

## VENEZUELAN RED CROSS

### **Program imbalance: transition or structural definition?**

The Venezuelan Red Cross is characterized by its predominance of medical services, which are the most important in its daily operations, public image, and operational revenues. This can be seen directly at the headquarters, where the volume of resources and activities of the Caracas Hospital widely overshadows all other areas. The extent of development of the branches is very unequal and, to a large degree, depends on their having health centers. Activity reports show that non-health activities in the branches are for the most part weak, unsystematic, and traditional, and do not adequately meet the needs of the country's vulnerable population. Some branches, however, have carried out extensive social welfare and community development activities, which shows that the National Society has not remained completely outside this kind of action.

The medical services have a key role in the institution's revenue production and development, and, because of their efficiency, in its credibility. In consequence, the Venezuelan Red Cross in 1992 is clearly marked by an entrepreneurial policy stressing the growth and diversification of revenues by strengthening activities that are found most profitable. This policy is clear in Caracas and also exercises a decisive influence on the branches.

The institution's leaders maintain that the search for financial surpluses through efficient health activities is above all a means rather than an end toward achieving greater and better service capacity. For now, it is argued, the priority is to maintain medical services without excessive cost to their users. It is hoped in the future to have the necessary solvency to increase coverage and benefit recipients through a redistribution of health care opportunities.

The program imbalance is seen as temporary, and it is hoped to counter it through varied initia-

tives, especially an increase in the number of branches, which would enable greater diversification of activities. This poses two clear challenges for the Venezuelan Red Cross: overhauling its planning system, since the present one promotes program fragmentation, and finding lasting financial solutions to bring about financial stability.

This will also require major recovery of the capacities and creativity of its human resources as a contribution to institutional modernization. The statutes provide for an internal structure that makes possible the use of participative practices, but the institution displays a tendency toward management practices that are not participative.

It is necessary to analyze the effects of the remodeling of the headquarters in Caracas, begun in 1988 and still not completed in mid-1992, whose prolongation has had a strong impact on the overall efficiency of its activities and has created a multitude of options in the planning and use of its infrastructure.

Finally, an overall analysis of this National Society should necessarily include the challenges created by the economic crisis and application of adjustment policies in the country which, though there has recently been some sign of recovery in certain macroeconomic indicators, have caused a heavy social burden and an increase in the proportion of the population that is vulnerable.

From an environmental viewpoint, the most visible problems are the increase in poverty among more than half of the Venezuelan population, urban marginalization, and the decline and instability of the political system which, in addition to being at risk of latent violence, is an alarm siren for a democracy that has still not succeeded in responding to the needs and demands of the population. This potential for violence presents a challenge to the institution's protection functions.

and publicity of International Humanitarian Law and basic rights.

In the health sphere, though basic indicators have shown improvements in the long term, there has been an increase in infectious diseases (dengue, hepatitis, malaria, and cholera) and a worsening of the nutritional status of the population, which indicate stagnation in the social and health conditions of the country. This situation is directly related to the hospital orientation of the national health system and the absence of preventive policies in a context of social deterioration. It is important to note that abortion is a very significant cause of maternal mortality, especially among the poorest classes.

As for children and young people, who comprise more than half of the Venezuelan population, their early entry into the labor market to offset the crisis results in the wage exploitation of minors and their early dropout from school. No real diagnosis has been made of the situation of abandoned children, but some estimates are that they number around 2 million throughout the country. The National Children's Institute (INAM) reported that about 600,000 children were surviving as street children in 1989.

## Organization of the National Society

### *Organizational structure and geographic coverage*

There are two higher collegial authorities, one policy-making and convened periodically (the National Convention) and the other administrative (the National Directing Committee, or CDN).

The regional structure is similar and has two basic units, the branch conventions and the branch executive committees (CES), composed of 11 people. There are also subcommittees.

The CES operate at the state level. They are the National Society's main instrument of deconcentration and the highest local executive authorities. They have decision-making autonomy in

four main areas: community relations, administration and budgeting, policy setting, and local services. They are subject to the headquarters in Caracas in strategic decision making.

The President is the highest individual authority, and he also occupies the position of President of the International Federation of Red Cross and Red Crescent Societies. The Secretary General, whose post is defined as that closest to the President, has managerial duties.

The heads of each of the internal organizations form part of the National Directing Committee. In that they are considered national directors, they are—with one exception—heads of national directorates.

