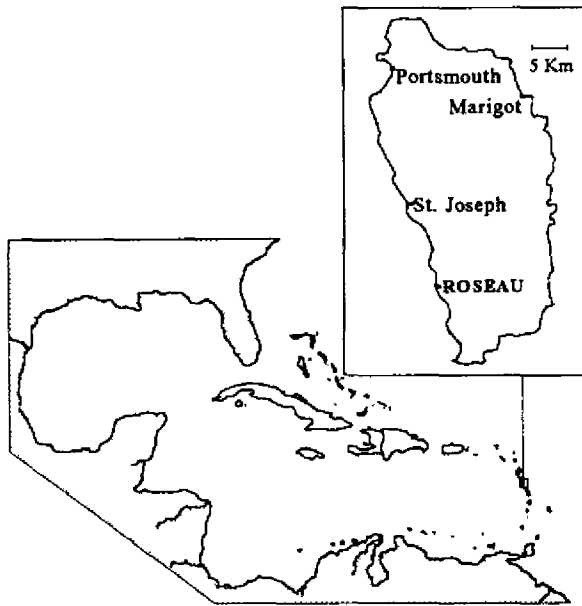


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# DOMINICA



Capital: Roseau  
Area: 750 km<sup>2</sup>  
Population: 82,000 (1989) (a)  
Population density: 109/km<sup>2</sup>  
Urban population: 41%  
Per-capita GDP in USD: 1,680 (1989) (b)  
Life expectancy at birth: 76 years (c)  
Infant mortality rate: 17‰ live births (1990) (d)  
Illiteracy: 3% (e)  
Population under poverty line: Not available  
Human Development Index 1992: 0.783 (52nd) (f)<sup>1</sup>

## Difficult entry of a vulnerable economy into world markets

Dominica is the largest of the Windward Islands in the Lesser Antilles, with an area of 750 km<sup>2</sup>. Of volcanic origin, it is perhaps the most mountainous of the islands and has the most complex terrain. It is said to have 365 mountains and a similar number of rivers, which are fed by abundant rainfall. It is flanked by the French islands of Martinique and Guadeloupe, and even though it was a British possession after 1805 it shares with them their French colonial past, which still persists in its place names, culture, and popular tongue, French Creole.

The legacy of a plantation economy based on slave labor is a population largely of African origin. In contrast to the rest of the region, however, it still has a significant population—

about 500 persons—of Caribbean origin, who live on reservations. The population is predominantly rural (59%), which is related to the strong influence of agriculture on the Dominican economy. The population structure shows certain differences from the rest of the countries belonging to the Organization of Eastern Caribbean States (OECS): the proportion of the population less than 25 years old is among the lowest, and that of persons older than 25 is the highest. Life expectancy is quite high (76 years), and 7.2% of the population were aged over 65 years in 1983. There is some migration to other islands, particularly Guadeloupe, and it is largely composed of youths searching for better job opportunities.

Dominica obtained its independence from the United Kingdom in 1978. During its short history Dominica has known times of instability despite the continuation since 1980 of Governments headed by the conservative Mary Eugenia Charles: in 1979 there were major social protests and in 1986 an attempted coup d'état. Despite this and the island's fragile economy, based on banana exports, high levels of "human development" were achieved during the decade and significant economic growth has occurred, with an annual average from 1981 to 1988 of 4.4%.<sup>2</sup> Still, that has been the lowest in the Windward Islands. The growth stimulus of the decade's early years was caused by the impact of external funds invested in rebuilding the infrastructure and agricultural sector after the hurricanes of 1979 and 1980. Between 1980 and 1984 external aid represented almost 24% of the gross domestic product (GDP). Except for Grenada after the North American invasion, Dominica has been the Eastern Caribbean country which has received the most external help. This has financed all public investment and, in addition, has helped finance the chronic trade deficit.

Agriculture makes the most important contribution to the GDP, 27% in 1989. Revenues from banana exports, the main agricultural product, grew fivefold from 1980 to 1989 and in 1987 represented 64% of the country's exports. Between 1979 and 1981 the banana sector suffered severe damage because of hurricanes, which showed the vulnerability of the island's economy to that kind of disaster. Governmental services are the second most important sector in GDP terms, though between 1981 and 1989 they underwent a significant reduction (from 22% to 19% of GDP) owing to the application of a structural adjustment program agreed to with the International Monetary Fund (IMF) in 1986. Manufactures are dominated by coconut oil processing. The traditional market for this product has been the Caribbean Common Market (CARICOM), but because of the recession which has affected the regional market this sector has been in difficulty. In contrast to the region's other countries, tourism has little importance

since Dominica does not have the attractive beaches that other islands in the Eastern Caribbean do.

