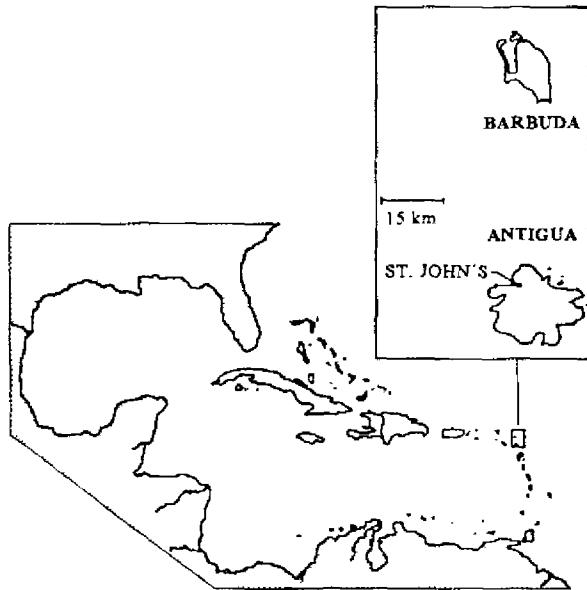


---

# THE CARIBBEAN, GUYANA AND SURINAME



# ANTIGUA AND BARBUDA



Capital: St. John's  
Area: 442 km<sup>2</sup>  
Population: 81,000 (1987) (a)  
Population density: 181/km<sup>2</sup>  
Urban population: 31%  
Per-capita GDP in US\$: 3,690 (1988) (b)  
Life expectancy at birth: 72 years (c)  
Infant mortality rate: 20‰ live births (1990) (d)  
Illiteracy: 5% (1985) (e)  
Population under poverty line: Not available  
Human Development Index 1992: 0.781 (53rd) (g)<sup>1</sup>

## Confronting social problems in a changing economy

Antigua and its two dependencies, Barbuda and Redonda, are located in the extreme south of the Leeward Islands in the Lesser Antilles in the Eastern Caribbean. The country's area is about 442 km<sup>2</sup>. The island of Antigua, the largest and where the capital, St. John's, is situated, is 280 km<sup>2</sup> in extent and has rolling terrain and low hills; Barbuda, of coral origin and almost completely flat, has 161 km<sup>2</sup>, and Redonda, which is uninhabited, has 1.3 km<sup>2</sup>. Like the entire region, the country is susceptible to earthquakes and hurricanes, of which the most recent occurred in 1974 and 1989, respectively.

The population of the two islands is about 80,000, 95% of whom are descendants of the African slaves employed by the colonizers on sugar plantations from the 17th century. Average population density is 181 inhabitants per square

kilometer, although it is much greater on the island of Antigua, where 90% of the population lives, and in the area of St. John's, a city whose population is about 36,000. In the second half of the decade the population's growth rate increased, despite a fall in the birth rate, because of heavy immigration from the neighboring island of Dominica. Emigration data are scarce. There is evidence, however, that in recent years there has been less emigration due to restrictions on entry into the Virgin Islands (a United States dependency). There are even a considerable number of Antiguan emigrants who are returning to the islands to retire.

The process by which Antigua and Barbuda gained their independence was slow and tortuous, the desire of the inhabitants of Barbuda to obtain a certain amount of self-government contributed to

it. This aspiration continues today and is one of the features characterizing local politics. Independence was finally granted by Great Britain in 1981. The country joined the Caribbean Common Market (CARICOM) in the same year.