The structure of the branch committees uses the same CDN model. Generally speaking, the authorities who sit on these committees fill the same posts in their respective jurisdictions as their national counterparts.

The functional structure is based on a set of "program areas." These in turn form a reference framework for the organization and operation of two basic types of organization, the national directorates or programs, and the branch directorates.

The administrative organization is not well enough known to the members of the Venezuelan Red Cross because, among other factors, of the weakness of adequate channels of communication.

The institution's geographic coverage is today based on 20 branches, in the Federal District and 19 of the 22 states. There is a branch committee in each. There are 27 subcommittees in all.

The institution has thus spread widely in the country. But the development of the branches is very unequal since, for reasons already set out, the presence or absence of health care centers and their respective complexity strongly affects the real development of each. Accordingly, it is important to note that the National Society now has eight hospitals providing inpatient care, in the Federal District and seven states (Anzoátegui, Aragua, Carabobo (two), Lara (two), and Táchira). All but the last are located in the north central part of the country.

### *Administration and planning*

As the highest administrative organ in the Venezuelan Red Cross, the National Directing Committee is responsible for directing and organizing the Red Cross's activities throughout the country.

There is a system for delegating authority based on descending replication of the central organs. At the same time, the lack of well-defined means of liaison among the branches promotes weak administrative relationships.

The CDN makes strategic decisions and implements the National Society's activities in the country's different jurisdictions. The President, in accordance with the statutes, appoints the members of the institution who serve on the National Directing Committee and transact its business.

In addition, throughout the institution the professionals who direct hospitals form a significant focus of authority and influence on medical services.

Although the statutes provide for methods of participation, they are not used in daily practice and middle-level officers are also noted to have little participation, all of which creates conditions which are not very conducive to delegation of responsibilities and decision making. Shortcomings in participation are sharpened by other factors: the internal communication system is inadequate, and human relations are deficient at the middle management level. The training provided is not adequate for the institution's members to understand their organizational reality and develop in them an active commitment to the possible changes facing them.

It is recognized that there are many people who are able to develop as managers, but there are no uniform criteria for promoting this goal in an organized way.

Formally speaking, the planning system has a higher integration level provided by the national development plans. The prevailing Plan lacks the basic features needed to establish medium-term institutional guidelines. Its tone is discursive and its structure is unorganized. In addition, there is a significant lack of coherence in that it has been

formulated in biennial terms, while some specific programs which should be part of it are drawn up in four- or five-year terms.

The program approach of the Venezuelan Red Cross is based on the activities of its national and branch directorates. Given the fragmentation and imbalances at the latter level, it may be said that a model predominates in which dispersed planning is combined with heavily centralized administrative functions (chiefly direction and control).

### *Human resources*

There is no precise statistical information about human resources. Volunteers, according to 1990 data, are broken down into 1,200 relief workers and rescue instructors, 10,000 youth members, 400 physicians, 2,000 nurses, 1,000 blood donors, and 1,000 collaborators.

These figures must be viewed relatively since the volunteer corps is imprecisely defined. As an example, the "youth" group includes the school brigades, and the "nurses" group includes persons who graduated between 1970 and 1990.

The situation of the paid staff has been troublesome. In 1988, when remodeling of the headquarters began, administrative employees were discharged. Around 50% of them were rehired in 1992, but they still have little room in which to work and do so in an environment little suited to group work.

There are about 500 paid employees in the hospital network.

In general, it is thought that staff are scarce but highly qualified and dedicated. They also have opportunities for national and international exchanges. In many instances they are affected by their low wages (well below those of the labor market) and inadequate communication, especially—as noted above—at the middle management level. Competition from other institutions, which have better working conditions, is a factor particularly threatening their retention.

The weak response of personnel to organizational changes, and especially their resignation, are one of the institution's most pressing prob-

lems. Insufficient attention is paid to internal factors causing resignation such as existing deficiencies in recruitment, selection, training, and motivation of volunteers, which are attributed to financial restrictions.

### *Financing and budgets*

There are three major budget foci at the headquarters in Caracas: the Carlos J. Bello Hospital, the national directorates, and the University Nursing College.

Satisfactory conditions do not exist for drawing up annual budgets. The areas and units do not submit timely reports on their needs and revenues, and it has only been possible to achieve a quarterly accounting information system.

The institution's main source of revenue is its hospital system (28.5 million bolivars in 1990, or \$657,000, where US\$1 = 43.44 bolivars). The reestablishment of medical services as the remodeling progressed permitted a significant increase in such revenue in 1991 (approximately 53 million bolivars).