Dominica's future prospects are uncertain. Economic development and maintenance of the high "human development" indexes which characterize the country will depend in the final analysis on the inclusion of Dominica in the international market. Because the island does not have raw materials or the conditions for developing a dynamic tourist sector, such inclusion will be based above all on banana exports. The future of this product, which today is shipped almost entirely to the United Kingdom under preferential agreements, will depend on maintaining favorable conditions for Eastern Caribbean banana access to the European Single Market from 1993 against more competitive producers such as Ecuador or Central America.

### **Social situation, employment, and the informal economy**

In 1980 the unemployment rate was estimated at 19%, in 1985 it was 17.5%, and in 1989, 12%. At the same time as unemployment has fallen, there has been a strong increase in real wages, which grew 40% from 1980 to 1987. Although no pertinent data are available, it can be inferred therefrom that there has been a reduction in the population falling below the poverty line.

Around 1988 the labor market showed a certain tightness with respect to agricultural and skilled occupations because of the growing demand for labor in Antigua and Barbuda, and St. Kitts and Nevis, countries where wages were higher.

Small-scale trade with other islands is an important component of the GDP, total employment, and informal employment. These merchants, known as *hucksters*, are mostly women from farming households who trade in their own and others' produce using small airplanes or schooners to carry out their transactions; they are

well organized and are an active group putting pressure on the Government.

### Health situation

In the middle of the 1980s, Dominica had the mortality profile of a developed society in which noncommunicable chronic diseases were the main causes of death in the population. According to data gathered by the Pan American Health Organization (PAHO), these were, in order of their importance in 1984, cardiac diseases, malignant tumors, cerebrovascular disorders, ailments of the perinatal period, and respiratory system diseases. Other major causes of mortality were diabetes and traffic accidents. Almost half of the deaths caused by cardiopathies were due to hypertensive disorders.<sup>3</sup> Forty percent of patients with diabetes also suffer from hypertension. The most frequent cancer in both sexes is of the stomach; prostate cancer is the most common in men, and cervical cancer in women.

Infant mortality has been between 17‰ and 18‰ live births. Immunization coverage rates have remained above 85% for DPT, poliomyelitis, and measles

Four maternal deaths occurred during the period 1985-1987, which is a rate of 78 per 100,000 live births—relatively high in the Eastern Caribbean context. Some increase is being recorded in the number of women who use a family planning method. Twelve cases of AIDS had occurred up to 1990, and 11 of the patients had died.<sup>4</sup> The incidence of AIDS in Dominica was significantly less than in other Caribbean countries, but it is high compared to all of Latin America.

Population projections by the year 2000 indicate that the population of advanced age will comprise 10% of the total, which will create heavy demands on the health system and community for geriatric care. Chronic diseases are the most frequent in this age group. Additionally, it suffers from various kinds of motor and sensory disabilities, especially blindness.

The Department of Health, which is part of the Ministry of Education, Health, Sports, and Youth Affairs, is the agency responsible for providing public health services. Major administrative changes were effected from 1985 to 1988 which decentralized the functioning of services in favor of the community level and team work by health professionals at the district level. The island is divided into seven health districts, the district is considered the basic level for primary health care. The district health center in each supervises a certain number of dispensaries, which are the smallest health establishment and that nearest the community. They are so located that no person lives more than 8 km from one of them. In 1988, 98% of the population lacked health insurance, though primary care and hospital services were free to social security members and persons recommended by the ministry's Division of Social Welfare.<sup>5</sup>

The island's main hospital, Princess Margaret (140 beds), and a polyclinic (Roseau's Resource Centre) are in the capital. In 1987 the private hospitals and the four belonging to the state (Princess Margaret, Roseau, Marigot, Portsmouth, the psychiatric hospital, and the Central Geriatric Institute) had a total of 322 beds.

