

## PARAGUAYAN RED CROSS

### The challenge of reorganization in a changing environment

The Paraguayan Red Cross is in the middle of an extensive revision of its organization and the services it provides to society, which are still charitable in nature and focus on hospital medicine. It is a matter of transforming the institution into a modern and dynamic organization by giving it a new identity and image, and leaving behind the lethargy and isolation it suffered from during the previous political era. This process resembles the extensive changes that the Paraguayan state and society are undergoing as a result of the recent transition to democracy and the regional integration with Uruguay, Argentina, and Brazil that began with the signing of the MERCOSUR treaty in March 1991.

The Paraguayan Red Cross is immersed in a difficult social panorama characterized by an increase in poverty, especially in the countryside, which deepens the already existing rural-urban disparity in a country in which 52% of the population lives in rural areas. The health situation is characterized by serious environmental sanitation problems, particularly in the countryside (shortages of basic water, electricity, sewerage, and waste disposal services), high child mortality and malnutrition rates, and one of the highest maternal mortality rates in the continent. The inequalities facing women are greater than in most of the region's countries since, in addition to suffering from discrimination in the usual areas of daily life, most laws discriminate against them.

The changes of recent decades strongly affect young people, the group with the greatest unemployment, the greatest presence in the informal sector, and a high level of drug consumption. The situation of marginalized children is also cause for concern: there are around 15,000 street children in the Asunción urban area alone.

All these situations define a panorama of high social vulnerability, which is particularly serious in a country that, because of its hydrological

conditions, suffers repeatedly from droughts and floods which leave tens of thousands of victims. The accelerated deforestation caused by uncontrolled agricultural colonization is closely linked to this kind of disaster.

In short, the Paraguayan Red Cross of the 1990s faces the need to redefine its role in the new areas and in meeting demands created by the state and society in a context of democratization and serious shortcomings in social development.

Since 1989 the leaders of the Paraguayan Red Cross have implemented a strategy of change in the organization by redefining the links and functions of the National Society's maternal and child hospital. For decades the hospital absorbed most of its resources and was the main service provided by the institution. The National Society aspires to diversify its activities and strengthen its structure, independently of the hospital's.

In the organizational sphere, reform and consolidation of the central headquarters have been initiated in an effort to improve its effectiveness as the institution's governing organ and to create adequate conditions for undertaking new action programs. Generational turnover and professionalization of its leaders and middle-level staff are considered the foundation for such reforms. To diversify activities and services, it is intended to promote more decisive action in the medium and long term in the spheres of community social affairs, development, and relief and emergency services in order to deal with the frequent floods that occur in Paraguay, with emphasis on the most vulnerable population. There is willingness to maintain the hospital, nutritional, and assistance programs now under way (glass of milk, day-care centers, etc.), while at the same time improving their efficiency, administration, and financial control. In defining new programs, priority will be given to those

that can become self-supporting or contribute to redefinition of institutional changes.

Since all these changes were begun only a relatively short time ago and have not been put fully in place, and conditions in Paraguay are still uncertain, we are witnessing a typically transitional trend. There is a climate of optimism, confidence, and hope about the effectiveness of the changes undertaken and the innovative management initiated in the 1990s, all of which is bringing about a new organizational culture. At the same time, however, certain unresolved problems and dilemmas persist that are affecting these innovations.

Internal communication, a requisite for adequate participation in and consensus about the National Society's reorganization, demands methods that make it more flexible. It is also necessary to improve planning and information systems in order to make the entire process coherent. In addition, there is a continuing financial deficit that makes program diversification difficult; the hospital continues to consume a large proportion of resources even though the state has assumed the payment of its staff's wages, thus freeing funds for improving the organization and new development and relief activities. Finally, there still remains the medium-term task of extending and strengthening the institution's geographic coverage, which today reaches only four of the country's 19 departments.

### **Organization of the National Society**

#### ***Organizational structure and geographic coverage***

The Paraguayan Red Cross has an organizational structure governed by several bodies whose responsibilities and membership should be made more participative and effective. Because of this, it is probable that its present organization, statutes, and regulations will be changed in 1992 to promote greater volunteer participation.