Antigua's economy has undergone a profound change since the sugar monoculture of the colonial period. Today agriculture is increasingly marginal and the economic structure shows a clear domination of services and particularly of tourism, which is the main activity and whose importance grows constantly. From 1983 to 1985 there was an increase of 75% in tourist arrivals and of 400% in the number of cruise ship passengers. Although the evolution of the economy in the early years of the decade was characterized by lack of dynamism, in the context of the international recession, expansion of tourism acted in the second half as an "engine" propelling strong growth throughout the economy, with an average annual rate of 7% over the decade, especially in sectors such as construction and transportation. The latter sector is also important for its contribution to the GDP: Antigua is the hub of the regional airline, LIAT, which is jointly owned by the Governments of the Organization of Eastern Caribbean States (OECS). This growth has been stimulated by external capital flows, particularly the indebtedness contracted among other things for three major projects: a water desalination plant, modernization of the airport's runways and telecommunications, and a large hotel. Thus, the external debt, which was almost nonexistent at the time of independence, in 1990 reached US\$268 million, which means that the country is the most debt-burdened in the region in terms of per-capita debt. In 1990 that reached about US\$3,200.<sup>2</sup> The high degree of indebtedness led the country to begin negotiations with the IMF at the start of the 1980s, although they did not advance owing to the heavy social cost of the stabilization and adjustment measures proposed by that agency and the later improvement of the economic situation.

Recourse to debt has also served to finance the chronic trade deficit, which is related to the weakness of the manufacturing plant and the country's exports. Trade debts are partially

covered by tourism; for this reason, the Antiguan economy is the most dependent on tourism in the region. This makes it quite vulnerable to the effects of an international recession which, given the structure of the external sector and the fragility of its productive base, would immediately create a need for adjustment measures which could have a strong negative impact on the living conditions of the population.

### **Social situation: employment, marginality, and poverty**

In 1985 unemployment affected 25% of the active population. There are no later data, although it is estimated that tourism development has resulted in a significant fall in the unemployment rate. There is a growing informal sector, stimulated by tourism revenues. Much of this sector consists of informal trade in which *hucksters*—small food retailers who conduct their trade between Antigua, Barbuda, and Dominica—are very important. Women, according to 1982 data, represented 45.6% of the labor force and were chiefly concentrated in services and particularly in tourism and personal, community, and social services. They accounted for 77% of farmers and peasants. As in other countries in the region, a high proportion of women were heads of household; specifically, 30.4% in 1990.<sup>3</sup>

Antigua and Barbuda have achieved income, literacy, and health indicators which in 1991 placed them among countries of "high human development" (though in a laggard position) and in 1992 among the most advantaged in "medium human development". In the Caribbean context in 1992 the country had the fifth best index of human development in the region. These indicators can be improved, but perhaps the most important thing is to deal with the new social problems that are arising, which among other factors have been created by modernization and the opening up of tourism: small-scale delinquency and violence, to a large extent by young people (in some years 98% of offenses have been caused by youths),<sup>4</sup> the spread of drug consumption, and saturation of

social services. In this context the growing problem of street children warrants mention, although it has not become as significant as in other countries in the Caribbean such as Jamaica.

There are no estimates of the burden of poverty in Antigua and Barbuda. Still, the phenomenon is concentrated in the urban environment, in the Green Bay/Gray's Farm area, and in Kingstown, on the bay. This is the capital's poorest neighborhood, one which houses many of the immigrants from other CARICOM countries. A recent analysis by UNICEF<sup>5</sup> indicates that in this area, 75% of the dwellings lack sanitary facilities, there is a high incidence of gastroenteritis, and three-quarters of public facilities do not work. This area also has alarming levels of overcrowding, unemployment, and drug abuse, which singles it out in relation to social welfare needs.

### Health situation

During the 1980s infant mortality hovered around 20‰ live births, which represents about 22 deaths per year. Three-quarters of the deaths occur during the neonatal period. Prematurity, congenital anomalies, and asphyxia were the most important causes. Admissions of children to hospitals were principally due to gastroenteritis, respiratory infections, ingestion of toxic substances, and accidents.<sup>6</sup>

The main causes of death in adolescents and adults were, in order of importance, cerebrovascular diseases, malignant tumors (cancer), hypertensive disorders, and diabetes. Together these represented approximately 60% of deaths. Hypertension and diabetes are the chronic disorders of greatest prevalence and those which cause the largest number of hospital admissions and medical visits (51% of such visits in 1984). The high prevalence of such disorders may be related to the high levels of obesity, which especially affect women older than 40 years. Prostate and gastric cancer are the chief malignant diseases in men, as is cervical cancer in women. Traffic accident deaths tripled during the decade.<sup>7</sup>

In the sphere of reproductive health, the high proportion of adolescent pregnancies must be noted; during the decade they remained constant at between a quarter and a fifth. Maternal mortality is very low: from 1985 to 1987 there was only one death. Family planning has been included in mother and child health services. Health and sex education programs have been introduced which are specifically directed toward adolescents in the Gray's Farm district.

