%)
	Many times	14 (45.2%)	14 (20.3%)	28 (28.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that natural or herbal remedies are a part of your culture?	Not at all	0 (0%)	1 (1.5%)	1 (1.0%)
	Somewhat	3 (9.7%)	2 (3.0%)	5 (5.1%)
	Very much	28 (90.3%)	64 (95.5%)	92 (93.9%)
	Total	31 (100%)	67 (100%)	98 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that pharmaceutical medicines have replaced natural or herbal medicines in Ometepe?	Not at all	23 (74.2%)	44 (65.7%)	67 (68.4%)
	Somewhat	1 (3.2%)	4 (6.0%)	5 (5.1%)
	Very much	7 (22.6%)	19 (28.4%)	26 (26.5%)
	Total	31 (100%)	67 (100%)	98 (100%)

Table 5: Views of Natural Medicine in Healthcare among the Survey Sample (N=100)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that natural or herbal remedies are a legitimate form of medicine?	Not at all	0 (0%)	0 (0%)	0 (0%)
	Somewhat	5 (16.1%)	3 (4.4%)	8 (8.0%)
	Very much	26 (83.9%)	65 (95.6%)	91 (91.0%)
	Total	31 (100%)	69 (100%)	100 (100%)

Other interviewees discussed how the use of natural medicine had been dying out. Of those surveyed, 67 said that First World pharmaceutical medicine has *not* replaced natural medicine, compared to only 21 who reported that it had (See Table 4). However, "Since 1991," said client 3, "there has been a heavy influx of pharmaceuticals and, even though they are more expensive, people are used to using them." Some people, such as client 1, blame this on the prevalence of television advertisements for pharmaceutical medicines, claiming that if they are on television, "they must work," or that they are "advanced" or "modern." Other people, perhaps more accurately, say that the current healthcare system itself has usurped the place of natural medicines. Client 15, a 38 year old high school social science teacher, points out that many people use pharmaceutical medicine because "people in positions of authority, such as doctors, promote [this] medicine," while client 11, a 103 year old campesino and the oldest person interviewed, "uses whatever the doctors give me, and [I] trust them to know what's best." This is taken a step further by client 12 who said that "pharmaceuticals are best *because* a doctor prescribes them," which brings to question whether natural medicine or pharmaceutical medicine is better and why.

Everybody surveyed believed that natural and herbal remedies are a legitimate form of medicine and one interviewee, a middle-aged man who repaired shoes for a living (client 17), expressed the views of many others, simply saying that "I have seen natural medicines cure people, so I believe in them." When compared to pharmaceutical medicine in the interviews, natural medicine was generally viewed more positively. For example, client 5 said that "natural medicine is cheaper and easier; more basic. You never know if pharmaceuticals are going to help you or make it worse," to which client 10 would have added "pharmaceuticals are bad and many people leave the hospital looking pale." The most common response given was that both are good in their appropriate roles, which client 9 described as "pharmaceuticals are better for very serious conditions. Natural medicines are for basics, fever, pain, cuts." Client 7, a 23 year old student and son of a well-to-do shop owner in Moyogalpa, provided the most pragmatic response, saying that "natural medicine is good, but pharmaceuticals are good too, except for the side effects. What is best is what you have when you need it." NDI clients more strongly favored natural medicines, when compared to pharmaceutical medicines, than did non-clients (96% and 84%, respectively. See Table 5), and one such person among the interviewees, client 10, said that "natural medicine should be more available in hospitals." Many agree with that belief, but also think that the strength of natural medicine is its availability and ease of use. "Natural medicine is good because you can self prescribe," said client 12, while client 1 endorsed natural medicine because "…people have plants; they just need to learn how to use them."

ii. Community Participation

The other dimension that was used to measure the efficacy of NDI was the degree to which NDI was integrated into the community. Again, several questions from the survey address this, beginning with the extent to which NDI includes members of the community in defining

Table 6: Views of NGO-Community Integration among the Survey Sample (N=100)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that NDI or other aid organizations* include the community members of Ometepe in making decisions about defining and prioritizing problems?	Never	2 (6.7%)	2 (2.9%)	4 (4.1)
	Sometimes	6 (20.0%)	15 (22.1%)	21 (21.4%)
	Always	22 (73.3%)	51 (75.0%)	73 (74.5%)
	Total	30 (100%)	68 (100%)	98 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that NDI or other aid organizations* would listen and respond to you if you made a complaint against them or suggestions for improvement?	Never	2 (6.5%)	1 (1.5%)	3 (3.0%)
	Sometimes	7 (22.6%)	14 (20.6%)	21 (21.2%)
	Always	22 (71.0%)	53 (77.9%)	75 (75.8%)
	Total	31 (100%)	68 (100%)	99 (100%)

		Have you or a member of your family ever received medical services from NDI?		
		No	Yes	Total
Do you think that NDI doctors or members of other aid organizations* are part of the community on Ometepe?	Not at all	2 (6.5%)	0 (0%)	2 (2.0%)
	Somewhat	3 (9.7%)	0 (0%)	3 (3.0%)
	Very much	26 (83.8%)	68 (100.0%)	94 (94.9%)
	Total	31 (100%)	68 (100%)	99 (100%)

*See note after Table 2

and prioritizing problems. For this, only two NDI clients reported that NDI *never* included the community, compared to 51 who said that NDI *always* included them (See Table 6). Client 1 put it simply, saying that "NDI talks and listens and their programs show it. They don't force solutions." Another question was asked to determine not just how often NDI might seek community input, but also how the respondents believe that NDI staff will respond to complaints against them or suggestions for improvement. The results for this question were similar to the previous question, with 99% of respondents reporting that NDI would listen to them (See Table 6).