### The environment and sanitation

Because of its mountainous nature, Dominica has abundant water resources. Nonetheless, the quality of surface and underground waters is affected by agrochemical pollution, deforestation, and disposal of untreated wastes. This also affects the coastal waters, especially off the capital, Roseau. The city is the only one to have sanitary sewers; eight or nine of them discharge directly onto beaches or the coastline, however. Other urban areas lack even basic sanitation facilities such as septic pits. In 1984 it was estimated that 21% of the population had household access to potable water, while another 43% had "easy access" to other water supply sources.

Only 14% had satisfactory household sanitary facilities.<sup>6</sup>

In 1990, projects were being implemented with the Canadian International Development Agency (CIDA), United States Agency for International Development (USAID), United Nations Development Program (UNDP), and World Bank cooperation to improve the water and sewerage infrastructure. Solid wastes, in addition, lack adequate treatment and are thrown on fields or vacant land.

## Education

It is estimated that the literacy rate is between 82% and 87%. In 1987, 82% of children in the 5- to 11-year age group were in primary school, and 78% of those in the 12- to 15-year age group were in secondary school. Girls predominate in secondary schools (53%). The student-teacher ratio in primary schools fell from 31:1 to 25:1 between 1980 and 1987 and remained around 20:1 in secondary schools, which is a positive indicator of instructional quality. Nevertheless, education in Dominica is characterized by the poor preparation of teachers. In 1988 only 40% of primary school teachers were trained and only 30% of secondary school teachers were graduates. These figures are very low and indicate the need for substantial improvement in teacher training. In addition, the results of admission examinations in Dominica are the lowest among the OECS countries, which also indicates the defects in the system's quality.

Public expenditures on education have experienced some growth as a proportion of state expenditures; still, in GDP terms they declined from 6.2% in 1985 to 4.6% in 1988. Expenditure per pupil is still low and, for comparative purposes, represents 50% of that in Antigua and Barbuda.

## Vulnerability to disasters

The risks which Dominica faces from disasters are of geological (volcanoes, earthquakes, and landslides) and meteorological origin (hurricanes, storms, and tropical rains). Throughout this century the island has experienced various temblors, of which the most important occurred in 1946 (Richter scale 7) and 1986, which was the most recent. A study by the Organization of American States (OAS) in 1987 evaluated the potential risks of mountain landslides, a phenomenon to which the country is very prone because of its volcanic origin (which indicates instability of the underlying rock), the steep slopes of its mountains, and the extensive deforestation which it has experienced since the colonial period. The study reckoned that 2% of the country is a landslide risk zone. It enabled areas to be determined which are unsuited to development or urbanization. A risk area on a tributary of the Trois Pitons River which threatened the population downstream was also identified.<sup>7</sup> The island has four more or less active volcanic cones: Morne au Diable, Morne Diablotins, Morne Patates, and Micotrin, the last is considered a "short periodicity" volcano and thus one presenting high risk. Its last eruption was in 1880.<sup>8</sup>

Dominica is in the path of the hurricanes which originate in the Atlantic and from June to November each year travel through the Caribbean. The island suffered severe damage in 1963 from Hurricane Edith, in 1979 from Hurricanes David and Frederick, in 1980 from Hurricane Allen, and again in 1989 from Hurricane Hugo. The economy's heavy dependence on banana production makes the island extremely vulnerable economically. When the hurricanes noted above struck, the banana plantations suffered serious damage. The population's vulnerability also results from the small size of the island, high population density (though less than that on neighboring islands), and the fragility and lack of maintenance of numerous dwellings.

## **Socioeconomic reality**

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Confronted by all these phenomena, the Government of Dominica has carried out various disaster planning and preparedness actions with

the participation of the community and private organizations.

## DOMINICA RED CROSS

### A Society seeking revitalization to meet future challenges

Originally founded in 1958 as a branch of the British Red Cross, the Dominica Red Cross became an independent Society in 1983 and received recognition from the ICRC and the International Federation in 1989. The transition from dependency to autonomy has been difficult. For a long time the local committees became dormant and the Society depended largely on the concerted efforts of a small group of members to keep itself in operation.

The Dominica Red Cross is now faced with the need to overcome the negative effects of the dormant period and the challenge of rethinking its entire organizational purpose. The Society seeks to evolve from its present small-scale, unstructured operation into a Red Cross more organized, modern, flexible, and capable of meeting the needs of the most physically and socially vulnerable members of Dominica's society.

