

RED CROSS OF THE DOMINICAN REPUBLIC

Transforming its relations with the state and solving its internal contradictions

The Dominican Red Cross operates against a background of widespread national crisis. After several stages of transformation since the 1960s, the present situation is characterized by the persistence of the social effects of recessive adjustment (an increase in poverty and reductions in social spending) and, above all, transition to a new economic model of liberalization and internationalization of the economy based on *maquilas* in free zones, emigrant remittances, and especially tourism. The high unemployment and underemployment rates have taken on structural traits and have resulted in a widespread fall in real wages and family income, which has pushed many families below the poverty line. This has occurred in rural areas, the large marginalized areas of cities, and the "poles of poverty," such as the *bateyes*,⁵² which characterize Dominican society.

Migration is complex, as thousands of Dominicans leave the country (especially for the United States), while there is a chronic and massive influx of Haitians which creates serious social problems. The health situation is also contradictory in that it includes declines in the rates of general, child, and maternal mortality at the same time that there is worrisome aggravation of child malnutrition and overall food security. In the social arena, there is a variety of problems requiring urgent attention, among which prostitution is particularly serious. All these problems are linked with unsolved or worsened housing, environmental sanitation, and basic service problems.

In the environmental sphere, the country faces problems stemming from pollution by industrial and mining wastes, indiscriminate use of agrochemicals, and deforestation. Its history is replete with hurricanes, tropical storms, and rains causing floods. Droughts have also occurred which have had devastating effects on agriculture.

This basic enumeration of problems unquestionably represents a serious challenge to the

institutions directly committed to Dominican social development. For the Dominican Red Cross specifically, various factors limit its ability to act more decisively. This springs, in the first instance, from the contradictions in its status as a quasi-official agency: the executive power exercises a dominant role in its policies and high-level administration, as seen in its designation of the institution's Executive Director. At the same time, however, the state does not provide it with enough financial and technical support. From this duality springs a combination of many bureaucratic obstacles characteristic of certain state agencies and the penury characterizing a private organization without adequate resources or strategic orientation.

Many months ago a bill was introduced to reform Law 417, which defines the legal status of the Dominican Red Cross, to make various key aspects of its management autonomous, but it has not yet been approved. This results in an "official" institutional image which is therefore subject to the different opinions the public may have in this regard.

Internally, all of this creates a set of adverse consequences. First, it provides conditions propitious to state control, which would in turn mean that the decision-making ability of middle-level officials and units are poor, unequal, and uncoordinated horizontally.

Excessive state control is most visible at the central headquarters, and is much weaker with respect to management of the branches. This disparity promotes program disintegration nationally.

It is clear that the prevailing model can continue only at the expense of the institution's overall development. It is thus recognized that the Dominican Red Cross faces a basic challenge, bringing about conditions to stimulate its redirection through a new organizational rationale which

is not subject to changes of Government in the country.

Such convictions result in different attitudes: some feel that very little can be done about a problem so closely linked to national political conditions, while others argue that, even given such limitations, it is possible to promote an active role for the National Society and modernize the organization to make it efficient.

The Dominican Red Cross provides its most effective and distinctive services through its blood banks. Other program areas are less developed, although, as will be seen, there are some promising activities and there is no lack of initiatives springing from the enthusiasm and perseverance of specific groups and individuals.

Organization of the National Society

Organizational structure and geographic coverage

The formal structure of the Dominican Red Cross includes two higher organs at the central level, the General Assembly and the National Council. Outside the capital there are provincial and municipal councils. These bodies are ostensibly inoperative and are irrelevant in the institution's operations and development: the Assembly almost never meets (it could not be established when it last did so) and the National Council meets sporadically and generally without the quorum needed to make decisions.

Because of the extreme sketchiness of these collegial authorities, the powers of its highest dignitaries lack real significance. There are no conditions under which the National President can adequately exercise his duties, and many members of the institution do not know who he is.

This results in almost total concentration of authority in the person who exercises national leadership. It was arranged in 1979 that his appointment would legally be up to the Assembly, but this change was ignored *de facto* in 1986 and

1987, when the Government reassumed this power.

Middle-level structures and functional relationships are very fragmented. At the central headquarters there are 14 "departments" and services, headed by "secretaries." The exact number is uncertain because there are doubts and discrepancies regarding their identification. For example, the Blood Bank, Clinical Laboratory, and AIDS Section should logically constitute a single department, but three are mentioned. The Secretariat of Public Relations is a one-person office whose occupant replaces the Director during her absences.

The Dominican Red Cross operates through provincial committees in 28 of the country's 30 provinces. In addition, there are Red Cross committees in seven municipalities. There is no diagnosis that precisely shows the scope and nature of this geographic coverage. For now, it is known that some sections do not have their own buildings and operate out of the homes of volunteers. Many revolve about the activity of a physician and his personal willingness to serve.