Based on the figures provided by the institution, the following additional sources of revenue were important in 1991: a fixed annual subsidy from the Ministry of Health and Social Assistance of 6 million bolivars (3 million in 1990); contributions from the ICRC for the Program to Publicize International Humanitarian Law; special donations (7,995,355 bolivars); real estate rentals (1,041,312 bolivars); bank interest (837,108.52 bolivars); currency exchange revenues (385,905.86 bolivars); the Postgraduate Dental program (396,000 bolivars); the Dental Program (1,226,000 bolivars), and other revenues (29,741.27 bolivars).

Documents report other sources, such as donations from contributing members and private companies, raffles, a television marathon, galas, and bazaars. No information is available that

would permit itemizing their amount or frequency.

The sources of revenue of the branches are similar, but their details are varied.

In the opinion of the National Society, alternatives for producing revenue are limited, and governmental financial support is considered very small. Nevertheless, the institution lacks a broad and systematic financing strategy, although it has available human resources and a credible public image to improve the situation. In addition, some groups in the country have a major financial potential that the Red Cross has not explored thoroughly. Contributing to this are the absence of standing interinstitutional links and shortcomings in communication with potential donors.

Only one general expenditure category has been reported, "general and administrative expenditures." Sixty-five percent of such expenses are distributed approximately as follows: 21% on wages, 19% on services, 10% on medical and surgical goods, 9% on repairs and maintenance, and 6% as the annual contribution to the Federation.

Financial support to the branches does not always meet their expectations.

There was a deficit in the 1990 fiscal year of approximately 2 million bolivars, or \$46,000. Several factors contributed to the deficit, such as the closing or contraction of several services (because of the Hospital's remodeling) and the closing of the Nursing School, which resulted in losing the monthly matriculation of 120 students and their free contribution to the hospital's operation (which was part of their practice). Another was, of course, the heavy inflation affecting the Venezuelan economy. Nevertheless, the difference between income and outgo in 1991 resulted in a favorable balance of approximately 6 million bolivars.

Despite this situation, there are still budget deficiencies which may limit institutional operations that are related to the lack of an efficient model of financial administration and budgeting.

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

### *Principal activities*

#### *Health services*

Although it stamps its seal on the institution, the health care system still does not have a fully-defined character. Because of the features that define its links with the population it serves, the prevailing model is said to be an intermediate option between public and private services.

The professionals in charge of the medical services believe that installed hospital capacity is inadequate and are concerned about the unevenness among care specialties.

The real influence that the remodeling of the Caracas Hospital has had as a factor for change is a matter of controversy. At first glance, there is probably a simple cause-and-effect relationship between its snags and delays, on one hand, and the contraction of its services on the other. Nevertheless, one would have to ask how far the changes in the space available have led to the modification of priorities in the planning of different specialties.

There are two major categories of activity in this area: medical services, and teaching programs.

Those in the first category have an infrastructure composed of eight hospitals, dispensaries, and outpatient centers. It is fully believed that when the remodeling of the central headquarters is finished, it will be possible to respond efficiently to demands for service and that they will remain great. In particular, it is hoped to strengthen very quickly some specialties that today lag behind for lack of space and equipment (plastic surgery; ear, nose, and throat surgery; urology; gastroenterology; internal medicine, and several others).

Using an approach that favors second-level care, the hospital system carries out a monthly average of 35,000 consultations, 700 elective

surgical procedures, and 200 deliveries. It has the services of 460 physicians and 40 dentists.

There are now 168 beds for inpatients. Half are in three hospitals: Valencia (64), San Cristóbal (49), and Caracas (21). It is expected that there will be 72 more when similar services begin operation in Barinas and Barquisimeto and those in Caracas are expanded.

There are clinical laboratories in all the hospital centers.

Services are provided at low cost to users, but very little free service is provided. The proportion of free services in Caracas is well below the 8% prevailing before the remodeling. The trend in the branches is the same.

The training and dedication of the hospital staff, the quality of equipment and facilities, and the support of the hospitals' consultants are highly esteemed. It is believed that users will accept the fee system because of the efficiency of the services they receive.

Two especially severe critical factors have been identified, both related to the budgetary inadequacies of the Venezuelan Red Cross: the high cost of medical and surgical products and the departure of trained personnel for financial reasons.