The Constitution recognizes the need to protect the population from persons addicted to drugs and alcohol, as a result of which they are detained for care or treatment. This is not considered a violation of the right to personal freedom, in contrast to the practice established in other countries.<sup>8</sup> The incidence of AIDS is the lowest in the Caribbean in both absolute and relative terms. By the end of 1990 only six cases of the disease had been recorded, and in five the patients had died.<sup>9</sup>

The elderly represent about 8% of the population. Most of this group's health problems are due to chronic diseases, especially cancer, cardiac diseases, and hypertension. Most chronic disabilities occur in persons older than 60 years, and mental health problems in this group are increasing.<sup>10</sup>

The Ministry of Health, which is responsible for providing health services nationally, established six medical districts in 1988 toward that end. These districts do not correspond to other administrative divisions (parishes or environmental health districts), and their boundaries are antiquated due to changes which have occurred in recent years in urbanization and population distribution. This causes frequent planning and coordination problems. Primary care is provided in the districts, which are St. John's City, Northern District, St. John's South, Windward District, St. Paul, and St. Mary. Each of them has a health center to which dispensaries report. Even though the dispensaries are distributed throughout the islands, 25% of the population did not go to them in 1985, in addition, the better off population uses private medical care. The hospitals which belong to the Ministry of Health are Holberton Hospital

(a general institution with 235 beds), the psychiatric hospital (150 beds), Fiennes Institute (a home for the elderly with a capacity of 100), and lesser centers. There is a very well equipped, nine-bed hospital in the private sector.<sup>11</sup>

Because of the small size of the islands and their population, there is no clear demarcation between primary and secondary care services. Many of the dispensaries are underutilized and the population is wont to go directly to St. John's in search of care. More complex cases receive treatment abroad, especially at Queen Elizabeth Hospital in Barbados and in Puerto Rico or Miami. In 1988 there were no specific programs for the elderly, poor, workers, or the disabled.<sup>12</sup>

Like other countries in the region, Antigua and Barbuda has adhered to the strategy of Health for All by the Year 2000. Its objectives have already been achieved in terms of population coverage. Expenditures on health in absolute terms, as a proportion of state expenditure and of GDP, and in per-capita terms experienced a significant increase throughout the 1980s. Nevertheless, there has been an appreciable decrease in expenditure on investment which is troublesome in terms of maintaining the existing physical infrastructure.<sup>13</sup>

The increase in tourism has led to growing pressure on the environmental sanitation and waste management infrastructure. At the end of the decade there were still no municipal sewerage systems in St. John's or in other communities in the islands. Excreta disposal was by means of septic tanks. Waste disposal systems were also erratic, and the shortcomings in environmental legislation were well known.

### Education

Compared to other countries with "medium human development", Antigua and Barbuda has very positive education indicators. School attendance is required up to 16 years. School dropout rates are low in both primary and secondary education, though male dropout is slightly greater

in primary schools; maternity is a significant cause of dropout in secondary schools. The student-teacher ratio is low, and the proportion of students who pass their leaving examinations increased significantly during the decade, which is a good indicator of the quality of teaching.

### The environment and vulnerability to disasters

Deforestation, to which the islands were subject during the colonial era because of the sugar monoculture, is an important cause of the scarcity of rain. In addition, the absence of rivers makes the islands extremely vulnerable to droughts and very dependent on desalination plants or water transported from neighboring islands such as Dominica or Martinique. The most recent example is the drought which occurred from November 1983 to April 1984, which severely damaged the islands' agriculture.<sup>14</sup> Projects have recently been carried out with USAID financing to deal with water supply problems.<sup>15</sup>

