

COLOMBIAN RED CROSS

A growing National Society reformulating its policies and facing doctrinal dilemmas

The Colombian Red Cross is a vigorous and creative institution which is entrepreneurially successful, has broad national coverage, and has achieved balanced development of its various programs. It is a strong National Society, with one of the highest levels of institutional development in Latin America. Its policies and planning methods are undergoing change, and its members are discussing various options for its social role and strategic orientations, the result of its pace of growth.

The environment in which the National Society works has been marked by community violence, political violence, and violence caused by drug trafficking which, together with the economic and social crisis throughout the region, influences all spheres of Colombian society. From the standpoint of social vulnerability, the most pressing problems occur in urban areas, where there has been an increase in poverty which particularly affects young people, children, and women. Problems such as violence, unemployment, prostitution, and drug addiction occur in the great majority of urban youth; female unemployment has one of the highest rates in the continent (55% in 1988), and early pregnancy is associated with the poorest youth.

The phenomenon of street children, one of Colombia's severest social problems despite governmental efforts in this area, merits special attention. In this situation, children in the street (who are runaways, mistreated, and essentially illegal child laborers) can be distinguished from children of the street (who are beggars, drug addicts, delinquents, and sexually exploited). The latter, according to some studies, may number 130,000 throughout the country, and some of them have been called "incorrigible" because of their complex situation

Finally, it should be noted that Colombia has experienced many natural disasters, among which volcanic eruptions, earthquakes, floods, and landslides have the greatest impact and are the most frequent. This problem, as will be seen below, is both a major challenge for the Colombian Red Cross and has influenced its institutional development.

Although the institution is almost 80 years old, having been founded in 1915, to interpret its present level of development and its future challenges it is useful to pay special attention to the period from 1964 to the end of 1992. Two phases can be distinguished therein:

- a) The first phase began in 1964 when, to promote its operations, the Legislative Power authorized the creation of a national lottery. The financial bonanza it brought enabled it to expand its infrastructure, develop a broad array of services, and hire a large number of paid officials without major obstacles. This allowed both growth of the national headquarters as well as development of branch offices and expansion of geographic coverage until that coverage was one of the broadest in the region.
- b) The second phase occurred because of a series of circumstances which took place from 1985 to 1990 in connection with two events. First, the Colombian Red Cross's extensive activity, supported by major international aid, following the disastrous eruption of the Nevado del Ruiz volcano in 1985, which buried the city of Armero, made clear significant weaknesses in its institutional ability to respond to highly complex disasters and showed the need to monitor its financial resources still more closely due to the supposedly bad use of certain funds received. Second, the legislative changes that altered

its relations with the National Health System and, in particular, its internal financial administration (Law 10 of 1990) prevented the Colombian Red Cross from exercising full control of its main source of financing (the national lottery) and significantly subordinated its policies to those of the Ministry of Health.

The consequences of these events have still not been completely defined and form a basis for extensive analysis and discussion in the institution's current existence.

As a result, the institutional modernization which had been propelled by prosperity has had to be reorganized according to more rigorous planning criteria, which has created significant dilemmas. Basically, a new, market-oriented entrepreneurial concept is being superimposed on the traditional concept of the Red Cross, which rests on philanthropy and the Principles of the Movement. Proponents of the new concept call it realistic, inevitable, and essential to the institution's survival.

The National Society's leaders and most of its paid officials clearly support the organizational redirection under way, considering it a straightforward response to the economic and social challenges created by the national context. By contrast, a significant number of volunteers, especially in the branches, display a more or less critical attitude in various analytical contexts toward the entrepreneurial approach, which is being constructed as the keystone of institutional development.

The National Society's leaders and some of its members believe that two different concepts do not exist since the Colombian Red Cross "should be an entrepreneurial organization with a well-defined humanitarian mission and a solid financial basis enabling it to have the resources to provide services to the most vulnerable." An organizational model that yokes both concepts is still of uncertain feasibility, however. Concrete organizational practice nevertheless demonstrates that the entrepreneurial trend is advancing with giant strides in the Colombian Red Cross. Extensive decentralization and deconcentration in its

structural changes are a clear sign of this new direction.

After workshops, interviews, and analysis by the National Society of Colombia, rather important changes have been made in the administrative structure of the institution which affect all higher management levels. Through such changes the National Society intends to adjust the institution's organization, particularly at national headquarters, to the objectives and goals of its current Strategic Plan.

Organization of the National Society

Organizational structure and geographic coverage

At the central level, the organizational structure consists of two closely related substructures of authority, one formally responsible for organizational policies and the other more directly dealing with technical and executive decisions and activities.

The formal structure is composed of three national collegial bodies, the National Convention, Central Committee, and Executive Committee.