There is no separate blood donation program. At the Caracas Hospital, a receipt and supply service limited to the hospital's own needs is designated the "blood bank." Blood donation as a way to repay services received personally or by relatives is not promoted.

Some attempts at primary health care have been made. For example, the Central Hospital's dental service has gained some experience in integrating a Mobile Oral Health Education and Care Program. An effort has been made to promote an AIDS prevention project with support from the Colombian Red Cross.

As part of its teaching and care functions, the Central Hospital now operates seven in-service postgraduate programs (gynecology, surgery, gastroenterology, cardiology, internal medicine, plastic surgery, and endodontics) All are recognized by the public bodies or societies in their fields.

*Social assistance and welfare services*

This program does not form part of a "national directorate." At the central headquarters it is under the responsibility of a Social Action Committee composed of a group of women, some of whom are wives of senior officials of the Venezuelan Red Cross. They contribute to fund raising through festivals, raffles, and other activities; conduct charitable efforts on behalf of marginal groups, and try to generate awareness in other persons and groups so that they will cooperate in activities of this kind.

The Social Action Committee is planning to begin a second programming phase by strengthening family education and guidance activities and opening workshops whose products they would sell to obtain funds for use in their own efforts. Available information does not indicate whether this is likely to succeed in extending beyond exclusively charitable activities.

The National Society believes that this program has major potential as a means for attaining greater community impact, but it is severely hindered by program and financial shortcomings. It is noteworthy that an area which may be important in confronting the challenges stemming from the growing poverty and social marginalization of large segments of the population lacks specific importance in the organizational structure of the central headquarters and does not have specialized technical staff. Some branches, however, have shown greater interest in the field of social welfare by conducting certain programs aimed at children and marginalized youth, the elderly, and the poor in general. This shows that some parts of the National Society are more sensitized to social problems and have succeeded in gaining experience that could be used in the National Society to expand its capacity for action in this area.

*Relief and emergency services*

Self-defined as the unit responsible for "planning defense activities against the effects of

natural disasters," the National Relief Directorate has a very general "plan of action."

Relief workers are organized in brigades, which are subject to the different branch directorates. Their members are organized according to a strict rank structure and are trained in three-month first-aid courses. It is reported that there are around 1,000 throughout the country, but the figure seems to be a customary one since it has been repeated in reports of recent years.

It is argued that the Relief Brigades could improve their financial resources by relying on the institutional image and the accomplishments of their own programs. But their lack of financial autonomy and the harm their image has suffered because of certain deficient operational returns severely limit this possibility. The means of communication available for their work are also thought inadequate.

*Other programs and activities*

**Information dissemination program:** A Four-Year Information Dissemination Plan (1991-1994) has been drawn up which has been called "clear and precise." The Plan includes details about its own organizational launching, the definition of the target population, and the links to be forged and strengthened nationally and internationally. It puts priority on internal information dissemination, with emphasis on the branches.

Specialized master's degree courses are conducted with St. Mary's University on International Humanitarian Law, and a "legal clinic" project is being reactivated to provide help to consultants unable to pay for legal advice.

**Youth program:** Certain guidelines or "projects" to train youth managers and leaders for the National Society, create educational and out-of-school brigades at the national level, and organize Youth Executive Committees of the Red Cross have been formulated as youth policies.

This program's concrete activities focus on children and young people in the formal educational system. Work is carried out through two major groups: the Educational Brigades, composed of children in the basic school cycle, and

Out-of-School Brigades, composed of youths aged 12 to 21 years. The work of the Out-of-School Brigades consists of teaching other youths, visiting the sick and elderly, and collaborating in monitoring public events aimed at children. It is believed that the minimum resources needed to meet the expectations of those belonging to the brigades are lacking.

**Search Program:** The National Missing Persons Directorate coordinates activities in this field nationally. In 1990 and 1991, the Venezuelan Red Cross took part in 84 searches for missing persons. Actions were also undertaken with the pertinent authorities to deliver messages and goods to inmates in the Venezuelan penal system.

### *Relations with the Government*

The Venezuelan Red Cross has established various formal links with the Government. At the central level, for example, the Hospital Program has ties with the Ministry of Public Health and Social Assistance and Social Security. It has information dissemination relations with Civil Defense.

The institution has the means and organization to take more part in official civil or military prevention, defense, and relief programs, which would be a significant contribution to fulfilling the state's responsibilities. This would be favored by the national democratic system and the fact that Venezuela has adhered to the international instruments of International Humanitarian Law. Some members of the National Society nevertheless believe that the institution isolates itself from many public matters by "carrying its apolitical nature to an extreme."