Finally, when asked whether they felt that NDI staff were a part of their community, all NDI clients reported that they very much do so, with client 1 going on to say that "many people love the NDI doctors. People know them by name and hang out [with them]." Client 3 added that not only are NDI staff well-liked, but that "NDI lives with the locals so that they have become a part of the community and can know the problems." This opinion compares to only 84% of non-NDI clients referring to other foreign aid organizations. Most respondents had only praise for organizations other than NDI, such as one elderly gentleman (client 6), many years retired and only recently moved to Ometepe, and client 7, saying that "organizations have a love for the people," and that "most try to help or give the tools to help," respectively. Conversely, one respondent, client 3, does complain that "other development projects are disorganized and only here for a short time," which is a common problem that communities face with international aid.

iii. Foreign Aid and Development

Moving away from the specifics of NDI, I wanted to measure the extent to which my respondents were familiar with the ideas and motivations behind international aid, and whether they favor or oppose those ideas. To begin, I asked the respondents if they believed that it is even appropriate for aid to be sent to Nicaragua and their community from the United States to which 98% reported that it is *always* appropriate (See Table 7). Over and over, interviewees expressed their doubts about Nicaragua's ability to sustain itself without foreign aid and, usually, they were not concerned with the details of this help; as the bank manager (client 2) said, "Nicaragua needs help from anywhere, wherever they can get it." A small minority of interviewees believed that Nicaragua could solve its own problems without foreign assistance, but only "if everyone fights together, which is difficult" (client 7).

The majority, however, cited Nicaragua's lack of infrastructure, such as "the machines and factories for production" (client 3), as well as other social factors crucial to increasing quality of life in the First World context. Client 9 spoke of these other factors, saying that "people here don't have the money, institutions, or opportunities to become experts, so we need foreign experts for some things, like the active volcano, experts with experience." When asked to respond to this idea, 98 of the people surveyed believed that foreign experts have valid knowledge (See Table 7). Expanding upon this, respondents generally believed that "foreign

Table 7: Views of Development among the Survey Sample (N=100)

Do you think that it is appropriate for help to come to Nicaragua and Ometepe from the United States?	**Frequency**	**Percent**
Never	0	0
Sometimes	1	1.0
Always	98	99.0
Missing	1	
Total	100	100.0
Do you think that experts coming to Nicaragua from the United States and Western Europe have valuable knowledge?	**Frequency**	**Percent**
Not at all	1	1.0
Somewhat	7	7.1
Very	91	91.9
Missing	1	
Total	100	100.0
Do you think that you can trust the doctors from NDI or other aid organizations more or less because they come from the United States rather than from Nicaragua?	**Frequency**	**Percent**
Much less	0	0
A little less	0	0
About the same	16	16.3
A little more	13	13.3
Much more	69	70.4
Missing	2	
Total	100	100.0
Do you think that development programs brought to Nicaragua from the United States and Western Europe are beneficial to Nicaragua?	**Frequency**	**Percent**
Not at all	0	0
Somewhat	4	4.0
Very	95	96.0
Missing	1	
Total	100	100.0
For how long do you think that NDI or other aid organizations* will be needed on Ometepe?	**Frequency**	**Percent**
They are not needed	0	0
For a little while	0	0
For a long time	8	8.1
Forever	91	91.9
Missing	1	
Total	100	100.0

*See note after Table 2

experts are more valid because they bring new ideas and perspectives, they know how to help" (Client 5), or the similar sentiment that "[foreign experts] see a situation and make a project to fix it" (client 10). The couple (client 20) just starting their beachside restaurant even went so far as to say that "foreigners are more intelligent," certainly a problematic belief, but finished by saying that "it is possible for Nicaraguans to obtain this." Hopefully this indicates that the respondent actually meant "educated" in place of "intelligent." In defending his own role as a healthcare provider, one Nicaraguan doctor argued against this idea that foreigners have more or better knowledge, saying that

> Foreign doctors are the same, just like me. Only in the United States, they have more resources. [Medical] brigades that come here must learn to operate with only the resources at hand. You can't send a poor patient to Rivas for tests, you must help them now. I have to do anything asked of me, regardless of qualification. People might want to see a foreign doctor more because they think that they have better education, but local doctors have local expertise, such as for dengue or malaria. In the Unites States during the anthrax scare they had to learn about dealing with it. Now they have to learn about Latino-specific illnesses because of immigration.

