

## PERUVIAN RED CROSS

### The challenge of unity to overcome the crisis

The Peruvian Red Cross was created and officially recognized by the Peruvian Government in 1879, and thus it is one of the oldest National Societies on the continent. It joined the League of Red Cross Societies (the present Federation) in 1919. According to Peruvian civil law, it is an autonomous body under domestic public law and has legal standing.

In recent years the Peruvian Red Cross has experienced a profound crisis institutionally and in the legitimacy of its organs. In mid-1992, when the crisis became very intense, it was still far from resolution. Its elements are varied and interrelated, which makes characterizing them very complex: internal conflicts, questioning of the management organs, controversies about application of internal norms, difficult and even conflictive relations between the headquarters and various branches, governmental interventions (several in the past and one in legal proceedings today), and difficult and sporadic relations with the international bodies of the Red Cross Movement.

Even though it is internal in nature, the crisis has had a clear external impact. On one hand, the Peruvian communications media have reported on it to some extent. But on the other—and this is a much greater cause for concern—it has not allowed the National Society to confront the difficult problems facing the country which, by their nature, require effective and broad humanitarian action. Among these problems are the economic and social crisis and the consequences of the domestic war between groups such as Shining Path and MRTA on one hand and the Armed Forces on the other. The cholera epidemic, which because of its magnitude and persistence has become a national emergency, dramatically expresses the deterioration in the social and economic situation, and so the growing vulnerability to which most Peruvians are subject. In the face of these phenomena and demands for action,

overcoming the crisis is imperative for the Peruvian Red Cross

The internal crisis has been the subject of various interpretations, diagnoses, and appraisals by the National Society's members, and there is no agreement about them. In the official diagnosis of the situation, by the highest central authorities and some middle-level managers, the Peruvian Red Cross is considered a well-integrated institution whose operation is based on a framework of transparency and strict adherence to norms. According to this position, contrary interpretations are erroneous or come from dissident and already expelled members who are considered poor representatives of the Red Cross.

Other interpretations, unofficial but made by various members and leaders of the institution, stress the gravity and depth of the internal crisis. Among other things, they emphasize the absence of democratic procedures in appointments to key posts, excessive control by the Presidency that blocks internal participation, and an absence of statutory clarity. These diagnoses have not found adequate channels for expression and constructive discussion.

As a result of the crisis, there is a group of former members of the Peruvian Red Cross who are conducting significant activity regarding the institution. Their existence and the strongly critical tone of their interpretation of the crisis are recognized by the National Society's current authorities. As we noted, the authorities attribute the latest governmental intervention and public image problems that arose before 1992 to this group. The 1989-90 report expressly notes in this regard: "Various artificial problems have recently arisen for the purpose of creating discord and division among the members of the [Peruvian] Red Cross."

These and other diagnoses of the institutional reality, in which there are differences ranging

from nuances to completely opposed philosophy, are not relevant as to the truth or untruth of their content. To the extent that they express contradictory views of the institution's conditions, they are clear evidence of the existence of the crisis itself.

It must therefore be concluded that the Peruvian Red Cross faces a challenge on which its own existence and the relevance of its humanitarian activities depend: to accept the reality of the crisis and, given this first premise, to normalize and legitimize its internal governance and structures and organs of authority to both its members and outside opinion. To do this it is necessary to open itself to internal discussion and criticism, and to incorporate renewal strategies that enable effective action in the troubled conditions of the country so that a new image is formed. There are already promising initiatives in this direction: in January 1991 a high-level meeting was held in Lima which, according to its proceedings, was convened expressly "because of the problems and discrepancies in the Peruvian Society of the Red Cross, with the objective of seeking a definitive solution for reactivating the National Society."

Together, internal normalization, restoration of legitimacy, and overcoming the crisis are also necessary conditions for dealing with other problems affecting the National Society which are related to its internal organization, programs and services, geographic coverage, and available resources.

The organizational integration of the Peruvian Red Cross, a subject of disputes as to internal power relationships, is clearly weak if evaluated at the national level. Geographic coverage is also weak because there are a very small number of branches in relation to the country's administrative jurisdictions.