Administration and planning

As a corollary of the organizational structure described, the administrative system of the Dominican Red Cross is rather rudimentary. Its lack of complexity does not justify the fragmentation characterizing it, and it would be more advantageous to integrate into a single unit the technical and logistical functions which are now separated in the central headquarters: auditing, inspection, human resources, purchasing, treasury, supplies, and accounting.

The units noted have a limited functional profile and very few technical staff (except for accounting, none has more than two officials). Their relationship springs from a centralized leadership and not an administrative policy. Their possibilities of development are therefore very slight.

The situation of the operational units (blood banks, ambulance service, relief, communications,

youth, and publicity) is relatively better and offers more room for creativity to those who work in them.

The planning system also has many limitations. The absence of strategic, or at least overall, planning and the quasi-defunct nature of the collegial organs of authority promote institutional disintegration.

In summary, doubly fragmented programming predominates: between the departments (at the central headquarters) and between the branches. Although the branches value logistical support from the central headquarters and the efforts undertaken from there to provide training to the local councils, planning based on national programs is still quite new.

Under such conditions, the orientation of each unit depends heavily on the views and judgments of those in charge. There is a short-term view which is based on coordination of activities of greatest importance and good "scheduling" of "specific activities."

Fairly widespread awareness exists in the institution of these limitations. They are attributed to insufficient staff and, above all, to the political pressures noted, which hinder putting organizational progress on a stable path. Equally widespread is the wish to reverse them as much as possible through training and external technical cooperation programs.

Human resources

It is estimated that there are 1,500 volunteers spread among the 28 committees throughout the country, of which 23 are operating, according to information provided by the National Society. Activities intended to improve their training and organization, especially by Relief and Youth, have recently been increased.

They value the training opportunities the institution offers them before and after they join it, as well as the possibilities for in-service professional improvement and gaining experience. Various morale-building rewards (the prestige of

working in the Red Cross and awards) and rewards of a material nature (e.g., discounts on laboratory and ambulance services) are also recognized. Nevertheless, it is thought that the training of volunteers continues to be inadequate and that the scarcity of incentives discourages their participation.

Although some believe that volunteers would have a more suitable role if they were limited to collaborating in fund raising, a broader view of their role and contributions predominates internally. For this reason, it is considered necessary to improve the procedures used to recruit them since their results are still deficient.

With respect to paid staff, a report by the executive notes that there were 308 throughout the country in October 1991. Reports circulating internally provide smaller and mutually discrepant figures. It is reported that 47 people receive modest retirement pensions.

At the central headquarters, most staff are in the blood bank (33) and the executive (10). Other units have very small staffs. The political factor again appears adversely in that it hinders adequate selection of human resources.

There is no human resources development strategy, only unrelated initiatives by some departments.

The Department of Human Resources consists of a single official, whose duty is to "monitor the work of the staff and summon it to meetings."

This shortcoming, together with the lack of real participation in decision making, accentuates the influence of primary ties in both interaction between operational units and internal conflicts.

With few exceptions, it is recognized that the mind-set of poorly paid "public officials"—unmotivated and resigned to the lack of other job opportunities—prevails.

The relations of the central headquarters staff with the executive director are uncertain: many officials worry that their actions or expressions will be punished, a situation that may stem from excessive control from the top but one that also reflects the group's poor morale.

Finance and budgeting

The Dominican Red Cross has four basic sources of financing: tax contributions, its blood banks, ambulance services, and fees for certain courses.

The 1991 draft budget includes an annual contribution from the central Government of 2,595,660 pesos⁵³ for operating expenses. This is allotted to payment of wages, though it does not cover them completely. This subsidy has a dual effect: positive, in that it enables a basic expenditure to be safely met, and negative, in that it leads to a certain conformity (there are no systematic initiatives to search for new sources of revenue) and may be used as one more method of governmental pressure, as has happened in the past.

The blood banks are the institution's own greatest source of revenue. They generate 118,525 pesos a month, or a yearly total of 1,422,300 pesos.

The ambulance service provides free and remunerated services. For 1991, it reported total revenue of 290,281 pesos. Fifty pesos per person are charged in first-aid courses. The small-flag fund-raising source was abandoned when the unit responsible for it was closed.

A fund-raising department is being created, but its scope is now limited for lack of staff. For budgeting purposes, four "programs" are identified: management and administration, the ambulance service, blood banks, and the relief and social assistance directorate. Nevertheless, annual operations reports mention a larger number of departments (11 in 1990 and 14 in 1991).

The largest relative portion of the expenditures budget is for "personal services." The expenditures budget for 1991, which totaled 4,669,119 pesos, shows that approximately 45% fell into that category.