Antigua and Barbuda are in an area of high hurricane risk, the Caribbean "hurricane corridor". The islands are also vulnerable because of their small size, which means that if a hurricane occurs the entire country will be affected; and secondly from their great economic dependence on a sector very sensitive to such disasters—tourism—because a large part of the infrastructure is built on the coast. Since it is very flat, Barbuda is unprotected from hurricane winds and tropical storms. In recent decades Antigua and Barbuda have experienced several major hurricanes: in 1950, in a period of only ten days, two hurricanes destroyed many of the weakest buildings. Hurricane Donna struck in 1960, Inez in 1966, and Hugo, reckoned to be one of the century's most devastating, in 1988.<sup>16</sup>

Finally, earthquakes are also a potential risk. A major one in 1974 damaged many buildings. The most recent—6.6 on the Richter scale—took place in 1985.

## **ANTIGUA AND BARBUDA RED CROSS SOCIETY**

### **Meeting the challenges of disaster preparedness and institutional growth**

The Antigua and Barbuda Red Cross Society was established as a branch of the British Red Cross in 1941, became a National Society by an Act of Parliament in 1983, and gained full autonomy when the country became independent from Britain. It was recognized as an independent National Society on November 4, 1992.

In 1989, Hurricane Hugo caused serious damage in the islands. In the wake of the disaster, the National Red Cross Society intensified its relief and rehabilitation efforts but was forced to acknowledge that it lacked the necessary organization, manpower, and supplies to face such an emergency. The lesson did not go unheeded. Since then disaster preparedness has been a priority for the National Society, and it has begun to effectively coordinate its actions towards that goal with the Government of Antigua and Barbuda, other NGOs, and other nearby National Societies.

The emphasis on disaster preparedness is due to the high risk of hurricanes facing the islands, their great vulnerability because of their small size and high population density, their flat terrain, and their economic dependence on tourism. Because most of the country's infrastructure has been constructed along the coast, the economy and society of Antigua and Barbuda are especially vulnerable to disasters.

The following are some of the steps now being taken to strengthen this emergency service: shelter management training for 60 people, including staff from the Government of Antigua and Barbuda; stocking of emergency relief supplies (blankets, tents, water containers, etc.); and establishment of a radio communications network, which is expected to be fully operational in 1992.

One of the main on-going activities of the Antigua and Barbuda Red Cross is free first-aid training for members and the staff of some

private organizations. It also provides first-aid assistance at sporting and public events.

The National Society runs the School for Deaf Children, a unique service in Antigua and Barbuda. It is located at the National Society's headquarters and has an average of 15 pupils. The Society also runs the only audiology testing service in the country, which is available to patients of private clinics and the public hospital.

Social welfare activities have centered on providing food to the poor and senior citizens. During the 1980s these activities were less important as a result among other things of economic growth and improvement in living standards and the country's satisfactory indicators of income, health, and literacy, which in 1991 placed Antigua and Barbuda among those countries the United Nations considered to have "high human development."

Modernization and the boom in the tourist industry, which is considered the country's principal and most dynamic economic activity, have led to the appearance of new social problems. Among these are delinquency and small-scale drug trafficking, which are inevitably accompanied by violence, drug dependency, youth marginalization, saturation of social services, environmental deterioration, and the growing problem of street children. Older problems such as lack of sanitary facilities in homes, lack of public services, unemployment, and poverty persist. Though exact estimates of the extent of poverty in Antigua and Barbuda do not exist, it is a persistent phenomenon which is concentrated in marginal parts of Kingstown. There is concern that if an international recession occurs, the islands' economic vulnerability could worsen these problems. This situation places growing demands on the country's social development agencies, and specifically the Antigua and Barbuda Red Cross.

Although a three-year plan has been in effect since 1990 and much has been accomplished to fulfill it, administrative and operational deficiencies persist and are a cause of concern. The Society hopes that its new statutes (which still require further revision) will structurally improve internal procedures and management as well as help keep members informed.

The Society seeks to become an organization characterized by self-sustained development. Through careful evaluation of past experiences and its present situation, and by drawing on both internal sources and outside viewpoints, the Society hopes to organize itself and avoid a return to underdevelopment and ineffectiveness.

### Organization of the National Society

#### *Organizational and geographic structure*

The National Society has two main organs, the General Assembly and the Executive Committee.