Perhaps obviously, given their belief that foreign experts are as good as, or often better than local experts, nobody had any trouble trusting these experts. Zero people reported that they trusted foreign doctors, including NDI, less, and only 16 out of 98 said that they trusted them as much as local doctors (See Table 7). On the extreme end of the majority was client 12 who happily declared that "I trust foreigners because they are very honorable people and loving. I greet them with love to bring civilization to Nicaragua." While many of these people simply believed in the good will of foreigners that have come to provide aid, some were at least a little bit skeptical. Client 9 said that it "depends on why [foreigners] are here. People who are investigating problems or providing healthcare help, environmentalists help. Military people only look to see if we are behaving and the UN only looks, it never helps." More generally, the social science teacher mentioned that "some organizations are camouflaged. They say that they will help, but they are only after personal political or economic goals. The United States is exempt because it is democratic." Client 8 offered a very similar opinion, and again refused to criticize some of the major donor countries: "most foreigners come to help, but some have other goals. Not the United States, Germany, or Japan. Those others help, but also make lots of money and have nice cars and houses. Client 1 summed up this minority opinion saying that "I see this help as a business for gain," a not uncommon critique of the aid industry.

Most of the aid that people are requesting certainly seems to fall under the theme of "development." Among the interviewees, no one believed that Nicaragua did not need to be developed. When asked to define development, some respondents were very general, saying that "development is to get better" (client 5), that "development is very broad" (client 8), or that "development is really good, so that Nicaragua can move on and advance" (client 4, a young construction worker). Most people, though, focused specifically on economic factors, as client 8

continued: “Nicaragua is not developing, only getting poorer. We need to change many things. There is a big economic divide with a few rich, some middle, and many poor.” Others provided specific examples of economic changes that they would consider to be a part of development. One wealthy merchant (client 19) placed an emphasis on foreign investment being the best option for stability in Nicaragua, while client 7 said that the “government must generate foreign investment to create jobs and prevent emigration. Development is more jobs, companies and opportunities to change the economy. It is also better streets, services, improvements in life.” Client 1 put special emphasis on the role of women in the economy by wanting “to see more jobs, especially for women.” “A maquila,” she continued, “would be ok because it creates many jobs. Chinese factories pay people C$24 per hour and pay for transportation and food.” Improvements in healthcare and education were also commonly cited aspects of development and were related to crime and drug use by some, including client 8. He said that “Nicaragua has a problem with drug use, marijuana, crack, alcoholism, especially in Managua. This can be fixed with education, the basic element for culture, to create good kids. Without education and jobs they have nothing to work towards.”

Ninety-six percent of respondents agreed that development programs brought from the “developed world” were always beneficial to Nicaragua. This position was based largely in the trust that the respondents had for foreign organizations and the belief that “some people come to help and [these people] usually do help because they want development” (client 1). These responses may be a simple statement of reality, that any help is better than no help given Nicaragua’s history within the context of the global economy. However, it certainly does not allay fears that a situation of dependency has been created in the impoverished communities. One interviewee, client 12, demonstrated this dichotomy of reality versus dependence by saying that “Nicaraguans would die without foreign help.” Consider that, according to a man working for the hospital in Moyogalpa, the government of Luxembourg provides much of the funding not just to that hospital, but for all of the healthcare centers in the entire state of Rivas. Without this help, it is obvious that the state of healthcare would further decline and, as a result, people would die. But it does not allow for the people of Nicaragua to organize, as client 7 recommended above, in order to create their own change; this point of view has Nicaraguans denying their own agency. At least one person, client 12, already believed himself to be powerless, while also giving voice to a very common criticism of their society, saying that “the people here can’t fix the problems because they didn’t make them. The government makes them and must fix [them], but there is no hope for that. When the government tried to give away houses to the poor, the rich people just got extra houses that they sold or rented.”

Government corruption was repeatedly cited as the largest single cause of Nicaraguan poverty or, as some would call it, “underdevelopment.” Client 9 discussed this problem, saying:

> In Nicaragua there is discrimination against the poor. There are political problems and no pure democracy. We need to fix the national assembly to change the government so that they like their people. We don’t need a minority government that only helps the rich;

> we need one that invests in health, education, and jobs. Nicaragua needs to give kids opportunities to stop them from getting into crime, drugs, or prostitution.

Many other respondents blamed the government for making "false promises" when they say that they want to fix healthcare or education. Some of these complain about how the government does spend their tax money, which Client 12 wondering why "[President] Ortega used C$12 million to buy military equipment from Venezuela? Why, when that could have been spent on the people?" A very few others admitted that, at least to some degree, the government's hands are tied by the requirement to service their debt. The bank manager commented that "debt, internal and external, takes too much of the money; maybe one half of Nicaraguan money. Internal debt is like paying the richest people because they own the banks." Even the optimists, who might believe that an individual administration really has plans to help the poor, saw that there are problems in the government. Client 8, the doctor from Moyogalpa, says that "there needs to be more continuity and cooperation between successive governments. Now everything is politicized and every government has an agenda that focuses on benefiting itself." As an example of this, he then told a story that gave partial explanation to the particularly sorry state of the hospital at that time. He said that during the changeover from the Bolaños administration to the current Ortega administration, former President Bolaños purposefully allowed the stores of drugs in public hospitals to dwindle to almost nothing. Overtly, this was to prevent the stealing of these medicines which usually accompanies a change in government authority. But many believed that it was also designed to make it difficult for the incoming president to resolve this critical shortage and therefore be blamed for a healthcare crisis.