The highest body is the General Assembly, which ordinarily meets every two years to review a general report and elect and oversee the Central Committee. The current Assembly is composed of 106 members, including some representatives of provincial branches.

Next in rank is the Central Committee, a body that acts by express delegation of the Assembly and is responsible for establishing the institution's plans and programs. It consists of the President, Vice-President, and 25 other members. It appoints the Secretary, Treasurer, and two of its members to round out an Executive Committee of six volunteers.

The Central Committee appoints several committees, such as a finance committee and, recently, because of the remodeling of the hospital, a construction committee.

The Office of the President is the last governing body. The President is very important because, with his assistants, he directs all of the National Society's regular activities, his assistants are the Secretary General, Administrative Director, Operations Manager in the central headquarters, and the chiefs or directors of operational departments and specific programs.

Despite the internal changes that have taken place in the Paraguayan Red Cross, participation in it by departmental units and volunteers is still very limited. Some positive innovations have been undertaken, such as volunteer access to elective and governing posts.

The institution's geographic coverage is very weak since there are branches in only four of the 19 departments in the country (Cordillera, Ñem-bucú, Alto Paraguay, and Guairá). This situation is doubly worrisome because of the country's environment of great social vulnerability. The National Society has plans to establish branches in Encarnación and Coronel Oviedo. An effort is being made to increase the ties of the branches with the central headquarters and to promote their greater participation in Executive Committee decisions. At the moment, the activities of the branches are uncertain, weak, and slow in growth. They do not receive funds from the central headquarters. Advice and support are

minimal, but it is the clear policy of the administration to promote future branch growth to expand the geographic coverage of the Paraguayan Red Cross.

### *Administration and planning*

This National Society has a small central structure which, until a short time ago, revolved almost completely around the hospital. Although it has completely reversed its course to revise its internal administrative, financial, and operational affairs, it still has little impact outside the capital. Its administration, resources, and services are concentrated in Asunción.

As part of the current transition, an effort is being made to change its organizational styles and profiles. A creative and solid management has been established which has innovative ideas, energy, willingness to change, and managerial methods that promote reforms in the financial and accounting area and a new openness to the outside that also favors human and organizational reform.

As a result of these changes, some of the hospital's responsibilities have been transferred to the central headquarters; general and financial administration is being revised, and professionals experienced in the modern management of administrative and technical operations now occupy managerial posts. The central headquarters now has an Administrative Director, a new National Treasurer, and an Operations Manager. The ASISE and AYCA companies have been hired to make a broad evaluation of internal administrative and accounting systems. The reports and evaluations of these firms have suggested in part the present strategic line of change.

Still pending are better definition of the objectives of the process, the roles of and hierarchical relationship between volunteers and paid staff as well as between senior officials and the chiefs of the Relief, Youth, Volunteer Ladies, Publicity, Health, and Development departments. Confusion occasionally arises about the responsibilities of levels and posts; at the same time,

better integration of the hospital's medical and paramedical staff with the social action and specialized relief programs is required.

It is also to be noted that the central headquarters has little space for volunteer activities and new offices and meeting rooms, though there is a large hall for seminars, workshops, and other events. Until recently there was little office technology, but it has been possible to computerize the administrative system. The staff faces a shortage of vehicles and other means of transportation.

Overall and sectoral planning, as well as horizontal coordination of activities and plans, have still not materialized satisfactorily, nor have they spread to the branches. More support is needed for coordination of the branches with the central headquarters itself, where reorganization plans and programs have not been disseminated sufficiently. A Branch Coordinator has been hired to increase communication and coordination.

Despite the importance of the current transformation of the Paraguayan Red Cross, there is still no national development plan as an explicit reference framework. Nevertheless, the organization as a whole is oriented toward achieving significant change through a strategy that is indeed shaping a new institutional reality and overhauling external relationships.

### *Human resources*

The Paraguayan Red Cross's human resources may be categorized as follows: it has around 100 active members who make fairly regular contributions, about 4,000 trained volunteer members who collaborate in its auxiliary activities; and a paid staff of 17 at the central headquarters and somewhat more than 300 employees in the maternal and child hospital.