The members of the Central Committee and Executive Committee, as well as three delegates from each branch committee and the national headquarters committee, have speaking and voting rights in the National Convention, which meets every four years.

The Central Committee is composed of representatives of governmental authorities, former and honorary presidents, presidents of branch committees, and representatives of the national headquarters, headed by the President and acting first Vice President.

The Executive Committee consists of the President of the National Society, the two Vice Presidents, and eight members elected from among its members by the Central Committee.

The National Society's geographic coverage is through its branch offices, which now operate in 31 of the 33 administrative regions in Colombia and spread coverage to the remaining ones, for one of the broadest coverages in Latin America.

Nine operational regions have been defined. Each brings together a certain number of branch offices. The role which has been assigned to them (organizational coordination and adaptation of activities to different geographic conditions) has languished since as units they are poorly equipped to promote entrepreneurial activities.

The branch offices have developed their own channels for communicating with the national headquarters to achieve benefits and decisions favoring them. Representatives of the various regions, each of whom acts above all on the basis of the interests of his own section, come together in the National Executive Committee.

Generally speaking, it is thought that the organizational structure requires deeper changes to adapt to current conditions. There are no organizational tables or job descriptions and procedural manuals. A basic structure is needed that allows standardization of the levels of responsibility in the operation of the branch offices. The flow of internal information is positively valued, but the existence of certain distortions caused by the dominance of informal over formal communication is recognized.

The changes which occurred in the National Society in February 1992 express its policy decision to solve such problems through a new organizational structure and agreements to hire advisers and regulate the new process.

In November 1992, according to information provided by the National Society, the Statutory Convention of the Colombian Red Cross examined and approved a major reform of its statutes. Four basic aspects of this reform must be noted:

a) The Society was given a federal kind of organization. This reinforced administrative and operational decentralization by giving greater autonomy and responsibility to all the departmental and municipal committees, which thereafter would become legal entities.

Guarantees were also established to prevent possible future fragmentation.

- b) Government representatives were eliminated from the Central Committee to strengthen the National Society's independence.
- c) To increase the National Society's openness, three community representatives were added to the Executive Committee
- d) A national headquarters was created with planning, evaluational, management, financial, and doctrinal but not operational functions. The last function was entrusted to the branch offices.

In addition, the National Society signed two major contracts with the Presidency of the Republic to provide services to victims of violence and the elderly throughout the country.

Administration and planning

Administrative functions had been exercised by an executive team consisting of an Executive Director General, the highest authority, and directors and deputy directors of programs, coordinators, chiefs of administrative units, the internal auditor general, et al. The Executive Director General was the head of the executive staff, which had many posts: directors and deputy directors of programs, coordinators, chiefs of administrative units, the internal auditor general, etc.

The alterations noted above, which led to administrative changes after the workshops and interviews with and analysis of the Colombian Red Cross, have resulted in a new structure based on "Divisions," whose chiefs report directly to the President of the organization. Each division, in turn, is divided into departments according to the kind of service it offers. Current divisions are Administration, Finance, National and International Relations, and two more covering the Movement's basic intervention areas, the Technical and National Relief Division and the Volunteer and Publicity Division.

These changes are intended to strengthen decentralization and make decision making flexi-

ble. Given the significance of the changes, the institution believes it of utmost importance to conduct continuing evaluation to determine if the new organizational structure is really adapted to the implementation of the Strategic Plan.

National programs—in essence, technical and financial support—are located in the national headquarters, which also retains certain direct services. A variety of operational projects and direct services are conducted in the decentralized branch, municipal, and local network. These match the program areas of the national headquarters, but because of the autonomy of the branches there are many differences in their specific content.

The internal processes of power and resource transfer are also very significant in this administrative process.

Granting administrative autonomy to the branch offices is viewed as a strategic mandate which is essential for maintaining a strong and efficient presence throughout the country. In addition, the experience of the branch offices in specific fields is valued as a significant institutional strength.

At the same time, concern has grown about the authority and functionality which the central headquarters can retain since in practice it is gradually defining itself as a national guidance and coordination unit. In addition, a group of services, facilities, and resources has been transferred to the powerful Cundinamarca-Bogotá Branch, with which the headquarters shares the same office space.

Overhaul of the planning system, though hastened by the external factors already noted, expresses a clear intention to bring about efficient entrepreneurial modernization and prevent excessive decentralization leading to organizational fragmentation.

In 1990, a Technical, Operational, and National Relief Directorate was organized which is responsible for designing a unified system for planning and coordinating the activities of the Colombian Red Cross. A Technical Planning Committee was also created.