From the perspective of programs and services, it must be noted that, in general, they have fairly low profile in both the central headquarters and some branches. In others, however, there are strong foci of activity that have allowed much experience to be acquired. To a great extent, current activities focus on medical care through clinics and medical offices in the headquarters.

The country's conditions and problems, especially widespread poverty and the health problems related to it, such as cholera, require a wide-ranging reorientation, deconcentration, and diversification of activities. This reorientation should include low-cost primary health care, development of branches in areas where there are large vulnerable populations (rural areas in the Sierra and jungle, and *pueblos jóvenes*) and enlargement of their number, and expansion of the institution's services into new activities dealing with maternal and child health care, nutrition, marginalized children, and community development. All this involves a broad strategic reorientation, with clearly delineated lines of action which will have to be supported by an overhauled planning and human resources development effort.

To accomplish all this, another key problem must be overcome: finance. The Red Cross receives no state support, its own resources are clearly inadequate, and, whatever the causes of its deterioration, its institutional image does not favor an increase in its revenues. The internal crisis has also acted as a brake on international cooperation.

## Organization of the National Society

### *Organizational structure and geographic coverage*

The central government of the Peruvian Red Cross is statutorily composed of three organs:<sup>67</sup>

- a) The General Assembly, which ordinarily meets once a year and extraordinarily at the call of the Central Committee or on petition by one-fifth of its active members. Its basic functions are electoral (it elects the members of the Central Committee), administrative monitoring (it is empowered to approve the policy and activity reports of the Central Committee and the budgets submitted by the Executive Council), and normative (it is

responsible for proposing statutory changes and submitting them for discussion and approval).

- b) The Central Committee, conceived as a representative organ whose duties are representation, planning, programming, and supervision of resources. It should ordinarily meet once a month and extraordinarily at the call of the President or on written petition by a third of its members. The appointment of its members is in dispute, basically because it includes National Society officers and numerous designated members.
- c) The Executive Council, which is directly responsible for institutional administration and fulfillment of agreements emanating from the organs noted above. It should hold ordinary sessions twice a month and meet extraordinarily when requested by the President.

The statutes make the President of the institution responsible for presiding over the three governing organs mentioned above (this has not been changed in the current draft reform of the statutes), which involves an excessive concentration of authority in a single person controlling the highest decision-making units.

The same normative instrument provides for the election of a Vice President, but the duty of substituting for the President in his absence is assigned to the Secretary General (Article 30a), an official appointed by the Central Committee. This situation has been corrected in the already-noted draft reform.

Further, an Honorary President has been appointed, and she has specific functions of authority and is a voting member of the Central Committee and Executive Council, which means that there is a kind of parallel or co-President.

The statutes lead to varied problems which are particularly related to the institution's hierarchical and representational structure. In the beginning the disagreements were mainly internal, but the magnitude of the problem has changed the scenario, which has broadened through the intervention of the Peruvian executive branch, chiefly its Ministry of Health (which has

legal responsibility for ratifying or disapproving the statutes), and the repeated concern expressed by the Federation and ICRC. The existence of this problem is so decisive that a summary of it must be attempted:

- a) The statutes announced by a Supreme Resolution in May 1982 became a problem in recent years under circumstances marked by conflicts. Available documents refer to the expulsion of leaders and volunteers, the seizure of branches, the functioning of a "Temporary Board," and the creation of a self-styled "Moral Committee." When these disputes are analyzed, it becomes clear that they are not the cause of the conflicts. On the contrary, the conflicts accentuate the widespread effects and persistence of the statutory disagreements which, under other conditions of discussion, might be easily resolved.
- b) In early 1991 the higher leaders of the Peruvian Red Cross agreed to draw up a draft reform of the statutes to replace the earlier ones. The document created a reaction of disagreement in the international agencies of the Red Cross Movement because they thought that the main suggestions of the Mixed Federation/ICRC Commission, especially as to internal democratization, had not been taken into account.<sup>68</sup> For its part, the "opposition" believed that the draft sought to legitimize the power status quo.
- c) The imbroglio is complicated in various ways: the "old" though prevailing statutes are often invoked, but for different ends—to support or criticize actions of the authorities in power, to demonstrate weak or inappropriate provisions in the legal instrument itself, etc. The so-called "Statutory Assembly" (August 31-September 1, 1991) was severely questioned by the delegate from the Ministry of Health, a member expelled by the Peruvian Red Cross, who reported to his superiors what he considered flaws in the convening and procedure (the participants in the assembly agreed to start a proceeding against him). At any rate, a few days earlier

the Secretariat General of the Ministry had communicated its rejection of the draft to be discussed in the Assembly).