Other people believed that there is plenty of aid coming into Nicaragua, enough to solve many of their problems. However, they believe that government corruption and bureaucracy seem to prevent huge amounts of aid from ever being put to significant use. "We can get resources from many countries: Japan, US, Spain. We need more donations, but direct, because the government can't distribute right and supplies get lost," said client 6, seeming to agree with contemporary development discourse that favors NGOs as the delivery method for aid, bypassing and disempowering national governments. To counteract the failures of the government, then, many respondents agreed that Nicaragua simply needs more NGOs working in the country; "many people come, but it is not sufficient. More people should come," said the social science teacher.

Apparently, they should *stay* too, as all 99 people who answered this question on the survey reported that NGO organizations will be needed in Nicaragua for at least a long time, and usually forever (See Table 7). Most interviewees simply said that Nicaragua will need foreign assistance until it is developed, with all that entails. Others focused on specific issues or events that cause this need, like Nicaragua being prone to natural disasters (client 9) or because "dirty politics cause underdevelopment" (client 13, an elderly veterinarian). No matter the reason behind it, it is blatantly clear that there is no desire, nor even any reason that these respondents can see, to have fewer people come from the "developed world" to Nicaragua.

VII. Discussion and Conclusion

All these data are valuable for determining Ometepe residents' perception of NDI in particular and development and aid in general. First I discuss NDI in the dimensions of integration and appropriateness. Second, I discuss development, including issues of internalization and agency and its value overall. Finally, I discuss the limitations of this project and the potential for future research.

i. NDI

For community integration, NDI, as expected, received overwhelmingly positive ratings and comments. From these, as well as from my own observations during the project, it was clear that NDI was focused solely on serving the community on Ometepe, rather than on other goals like democracy building, encouraging "privatization from below," or serving the needs of a donor organization. Admittedly, most of the respondents in this project gave similarly positive ratings to the generic "other development organization" that was the comparison group, so it is difficult to draw any conclusions from NDI's success. It would have been better to have a relevant comparison group, particularly a project by a large organization such as World Vision or the United Nations Development Programme, to determine if the small size of NDI was an asset in creating and maintaining a community-centered focus. Nevertheless, NDI deserves to be recognized for their success in this dimension.

This success lends itself to further success in the second dimension: appropriateness. That there is a failure of the public healthcare system in Nicaragua, both in providing sufficient quantity and quality of staff and resources, is not in doubt. Even so, most of the respondents indicated that they were mostly satisfied with their access to healthcare even after telling stories about expensive medicine or travelling long distances only to be turned away by overworked doctors. This may be due to the reality that their access to healthcare has never been significantly better, so that as long as the situation does not degenerate further, they view the situation as normal. However, due to their extensive openness to community participation, NDI is assured every day that their patients at the hospital and community clinics really do want their help, especially when people specifically request to see them even if it means a longer wait. Given the problems with public healthcare, then, NDI would certainly be deemed to be providing appropriate aid by most people, including the respondents in this project, because they provide both doctors and material resources.

Furthermore, the respondents also indicated that naturopathic medicine is a part of their culture, as well as a useful and legitimate form of medicine. In this way, the use of naturopathic medicine could be viewed as being more culturally appropriate, as well as a way to contribute less to the encroachment of First World culture into Third World nations. Unfortunately, as shown by the fact that pharmaceutical medicine is much more commonly used and that most of the respondents had only used natural medicine a very small number of times during their life, it

is clear that this encroachment has already occurred. Still, several people, both respondents and NDI doctors, pointed out that because NDI is using naturopathic medicine, there has been increasing interest in it. Due to this, local practitioners who have mostly died out might see a resurgence in popularity.

Overall, NDI is a model organization not just because of what they do well, but because of what they avoid also: contributing to the spread of ideologies that hurt and exploit people in the "developing" world. Quite the opposite, in fact, NDI staff are very knowledgeable about issues concerning globalization, development, and aid, and will share that knowledge with the community. Better still, several times a year NDI brings naturopathic medical students down to Ometepe for short brigades where they serve the community and get a detailed lecture series on what "development" and the global economy has done to Nicaragua. In this way NDI is able to help spread information back in the United States and try to effect long-term change that will improve the quality of life for many people around the world.

ii. Development

Regarding perceptions of development and aid within the community on Ometepe, it too received almost unanimous praise. This would be worrying if everyone wanted to be just like some stereotype of the United States as a land of plenty, where everyone is rich and can buy anything that they desire. But, when asked if Nicaragua should be more like the United States, only a few had this idealized image of life in the United States. Most of the others said something to the effect that Nicaragua does need to change and the government needs "a vision of nation to begin helping its people," but that Nicaragua does not need to become "super-developed," "a place of cement," or "an industrial wasteland." This difference is because, for most people, "development" means to improve and to have opportunities that are not present right now, opportunities like access to good healthcare, education, economic well-being. While "getting better" is one thing, one respondent took it a step further and asked foreigners to come in and "civilize" Nicaragua. This terminology is reminiscent of a prevalent ideology during the European colonial era, where Europeans brought civilization to the "savage people" in the form of exploitation, theft, slavery, and death.