In recent decades Dominica has achieved a high level of human development; economic growth has been accompanied by the improvement of incomes and a reduction in unemployment. These are positive factors linked to satisfactory health and education indicators.

In spite of this, major problems persist in the area of social vulnerability such as a maternal mortality rate relatively high for the Caribbean, insufficient access to potable water, and serious environmental sanitation problems (lack of adequate latrines, sewers, garbage collection, etc.). Further, it is thought that persons over 65 years of age, who constituted 7% of the population in 1988, will represent 10% by 2000. These facts demand attention to this population sector by the health system, the community, and organizations like the Red Cross, especially for those people who lack adequate resources or social security coverage.

With regard to Dominica's vulnerability to disasters, the island faces the risk of earthquakes, landslides, hurricanes, and tropical storms.

Landslides are closely related to the heavy deforestation the island has suffered since the colonial period. The most severe damage has been caused by hurricanes, however, seriously damaging banana plantations, the basis of the island's economy. The concentration of the population in a small geographic area as well as inadequate housing conditions are other factors that aggravate the country's vulnerability to disasters.

In view of the challenges presented by the Red Cross's environment and the goals of readjustment, internal renewal, and modernization, new members have assumed planning and management functions of the National Society and its seven local committees. This new management includes implementing changes, generating new ideas, and achieving efficiency among its priorities. It aims for increased internal cohesiveness as well as closer working relationships with other National Societies willing to assist the Dominica Red Cross during this challenging phase of its development.

The National Society also seeks to represent the varied Dominican population more broadly in its membership in an effort to encourage the contributions of persons of all ages and races and both sexes.

### Organization of the National Society

#### *Organizational and geographic structure*

The statutes of the Dominica Red Cross Society (1982) establish a two-tier organization: a central organization, consisting of the General Assembly, the Central Committee, and the Managing Committee; and a local organization, consisting of the seven local committees (one of which is in formation).

The General Assembly is composed of the members of the Central Committee, the chairpersons of the local committees, and a proportional representation of officers elected from within these local committees. The General Assembly elects the president, the vice president, and other members of the Central Committee. It also assumes responsibility for approving the annual report, the budget submitted by the Central Committee, and amendments to the statutes.

The Central Committee appoints the Director General of the National Society. It includes a member designated by the Government of Dominica and two prominent citizens.

Because of an apparent lack of communication with headquarters and the lack of stimuli resulting from their isolation, some of the local committees have recently been dormant. The Society is concerned about this situation and has begun to reactivate the committees in order to extend the Red Cross's coverage of the island.

### *Administration and planning*

The Dominica Red Cross has recently undergone major changes, including the appointment of a new Director General. A long-term plan is being prepared; priority is being given to training activities, concrete steps are being taken to increase organization and effectiveness, including a financial and administrative reorganization; and three appeals for financial and technical support have been presented to the Federation.

Because of the lack of a stable, organized administrative and operational structure, responsibilities have primarily been assumed by the Director General instead of being divided among other members of the National Society. This lack of structure for delegating responsibilities and functions impedes the development of the National Society of Dominica.

A long-term development plan is being drawn up in the hope that it will prepare the National Society for more active involvement in community development work. Technical assistance in this task has been requested from the Federation.

The National Society owns its headquarters building, onto which an addition was built in 1986-87 in the wake of Hurricane David in 1979. There are plans to acquire an adjacent property from the Dominican Government which would allow for the extension of meeting facilities and warehousing.

### *Human resources*

In May 1992 the National Society received a donation to hire and pay a Director General, a secretary, and an officer for youth development and field work. Because these positions are all the National Society's paid staff, volunteer recruitment is vital to the organization.

The Society believes that the number of volunteers has recently risen, but records and exact information do not exist for the period during which the committees were inactive. There appear to be potential volunteers (some 300 islandwide) who would participate in Red Cross activities if it had an organized method to reach and train them. Recent Federation assistance has resulted in the training of five first-aid and eight water-safety instructors who have significantly increased the training of other persons in these areas.

### *Finance and budget*

The Dominica National Society does not prepare an annual budget. It keeps its accounts on an "income and expenses" basis. Its total income in 1990 was \$6,553 08. The main sources of revenue are fund-raising activities (52%) and donations (28%), followed by membership dues (12%) and, to a lesser extent, the rental of office space to the Ham Radio Society and the headquarters' main hall for meetings and training activities (8%).