The internal norms of the Peruvian Red Cross thus face a difficult transition since at this time there are neither statutes supported by a persuasive tradition nor a draft reform about which there is consensus.

The formally established regional structure includes regional and local committees (departmental, provincial, and district) whose internal organization and responsibilities should be provided for in their respective by-laws. It is not easy to estimate the extent of geographic coverage because.

- a) The structure by "region" is for the moment only a possibility, and determining the conditions that would make this reform viable and operative pends;
- b) According to the President, there are 64 committees;<sup>69</sup> but attention must be paid to their formal geographic demarcation:

Regional committees*	1	1.6%
Regional and departmental committees**	5	7.8%
Departmental committees	16	25.0%
Provincial committees	22	34.0%
District committees	20	31.2%

\* Cuzco; \*\* not provided for in the statutes.

The information available does not enable the relations among these committees to be differentiated, especially when they belong to the same geographic unit (a department includes provinces, and the latter include districts). The data indicate good quantitative departmental coverage (the country has 24 departments and one constitutional province), though no consistent standard is followed in naming them.<sup>70</sup>

Data about the lesser geographic units are uncertain if it is taken into account that Peru has 183 provinces and 1,772 districts.

It is not possible at present to analyze the qualitative development of the branches because information about fewer than half of them is available and that is detailed in only a few cases.

### *Administration and planning*

Administrative management is exercised by the Central Committee or Executive Council, in whose functioning the "double presidency" system already noted is conspicuous

The functional structure of the central headquarters includes five departments with logistic and administrative support duties: personnel, accounting, general warehousing, maintenance, and office services and transportation. They are very small operational units with few staff, and in the organizational chart are lumped together as "Administrative Offices" and are directly coordinated by the Secretary General. The lack of trained human resources hinders efficient and modern administrative management.

There are four national directorates: relief, volunteer auxiliaries, health and social welfare, and youth.

The classification of the Office of Public Relations and Fund Raising is uncertain because it is identified as a department, while in the rather imprecise organizational chart it is called a national directorate.

Planning is generally rudimentary and unsystematic. The *Reports on Activities* show that very small activities which are not clearly linked by a system of programs and projects predominate in the institution. Nor is there a medium-term institutional development plan, though the Relief Directorate draws up this kind of plan for two-year periods.

### *Human resources*

At the time this Study was prepared, the Presidency of the Peruvian Red Cross reported that the central headquarters had 18 paid administrative staff (half of them secretaries) and nine paid service staff. There is no professional body of technicians, and support staff predominate.

According to the same source, the distribution of volunteers by directorate is: 130 in relief, 120 in youth affairs, 100 volunteer auxiliaries, and 20 physicians in health

Training of volunteers in relief work is conducted at three levels: students in the first-aid course, aspirants (graduates of the course fulfilling 100 hours of service), and relief workers, who have completed the aspirant stage and have been sworn in, and are older than 18 years.

There are no data about human resources in the local committees.

Available documents mention a serious problem: the expulsion or resignation of volunteers. No one denies this, but interpretations of their motives are clearly divergent and, at least from available information, it is impossible to determine the problem's magnitude precisely.