The active members are mostly in the capital and their ranks grow slowly. Even so, a generational turnover is occurring through the entry of young people and several well-known professionals as chiefs of operational departments. This

has stamped a special vigor on the administration and the hospital's extramural activities and led to greater creativity, a better image, and the multiplication of links with other organizations and urban society.

Nevertheless, there has been some friction with members of the National Society who are attached to more traditional styles, rhythms, and methods of work and resist the rapid rise of a new generation of leaders. In addition, younger members want to accelerate the process of change to create more opportunities for action. All this results in a certain amount of confusion and uncertainty at intermediate levels of the organization and among some volunteers.

There are still no personnel expert in human relations, organizational development, and planning.

There has also been a certain amount of transience and instability in many volunteers' participation because of lack of motivation, incentives and stimuli, and training in activities and relief work. Admission to university or entry into jobs in response to the long crisis, the change in economic model, and uncertainty about employment are frequent causes of volunteer dropout. Others are attracted by better offers from other NGOs.

The Paraguayan Red Cross's paid staff is small, concentrated at the central headquarters (17 people), and basically administrative. In a different category are the medical and paramedical staff of the maternal and child hospital (315 posts), whose wages the Paraguayan state recently agreed to pay, though the hospital's administrative and technical management continues to be the responsibility of the National Society.

### *Finance and budget*

Before 1989 the hospital absorbed almost 90% of the National Society's budget yet operated in the red. After a severe financial crisis in 1988-90, a broad financial and accounting reform was urgently undertaken which has now resulted in greater control, with clearer linking and cen-

tralization of duties in the management of the hospital's finances. Despite this, the hospital continues to absorb most of the budget.

A problem being dealt with is the major increase in the expenses of the hospital service, which grew by 40% from 1989 to 1990 and by 50% in 1991. The National Society has therefore proposed to reduce such expenditure in order to free budgetary resources. This is the priority goal in financial policy.

There is firm willingness to overhaul and increase efficiency in the use of all existing resources, including human resources, independently of their professional status.

Despite cost containment and rationalization efforts, large financial imbalances originating in the hospital's expenses have not been overcome. Although the Ministry of Health took over payment of its staff in 1991 through an annual contribution of 665 million guaranis (USD 498,000), thereby increasing the overall Red Cross budget to PYG 1,463 million (USD 1,112,000), the hospital's expenses continued to increase. It absorbed 82% of the institution's total budget in 1990 and 91% in 1991.

Since the hospital will be remodeled and expanded with a contribution by the Spanish Red Cross of close to USD 3 million (the largest amount so far received from abroad), it is feared that the Paraguayan Red Cross will have to cover future expenses of maintenance and related improvements, which will hinder its desired expansion into other areas of Red Cross activity.

Members contribute little to the overall revenue of the Paraguayan Red Cross. Of the current 106 members, only 82 are up to date in paying their dues of 30,000 guaranis a year (about USD 25); in all, dues amount to less than 1% of revenues. The remainder is provided by the hospital. Other revenues, which have been growing since 1990, are from the state, which covered 45% of the total in 1991. The rest comes from the annual "Día de la Banderita" collection on May 8 (10%), the Welfare and Social Aid Directorate (DIBEN) (6%), and other sources (13%).

ASISE and AYCA, consulting firms specializing in organization and administrative and accounting reform, which are fairly well known in the country, are taking part in the process of internal change to rationalize expenditure. Price Waterhouse is responsible for external auditing.

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

### *Principal activities*

The principal activities of the Paraguayan Red Cross are the following.

#### *Health services*

The maternal and child hospital of the Paraguayan Red Cross is now its main activity. It attends the largest number of deliveries (between 4,000 and 6,000 a year) and operates the country's only Center for Premature Infants. It has been the Paraguayan Red Cross's principal service for decades, and the Red Cross has always been identified with it. It is likely that this institution will be entirely or partially transferred to the state, though the National Society may continue in charge of certain strategic services such as blood and high-risk newborns. For now the extension and remodeling of the hospital's building with Spanish Red Cross financial aid have generated great enthusiasm.

A small blood bank operates in the hospital and is directed mostly to the community. A USD 150,000 contribution was solicited from the Canadian Red Cross to develop it fully. There is also a small but efficient Center for Diabetics in the central headquarters. A group of biochemists and volunteers has crisscrossed the country preparing a "map" of the disease. Some companies offer insulin at cost, and the Paraguayan Red Cross subsidizes the distribution of medicines to many diabetics and other patients in qualified cases.