The General Assembly—the Society's highest authority—is composed of the members of the Executive Committee (who are elected by the Assembly from among its own members), the chairpersons of District Committees, and representatives from District Committees (elected proportionately to their number of members). The Assembly elects the President, the Vice President, and the Executive Committee. It meets once a year to approve the annual report, vote on the budget submitted by the Executive Committee, approve accounts, and fix the amount of subscriptions.

The Executive Committee, in addition to six members elected by the General Assembly, is made up of two District Committee chairpersons, two individuals nominated by the Government of Antigua and Barbuda, and two outstanding citizens chosen by the Executive Committee itself. The Committee appoints the Director General,

elects the Treasurer and the members of the Finance Commission, regulates the geographic distribution of District Committees, and approves regulations to implement the Society's statutes.

At the local level, the National Society has established four District Committees including Barbuda, which at one time was a separate branch of the British Red Cross with few ties to Antigua.

#### *Administration and planning*

The Director General is the chief executive officer of the Society and is personally involved in all activities and decisions related to the day-to-day operations of the Antigua and Barbuda Red Cross. There is almost no administrative staff to assist him. This is an obvious handicap in strengthening the Society's operational capacity.

The National Society prepared a three-year development plan in 1990 in cooperation with the Federation's Caribbean Delegate, and with the approval of this plan the Society achieved the following: the appointment of a salaried Director General; a larger staff at the School for Deaf Children; improved office technologies (typewriters, a fax, and a copier); acquisition of training equipment for CPR and first-aid courses and services; creation of a medical equipment loan department; and improvements in headquarters facilities (extension of the kitchen and its equipment, and upgrading the shop).

The Director General presents a brief monthly activities report to the Executive Committee, but at present the Society does not prepare annual plans, budgets, or reports on activities to implement and evaluate the development plan. To decentralize management and delegate responsibilities, the Society is trying to involve more active members in its work on a regular basis as an additional effort to promote future effectiveness.

### *Human resources*

The Antigua and Barbuda Society has no records from which to determine the exact number of volunteers it can draw upon. The Director General estimates that there are some 300 volunteers countrywide, but that the Society rests on a "core group" of about 60 individuals who can be counted on to implement activities.

The National Society distinguishes three kinds of volunteers: a) uniformed volunteers, mainly youths; b) nonuniformed volunteers who are called to duty in specific circumstances, and c) contact people in various communities who have been identified through a shelter management program. In most cases they are civil servants willing to assist in external operations when required.

There is concern about volunteer membership. Several factors make the recruitment and motivation of young, capable individuals increasingly difficult: the limited reward capabilities of the Red Cross (in the form of opportunities for specialized training, remuneration, etc.), competition with other NGOs for a small number of potential volunteers, and the public perception that few "male" roles or positions exist in the Red Cross.

Despite the commitment of the core volunteer group, frustration is evident. It is often overloaded with varied duties, responsibilities, and demands because it consists of such a small number of active members, and very few have enough specialized or leadership training.

No real development program exists for volunteers, but several proposals are being considered in the Society's attempt to establish a system that will ensure the continuity and vitality of the Red Cross in Antigua and Barbuda. Among these are the establishment of specialized training and leadership courses, recruitment of voluntary professional assistance, and increased recruitment in schools.

The central headquarters has three staff members in addition to the Director General who are paid by the National Society (one on a half-time basis), a secretary, a caretaker, and an administrator. The Society recognizes the need to increase the professional and technical quality of this group as the Red Cross evolves into a more structured and complex organization.

### *Finance and budget*

Financial reports and management systems exist but are in arrears and need to be streamlined in order to provide updated information on which to base programming and fund-raising activities.

In 1989 (the latest year for which information was made available), total income amounted to \$25,692. Nearly 40% of it came from subscriptions and general donations, while 17% came from donations and fund-raising activities earmarked for the School for Deaf Children.

Expenditures for the same period were \$26,502; 27% went to the School for Deaf Children and 24% to building repairs and maintenance.