Reliable records of exact expenditures (in dollars) do not exist. In 1990, however, building renovation and maintenance were a significant expense (24%), along with the annual subscription

payment (barem) to the International Federation (20%) and operational expenses (insurance, telephone, vehicle maintenance, etc., 40%). In an effort to attain financial self-sufficiency, the Society plans to increase its annual income through various fund raisers: the operation of a used-book shop, charging a nominal fee for training courses, a more active policy of renting headquarters facilities, and the establishment of catering services (when the building has been properly equipped). Local committees will be encouraged to emulate such fund-raising efforts. The National Society has begun to receive development funding from the Federation, and as it completes its administrative, financial, and organizational overhaul it expects to become better prepared technically to meet the social challenges facing it.

### **The role and activities of the Dominica Red Cross in the context of the country**

#### *Principal activities*

##### *First aid*

First-aid and cardiopulmonary resuscitation training is given to the general public, private organizations, and Red Cross volunteers. The demand for such training has long exceeded the capabilities of the Society's instructors, however. Only recently has the instructors' training itself been updated; Federation assistance resulted in training for eight first-aid instructors. A first-aid manual is also being prepared to assist this instruction. There has been discussion of setting a fee for such courses, which at present are given free of charge.

The recent formation of a National First Aid Committee has resulted in a decision to adopt the teaching methods of the American Red Cross for first-aid and instructor training. This change from the British standard has been well received by the trainees. The Caribbean Emergency First Aid

Course, a more practical, skill-oriented one, is still taught to certain target groups such as young people.

##### *Disaster preparedness*

The Society gives disaster training in preparation for hurricanes and floods. A shelter management workshop was recently organized with assistance from American Red Cross personnel.

A program has been proposed for early 1993 which will combine efforts of the Dominica National Society, the Federation, and the Houston, Texas, chapter of the American Red Cross (the Society's partner in the United States) to increase disaster preparedness.

##### *Other activities*

Training is given in AIDS prevention and water safety with American Red Cross materials (video tapes donated by the Houston, Texas, chapter).

#### *Relations with the Government*

Relations between the National Society and the Government of Dominica are good. Although the Government does not provide direct funding for the Society, it does grant tax and duty exemptions. There have been proposals within the Society to seek more financial support.

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

Because of limited resources for fund-raising efforts, competition between the Dominica Red Cross and other NGOs has become a factor in their relations. Though this presents problems, the National Society views such competition as a possible stimulus to improving organizational performance and image.



### **The role of international cooperation**

The Dominica National Society maintains important links with the British Red Cross, and there is increasing involvement by the American Red Cross, especially in first-aid and other kinds of training.

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

The Dominica Red Cross is respected by the general public, but hopes to earn greater recognition and support by developing more effective management techniques resulting in improved organization of programs and functions.

The National Society is also concerned about the public perception that there are few opportunities for men to participate in the Red Cross. By communicating the existence of potentially "male" roles or positions in the Society, it hopes to modify this general view.

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusions**

The first ten years of autonomous operation have been difficult for the Dominica Red Cross. They have been characterized by long periods of inactivity, in part as a result of customary dependence on the British Red Cross. The principal activities during this period have been first-aid and cardiopulmonary resuscitation training and some disaster preparedness activities. Preliminary AIDS prevention activities have recently been added.

The Dominica Red Cross is currently undertaking a comprehensive institutional overhaul in which almost all components of its structure, organization, and programming are being subjected to review and change. At the same time it seeks to broaden the social base from which its membership comes. In this intent to modernize, the institution is examining its own experience in an attempt to define its future role in light of a broad interpretation of its socioeconomic context.

The following concerns stand out: prevention of natural disasters, the need to strengthen primary health care strategies, environmental sanitation problems, and the need for attention to specific social groups such as the elderly and women (especially in relation to the high maternal mortality rate).

In order for this process to be successful, it is necessary to remedy certain problems which still persist within the Dominica Red Cross: in the administrative field operational decisions are very centralized at headquarters, and there is little delegation of functions and responsibilities; geographic coverage and the reactivation of committees is still limited with respect to dealing with modernization; the National Society lacks a permanent, overall training program to strengthen human resources, and greater efforts are required to modernize planning and budgeting and increase financial information and fund-raising activities.