In any event, it is essential to promote a human resources development plan as quickly as possible that will restore and strengthen the diminished operational capacity of the institution

### ***Finance and budget***

At present the institution is going through a financial crisis which is very difficult to solve. At the central level, its main sources of revenue are the following:

- a) A public collection: This is conducted once a year. It was reported that in 1990, PIN 3,276 million, the currency then in use, was collected (1 million intis = 1 new sol = approximately USD 0.60). The 1992 budget forecast revenues of 24,817.00 soles. A so-called "commercial collection" is also conducted. It consists of soliciting donations from companies, but the amount now collected is low because Peruvian law provides that only companies registered as donors may make such contributions.
- b) Operational revenues: rental of the Delgado Clinic represents a monthly income equivalent to USD 800 a month, with a 12.5% readjustment annually. First-aid courses and medical consultations are also a source of revenue.
- c) Other revenue: this comes from donations, interest, and pennant sales.

With regard to the sale of the Peruvian Red Cross Stamp, which is authorized by law, the *89-91 Report* notes that "funds from it are serving to carry out the hundreds of projects the Peruvian Red Cross conducts nationally." The budget report does not contain figures for this item, however.

Expenditures are mainly for services received from third parties (honoraria and commissions, fuel and lubricants, publicity, etc.) and on personnel.

Check signing continues to be the responsibility of those occupying the Presidency and Treasurership during the previous period because, as was reported, when the public authorities intervened in the accounts, new signatures could not be legalized. The latest *Report* (1989-91) notes that balances "were certified by independent auditors up to and including Fiscal Year 1990 [and that] auditing for Fiscal Year 1991 also leads to the conclusion that the institution's funds have been reasonably managed."

Available documents shed some light on the financial administration of the branches, but they are insufficient for painting a general picture.

Financial and accounting methods and internal control are still inadequate for achieving the financial transparency that, in addition to improving internal financial management, could promote the institution's public image.

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

#### ***Principal activities***

The planning style described above impedes examining these activities in the framework of defined program areas. Instead, it is necessary to refer to the classification by national directorates used by the institution's leadership. This facilitates enumeration of activities but not their analysis, because two of the directorates correspond to problem areas (relief and health) and

the other two correspond to groups (volunteer auxiliaries and youth).

### *Health services*

The infrastructure of this directorate in Lima includes the María Graña Ottone Clinic in the central headquarters, a polyclinic inaugurated in October 1990, and the Graciela Arata Pilot Center at San Hilarión. Because it is unable to administer it, the Peruvian Red Cross has rented out most of its most important premises, the Delgado Clinic, which was received as a donation.

The National Society does not have high- or medium-complexity medical treatment centers or blood banks (establishing one is a medium-term goal).

Outside its own facilities and in collaboration with other bodies, the Peruvian Red Cross conducts various campaigns:

- a) Prevention of communicable (tuberculosis, cholera) and eye diseases,
- b) Blood typing for workers,
- c) Collaboration in and support for national vaccination days,
- d) Dental health,
- e) First-aid courses,
- f) AIDS prevention

During its first year of operation the polyclinic provided medical consultation to a total of 4,400 patients, 80% children and 20% indigent adults. The Pilot Center reported conducting hypertension prevention campaigns, vacations for community children, and talks on first aid in 1989-90.

In addition to patient treatment, the clinic in the central headquarters has a small pharmacy which distributes free drugs to indigents who visit it with medical prescriptions.

The local committees report mainly activities to provide medicines and food to various groups (peasant communities, mothers' clubs, etc.), first-aid kits to various schools, and assistance to hospitalized indigents.

### *Relief and emergency services*

The formal organization of the National Relief Directorate is good and it has a well-developed national, regional, and local structure and planning based on two program areas: disaster preparedness (volunteer recruitment and training) and disaster relief (logistics, radio communication, ambulance service, relief, rescue, and life-saving posts, and safety). Available data do not permit appraising the real effectiveness of these areas of activity since, apart from attendance at certain events in its area of interest and collaboration in fund raising, the chief activities of this directorate are reported to be the establishment of temporary aid posts at mass events and the conduct of varied short courses. Distribution of materials to persons affected by natural disasters is also reported.

Ties with productive companies are based on first-aid courses and certain preventive services offered to workers. Relief workers also intervene in public activities sponsored by these companies.

This Directorate has a radio station and is undertaking a project to create a national radio communication network.