A new AIDS and Drug Abuse Prevention Program operates in connection with the hospital which is aided by the Department of Psychiatry and Adolescent Guidance Center with some material and teaching support from the American Red Cross and U.S. embassy. The campaign is targeted at young people and conducted in secondary schools and agencies requesting it. To meet the demand for it, physicians and volunteers (14 people) are being given instruction so that they can serve as monitors. It began in 1987 and in 1990 was extended to other cities.

#### *Social assistance and welfare services*

There are two preschool centers operating as day-care centers and kindergartens for children aged 3 to 6 years in the San Gerardo district of Asunción and the city of Eusebio Ayala in La Cordillera Department. Mothers' Clubs have operated in conjunction with them to provide lessons in cooking and household management. This has been a pioneer activity in Paraguay, where preschool education was unknown. They do not now seem to be a development alternative since the state has taken over responsibility for this work in other parts of the country. The children's center in Eusebio Ayala has received funds for the past five years from the Swiss Red Cross. The daycare center in the San Gerardo district is fully financed by the Paraguayan Red Cross.

The Volunteer Ladies have operated an almost-new clothing store at the central headquarters since 1970. It receives used clothing on consignment which is sold and from whose proceeds a home for single mothers is financed. This is the Dr. Andrés Gubetich Home for Single Mothers, which has cared for single pregnant young women since 1970. Under the supervision of a volunteer director and a paid administrator, the young women are instructed in prenatal care and domestic work, and receive psychotherapy support. During delivery they are attended at the Red Cross hospital, and thereafter they and their babies go through a period of recovery and in-

struction at the Home, work is sought for them in households, or they return to their families.

The Glass-of-Milk Program has operated since 1974 with a contribution of 90 tons of milk channeled through the Federation. This aid, which comes from the European Community, will tend to diminish over time, though the Paraguayan Red Cross stresses that it should continue since it meets the needs of 22,000 needy people throughout the country.

Since June 1991 the central headquarters has also dealt with requests for help from a number of indigenous communities in the country's backlands referred by the National Institute of Indigenous Affairs (INDI). The aid consists basically of milk and clothing.

There are plans to gradually launch specific programs benefiting newly vulnerable groups in Paraguayan society. Some will be extramural programs of the maternal and child hospital, and they are now being discussed and formulated.

### *Relief and emergency services*

Relief and emergency services are being overhauled. They respond to emergency situations, chiefly those due to natural causes (river flooding), accidents, and mass public and private events. Up to now there has been no planning, prevention programs have not existed, equipment has been inadequate or insufficient, and no central emergency office has existed.

Nevertheless, relief work now has the administration's strong support and funds are being raised to strengthen the department in order to train volunteers and provide greater response capacity, especially in emergencies stemming from floods in the country's extensive river network as well as of a social nature.

### *Other services*

Fifteen intensive seminars have been held in recent years on publicizing International Humanitarian Law, each at a cost of approximately USD 1,500 contributed by the ICRC. It is planned to

conduct at least two a year for the military, lawyers, journalists, professors at the National and Catholic Universities, and law students.

### *Relations with the Government*

Generally speaking, close relations are maintained with executive and legislative organs through working groups and personal contacts by senior officials; the management stresses, however, that such links are still insufficient given the needs for Red Cross activity and the opportunities that are being created in the emerging institutional network of the governmental and quasi-governmental social sector, which is something new in Paraguay.

Several advantages have been gained that clearly indicate a proper and growing relationship with the current public authorities. Among these achievements are the following: the already-noted appropriation of 700 million guaranis to pay the wages of the hospital's staff; a broad cooperative agreement with the Ministry of Health; a contribution by the Welfare and Social Aid Directorate (DIBEN) of close to USD 73,000 a year for the hospital's Center for Premature Infants and the purchase of modern medical equipment. In addition, the Law on Tax Exemption for Donations to the Paraguayan Red Cross should be mentioned; since 1990 it has been facilitating the customs clearance of milk and the receipt of other donations; membership in the National Cholera Control Commission, and increasing contacts with the Armed Forces and universities through the courses on International Humanitarian Law.