### **RECOMMENDATIONS**

- 1. Define the National Society's basic priorities and programs**
- 2. Update and strengthen the National Society's organizational and geographic structure**
- 3. Update financial administration procedures**
- 4. Prepare and implement a human resources development program**
- 5. Promote a strategy for improving the institution's image and on that basis increasing fund-raising efforts**

#### **1. Define the National Society's basic priorities and programs**

- 1.1 Redefine the objectives, needs, and priorities of the institution in light of the country's situations of vulnerability and according to the new institutional policies, through two basic programs: a) disaster relief with emphasis on prevention and preparedness; and b) primary health care, specifically in maternal and child health and environmental sanitation.
- 1.2 Widen the conceptual and operational focus of disaster prevention activities by including physical, social, psychological, and especially environmental factors in analyzing the population's vulnerability.
- 1.3 Prepare and carry out environmental sanitation and drinking water supply projects. Coordinate such programs with the new primary health care program, basing it in a strategy of community participation and a search for low-cost solutions, in coordination with the local health systems the country is now promoting.

#### **2. Update and strengthen the National Society's organizational and geographic structure**

- 2.1 Analyze the conditions that have led to the inactivity or limited dynamism of some local committees, paying attention to both internal and external aspects, including the geographic location of the committees, their relations with community organizations, and the geographic distribution of the services provided by the Government and other organizations.
- 2.2 Based on the above, define the changes needed to assure an adequate geographic structure.
- 2.3 Adopt immediate decentralization measures as a way to expand possibilities for participating in decision making about the work of the institution by members of the Dominica Red Cross and by community groups linked to the institution. Facilitate the resources necessary to make these measures effective.

- 2.4 Adopt measures to improve communications between headquarters and the local committees, as well as between the committees themselves.

**3. Update financial administration procedures**

- 3.1 Establish an annual budget preparation and financial information system.
- 3.2 Create a financial management program or office with responsibilities in the following areas, among others: a) preparation of revenue-generating projects, and b) provision of advice to those in charge of formulating service projects about the possibility of introducing components of interinstitutional financial cooperation or cost-recovery measures whenever possible.

**4. Prepare and implement a human resources development program**

- 4.1 Make an inventory of volunteer personnel, combining the collection of information with provision of motivational information about the new course the institution has initiated. Identify the parts of the population which contribute the least volunteer support to detect conditions that hinder their involvement in the institution. Put such information into a database.
- 4.2 Establish different possibilities for practical links with the institution, in line with its new programmatic profile. With the help of groups and persons who have a stable link with the Dominica Red Cross, begin a volunteer recruitment campaign in order as much as possible to restore the institution's previous volunteer base, emphasizing male recruitment.
- 4.3 Establish a continuing education program based on participatory methodology, especially in the National Society's new fields of activity such as primary health and disaster preparedness.

**5. Promote a strategy for improving the institution's image and on that basis increasing fund-raising efforts**

- 5.1 Launch an information campaign about the role of the Red Cross aimed at presenting to the public the new ideas of the Red Cross and at fostering volunteer recruitment. A number of different media as well as direct links with institutions and grass-roots organizations can be used for this purpose.
- 5.2 Develop a plan to raise funds linked to the information campaign noted above
- 5.3 Appoint a fund-raising coordinator.

## SOURCES

1. Sources: (a) 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. 83; (b), (c), (d), (e), and (f) United Nations Development Program (UNDP), *Desarrollo humano Informe 1992* [Human development: 1992 Report], Bogotá, UNDP/Tercer Mundo, 1992, Tables 1, 2, and 11
2. World Bank. *Dominica: Economic update*, Report No. 8269-DOM. Washington, D.C., World Bank, February 1990, cited in Witter, 1992, p. 84.
3. Pan American Health Organization (PAHO). *Las condiciones de salud en las Américas* [Health Conditions in the Americas]. Washington, D.C., PAHO, 1990 Vol. II, p. 125
4. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(2):15 (July 1992).
5. PAHO 1990, p. 127.
6. E. LeFranc. *Health status and health services utilization in the English-speaking Caribbean*. ISER, 1990, cited in Witter, p. 87
7. Organization of American States (OAS), *Landslide hazard on Dominica, West Indies*, Washington, D.C., OAS, February 1987, cited in 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. 44.
8. OAS 1991, p. 77.