The Government of Antigua and Barbuda contributes the salaries of the Director General, an assistant, and the teacher of the School for Deaf Children. Due to bureaucratic procedures there was a six-month lag between the approval of the Government's contribution and issuance of salary payments. During that time these persons were not paid. Because of the Antigua and Barbuda Government's fiscal problems, there is no assurance that this contribution will continue to be included in the national budget and the National Society must lobby for it every time the governmental budget is discussed.



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

#### *Principal activities*

##### *Disaster preparedness and first aid*

Hurricane Hugo swept Antigua and Barbuda in 1989 and the National Red Cross Society was unprepared to cope with the emergency situation that resulted. For this reason and because the leadership of the Society is convinced that disaster preparedness should be the Red Cross's first priority, major steps are being taken to strengthen this activity.

The most important advances in this area are shelter management training for 60 people (including Government staff), stocking emergency supplies (blankets, tents, water containers, etc ), and establishment of a radio communications network. In lieu of a radio room, which has not yet been constructed, communication equipment is being used in the Director General's office. Disaster equipment and supplies are stored in a separate room, adjacent to the main building.

Measures have been taken to strengthen all disaster preparedness activities and to complement and coordinate actions with the emergency plans of the Antigua and Barbuda Government and of other NGOs.

First-aid training is provided to youth volunteers as well as to staff of private firms, taxi drivers, and hotel and airline personnel. While no exact fee is set, the firms give donations in return for the service. First-aid service is provided at sporting and public events.

##### *Health and social welfare*

The National Society runs a well-organized School for Deaf Children at its headquarters building. It has about 15 pupils and receives a financial grant from the Antigua and Barbuda Government for its operation. The Government also pays the teacher's salary.

The Society also provides a free audiology service. Patients are referred to the Red Cross service by private doctors and clinics and by public hospitals. The option of establishing a fee to recover the cost of equipment maintenance and operating expenses has been discussed.

A program exists for the distribution of food parcels and visits to the elderly. In the aftermath of Hurricane Hugo, this program was very valuable. At that time, however, the program was financed by specific donations. Meeting the cost for its operation under normal conditions is a difficult challenge for the Red Cross.

A Red Cross home nursing program assists disabled and elderly people at home and in the hospital, but because of a lack of volunteers it is not very active.

##### *Other services*

The National Society of Antigua and Barbuda provides swimming instruction to the general public. It runs a medical loan program which lends equipment such as wheelchairs and crutches to needy persons. No fee is charged for these services, but donations are requested.

Because of heavy migration to the United States and other countries, the Society receives a steady flow of tracing requests. This activity increased during the Gulf War since many U.S. servicemen were of Antiguan origin.

The National Society assists refugees to the islands in obtaining work and immigration visas on a case-by-case basis.

#### *Relations with the Government*

The Government of Antigua and Barbuda supports the work of the Red Cross National Society, and mutually positive relations continue to develop despite fiscal limitations. The Government contributes the salaries of the Director General, an assistant, and the operational costs of the School for Deaf Children.

Recently, the Government requested that the Antigua and Barbuda Red Cross coordinate the

emergency relief efforts of all other NGOs. This request gives the Society a major national role and recognizes its efforts so far in this field.

### ***Relations with other organizations and agencies***

The Antigua and Barbuda Red Cross maintains close ties with some social assistance clubs and church groups, especially in cases of emergency intervention (fires, etc.). The National Society is often the executing agency, while other agencies provide funding.

Discussions have been held among NGOs to address the specific problems of fund-raising in a small society in which too many organizations compete for the same donors and volunteers. The idea of establishing a "Community Chest" sharing scheme has been suggested, but as yet there has been no agreement on this matter.

Both the Lions and Rotary Clubs have joined the Red Cross in collecting food and clothing for children.

### **Role of international cooperation**

The Antigua and Barbuda Red Cross received significant amounts of aid for its relief and rehabilitation efforts after Hurricane Hugo in 1989. This aid came from several Red Cross Societies, the Federation, and private donors in the country and overseas. The Federation provided funds for a vehicle as well as assistance for building and repairing housing units.

The National Society is paired with the Tidewater, Virginia, Chapter of the American Red Cross, which recently assisted in first-aid courses. Some members indicated that this experience, though very interesting and beneficial, caused some difficulties. It is a challenge to adapt to a training system different from the traditional methods the National Society was accustomed to as a result of British influence.