The general framework of the unified system consists of four strategic areas: three "intervention areas"—information dissemination (protection), assistance, and health care—and a fourth, represented by the "support sectors." These strategic areas are integrated into three analytic and decision-making levels. The highest is the quadrennial development plans, which in turn serves as a context for the programs, with their respective operational units: projects and services.

This model is very coherent methodologically and technically, but in evaluating its operation it must be borne in mind that it is now being extended throughout the organization. Significant progress is now occurring in the organization of an overall planning system, in rationalization of projects (a hundred of them were recently integrated and redefined into a set of 53), and in the budget-making methods associated with this effort. Nevertheless, it is thought that the program framework for activities is still diffuse and that certain improvisations and a poor communication flow, especially between branches, still persist.

A risk is recognized that the programs will become bureaucratized and lose their *raison d'être* as dynamic, medium-term planning units. Two problems are also identified: (i) the ineffectiveness of present evaluation and follow-up procedures could fracture the unity of the planning system, since it could not gain reasonable precision without a clear basis for examining itself; and (ii) inadequacies in training which, at least for now, would hinder the branch offices from autonomously dealing with their administration and planning tasks.

There are several standard-setting and educational initiatives for dealing with these problems. Thus, extensive work has been done to produce internal guides on drawing up and evaluating projects as well as other working and support documents for training in this area.

Human resources

It is considered essential to consolidate a body of trained human resources who are motivated and competitive to carry out the reconversion of programs and services as well as administrative modernization

So-called "direct volunteers" comprise a body of about 55,000 people whose rough distribution is 46,000 young people, 7,000 relief workers, and 1,900 Gray Ladies. A less active body of "indirect volunteers," composed of collaborators occasionally involved in courses, relief activities (25,000), and youth activities (30,000), must also be taken into account.

The National Society attaches great importance to the Educational Youth Brigades project because of its numerous programs, quality, geographic coverage, and number of volunteers. Moreover, it is thought that this program's educational impact has been a key to creating an environment of solidarity and humanitarianism in the country.

The Colombian Red Cross thus has more than 100,000 volunteers, which shows its great social appeal.

The role of volunteers is subject to debate, however. Volunteers are a strength, but at the same time many believe that they represent an outdated institutional concept of limited benefit marked by a charitable approach. They further think it natural that among so many volunteers, who are not recruited on a strict basis of qualification, there are individuals who may endanger the quality and image of the institution's work.

It is assumed that, to strengthen its operations and competitiveness, the Colombian Red Cross should improve the training of its volunteers, define their assignments in the organizational structure more clearly, and prevent their high dropout rate. It is also thought necessary to examine the possibility of giving up this kind of relationship with the institution in certain critical areas of competence.

The turnover of volunteers in the institution is high, and some studies have found that most do not stay for more than two years. A project called "Volunteer Well-being" was recently initiated to provide intellectual stimuli, rewards for their efforts, and the necessary guarantees for their safety and the good performance of their activities. Only eight branch offices are now conducting this project.

Volunteers, particularly those in the branches, fear that the new institutional policies will bring about their marginalization in decision making.

Noteworthy is the large number of paid employees, more than 300 at the national headquarters (no national figures are available). Their reclassification, and even the dismissal of those who turn out to be ineffective in the new technical and administrative framework, are considered key measures in the changes being promoted.

In general, paid staff are identified more than volunteers with the new institutional policies. It would not be correct to categorize them as groups doctrinally predisposed to dissent, however. The truth is that their links with the institution are different, and thus their perception and expectations of it are different as well.

To examine this problem in greater detail, attention must be paid to the leadership of the Union (SINTRACONAL) to which almost all employees of the national headquarters belong and whose very existence is a peculiarity of this National Society.³² Its leaders all say that their relations with the institutional authorities are harmonious, but they have tended to reject any measure leading to staff reduction or rehiring under different conditions. As an example, they believe that the transfer of workers from the national headquarters to the Cundinamarca-Bogotá Branch, where they are rehired under current labor provisions which decrease the wage costs to the employers, or gradually eliminate certain services, are measures contrary to the interests of the workers and tend to weaken union activity.

Finance and budgets

The main sources of revenue are, first, the national lottery (approximately 78%) and raffles, followed by investments and services.

As noted above, Law 10, promulgated in January 1990, had a direct effect on the institution's financing by restricting lottery revenues to use by programs and projects which sign contracts with corresponding units in the health system. The law also provides for the National Health System's monopoly "over all games of betting and chance different from present lotteries," as a result of which the Colombian Red Cross is impeded from holding public raffles for its own account.

With respect to services, 75% of the operating revenue of the national headquarters comes from the services provided by the blood bank, clinical laboratory, and radiologic examinations.