Foreigners from the First World were, in general, trusted almost implicitly by members of this community. One possible cause of this trust could be that many of these people see the immediate benefit that foreigners bring to the community: money from tourists or necessary resources and services from development organizations. Unfortunately, these same people may not be able to see the costs of having many of these same foreigners in their country, costs such as a steady elimination of indigenous culture, erosion of quality of governance within Nicaragua, the exploitation of their country, or dependency upon foreigners for basic needs, when they are consumed by the immediate difficulties posed by poverty. That many often miss these hidden costs can be seen by the comment of one interviewee, saying that "we can use foreign help forever [because] it is free." Dependency, in this example, seems to mean specifically a

forfeiture of their own agency, their own ability to effect change through organizing and, at least ideally, the political process. In many cases it is as though the respondents had internalized the idea that fuels the expansion of NGOs, that "civil society" is always there as a safety net, so there is no need to seek the impossible change of the culture of government.

The ultimate conclusion of this project, in the short term, is that the people of Ometepe want "development" and they want foreign aid for achieving it, and who can blame them for wanting such opportunities? I would be no better than those whom I criticize if I ignored the desires of the respondents, if I presumed to tell them that they are wrong and that I, with all the education, wealth, and *privilege* taken for granted by a United States citizen, know better than do they, what they need. Because of this, I cannot argue that aid programs should be suspended or that historically exploited countries should isolate themselves from their oppressors. At least not until there is a grassroots movement in these countries that supports such decisions and is prepared to deal with the consequences and to create a more equitable distribution of resources and power nationally, as well as globally.

However, this conclusion is not meant to simply let the aid and development industry, which benefits the First World so very much, off the hook. It is greatly saddening to see that western-centric ideology has won the day in the minds of many of this community's people, rich and poor, old and young, professional and campesino, even though it benefits them little or none in the end. Instead of conceding this battle, there must be continued efforts to improve the lives of the world's poor and help create a situation where they can take the time to look past their day-to-day, often literally life-or-death troubles, and organize for their own benefit. This can happen through organizations such as NDI that can help meet basic needs that the global economy and local governments fail to supply, as well as educating about global politics and economics. In many ways, however, such macro-level social and cultural structures are beyond the scope of aid organizations to change by themselves, particularly so for small organization like NDI. For these, then, much of the effort for change must be made in the First World itself, by creating a forum through which the voices of the world's poor can be heard, as was the goal of this project, and seeking to curtail the reckless greed and power lust that has been our dominant ideology to date.

iii. Limitations and Future Research

Limitations to this study include the sample, translation, and a certain cultural bias towards appeasement. For the first, greater effort could have been made to reach the poorest and most remote communities on the island. Translation was a limitation because it reduced the accuracy of the quotations. The final limitation, a situation where the people of Ometepe tend to be non-confrontational, was the most serious. This problem, as mentioned earlier in the Analysis section, was explained to me as if one person has a dispute with another, then they will be more likely to let it come to that person through other people, rather than saying it directly. This may have been a significant problem for the project because I, a white North American, was asking

the respondents basically if they appreciate other white North Americans coming to their country to help. This could mean that many of the responses that were given to me were heavily modified to not offend me. Some potential evidence of this phenomenon could be seen in three responses in particular, two of which criticized aid organizations for being motivated by profit, but specifically and blatantly mentioned that the United States and some other donor countries were exempt from this. The third such statement came from client 10, a 29 year old homemaker, when asked whether she would be willing to make a suggestion or complaint to NDI. She responded that "nobody suggests things here because we don't have that culture."

Future research on this topic could take these limitations and turn them into strengths. Similar projects could expand the sample to include regions that were inaccessible during the present study, or could broaden it to include other regions. A definite plus, to address the limitation of the cultural bias above, would be to have a native Nicaraguan, with no obvious ties to a donor country or organization, perform the research. An added benefit of having a Nicaraguan researcher would be to solve the translation issue and also have a translator who fully understands the nuances of Nicaraguan Spanish and slang. Finally, in order to get the best information on the differences between NGOs and their methods, a future study should have use more than one NGO to create comparisons.

VIII. Appendices

i. Appendix A: NDI Staff Interview

This is a representative list of the type of questions I asked the participants. Questions followed by an asterisk were prioritized within their groupings. The total estimated time for this part of the interview is sixty minutes, but the prioritized questions are approximately half of that amount.