In general, relations with Amcross are important and have resulted in financial support for

such improvements as the repair of the kitchen, books for the Deaf School, a fax machine, and some emergency supplies.

Interaction with other Caribbean National Societies is not as extensive as some members would like it to be and there is concern about the need for all to become more involved in regional service integration. The Antigua and Barbuda National Society hopes to contribute to such integration because Antigua occupies a strategic geographic and communications position in the Caribbean. It is accessible from surrounding islands and other National Societies, and the Society believes that through cooperation all could become better prepared for natural disasters and other vulnerabilities.

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

The intensive emergency and rehabilitation work done by the Antigua and Barbuda National Society after Hurricane Hugo helped give it a high profile, but it also created an image of the Red Cross as a prosperous organization with access to almost inexhaustible funds from overseas. This image creates the impression that it has many facilities and capabilities that it does not and which simply are not possible within the islands' socioeconomic and technical means.

It is feared that the Antigua and Barbuda Red Cross also has an image that discourages young males from becoming involved as members and leaders; many of them believe that no "male" roles or positions of responsibility are available in the structure of the Red Cross.

There is concern among members that the National Society does not take advantage of available media for disseminating information about its external and internal activities. Measures that have been suggested are hiring a capable public relations officer, creating a public relations committee, and preparing a public relations plan.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

In 1989, Hurricane Hugo presented a serious operational challenge to a National Society as small as the Antigua and Barbuda Red Cross. Evaluation of the actions undertaken in response to the disaster drove the National Society to the decision to make disaster preparedness and prevention its priority activities and, at the same time, to recognize its organizational and resource shortcomings for acting in the wake of such emergencies. Since then new activities in this field have been undertaken, especially in relation to training in refugee management, storage of relief supplies, and radio communication.

Such approaches and actions have diversified and broadened the National Society's previous programmatic focus, which was centered on first-aid training and services, special education for deaf children, hearing examinations, and to a lesser degree certain food distribution programs and assistance for the elderly and the handicapped.

In contrast to the strengthening of the disaster preparedness area, health and welfare activities are still very weak, except for the School for Deaf Children and services connected to it. This situation is worrisome if one takes into account

the persistence of unemployment and pockets of poverty and marginalization, despite the islands' recent economic growth, as well as serious problems of environmental sanitation and the surge of new social problems such as drug dependency and violence.

The National Society has made advances in its infrastructure and modernization, especially in its headquarters, but its financing and budgeting systems have not been modernized, efforts to raise funds have been very limited, and no money is earned from activities carried out. The financial situation thus remains in precarious balance, and there is fear that governmental assistance may be discontinued because of fiscal problems.

The major obstacle facing the National Society is that its human resources are not large enough, motivated, or adequately trained. This has been attributed to the limited incentives that the institution is able to offer, to competition from other NGOs, and to a traditionalist image that inhibits male volunteers from joining. Furthermore, the few volunteers who are fully committed are overloaded with responsibilities and duties, which reduces their opportunities for self-improvement. This contributes directly to the National Society's limited geographic coverage.

**RECOMMENDATIONS**

- 1. Redefine the National Society's priorities and programs in order to match its activities to the most vulnerable situations**
- 2. Draw up a development plan and establish a planning system**
- 3. Prepare and implement a human resources development program**
- 4. Develop financial self-sufficiency**
- 5. Establish a public communications, relations, and image program**