Noteworthy is that on August 20, 1990, the ICRC, with the institution's help, succeeded in getting the Paraguayan state to adhere to the Additional Protocols (I and II) to the Geneva Conventions of 1949; the previous administration had not signed the Protocols for Paraguay since they might have affected possible domestic disturbances.

### *Relations with other organizations and agencies*

The best known aspect of this area is the competition of the many nongovernmental organizations that have appeared in Paraguay to deal with the social problems that have emerged during the transition to democracy. There is relative isolation and fear regarding the role of the Red Cross with respect to such agencies, and relations with them are inadequate and at times even tense.

Some NGOs (the Paraguay-Kansas Committee, Knights of Malta, and others) and various governmental agencies (OFDA/USAID, DIBEN) are recruiting volunteers from the Red Cross by offering better working conditions and incentives, and so they capitalize on the institution's preparatory and training activities.

There has been some disquiet and apprehension about the role that DIBEN and USAID (through its Office of Foreign Disaster Assistance, or OFDA) play in natural disaster relief, a field in which the Paraguayan Red Cross has been invited to participate by sending instructors and volunteers to take part in life-saving and other courses, but in which they are interfering with or invading a function considered a priority and even the exclusive domain of new Red Cross activity.

The Paraguayan Red Cross believes that in the future it will be possible to expand cooperative links in this and other fields, such as health care and social action, with other NGOs if areas of responsibility are better defined.

### **The role of external cooperation**

At present, the main contributions of external cooperation focus on shipments of milk from the European Community through the Federation. A short while ago the Spanish Red Cross contributed USD 3 million to remodel, expand, and modernize some of the hospital's strategic services.

The Paraguayan Red Cross believes that it has received little support in technical areas such as provision of the instructors, teaching materials, and equipment needed to develop the National Society's potential for operations in programs on development, accident prevention and management, river flood relief, and youth affairs.

Although their value has been small, some contributions have been received from the Government of the United States through USAID (blankets, overcoats, tents, etc.) to deal with emergencies, and the American Red Cross has provided help to the AIDS control program. The Federation has provided funds from time to time in response to appeals.

An effort is being made through the Swiss Red Cross to obtain around USD 700,000 to purchase equipment for the hospital. Other needs include communication and transportation equipment, especially vehicles, boats, and water-rescue equipment.

The Swiss Red Cross supports a day-care center by paying for the salaries of two teachers, school equipment, and maintenance.

Exchanges among volunteers belonging to neighboring National Societies is an area of cooperation that has awakened great interest in the Paraguayan Red Cross, especially in order to share experiences.

### **The National Society's perception of its public image**

The goal of the leaders of the Paraguayan Red Cross is very clear: to detach the institution's image from that of the hospital and not to appear to be an appendage of the Paraguayan state, much less a charitable or welfare institution with a "rich friend" (the Federation) that finances it and on which it depends.

The Department of Public Information publishes a bimonthly newsletter with a pressrun of 500 copies which will become a monthly in the future. Publication of a semi-annual, non-profit magazine supported by sponsors is under consid-

eration. News releases have been increased, and a major effort has been made to publicize the "Fiesta de la Banderita." To reach the public there is an ambitious program of activities in which a paid assistant collaborates.

These measures will be used to meet the challenge of changing the National Society's image and renew internal information dissemination efforts in a centralized and uniform way to guarantee the dedicated orientation and proper indoctrination of young volunteers. It is hoped that this new image will filter through to the broad public.

It is recognized that the National Society still does not have good publicity, however. It lacks

an effective and professional program, or what was called "marketing of institutional programs," directed primarily toward combatting the charitable, hospital- and state-oriented image it still has and creating better conditions for Paraguayan Red Cross cooperation and/or competition with other NGOs. It is hoped soon to present a National Society that operates according to a different, more professional, technical, and specialized organizational model in various strategic services, with an overhauled image that reaches the entire Paraguayan public, and especially contributors and the most influential in society.



## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

The Paraguayan Red Cross has historically been characterized by its provision of charitable services highly focused on hospital medicine. It is now undergoing institutional redirection aimed at modernizing the National Society so that it can meet present and future challenges stemming from the changes in the Paraguayan state and society.

It has been promoting a strategy of change since 1989 by redefining the functions of the maternal and child hospital, developing plans to diversify its programs and services, and strengthening its organizational structure at the same time it adopts corrective measures to deal with problems of administrative and accounting control.

All this represents significant success. Additionally, the institution has rapidly been adding new members and replacing older leaders, and middle-level and senior professionals and trained technicians are eager to change the role and public image of the institution. Fund-raising methods have been strengthened, and the state has

been encouraged to assume responsibilities in managing the hospital and various fields such as preschool education and health care.

These changes are still in a transitional stage and, moreover, are occurring in an uncertain environment. Some problems that should be overcome to consolidate the process are the following.

The hospital still heavily burdens the institution's finances and consumes most of its operational resources. Internal communication requires more streamlining to achieve optimal participation in and consensus about the innovative process. Geographic coverage is very weak, and branch activities are uncertain and slow to grow. The process of change is still not a part of a broad strategy that will give it long-term coherence and prevent dispersion in short-term efforts. It is also necessary to clarify duties, responsibilities, and the assignment of posts in the various structures to avoid friction and duplication. Finally, the institution's image still focuses on the activities of the hospital and the National Society's traditional profile.

**RECOMMENDATIONS**

- 1. Develop an overall planning strategy**
- 2. Expand and broaden efforts to diversify activities in the framework of the development plan**
- 3. Broaden, diversify, and strengthen financial sources**
- 4. Strengthen and extend geographic coverage**
- 5. Modernize the organizational structure to make it compatible with the current process of change**

**1. Develop an overall planning strategy**

- 1.1 Design and implement a national development plan that clearly states the strategic objectives of the current renewal, integrates present programs and projects with the new medium- and long-term development objectives and goals, and has follow-up and evaluation mechanisms.
- 1.2 Involve the leaders, middle-level officers, and grassroots sections of the Paraguayan Red Cross in carrying out the plan, and establish operational mechanisms to publicize the plan within the National Society
- 1.3 Establish annual plans of action with precise objectives and goals for the entire National Society and each branch.
- 1.4 Based on the plan, formulate a reference framework for development cooperation.

**2. Expand and broaden efforts to diversify activities in the framework of the development plan**

- 2.1 Strengthen and provide greater community projection to the activities of the recent programs on the blood bank, AIDS and Drug Abuse Prevention, and the Home for Single Mothers.
- 2.2 Undertake health education, environmental sanitation, and care activities with a primary care focus that are particularly aimed at rural areas.
- 2.3 Expand programs aimed at women, especially in the health sphere.
- 2.4 With support from external cooperation, implement health programs for children such as the "Child Alive" program because of the country's high child mortality and malnutrition rates, especially among rural children.
- 2.5 Strengthen relief services because of the country's vulnerability to natural disasters, especially floods, with emphasis on disaster preparedness and organization activities, and at the local level.

**3. Broaden, diversify, and strengthen financial sources**

- 3.1 Expand relations with the state by establishing agreements on providing services as part of mixed public-private systems, especially as to hospital medical services.
- 3.2 Draw up a fund-raising plan that identifies new sources of financing; design and conduct a campaign to increase the number of contributing members.
- 3.3 Enter into relations with the many NGOs that operate in the area of social development in Paraguay with a view to providing joint services with shared financing.
- 3.4 Continue and make systematic and permanent efforts to modernize and reform finances and accounting

**4. Strengthen and extend geographic coverage**

- 4.1 Formulate concrete and realistic goals for creating new branches as part of the development plan. Give priority to departments that have a possibility of local resources as well as greater demands from the standpoint of social vulnerability.
- 4.2 Strengthen branch relations with the central headquarters by promoting greater communication and participation in decision making

**5. Modernize the organizational structure to make it compatible with the current process of change**

- 5.1 Promote management based on information, participation, and the decentralization of activities.
- 5.2 Clarify the functions, responsibilities, and authority of the various units in the institution to prevent friction and duplication
- 5.3 Promote the preparation and training of staff and volunteers to diversify activities