Demographic questions:

1. Where are you from? (1 minute)
2. What is your educational or professional background? (1 minute)*
3. How did you choose to be in NDI or Nicaragua? (1 minute)
4. What is your job at NDI? (1 minute)*

Organizational questions:

5. In your view, what is the purpose of NDI's activities in Nicaragua? (5 minutes)*
6. How long are NDI's activities in Nicaragua designed to last? (3 minute)*
7. Why did NDI choose the community on Ometepe? (5 minutes)
8. What problems do these people face? (3 minutes)*
9. How many people does NDI serve? How many projects are being organized in a given period of time? (3 minutes)
10. How many people work for NDI? Do you believe that NDI's small size is an advantage or a disadvantage? Why? (5 minutes)*
11. How does NDI choose what projects to implement? How do they plan the projects? (5 minutes)*
12. How often does NDI consult the direct recipients of their projects for feedback or directions? (1 minute)
13. From where does NDI get the majority of its funding? (1 minute)

Collaboration questions:

14. Are there any locally organized community groups doing similar work as NDI? If so, does NDI collaborate with them and how? (3 minutes)
15. Are there any groups organized by the Nicaraguan government doing similar work to NDI in the area? If so, does NDI collaborate with them and how? (3 minutes)
16. Are there any other international groups doing similar work in the area? If so, does NDI collaborate with them and how? (3 minutes)*

Dependency questions:

17. Is the aid provided by NDI community based or individual or family based? (3 minutes)*
18. To what extend does NDI try to introduce knowledge or techniques alien to the community? (3 minutes)*
19. Is there a consideration of social causes of health care problems in NDI? (3 minutes)*
20. To what extent does NDI address prevention as opposed to treatment of symptoms? (1 minute)

Culture questions:

21. Why does NDI think that naturopathic medicine is beneficial to the community? (3 minutes)
22. Is there indigenous knowledge of naturopathic medicines? Were there already indigenous practitioners? What was their status within the society before your arrival? And after? (5 minutes)

ii. Appendix B: Community Interview

This is a representative list of the type of questions I asked the participants. Questions followed by an asterisk were prioritized within their groupings. The total estimated time for this part of the interview is sixty minutes, though it may take up to two hours if translation problems arise.

Thank you for taking the time to complete this interview. Please respond honestly to all questions regarding your experiences with Natural Doctors International (NDI), the Nicaraguan healthcare system, and the community of Ometepe. NDI is a U.S.-based organization that provides healthcare services to the community on Ometepe.

The researcher is not an employee of NDI nor is doing this research on the behalf of NDI.

Healthcare Questions (10 minutes)

1. Have you or your family ever interacted with NDI? Was it in a medical capacity or in a community program? (1 minute)*
2. How good is your access to healthcare? Is it better or worse since NDI arrived in 2004? Describe healthcare on Ometepe. (5 minutes)*
3. What are your perceptions of naturopathic medicine (natural, herbal remedies)? Has natural medicine been used in community? How? (3 minutes)
4. Would you like to see NDI or other organizations focus their efforts in other areas? What other areas and why? (1 minute)

Development Questions (24 minutes)

5. Do you think Nicaragua faces important social problems? If so, how should they be fixed? (5 minutes)*
6. What does "development" mean to you? Does Nicaragua need to be "developed?" (5 minutes)*
7. Do you think that experts from the U.S. or Europe have better or more valid knowledge than people from Nicaragua? Why? (3 minutes)
8. What do you think are the goals of foreigners coming to Nicaragua for development? Why are they coming here? (5 minutes)
9. For how long do you think Nicaragua will need foreign assistance? Why? (3 minutes)
10. Do you think that Nicaragua needs to be more like the U.S.? How and why? (3 minutes)

Organization Questions (21 minutes)

11. Would you consider NDI to be a "grassroots" organization? Why? Is this good or bad? (3 minutes)
12. Does NDI include community members in defining and prioritizing the problems the community faces? How? (5 minutes)*
13. Does NDI include the community members in defining solutions to problems? How? (5 minutes)*
14. Does NDI respond to criticisms or suggestions from the community? Do you feel comfortable giving suggestions to NDI? (5 minutes)*

15. Do you consider the members of NDI to be a part of the community? (3 minutes)

Demographic Questions (5 minutes)

16. What is your age? (1 minute)
17. What is your occupation and approximately how much did you earn last month? (1 minute)*
18. Have you always lived on Ometepe? If not, where do you move from? (1 minute)
19. How many years of education have you had? (1 minute)
20. What is your religious affiliation, if any? (1 minute)*

iii. Appendix C: Community Survey

Community Development Survey

Thank you for taking the time to complete this survey. Please respond honestly to all questions regarding your experiences with Natural Doctors International (NDI), the Nicaraguan healthcare system, and the community of Ometepe. NDI is a U.S.-based organization that provides healthcare services to the community on Ometepe.

The researcher is not an employee of NDI nor is doing this research on the behalf of NDI.