- 1. Redefine the National Society's priorities and programs in order to match its activities to the most vulnerable situations**
  - 1.1 Make a diagnosis of vulnerable situations and social groups to adapt the National Society's activities to the needs of the community and, specifically, to those of the most vulnerable.
  - 1.2 Articulate two action programs and three areas of institutional development. The first two are disaster preparation and social welfare. The second three are development of human resources, financial self-sufficiency, and an increase in national coverage.
  - 1.3 Reformulate programs for elderly persons by broadening their coverage and making them more comprehensive, including primary health care and social welfare.
- 2. Draw up a development plan and establish a planning system**
  - 2.1 Identify administrative and operational obstacles to executing the plan and adopt measures to overcome them.
  - 2.2 In 1993, begin designing a new plan or system for planning the National Society's development based on participatory evaluation of the 1990 Development Plan. Include annual action plans and budgets, together with relevant activity and financial reports, in the system.
  - 2.3 Prepare a Development Cooperation Framework based on the Development Plan.
- 3. Prepare and implement a human resources development program**
  - 3.1 Carry out a census of volunteer personnel which will enable the determination of their total number and other basic information, such as their age, length of service, residence, and

preferred area of involvement as well as their interest in being utilized as instructors for training activities. The information obtained could be updated periodically.

- 3.2 Put a volunteer recruitment program into practice based on expansion of local committees as well as information about the overall role of the Antigua and Barbuda Red Cross and the areas of service it intends to create or strengthen.
- 3.3 Establish a plan for on-going training using participatory methodologies for paid staff currently in service and volunteers who have recently joined or have been members for a long time; certificates endorsed by the institution should be issued after a specified period of service. It might be appropriate to obtain official endorsement for such certificates.
- 3.4 Adopt measures enabling volunteers to have effective staff support.
- 3.5 Review the current system of material and nonmaterial incentives for volunteers and adopt appropriate improvements.

#### **4. Develop financial self-sufficiency**

- 4.1 Take advantage of the potential for fund-raising in the tourist sector by, for instance, considering opportunities for conducting water safety programs during seasons with the greatest influx of visitors.
- 4.2 Improve coordination with other agencies and NGOs in the areas of fund-raising and the shared use of resources for joint campaigns or specific projects.
- 4.3 Continue efforts to stabilize governmental sources of financing in order to avoid the uncertainty caused by annual grants and to prevent the possible negative effects of economic adjustment.
- 4.4 When possible, establish a system of charging the private sector for National Society services such as hearing tests, swimming lessons, and first-aid courses.

#### **5. Establish a public communications, relations, and image program**

- 5.1 Establish such a program as an integral part of the Development Plan and appoint someone to be responsible for it.
- 5.2 Design this program to make more active use of the public media and messages which explain the National Society's role and activities.
- 5.3 Utilize the program as a channel for internal communication to be used to provide all sectors with feedback about institutional activities.

## SOURCES

1. Sources: (a) Pan American Health Organization (PAHO), *Las condiciones de salud en las Américas* [Health Conditions in the Americas], vol II, Washington, D.C., PAHO, 1990, p. 4; (b) and (e) United Nations Development Program (UNDP), *Desarrollo humano: Informe 1991* [Human Development: 1991 Report], Bogotá, UNDP/Tercer Mundo, 1991, Tables 1 and 2; (c), (d), and (f), UNDP, *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1, 2, and 11
2. Michael Witter. *The Caribbean: A situational analysis against the background of the crisis of the 1980's*. Kingston, International Federation of Red Cross and Red Crescent Societies/Latin American Faculty of Social Sciences (FLACSO), 1992, mimeo., p. 78, citing 1990 data of the Caribbean Development Bank.
3. Witter 1992, p. 81.
4. *Ibid.*
5. B. Chevannes *The status of children and women in Antigua and Barbuda: A situational analysis*. United Nations Children's Fund (UNICEF), 1990, cited in Witter, p. 81.
6. PAHO 1990, p 4
7. PAHO 1990, p. 5.
8. *Ibid*
9. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(1) 2 (March 1992).
10. *Ibid.*
11. PAHO 1990, p. 6
12. *Ibid.*
13. Witter 1992, p. 79.
14. Organization of American States (OAS). *Desastres, planificación y desarrollo: Manejo de amenazas naturales para reducir los daños* [Disasters, planning, and development. Management of natural threats to reduce damage]. Washington, D.C.. OAS/Office of Foreign Disaster Assistance, 1991, p. 3.
15. PAHO 1990, p. 6
16. See PAHO/World Health Organization-Office of the United Nations Disaster Relief Coordinator-League of Red Cross Societies. *Pan Caribbean disaster preparedness and prevention project: Project document*. Geneva, 1988.