Even though the National Society should act with caution because of the political instability that has affected Venezuela in recent years, it can be said that there are few relations, that there are possibilities of conducting more programs with the state in the social, health, and other fields, and that information dissemination activities aimed at public authorities are few. The presence of the

Venezuelan Red Cross in many official programs would thus be underestimated.

The National Director of Hospitals of the Red Cross said that national Governments have at times perceived the operation of hospitals and alternative services to those of the state as competition. As a result, state contributions are at times irregular or uncertain.

### *Relations with other organizations and agencies*

There is no well-defined institutional policy on relations with other organizations and agencies. The dominant tendency is to establish varied links concerning isolated matters related to the execution of specific programs, such as the formal educational system, professional associations, medical supply companies, etc.

There are few cooperative contacts with private organizations, which again is attributed to inadequate human and financial resources. As a result, this allows other organizations with more resources to gain advantages in this area.

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

The broad range of international relationships of the National Society as part of the global presence of the Red Cross Movement is noteworthy. For example, some embassies support its fund-raising campaigns and have made major donations for disaster relief.

An appeal was made in 1991 to finance a project called "Relief in Action" in the amount of SFr77,000.

Technical collaboration has also been received from other National Societies. In Latin America, the most important in the technical area has been from the Colombian Red Cross. Moreover, it is thought that the proliferation of international cooperation agencies opens up new opportunities for the Venezuelan Red Cross.

Financial and internal information deficiencies reduce institutional capacity to broaden and streamline such links.

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

There is confidence in the institution's public credibility. Given the fact that a very large part of the public perceives it as a system focused on health services, in which curative and maternity

care predominate, many members would like to create a different institutional image through greater balance and cohesion among the program areas.

Implementing a public relations program, or at least better defined practices in that field, is considered urgent. There are few contacts with the communications media, though they continue to be receptive. Generally speaking, it is thought that the institution lacks well-defined policies on projecting its public image, and that it should make use of the willingness of some professional and technical organizations to collaborate with it.



## **CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusions**

The Venezuelan Red Cross has achieved its greatest successes in the area of medical services, an option that it has conducted efficiently and one that has played an important role in the institution's fund raising and credibility. Further, the National Society has decided to increase and diversify its medical services, especially the most profitable ones, as a resource for achieving financial surpluses.

This option has brought about a marked program imbalance by focusing the bulk of the human and financial resources of both the headquarters and branches on the health centers, with consequent weakness in other areas of action.

Despite the fact that the Venezuelan Red Cross states that this situation is transient and that it expects to diversify its activities, it must be noted that the predominant program orientation in the institution does not match the enormous demands of a population that is clearly dissatisfied and deteriorating socially.

The main problems confronting the Venezuelan Red Cross which should be solved in order to deal with the challenges of the future are:

- a) There are no overall strategic guidelines that clearly define the course the institution has decided on. The dispersal of its activities and planning schemes, on one hand, and the centralization of its management and control functions, on the other, are factors that help explain the reasons for this problem.
- b) Relief and social assistance and welfare activities are very weak, except in certain branches in which such activities have been conducted to some extent; in some instances, they take a very traditional approach.
- c) The participation of middle-level and grassroots members in decision making is very limited, though statutorily there are specific mechanisms for stimulating it. The problem is made worse by deficiencies in communications systems and a tendency to make decisions in a centralized way at the central headquarters in Caracas.
- d) Finally, fund-raising efforts are still weak and there are no well-defined policies for strengthening the institution's public image.

### **RECOMMENDATIONS**

- 1. Gradually reorient the National Society's priorities in order to deal with the situation of the most vulnerable**
- 2. Establish a strategic planning system**
- 3. Strengthen the system for generating and administering financial resources**
- 4. Promote a policy of internal participation in decision making**
- 5. Develop regional units in a coordinated and homogeneous way**
- 6. Rationalize human resources administration**
- 7. Define policies to strengthen the institution's image**

#### **1. Gradually reorient the National Society's priorities in order to deal with the situation of the most vulnerable**