Donated ambulances have been distributed to the branches, as a result of which the central headquarters has not organized an effective service of this kind, though this remains a priority institutional objective.

### *Other activities*

#### **National Directorate of Volunteer Auxiliaries**

This group does not have its own program profile because it conducts a variety of tasks which are part of the activities conducted by the directorates noted above. The Presidency reports that this directorate "is mostly composed of Ladies, is responsible for preparing materials for emergencies, and is in charge of searching for missing persons." It also gives talks on International Humanitarian Law.

### Youth Red Cross (National Youth Directorate)

In 1989, this Directorate reported its principal systematic activity was 32 first-aid courses for a total of 918 participants. It also provided first-aid services and organized events for young people (seminars, camps, etc.). It seems to have changed its profile in 1990 since it did not report conducting first-aid courses. In 1991 its emphasis clearly changed toward conducting short activities of a recreational and productive nature for groups of mothers in so-called *pueblos jóvenes*.

The Presidency reports that the commitment of this group consists of "preparing young people for the purposes and objectives of the Red Cross." In this area, there is an agreement with state secondary schools to train Peruvian Red Cross "cadets." Teachers in these schools are given one-hour-a-week courses so that they can take part in the instruction.

### *Relations with the Government*

Relations with the Government have been tense in 1992 because of the legal confrontation that has occurred in response to the official initiative to intervene in the institution.

According to the statutes, the Ministry of Health is represented in the Assembly and the Central Committee. Some collaborative activities in the recent past with this ministry have been reported. There is a cadet-training agreement with the Ministry of Education.

There are significant ties with Civil Defense and the Armed Forces, which are also represented in the above-mentioned organs, and they have conducted joint activities with the institution. The branches have collaborative ties with the country's local governments.

### *Relations with other organizations and agencies*

The conflict in the National Society has led to a poor institutional image. This circumstance and the absence of well-defined policies on relations with nongovernmental organizations has resulted in few relationships with NGOs, except for the Lions Club.

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

Because of the institution's internal situation, most external aid received is bilateral and is provided directly to the branches without being channeled through the central headquarters.

The latest *Institutional Report* notes donations from various international sources. The most significant were from the Japanese Blood Donors' Association (six vehicles) and the Red Cross of the People's Republic of China, which contributed decisively to the issuance of the Stamp. The European Community and the National Societies of the United States, Brazil, Switzerland, Spain, Hungary, Mexico, Venezuela, Poland, and Germany have collaborated with food, clothing, medicines, and medical equipment. The French Red Cross donated two machines to treat water in Arequipa (to prevent cholera).

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

The discrepancies noted above also translate into differences about perceptions of the public image of the Peruvian Red Cross. Generally speaking, it is recognized that it has been damaged, but there is disagreement as to the seriousness and causes of deterioration of the image.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

In order to present viable options for overcoming the critical situation in which the Peruvian Red Cross finds itself, it is appropriate to distinguish two types of problem in it. First, those having to do directly with its special crisis of legitimacy and internal conflicts; and second, once the crisis has been overcome, those dealing with the development of the National Society, its organizational structure, and its programs and services for the most vulnerable.

In the last instance, both kinds of problems are naturally inseparable since, as a general rule, the former will have a determining effect on the latter, but it is hoped that differentiating them will at least suggest a sequence of priorities.

The problems that are at the root of the crisis in the Peruvian Red Cross basically relate to four matters:

- 1) Its internal divisions, at both the level of geographic structure and between groups, which have weakened its institutional unity.
- 2) The structure and operation of its central senior management units, in which: (a) there is a legitimacy crisis in the organs of authority, because the procedures for filling certain key posts do not promote institutional democracy; (b) various decision-making practices, such as the concentration of authority in the Presidency, the de-facto "double presidency," and the lack of conditions for the Central Committee to supervise management of the Executive Council adequately, block internal participation. The negative effects of this blockage are reinforced by the existing climate of conflict; (c) the statutes of this National Society are one of its main problems in that they permit or promote certain already noted anomalies because of the ambiguities stemming from the transition between their two versions.
- 3) Its tense relations with the Government which, though having antecedents in the

recent past, were harmfully confrontational in mid-1992.