The question of selling health services is a nexus of internal debate in the Colombian Red Cross. If the decision to make them more profitable solidifies, the public image of the institution could change and at least some present or potential volunteers might lose interest. There could also be difficulties in its relations with the National Health System since Law 10 expressly stipulates that "all institutions that provide health services are required to provide initial emergency care, regardless of the socioeconomic capacity of people soliciting such services, under terms to be set by the Ministry of Health" (Article 2). The dominant view holds, however, that there are no alternative ways to guarantee the institution's operations.

The largest category of operational expenditures is on administration, and especially staff.

Significant efforts have been undertaken to establish satisfactory budget-making and financial control mechanisms, and to link them efficiently with planning. Since 1990 the National Executive Directorate has been trying to define and structure the budget by program. The Auditing, Accounting, Budget, and Treasurer's offices have been integrated.

The mechanisms noted above are very advanced at the national headquarters. Because of their autonomy, the branch offices differ in this regard and exercise their own financial control methods. Formal contracts will soon be adopted to transfer funds to them on the basis of program budgets, which will create a twofold system of budget supervision, by the Ministry of Health through the national headquarters and thence to the branches.

At present, budget-making by program and project covers approximately three-quarters of all institutional budget-making. Certain traditional practices persist which create difficulties in the financial sphere and also, given the importance of this factor, for overall program restructuring.

Several factors have been identified that make it imperative to find different financing alternatives. Among the most significant are the changes in the management of the lottery, the possibility of losing this vital source of revenue, and the proliferation in the country of NGOs which are trying to build up financial surpluses. There are different positions in this regard. The branch offices generally value the contributions of volunteers, external aid, and administrative improvement as solutions. The national headquarters relies more on a policy based on increasing operational revenue and good investments, to which branch offices with an entrepreneurial view which do not depend financially on the central level should adhere.

Role and activities of the National Society in the context of the country

Principal activities³³

There is proportionality in the development of areas of activity. But because of their importance in daily links with the community and their generation of revenue, health services may be put in first place.

*Health services
(health and social welfare)*³⁴

The Colombian Red Cross has 28 health-related services in the country. On the basis of the number of branch offices providing them, those with greatest coverage are:

- ambulances,
- medical care,
- dental care,
- relief posts,
- first aid,
- minor surgery,
- blood pressure examinations,
- vaccination,
- clinical laboratory work,
- pharmacies, and
- eye banks.

There are also health programs for specific beneficiaries. An example is the Child Alive program, which is aimed at children less than five years old, pregnant and nursing mothers, community leaders, and volunteers and officials of the institution. Another important program is dental disease prevention for school-age children, which covered 12,200 children in 1991.

Blood banks operate at the national headquarters and 10 branch offices. They produce significant revenue (approximately USD 328 million in 1991), but their operating costs are higher (approximately USD 343 million in the same year) because they include the social cost of providing blood and blood components to voluntary donors and indigents.

With regard to its health care centers, the present policy of the Colombian Red Cross may be analyzed by comparing its two major centers, the Adriano Perdomo Center (CAP), which operates under the national headquarters, and the Emergency Medical Care Service (SAMU), which is part of the Cundinamarca-Bogotá Branch.

When it was founded almost 30 years ago, CAP was the only care center in a populous Bogotá district where 2 million people live today. During its heyday it offered a broad range of

basic health services (outpatient care, clinical laboratory work, emergency care, minor surgery, low-risk delivery, and dentistry). A day-care center, a workshop for making Red Cross uniforms, and a meeting hall were also opened. It came to occupy a city block. For several years it was highly accessible to the target population.

It has recently fallen into decline, characterized by underuse of its installed capacity, closure of some services, and, as a corollary, a sharp drop in the number of patients cared for. The opening of a well-equipped state hospital not far away is mentioned as a cause. The problem is more complex, however, and has to do with the institution's new policies, in which there would be no justification for putting priority on maintaining large service complexes oriented toward populations with little or no ability to pay. The fact that the National Society itself recognizes that administrative errors have been made in managing the CAP and is correcting them is significant.

The National Society believes that, thanks to the reforms introduced at the central headquarters in February 1992, a new administration of the CAP has achieved very positive results through coordination with the Kennedy Hospital, the Secretariat of Health, and a faculty of medicine.

Compared with CAP, SAMU has been successful: it is an expression of the new concepts guiding organizational development. It is a vigorous and well-planned set of emergency services with the characteristics of a private hospital, except for the costs of care, which are relatively low. Most of the branch office's employees work in it.

The most important features of the center are significant in interpreting the Colombian Red Cross's institutional strategy.