- 1.1 Evaluate the extent to which the National Society's present programs and services meet the demands created by the most vulnerable social groups in order to determine, from a long-term viewpoint and on the basis of the country's situation, what activities, programs, and spheres of action must be the National Society's strategic priorities. As a result, define for the short term what activities, programs, and services should be undertaken or strengthened and which, in contrast, must be decreased or even gradually abandoned.
- 1.2 Gradually reorient the health services provided by the institution's hospital network by reinforcing low-cost primary health services for low-income social groups without social security or public health coverage and toward specific problems that affect these and other poor and marginalized groups (examples are maternal and child health, child malnutrition, drug addiction, AIDS, and the health problems of the elderly) by establishing agreements with the authorities in order to guarantee their financing.
- 1.3 Strengthen the social welfare area as one of the National Society's medium- and long-term strategic operations areas by diversifying its activities to favor the marginalized urban population and extremely poor groups in cities and rural areas; by reinforcing its organizational structure and raising its profile within the institution; and at the same time allocating greater

## **Conclusions and recommendations**

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financial resources and professionalizing its operations through paid technicians who supplement the activities of the volunteers in this sphere.

- 1.4 Develop the Relief and Emergency Program, with emphasis on disaster prevention and preparedness activities at the local level. Include emergencies stemming from political and social instability, in addition to disasters caused by weather or geological factors, in the activities of this program.
- 1.5 Adopt low-cost community promotion strategies in the social action area, primary health care, and disaster organization and preparedness based on extensive use of human resources (volunteers), community education and organization, and the use of local resources.
- 1.6 Broaden activities to publicize International Humanitarian Law and adopt measures so that the National Society can play a more active role in the area of protecting the basic rights of people caught up in political or social emergencies.

### **2. Establish a strategic planning system**

- 2.1 Restore the direction and utility of development plans as a basic instrument for outlining the National Society's strategic guidelines and coordinating its activities
- 2.2 Formulate annual plans of action to implement the Development Plan's major activity areas. In this framework, establish follow-up and evaluation procedures.
- 2.3 Adopt a structure of programs and projects focused on the local operational level by training its chiefs in pertinent conceptual and methodological aspects.

### **3. Strengthen the system for generating and administering financial resources**

- 3.1 Design and implement a fund-raising plan by exploring new private national sources, especially in the country's major cities.
- 3.2 Comprehensively overhaul methods of budgeting, financial control, and generating and distributing revenues.
- 3.3 Undertake negotiations with state and local public authorities to establish new agreements (or renegotiate existing ones) in order to eliminate operating deficits and guarantee the full financing of more expensive services of a public nature, especially ambulances, hospitals, and some blood programs, and to begin providing specific services or programs important to the community as part of the state's present social policies, focusing on the most vulnerable.

### **4. Promote a policy of internal participation in decision making**

- 4.1 Promote the participation of middle-level managers and, in general, the National Society's members in decision making by upgrading the role of senior management in coordinating and facilitating this process.
- 4.2 Review and improve present internal communication methods, upward and downward, and the practice of working in interdisciplinary teams.
- 4.3 Establish satisfactory procedures for providing members with complete and timely information about the National Society's programs, administrative organization, and strategic policies

**5. Develop regional units in a coordinated and homogeneous way**

- 5.1 Evaluate the work and needs of the branches and feed back to them realistic and timely guidance about planning and programming criteria and methods for their activities.
- 5.2 Redefine the present policy on financial support of the branches.
- 5.3 Establish an on-going system of communication and exchange between the headquarters and branches, as well as within them.

**6. Rationalize human resources administration**

- 6.1 Establish a grassroots census information system covering the number, internal distribution, qualifications, and other important variables concerning human resources
- 6.2 Conduct a periodic participative diagnosis of the working conditions of such persons in which special attention is paid to those matters that the persons themselves think critical: incentives, training requirements, reasons for dropout, and others.
- 6.3 Establish a comprehensive and continuous program in this area by putting priority on volunteer recruitment, selection, assignment according to skills, goals, and interests, motivation, and promotion.
- 6.4 Include professionals specializing in personnel administration and implement a minimum data-processing infrastructure.

**7. Define policies to strengthen the institution's image**

- 7.1 Create a unit responsible for the institution's publicity and public relations.
- 7.2 Strengthen information dissemination activities by creating continuing communications space in the institution's own and other nationally-circulated publications to publicize the overall role of the Red Cross and promote a better-defined public image

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  37. Antonio De Lisio. "Un escenario 'Siglo XXI' para el ambiente en el Caribe " In. *El Caribe hacia el 2000: Desafíos y opciones*, Caracas, Nueva Sociedad/UNITAR-PROFAL, 1991, p. 259.
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