- 4) The difficult and sporadic relations with the international agencies of the Red Cross Movement are also a cause for great concern.

After the crisis has been overcome, significant problems this National Society will face in its future development are the volunteer crisis and the absence—at least at the central headquarters—of an efficient planning system, as well as an uncertain functional structure. Its severe financial problems have to do with its deteriorated public image, caused by the crisis in the institution, from which springs the challenge to improve its external relations and transform its financial administration in order to achieve a financial transparency that will help overcome this situation.

In summary, the only viable alternative facing the Peruvian Red Cross to overcome its crisis is to undertake a comprehensive reorganization, both in its internal structure and dynamics and in its relations with the state and society. Externally, it is essential to achieve greater social participation in the institution's activities, and to do so to reorient its activities so that they become relevant to the social crisis and vulnerability of the Peruvian population.

Finally, it is not appropriate for the Peruvian Red Cross's relations with the Movement's international agencies to remain as they are at present. With respect to the Federation, analysis has been excessively confined to statutory matters and there has not been a productive and joint examination of the fundamental problems in the relationship. As for the ICRC, its policy of relating to branches in areas of conflict and not with the central leadership may have very valid reasons, but it will have to change after internal unity has been achieved in the institution.

This complex situation requires programming efforts, for which at least three major goals must be differentiated: (a) creating conditions for



## Conclusions and recommendations

---

dialogue; (b) on the basis of those conditions, drawing up a short-term institutional reorganization plan, and (c) implementation of that plan.

Under present conditions, it is imperative to support any unifying and viable proposals for program and administrative change, for otherwise harmonizing initiatives would be merely sterile talk and might promote the skepticism now voiced by many.

Nevertheless, realizing these goals presupposes constructive recognition of the crisis, because if its existence is not accepted or if its leaders continue to be divided into the guilty and not guilty, there will then be a common responsibility for not having stopped in time the collapse of an institution that retains a productive potential and is needed by the Peruvian people.

## RECOMMENDATIONS

1. Draw up and carry out a short-term institutional recovery plan to be applied immediately
2. Normalize relations with the public authorities
3. Formulate a medium-term Development Plan

### 1. Draw up and carry out a short-term institutional recovery plan to be applied immediately

- 1.1 Create the conditions for free expression and internal participation needed to initiate diagnosis of the institution's problems and formulate solutions to the problems identified.
- 1.2 Promote the widest possible internal discussion to carry out the diagnosis noted above and formulate a short-term plan (lasting about a year) for institutional recovery.
- 1.3 Consider the usefulness of enlisting the support, mediation, and good offices of the Federation in the process of institutionally normalizing and resuscitating the National Society.
- 1.4 Review the duties and responsibilities of the National Society's various collegial and single-person organs in order to differentiate them adequately. In doing this, establish a clear and precise organizational structure.
- 1.5 In this context, avoid the current "double presidency" system by clearly defining the functions of the President and Honorary President. The latter should not have executive and/or management duties not corresponding to a post of this nature, which is basically representational.
- 1.6 Normalize the situation of those organs and posts that are irregular from an organic viewpoint because there has been no effective transfer of authority, as in the Treasurership.
- 1.7 Adopt measures needed for full democratization of elections to leadership posts by establishing open, transparent, plural, and participative procedures and guaranteeing their execution.
- 1.8 Adopt measures needed for the full approval and satisfactory application of statutes and regulations by overcoming situations of ambiguity and normative vacuum.
- 1.9 Strengthen financial, accounting, and internal control methods to achieve a financial transparency that will improve internal financial management and enhance the public image.

### 2. Normalize relations with the public authorities

- 2.1 Redefine relations with the public authorities based on the process of institutional normalization and recovery.