In the first place, physicians are responsible for emergency management, and the training and use of paramedics has deliberately been avoided (the "French model"). Problems in controlling the activities of the latter are mentioned as reasons, but it is more persuasive to interpret this methodology as one more measure in consolidating competitive capacities in the health services

market. Secondly, no service is free and the medical staff receive part of the revenue. Finally, certain services of unquestionable usefulness are favored which, though not strictly emergency in nature, are profitable; an example is monthly outpatient dialysis.

Similar services which produce a margin of profitability to achieve financial self-sufficiency have been implemented in the Cali and Medellín branch offices.

Relief and emergency services

National Relief is mainly concerned with conducting operations following natural and man-made emergencies directly (the national headquarters) and through the branch offices.

Significant amounts of money are invested in this area every year. In 1989 the total budget was approximately COP 508,247,130 (USD 1,513,000)³⁵ for preparedness, assistance, training, staff, communication, updating of facilities, and administration. Shipments made by the National Relief Depot and the Basic Equipment for Volunteers and Emergency Care Project have been significant.

It also conducts extensive educational activities. Noteworthy is the internal "Series 3000" Training Program, which has various teaching modules and materials.

Of special importance in this area is the National Communication Network, whose second stage was begun in 1989.

The areas of Relief and Assistance have been integrated for about four years. Relief, as noted, has planning functions, while Assistance conducts educational programs and activities for volunteers and people outside the Red Cross.

At present, Relief conducts 17 quite varied projects whose budget was about COP 340 million (USD 630,500) in 1991.³⁶ These projects have a wide variety of subjects, objectives, and people involved. Among the most important are industrial assistance, which conducts industrial safety and health programs in businesses, is carried out in 13 branches, and involves 70 companies throughout the country; rural assistance, which

has 48 brigades with 1,500 volunteers in rural communities at high risk of natural disasters and is conducted in 20 branches; university assistance, which covers 15 universities and is conducted in 28 branches to train volunteers in publicizing International Humanitarian Law, protection in case of emergency, and first aid, emergency preparedness, which has trained 1,800 multipliers who have a potential coverage of 100,000 people in emergency preparedness in all parts of the country, and is conducted in 22 branches; and SISRE (Inter-American Emergency Relief and Rescue System), which has trained rescue groups in seven branches.

Social assistance and welfare services

The Colombian Red Cross's assistance activities have been implemented with support by international cooperation, cooperation agreements with public and private agencies, and on the basis of the General Budget. Those involving social welfare remain important, although for reasons already noted they tend to be in decline. Different groups of volunteers conduct numerous social welfare projects in the branches aimed at young people (camps, recreational activities), children, leader formation, and training of adults who carry out publicity, preparedness, and education activities. Noteworthy at the central level is the Day-Care Center of the Adriano Perdomo Center, which provides comprehensive care for preschool children. The Hostel, another service, is for patients who come to Bogotá from other parts of the country for medical treatment.

Other activities

Because of the violence the country experiences, the area of information dissemination is a high priority for the institution. Two kinds of activity to publicize International Humanitarian Law and the Principles of the Red Cross are reported: (a) internal, aimed at managers and volunteers in the branches, and (b) external, with participation by varied sectors: municipal bod-

ies, public officials, the Armed Forces, police agencies, and the community at large.

Relations with the Government

Among the National Society's oldest, most fruitful, and most harmonious relations are those with the Ministry of Education and the Youth and Sports Institute (COLDEPORTES). Its most important relations are with the Ministry of Health for the reasons already noted, which spring from Law 10. Its ties with the Ministries of Defense and External Relations, the Administrative Department of the Presidency of the Republic, the Colombian Family Welfare Institute, the National Firefighting Administration, the Armed Forces, and the Colombian Agrarian Reform Institute are also important.

Other links exist with numerous official agencies concerning specific projects. National Relief works closely with the National Disaster Preparedness and Relief Office (OND), which regularly finances purchases to support the emergency operations of the Colombian Red Cross.

It is thought, however, that the institution needs better definition of its general policies governing relations with the Government. Concern about strengthening them is great at national headquarters, while in the branches the relationship is better and permits implementation of numerous programs benefiting the most vulnerable and channeling material, technical, financial, and human resources, and support of political and governmental leaders.

Relations with other organizations and agencies

These relations cover a very broad spectrum. A general view reveals cooperative relationships with professional societies, peasants, unions, educational centers, universities, nonformal education institutes, volunteer associations, foundations, sports organizations, and private enterprise. Information dissemination and assistance

are major aspects of these links. The Youth Department heads the organization which brings together NGOs concerned with youth in Colombia and represents them on the Board of Directors of the Colombian Youth and Sports Institute.