1. Have you or a member of your family ever received medical services from NDI?
    a. Yes
    b. No
2. Have you or a member of your family ever participated in NDI-sponsored community programs? (Please check all that apply)
    a. Farmer's Aid
    b. La Isla Bonita
    c. Garden Ometepe
    d. baseball team
3. How satisfied were you with the healthcare you and your family had access to before NDI came to the island in 2004?
    a. Not at all
    b. A little
    c. Very much
4. How satisfied are you with the healthcare you and your family have access to today?
    a. Not at all
    b. A little
    c. Very much
5. Do you think that NDI's assistance is necessary for good health in your community?*
    a. Not at all
    b. A little
    c. Very much

6. Do you think that natural or herbal remedies are a legitimate form of medicine?
    a. Not at all
    b. A little
    c. Very much
7. Do you think that natural or herbal remedies are part of your culture?
    a. Not at all
    b. A little
    c. Very much
8. Do you think that pharmaceutical medicines have replaced natural or herbal remedies in Ometepe?
    a. Not at all
    b. A little
    c. Very much
9. If so, is this mostly good or bad?
    a. Mostly bad
    b. No difference
    c. Mostly good
10. Do you think that you can trust the doctors from NDI more or less because they come from the United States rather than from Nicaragua?*
    a. Much less
    b. A little less
    c. About the same
    d. A little more
    e. Much more
11. Do you think that it is appropriate for help to come to Nicaragua and Ometepe from the United States?
    a. Not at all
    b. A little
    c. Very much

12. Do you think that it would be better for Nicaragua to solve its own problems without foreign intervention?
    a. Not at all
    b. A little
    c. Very much
13. Do you think that Nicaragua needs to be more like the United States?
    a. Not at all
    b. A little
    c. Very much
14. Do you think that development programs brought to Nicaragua from the United States and Western Europe are beneficial to Nicaragua?
    a. Not at all
    b. A little
    c. Very much
15. Do you think that experts coming to Nicaragua from the United States and Western Europe have valuable knowledge?
    a. Not at all
    b. A little
    c. Very much
16. Do you think that NDI would listen and respond to you if you made a complaint against them or suggestions for improvement?*
    a. Never
    b. Sometimes
    c. Always
17. Do you think NDI includes the community members of Ometepe in making decisions about defining and prioritizing *problems*?*
    a. Never
    b. Sometimes
    c. Always

18. Do you think that NDI includes the community members of Ometepe in making decisions about defining *solutions* to those problems?*

    a. Never

    b. Sometimes

    c. Always

19. Do you think that the NDI doctors are part of the community on Ometepe?*

    a. Not at all

    b. A little

    c. Very much

20. Do you think that NDI's programs are really solving the problems of the community on Ometepe?*

    a. Not at all

    b. A little

    c. Very much

21. For how long do you think that NDI will be needed on Ometepe?*

    a. They are not needed

    b. For a little while

    c. For a long time

    d. forever

22. Would you like to see NDI focus on areas other than healthcare and community work?

    a. No

    b. Yes

23. If yes, what other areas would you like them to focus on? Please list.

24. What is your gender?

    a. Male

    b. female

25. Please list is your occupation or job:

26. What was your income last month?

    a. Less than C$ 1000
    b. 1000-1999
    c. 2000-3999
    d. 4000-7999
    e. more than 8000

27. What is your age?

    a. Less than 20
    b. 20-29
    c. 30-39
    d. 40-49
    e. 50-59
    f. 60 or more

28. For how many years have you lived on Ometepe?

29. Have you ever lived in Managua?

    a. No
    b. Yes

30. How many years have you spent in school?

    a. Less than 4
    b. 5-6
    c. 7-8
    d. 9-10
    e. 11-12
    f. more than 12

31. Are you a member of a church?

    a. No

    b. Yes

32. If yes, please list the name of the organization to which you are a member:

33. How often have you used natural medicine in your life?

Thank you for completing this survey.

*Respondents were filtered into two categories by the first question on the survey, those who had used NDI and those who had *not* used NDI. People who had not been NDI clients were given a different form including a slightly modified version of the questions that refer specifically to NDI. Instead, these questions referred to a generic "any other foreign organization."

Appendix D: Community Survey (Spanish)

La Inspección del Desarrollo de la Comunidad

Gracias para tomar el tiempo de completar esta inspección. Responda por favor honestamente a todas preguntas con respecto a sus experiencias con Doctores Naturales Internacionales (NDI) – el grupo de doctores de medicina natural que trabajan en la hospital de Moyogalpa, el sistema Nicaragüense de asistencia sanitaria, y la comunidad de Ometepe. NDI es una pequeña ONG de los Estados Unidos que proporciona asistencia sanitaria a la comunidad en Ometepe. Los doctores de NDI son Dra. Tabatha Parker (2005 - 2007), Dra. Tania Neubauer (2007), Dra Ananda Stiegler (2006), Dr. Michael Owen (2005).

El investigador no es un empleado de NDI ni hace esta investigación en el beneficio de NDI.

1) ¿Usted o un miembro de su familia recibió los servicios médicos de NDI?
   ☐ sí ☐ no

2) ¿Usted o un miembro de su familia participó en los programas de NDI en la comunidad o recibió ayuda de unos de los programas? (Por favor cheque todo que aplica)
   ☐ Ayuda de los Agricultores ☐ La Isla Bonita – Programa de Limpieza de Basura
   ☐ Jardín Ometepe – (en la casa Xilohem) ☐ Equipo de Beisbol de Los Ángeles
   ☐ Pintando la Cancha de Los Ángeles ☐ Manos de Ayuda – la farmacia natural y gratis
   ☐ Patrocinar un paciente – una programa que da ayuda de medicina, cirugía, dinero para viajar cuando alguien estas enfermo, y otros tipos de ayuda de salud