### 3. Formulate a medium-term Development Plan

- 3.1 After the crisis has been overcome and the internal situation of the National Society and its institutional nature have been normalized, the plan may be an instrument for redefining and making relevant the role of the Peruvian Red Cross in the context of the country.
- 3.2 Undertake a strategic reorientation of the National Society's activities and programs. Toward that end, make a diagnosis of the population groups in a vulnerable situation, their location, situation, demands, and concrete needs, as well as governmental and NGO activities in this field, identifying those areas of action in which Peruvian Red Cross activities, alone or in collaboration with the state and/or NGOs, could be more effective, relevant, and wider-reaching.
- 3.3 From this viewpoint, evaluate the National Society's current activities and reconsider the pertinence of those that are not relevant or are inappropriate to the country's situation and needs.
- 3.4 In the future design of programs and services in the Development Plan, pay special attention to the strategy of primary health care and low-cost health services, especially in the area of environmental sanitation (because of the incidence of cholera); the rural population, the extremely poor, and especially children and women, victims of the armed conflict (the displaced and disabled), the risk of disasters in Peru, with emphasis on prevention and preparedness; and publicity of International Humanitarian Law and basic human rights.
- 3.5 At the same time, identify specific needs in and obstacles to institutional development so as to be able to carry out these activities.
- 3.6 Draw up a medium-term (four or five years) Development Plan with broad volunteer and branch participation which will lend continuity to the efforts of the Institutional Recovery Plan. The plan should embrace the following action strategies:
  - a) Strategic reorientation of activities and services (noted above)
  - b) Development and growth of the branches and geographic coverage.
  - c) Human resources development. This will cover volunteer recruitment, incentives, and training and creation of a technical and professional staff able to provide effective support to volunteers and branches.
- 3.7 Include in the Development Plan a wide-ranging program to raise funds, with its own operational structure and staff, oriented toward bringing about stable cooperation with the Government and stable sources for generating its own resources.
- 3.8 Establish a publicity and public image program as part of the plan and closely linked to the fund-raising program.

## SOURCES

1. Sources: (a) World Bank, *Informe sobre el desarrollo mundial 1990: La pobreza*, Washington, D.C., World Bank, 1990, p. 198, (b), (c), (d), and (f) United Nations Development Program (UNDP), *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1 and 2; (e) Economic Commission for Latin America and the Caribbean (ECLAC), *Magnitud de la pobreza en América Latina en los años ochenta*, Santiago, Chile, ECLAC, 1990, p. 40
2. Data from Inter-American Development Bank (IDB) *Progreso económico y social en América Latina: Informes 1990 y 1991*. Washington, D.C., IDB, 1990 and 1991.
3. June 1991 surveys cited in Eliana Franco. *Informe nacional Perú*. San José, Federación Internacional de Cruz Roja/Latin American Faculty of Social Sciences (FLACSO), 1992, mimeo
4. "Perú." In *Situación latinoamericana*. Madrid, CEDEAL, 2(7):143 (February 1992).
5. Franco 1992, p. 16.
6. Data from the the International Labor Organization's (ILO) Regional Program on Employment for Latin America and the Caribbean (PREALC). See PREALC. *Empleo y equidad: el desafío de los noventa* Geneva, ILO, 1991.
7. National Institute of Statistics (INE). *Encuesta nacional sobre medición de niveles de vida ENNV 1985-86*. Lima, INE, 1986
8. That is, workers who receive incomes below the legal minimum wage.
9. Franco 1992, p. 17.
10. PREALC 1991
11. Franco 1992, p. 17.
12. Franco 1992, p. 18.
13. Franco 1992, p. 18.
14. ECLAC 1990, p. 40, using data from the National Household Survey measuring living standards conducted by the National Institute of Statistics in 1985-86.
15. Such as the Direct Support Program (PAD), the Peasant Communities Support Fund (FOACON), and the National Microregional Development Fund (FNDMR).
16. Data from the Ministry of the Economy and Finance cited in Franco 1992, Table 2.
17. Supreme Decree No. 013.39 PCM of February 27, 1989.
18. Data from E. Beteta and J. Chacaltana. "Las consecuencias sociales del programa de estabilización." In: *Socialismo y participación*. Lima, CEDEP, No. 56, 1991, p. 90.
19. Cumulative cases in mid-December 1991. Pan American Health Organization (PAHO). *Boletín Epidemiológico*. Washington, D.C., PAHO, 12(4):11 (December 1991).
20. PAHO *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(1) (March 1992)
21. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 12(4):11 (December 1991).
22. PAHO. *Las condiciones de salud en las Américas*. Washington, D.C., PAHO, 1990. Vol. II, p. 266.
23. Franco 1992, p. 20.
24. Franco 1992, p. 19.
25. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 12(4):6 (December 1991).
26. PAHO *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(1 and 4) (March and December 1992).
27. PAHO 1990, p. 267.
28. National Nutrition and Health Survey (ENNSA) 1984, cited in Franco 1992, p. 22.
29. PAHO 1990, p. 268.
30. Data from the National Nutrition and Health Survey (ENNSA) for 1984, cited in PAHO 1990, p. 267.
31. ILO *El trabajo en el mundo*. Geneva, ILO, 1992, vol. 5, p. 110.
32. 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*. ILO/PREALC, 1990, pp. 287 and 294.
33. PAHO 1990, p. 271.
34. 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. 223
35. *Ibid*, p. 227.
36. Cited in Hábitat Perú. *El sector privado y el proceso de producción de viviendas de tipo económico*. Lima, J. C. Editores, 1987.
37. Data from the Ministry of Housing for 1986, in Franco 1992, p. 28.
38. Hábitat Perú 1987.