A concern of the National Society with respect to other organizations is the proliferation of state and private agencies which provide services in fields similar to those of the Red Cross and compete in providing services, recruiting human resources, and raising funds.

Role of external cooperation

The Colombian Red Cross maintains a broad network of relations with different agencies, organizations, and sister Societies.

These international cooperation links exist chiefly in the areas of assistance and development. Among others, support has been received from the Pan American Health Organization, the U.S. Agency for International Development (USAID), the American Red Cross (Series 3000 and Education in Dental Disease Prevention), the Spanish Red Cross (Program to Prevent Drug Addiction among Young People), the Austrian Red Cross (Education for Peace), and the Dutch Red Cross (the "Child Alive" Program).

Various educational activities are carried on in a framework of interinstitutional cooperation in and outside Colombia. Examples are the seminars on the Inter-American Emergency Relief and Rescue System (SISRE), Seismic Disasters in Major Cities, the APELL System, Social Communication and Disasters, and the course on the activities of the Red Cross with marginalized children and youth. Technical staff regularly take part in training activities conducted in other countries.

Reciprocally, the Colombian Red Cross has provided cooperation to several Latin American Red Cross Societies, especially in the technical aspects of relief operations, for example, the National Societies of Ecuador and Nicaragua, as well as through the seconding of delegates through the International Federation of the Red Cross.

In the development area, assistance has been provided in drawing up development plans to the National Societies of Bolivia, Ecuador, Guatemala, Panama, Paraguay, and Venezuela. Colombian delegates have even gone on missions to countries outside the region, as, for example, to Mozambique

As for comprehensive management of external support and cooperation, some members of the National Society note a lack of commitment to and the absence of a clear institutional policy on the marketing of programs and services, as well as cultural and methodological differences with donors.

The institution's authorities say that "the Framework of Development Cooperation and the Strategic Development Plan clearly express the policy of the Colombian Red Cross as to management of external cooperation and follow the development guidelines approved by the Federation."

The National Society's perceptions of its public image

In various ways, great internal confidence is expressed about "institutional credibility." It is recognized that the institution's good image was damaged by the campaign launched by some journalistic media about the supposed misappropriation of funds to deal with the Nevado del Ruiz catastrophe in 1985, but the situation has been recovered thanks to the services provided to the population. The organization continues to be threatened by the improper use of the emblem in that it is employed in advertising to identify certain public and private services which are not part of the Red Cross.

The need to strengthen a public relations and information policy is clear inasmuch as many citizens are simply unaware of the nature and institutional philosophy of the Colombian Red Cross, while others have a traditional image of it and could become confused or adversely disposed toward the new entrepreneurial profile which is being promoted.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The Colombian Red Cross is an institution that has adopted a successful development model which has broad national coverage and balances the different parts of its program. At the same time, it has effectively managed to respond to the social demands stemming from a context of crisis and conflict.

Recently, and because of varying environmental circumstances, it has run into limitations on its chief sources of financing, a situation which has given rise to the dilemma of how to maintain a highly professional and effective model of development with few financial resources.

There are essentially two options for dealing with the problem which have been put forward in the National Society: (a) implementing an entrepreneurial concept of a free market for the services it offers, which would be realistic for the institution's survival and a response to the socio-economic challenges facing the country; and (b) choosing a traditional concept embracing a philanthropic view and the principles of free service.

Both concepts carry risks. The former, because charging for services could mean a reduction in the services provided to the neediest

in the population; the latter, because it is probable that the demand for services will increase faster than revenue.

In this framework, the most important challenge facing the Colombian Red Cross is to develop and put into effect a third option which combines achievement of the financial self-sufficiency, efficiency, and profitability that spring from a market orientation with a strategic orientation of social solidarity which should be followed since it is the institution's reason for existence. This "third way" could be based on a policy of diversified financing in which activities financed through agreement with the public authorities (e.g., social development activities aimed at the most vulnerable), through selective imposition of charges on users of somewhat complex medical services, and through other, traditional revenue sources, such as lotteries, fund-raising campaigns, and donations, are combined. All such activities could be organized using similar criteria of entrepreneurial efficiency.