## SOURCES

1. Sources: (a) Estimates of the Ministry of Labor cited in CEPES, *Paraguay. Situación económica, política y social*, Quito, International Federation of the Red Cross/Latin American Faculty of Social Sciences (FLACSO), 1992, mimeo, p. 55; (b) World Bank, *Informe sobre el desarrollo mundial 1990: La pobreza*, Washington, D.C., World Bank, 1990, p. 198; (c) and (d) Technical Planning Secretariat, data for the period 1985-1990, cited in CEPES, p. 56; (e) and (f) United Nations Development Program (UNDP), *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1 and 4.
2. In 1991, Paraguay, which had a Human Development Index (HDI) of 0.667, was in 73rd place in the world classification of human development. In 1992, with an index of 0.637, it fell to 78th place.
3. Data cited in CEPES 1992, p. 55
4. CEPES 1992, p. 55
5. FIDA data for 1990, cited in CEPES 1992, p. 61.
6. World Bank data cited in Inter-American Institute for Agricultural Cooperation (IICA), *América Latina y el Caribe: Pobreza rural persistente*. San José, IICA, 1990, p. 30
7. CEPES 1992, p. 8.
8. UNDP 1992, Table 17, for overall data. FIDA studies in 1989 estimated rural poverty at 60% of the population, compared with the 50% estimated by the United Nations for 1980-1988. See FIDA, *Misión especial de programación a la República del Paraguay* Italy, FIDA, 1990, vol 1
9. CEPES 1992, p. 53.
10. CEPES 1992, p. 53.
11. Conducted by FIDA and CEPES, and published in 1991. See CEPES 1992, p. 67.
12. Intervention of the Paraguayan representative in 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. 220.
13. 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.
14. Pan American Health Organization (PAHO). *Las condiciones de salud en las Américas*. Washington, D.C., PAHO, 1990 Vol. II, p. 258
15. PAHO 1990 p. 262.
16. PAHO 1990, p. 261.
17. PAHO 1990, p. 255.
18. Secretariat data cited in CEPES 1992, p. 56.
19. PAHO 1990, p. 255.
20. PAHO 1990, p. 255.
21. Ministry of Health data cited in CEPES 1992, p. 83.
22. UNDP 1992, Table 11.
23. PAHO 1990, p. 257.
24. UNDP 1992, Table 11.
25. CEPES 1992, p. 58.
26. Data from the National Population and Housing Censuses, cited in CEPES 1992, p. 18.
27. World Bank 1990, p. 198
28. CEPES 1992, p. 17.
29. CEPES 1992, p. 20.
30. CEPES 1992, p. 28.
31. CEPES 1992, p. 31.
32. CEPES 1992, p. 39.
33. CEPES 1992, p. 40.
34. CEPES 1992, p. 55.
35. PAHO 1990, p. 257.
36. Basílica Espínola, Benno Glauser, Rosa María Ortiz, and Susana Carrizosa. *En la calle. Menores trabajadores de la calle en Asunción* Asunción, 1987
37. Latin American Demographic Center (CELADE). "América Latina: Información censal sobre pueblos indígenas." In: *Boletín demográfico*. Santiago, Chile, CELADE, XXV, No. 50, 1992
38. Paraguay has been a party to the Geneva Conventions since 1961
39. Cited in CEPES 1992, p. 69.
40. CEPES 1992, p. 69
41. CEPES 1992, p. 70.
42. Ministry of Agriculture and Livestock Raising (MAG). *Paraguay: informe nacional. Conferencia de las Naciones Unidas sobre Medio Ambiente y Desarrollo*. Asunción, MAG, 1992, p. 66.
43. Organization of American States (OAS). *Desastres, planificación y desarrollo. Manejo de amenazas naturales para reducir los daños* Washington, D.C., OAS/OFDA, 1991, p. 3, and ECLAC *Informe de misión en el Paraguay para la apreciación preliminar de los daños en los sectores económico y social causados por*

- las lluvias y las inundaciones*. Santiago, Chile, ECLAC, 1983, mimeo, p. 13.
44. OAS 1991, p. 41.
45. UNDP. *Cooperación para el desarrollo. Paraguay. Informe 1990* Asunción, UNDP, 1990, p. 45.