## Sources

---

39. Latin American Demographic Center (CELADE). "América Latina: Información censal sobre pueblos indígenas." In: *Boletín demográfico*. Santiago, Chile, CELADE, XXIV, No. 50 (1992).
40. José Matos. "Los pueblos indios de América." In: *Pensamiento Iberoamericano*, Madrid, ICI, 19.191 (January-June 1991)
41. Matos 1991, p. 198
42. Franco 1992, p. 26, citing UNICEF data for 1989 and 1991.
43. UNDP 1992, Table 14.
44. Franco 1992, p. 30, citing 1991 surveys.
45. ENNIV data for 1986.
46. N. Galer. "El trabajo de la mujer en Perú." In: *Análisis laboral*. Lima, IX, No. 100 (1985).
47. Franco 1992, p. 37, using National Institute of Statistics data.
48. Data from the 1986 Demographic and Family Health Survey (ENDES), cited in Franco 1992, p. 36
49. Data from the Ministry cited in Franco 1992, p. 33.
50. ECLAC 1990, p. 45.
51. Franco 1992, p. 31, citing INE data
52. ILO. *Diagnóstico sobre el trabajador en Comas*. Lima, ILO, 1982.
53. J. Boyden. *Niños en situación de alto riesgo*. Lima, UNICEF, 1988.
54. *Informe de la Comisión Especial del Senado sobre las causas de la violencia y alternativas de pacificación*. Lima, DESCO, 1989.
55. Cited in Franco 1992, p. 35.
56. D. Ferrando *Uso de drogas en las ciudades del Perú. Segundo estudio epidemiológico. Principales resultados*. Lima, CEDRO, 1990.
57. PAHO 1990, p. 268.
58. Boyden 1988.
59. Cited in Franco 1992, p. 36.
60. Franco 1992, p. 36
61. Committee data for 1991 cited in Franco 1992, p. 44
62. "Perú." In: *Situación latinoamericana*. Madrid, CEDEAL, 2(12).159 (December 1992).
63. Instituto Nacional de Defensa Civil [National Civil Defense Institute] (INDECI). *Impacto socio-económico de los desastres en el Perú*. Lima, INDECI, 1990.
64. Cited in Franco 1992, p. 50
65. Organization for Economic Cooperation and Development (OECD). *Development co-operation. 1991 report*. Paris, OECD, 1991, p. 210.
66. R. Lerner and D. Ferrando *Tipificación de los organismos no gubernamentales*. Lima, CEDRO, 1990.
67. Details of the composition of these organs are omitted since there are differences about it between the prevailing statutes and the draft reform under discussion. This situation will be examined farther on.
68. This reaction has been set out in numerous documents
69. Two others, 33 and 34, are omitted in the list.
70. In some instances they are designated by the names of provinces (e.g., Cachapoyas and Huancayo)