Other important matters in the institution's present and future are developing its human resources, the need to strengthen certain planning components, and external cooperation activities

RECOMMENDATIONS

1. Define a balanced, multifaceted, and varied policy of financing which permits harmonizing the sustained development of the National Society with growth in services provided to the most vulnerable
2. Strengthen social development activities oriented toward the needs of the poor and marginalized in Colombian society
3. Integrate and consolidate the planning system
4. Overhaul human resource development policies
5. Systematize and broaden the educational and technical cooperation provided at the national and international levels

1. Define a balanced, multifaceted, and varied policy of financing which permits harmonizing the sustained development of the National Society with growth in services provided to the most vulnerable
 - 1.1 Broaden and diversify joint activities with the state through agreements in order to broaden or guarantee the financial basis of social programs aimed at geographic areas or the most vulnerable.
 - 1.2 Extend the National Society's services for which charges can be made and which are guided by profitability criteria in those social groups able to pay, in such a way that they are not incompatible with other programs and services which are guided by solidarity criteria and aimed at those with little or no ability to pay.
 - 1.3 Establish a system for determining the socioeconomic capacity of applicants and for evaluating the feasibility of a system of scaled fees so that the vulnerable, who are unable to pay, are not excluded, which is something that could alter the fundamental nature of the institution's mission.
 - 1.4 Define the role of paid staff and volunteers precisely and balance their representation in programs and services so that they benefit from the strengths inherent in both kinds of personnel: efficiency and professionalism, on the one hand, and enthusiasm and cost containment, on the other. The purpose would be to jointly provide competitive and efficient services together with the participation of society.

Conclusions and recommendations

2. Strengthen social development activities oriented toward the needs of the poor and marginalized in Colombian society

- 2.1 Implement social development activities in departments with a high proportion of population living in extreme poverty (Magdalena, Bolívar, Chocó, Sucre, and Córdoba) by establishing methods to coordinate with the activities of the state and other NGOs to avoid duplication.
- 2.2 Strengthen and program new activities to care for children (those *of* and *in* the street) and young people in marginal urban areas, particularly in Bogotá and Medellín, and reinforce existing programs.
- 2.3 Strengthen promotion strategies by designing new kinds of low-cost activity in the sphere of community development at the local level and with broad participation by volunteers.
- 2.4 Develop activities with vulnerable groups which, at the same time, will help sensitize Colombian society and the state to the magnitude and importance of social problems and the responsibility which institutions and society bear in dealing with them as a way to implement the Red Cross's promotional strategy.
- 2.5 Evaluate and redefine the role of the Colombian Red Cross in activities concerning disasters and its inclusion in governmental plans by strengthening disaster prevention and preparedness activities
- 2.6 Strengthen activities to publicize International Humanitarian Law, promote adherence to it, and protect basic personal rights, taking into account the context of violence in which the institution operates.

3. Integrate and consolidate the planning system

- 3.1 In view of the decentralization being promoted, consolidate the role of the national headquarters as a central program planning and integration unit.
- 3.2 Evaluate the functionality and capacity of specialized components of the national headquarters for creating and coordinating program initiatives.
- 3.3 Review current methods of communication between the national headquarters and the branches, and of the latter among themselves, to determine the changes required for effectively exchanging experiences and joint programming.
- 3.4 Strengthen training in strategic planning and project formulation and evaluation in the national headquarters and the branches by including middle-level managers and staff most directly involved in programming in such training.
- 3.5 With participation by all sectors involved, examine present procedures for evaluating and following up programs and projects, and for implementing the changes needed in light of the evaluation.
- 3.6 Extend the system of budgeting by program and project throughout the institution.
- 3.7 Evaluate the scope and results of the regionalization process by reexamining its validity for geographic planning.

4. Overhaul human resource development policies

- 4.1 Update policies and programs in this area so that there are no gaps between established program objectives and the capacities and motivations of those who execute them

- 4.2 Broaden and strengthen the "Volunteer Well-Being" program by updating information available on the composition, distribution, working conditions, identification with the new policies, and expectations of the volunteer corps through an evaluative investigation.
- 4.3 Systematically analyze what causes volunteer dropout and the reasons for their leaving: working conditions (search for paid employment), foci of attraction (institutions, community programs, etc.).
- 4.4 Reevaluate the role of volunteers in the institution—their areas of competence, participation in decision making, etc.—in order to clearly determine their contributions and promote improvement and training.
- 4.5 Establish a systematic program of continuing education for all members of the Colombian Red Cross

5. Systematize and broaden the educational and technical cooperation provided at the national and international levels

- 5.1 Redefine the institution's educational and technical cooperation policies and procedures by unifying different criteria in the National Society.
- 5.2 Unify methods of external technical communication through an encompassing system that prevents their fragmentation and dispersion, and systematize them through publications which provide information to the National Society and other institutions.
- 5.3 Widen cooperation with other international agencies such as the United Nations system.
- 5.4 Continue conducting present cooperative activities with other National Societies in Latin America and the Caribbean.