3) ¿Cuán satisfecho fue usted con la asistencia sanitaria usted y su familia tuvo acceso a antes NDI vino a la isla en 2004? ☐ muy satisfecho ☐ un poco ☐ no mucho

4) ¿Cuán satisfecho es usted con la asistencia sanitaria usted y su familia tiene acceso a hoy?
   ☐ muy satisfecho ☐ un poco ☐ no satisfecho

5) ¿Piensa usted que esa ayuda de NDI es necesaria para la salud buena en su comunidad?*
   ☐ si, mucho ☐ un poco ☐ no es necesaria

6) ¿Piensa usted que los remedios naturales o de hierbas son una forma legítima de la medicina?
   ☐ si, mucho ☐ un poco ☐ no son buena medicina

7) ¿Piensa usted que los remedios naturales o de hierbas forman parte de su cultura?
   ☐ si, mucho ☐ un poco ☐ no

8) ¿Piensa usted que las medicinas farmacéuticos han reemplazado los remedios naturales o de hierbas en Ometepe? ☐ si, mucho ☐ un poco ☐ no

9) ¿Si eso es el caso, es este en su mayor parte bueno o malo?
   ☐ principalmente bien ☐ no diferencia ☐ principalmente mal

10) ¿Piensa usted que puede confiar a los médicos de NDI más o menos porque ellos vienen de los Estados Unidos mejor que de Nicaragua?*
    ☐ mucho más ☐ un poco más ☐ el mismo ☐un poco menos ☐ más menos

11) ¿Piensa usted que es apropiado para ayuda, brigadas medicas o ONGs de medicina a venir a Nicaragua y Ometepe de los Estados Unidos?
☐ si ☐ un poco ☐ no

12) ¿Piensa usted que sería preferible para Nicaragua para resolver sus propios problemas sin la intervención extranjera? ☐ si ☐ un poco ☐ no

13) ¿Piensa usted que Nicaragua necesita ser más como los Estados Unidos?
☐ si ☐ un poco ☐ no

14) ¿Piensa usted que eses programas del desarrollo traídos a Nicaragua de los Estados Unidos y Europa Occidental son beneficiosos a Nicaragua?
☐ si ☐ un poco ☐ no

15) ¿Piensa usted que expertos que vienen a Nicaragua de los Estados Unidos y Europa Occidental tiene el conocimiento valioso?
☐ si, mucho ☐ un poco ☐ no

16) ¿Piensa usted que NDI escucharía y respondería a usted si usted formuló una queja contra ellos o contra las sugerencias para la mejora?*
☐ siempre ☐ a veces ☐ nunca

17) ¿Piensa usted que NDI incluye a los miembros de la comunidad de Ometepe a hacer las decisiones acerca de definir y priorizar los problemas?*
☐ siempre ☐ a veces ☐ nunca

18) ¿Piensa usted que NDI incluye a los miembros de la comunidad de Ometepe a hacer las decisiones acerca de definir las soluciones a esos problemas?*
☐ siempre ☐ a veces ☐ nunca

19) ¿Piensa usted que los médicos de NDI forman parte de la comunidad en Ometepe?*
☐ si, mucho ☐ un poco ☐ no

20) ¿Piensa usted que los programas de NDI resuelven realmente los problemas de la comunidad en Ometepe?* ☐ si, mucho ☐ un poco ☐ no

21) ¿Para cuanto tiempo piensa usted que NDI será necesitado en Ometepe?*
☐ para siempre ☐ para mucho tiempo ☐ para poco tiempo ☐ no están necesitado

22) ¿Querría usted ver NDI el foco en áreas de otra manera que asistencia sanitaria y la comunidad trabaja? * ☐ sí ☐ no

23) ¿Si crees que si, cualquier áreas querría usted ellos enfocar en? Liste por favor.

24) ¿Qué es su género? ☐ Varón ☐ Mujer

25) Por favor lista su ocupación o trabajo:

26) ¿Qué fue sus ingresos duran el mes?
☐ menos de 1000 córdobas ☐ 1000-1999 ☐ 2000-3999 ☐ 4000-7999 ☐más de 8000

27) ¿Qué es su edad?
☐ menos de 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 o más

28) ¿Para cuántos años ha vivido en Ometepe?

29) ¿Ha vivido usted en Managua?
☐ sí ☐ no

30) ¿Cuántos años ha gastado usted en escuela? ☐ menos de 4 ☐ unos anos de primaria (5-6) ☐ graduado de primario (7-8) ☐ unos anos de secondario (9-10) ☐ graduado de secondario (11-12) ☐ unos anos de universidad ☐ graduado de universidad ☐ licensiado

31) ¿Es usted un miembro de una iglesia? ☐ sí ☐ no

32) Si es si, lista por favor el nombre de la organización a que usted es un miembro:

Gracias Para Su Tiempo.

*Respondents were filtered into two categories by the first question on the survey, those who had used NDI and those who had *not* used NDI. People who had not been NDI clients were given a different form including a slightly modified version of the questions that refer specifically to NDI. Instead of NDI, these questions referred to a generic "any other foreign organization."

iv. Appendix E: Ometepe Map

http://www.nicatour.net/en/nicaragua/Ometepe.asp

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