SOURCES

1. Sources: (a) and (b) Fundación para la Educación Superior y el Desarrollo [Foundation for Higher Education and Development] (FEDESARROLLO), *Informe nacional Colombia*, Quito, International Federation of the Red Cross/Latin American Faculty of Social Sciences (FLACSO), 1992, based on national censuses; (c) World Bank. *Informe sobre el desarrollo mundial 1990: La pobreza*, Washington, D.C., World Bank, 1990, p. 198; (d), (f), and (g) FEDESARROLLO, *Bogotá 1991*, Bogotá, FEDESARROLLO, 1991; (e) and (h), United Nations Development Program (UNDP), *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1 and 11.
2. FEDESARROLLO 1992, p. 5.
3. FEDESARROLLO 1992, p. 90.
4. Miguel Urrutia (ed), *Cuarenta años de desarrollo: Su impacto social*, Bogotá, FEDESARROLLO, 1991, p. 59.
5. The 1988 national survey of drug abuse in the United States showed that 28 million residents of that country older than 12 years (i.e., one of every seven inhabitants) had consumed drugs at some time during the previous year. Of those, 21 million had used marijuana and hashish, 8 million had used cocaine, and 600,000 had used heroin. See Rosa del Olmo, "Las drogas y el Caribe," in Andrés Serbin and Anthony Bryan, *El Caribe hacia el 2000. Desafíos y opciones*, Caracas, Nueva Sociedad/UNITAR, 1991, p. 243.
6. Manuel Gonzalo Chávez Alvarez, "Drogas, el poder paralelo." In: *Guía del tercer mundo*, Madrid, IEPALA/Instituto del Tercer Mundo, 1991, p. 133.
7. *The Economist* (London), May 2, 1992, p. 53.
8. Pan American Health Organization (PAHO), *Las condiciones de salud en las Américas*, Washington, D.C., PAHO, 1990. Vol. II, p. 95.
9. Carmelo Mesa-Lago, "La seguridad social en América Latina." In: Inter-American Development Bank (IDB), *Progreso económico y social en América Latina: Informe 1991*, Washington, D.C., IDB, 1991, p. 196.
10. Affiliation by the self-employed is voluntary. See Carmelo Mesa-Lago, "Protección del sector informal en América Latina y el Caribe por la seguridad social o por medios alternativos." In: PREALC, *Más allá de la regulación. el sector informal en América Latina*, International Labor Organization (ILO)/PREALC, 1990, pp. 287 and 294.
11. Mesa-Lago 1991, p. 215
12. Mesa-Lago 1991, p. 196.
13. PAHO 1990, p. 90.
14. FEDESARROLLO 1992, p. 72, using official data.
15. UNDP 1992, Table 12.
16. PAHO 1990, p. 94.
17. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 12(4):5 (December 1991).
18. PAHO 1990, p. 94.
19. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 12(4):11 (December 1991) and 13(1):11 (March 1992).
20. FEDESARROLLO 1992, p. 57, using data from the Colombian Institute of Family Well-Being (ICBF).
21. UNDP 1992, Table 13.
22. Data from the United Nations Food and Agriculture Organization (FAO) and United Nations Economic Commission for Latin America and the Caribbean (ECLAC) cited in Rafael Menjivar, *América del Sur, México y el Caribe mayor: Crisis y perspectivas al 2000*, mimeo, San José, International Federation of the Red Cross, 1992, p. 56.
23. FEDESARROLLO 1992, p. 43, based on census data.
24. PAHO 1990, p. 98.
25. FEDESARROLLO 1992, p. 45
26. FEDESARROLLO 1992, p. 23.
27. UNDP, *Desarrollo humano. Informe 1991*, Bogotá, UNDP/Tercer Mundo, 1991, Table 1
28. UNDP, *Hacia un desarrollo sin pobreza en América Latina y el Caribe: Memorias de la II Conferencia regional sobre la pobreza, Quito, noviembre de 1990*, Bogotá, UNDP, 1991, p. 157
29. Organization of American States (OAS), *Desastres, planificación y desarrollo. Manejo de amenazas naturales para reducir los daños*, Washington, D.C., OAS/Office of Foreign Disaster Assistance (OFDA), 1991, p. 78
30. OAS 1991, *op. cit.*, p. 33.
31. FEDESARROLLO 1992, Appendix p. 3.
32. Because each branch office is autonomous, there is a union only at the headquarters. Branch offices can create their own unions, but they must have at least 25 employees.
33. The information in this section deals chiefly with the headquarters and the Cundinamarca-Bogotá Branch, the most powerful in the Colombian Red Cross. Because of the number and autonomous nature of the branch offices, an overall picture would require more exhaustive data.

Colombia

34 The subheadings used to identify activities are generic. When necessary, the term used by the Colombian Red Cross is indicated in parentheses.

35 USD 1 equaled COP 335.91 in 1989.

36 USD 1 equaled COP 539.25 in 1991.