It is believed that internal control of expenditures is effective, but there is disagreement as to the efficiency of the treasury's procedures: some in the National Society view them as slow and complicated (the "state model"), while others think them slow only when there is a lack of liquidity.

The branches criticize their lack of financial autonomy and the unequal distribution of resources among them. The central headquarters does not support the local councils financially.

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

Principal activities

Health services

The Dominican Red Cross does not have a system of medical and care services or health centers. Medical activities—particularly vaccination—and some educational activities are reported, though the latter have been affected by lack of teaching materials.

There are scattered initiatives in the branches. It is thought that they could count on the support of physicians and the governmental infrastructure, but that the institution does not have the resources to manage such activity.

The blood banks are clearly the institution's most important activity in terms of the population served, active staff, revenue generated, and public image. There are 44 services of this type in the Dominican Republic, but the three belonging to the Red Cross collect more than half of all blood units in the whole country.

In 1991, the central headquarters' blood bank dealt with a total of 12,557 donors and delivered 9,995 units, chiefly to hospitals, polyclinics, and the National Police. It has two major related services: (a) the Clinical Laboratory, which provides service to people who visit it directly and also collaborates in activities to prevent epidemics, and (b) the AIDS Section, which conducts serology diagnosis examinations and provides guidance on sexually transmitted diseases.

The efficiency of the local blood banks is seriously hindered by their lack of clinical laboratories.

Social assistance and welfare services

This area is multifaceted. There are assistance activities, essentially through provision of food, clothing, and drugs to those in prison, mothers with limited means, and residents in the capital's marginal neighborhoods. There are also educational activities concerning hygiene and disaster preparedness, but their impact on the population is still slight.

Neighborhood committees are being organized, and this is a promising start in community promotion activity. But a comprehensive and sustained program in this area still pends.

Because it lacks its own office space, this department is not "visible" and often is not viewed as a unit formally responsible for planning such activities. Furthermore, some of its occasional efforts are not generally known.

Relief and emergency services

In this area, the National Society considers the operations it conducts at times of mass activity important; examples are setting up aid posts on highways and beaches during Holy Week. On such occasions, assistance, communications, and ambulance activities operate under a unified command, which is something Red Cross members value quite positively since it is a good example of what could be achieved through greater coordination and participation.

Conveying patients to hospital centers is another service the National Society provides, and it is characterized as a socially important service. The ambulance fleet and its maintenance are deficient, however.

In Santo Domingo, the Department of Communications, which is adequately equipped and vigorously led, participates in the District Emergency Network (together with the institution's ambulances, fire fighters, and police). It is also responsible for a Communications Operation Plan, which is meshed with the National Emergency Plan (governmental).

The Relief Directorate operates a National Relief Activities School, which gives courses on

first aid, basic life support, life-guarding, and disaster preparedness. During 1991, 360 events (courses, conferences, and seminars) were reported. The most heavily requested course is that on first aid, which has around 3,000 participants a year who attend it on their own initiative or under contracts with private companies, particularly hotels.

There have been some successes in training volunteers in prehospital care, but there are still few personnel trained to manage emergencies. In addition, it is thought necessary to cover them with health insurance.

Activities in this area are characterized by their program dispersion and weakness in priority definition, especially in disaster preparedness activities, given the country's historical high risk of cyclones and hurricanes. Operationally, there is a lack of specialized equipment and inputs for relief activities. It is also necessary to establish lines of coordination with programs carried on by other parts of the National Society which are disaster-related in order to prevent unnecessary overlapping.

Other programs and activities

The Youth Department has not operated for several years, and so its ability to attract volunteers is diminished. Activities have been started up again through the organization of youth committees in the provinces (14 are reported and four are being formed). They are reported to have more than 600 volunteers, whose training is coordinated with information dissemination.

The Information Dissemination Department conducts activities to publicize International Humanitarian Law, chiefly to the National Congress, ministries, and Armed Forces

Relations with the Government

The Dominican Red Cross collaborates with the Government through several specific activities, most of which have already been noted. The institution's contribution to the operation of the

Expanded Program on Essential Drugs (PROMESE) may also be mentioned.

Inside the Red Cross, however, there is still much criticism of governmental interference in the institution's decision making, as has already been noted. It is even feared that such meddling might unfavorably affect international aid.

Relations with other organizations and agencies

There is little information about the Red Cross's relations with nongovernmental organizations. Generally speaking, its links with NGOs are weak, though the institution has some expectations of promoting service exchanges. It is possible that its weakness in institutional autonomy in relation to the state is something that will limit establishing such relations.

The role of external cooperation

The training opportunities offered by other National Societies are considered very useful to the institution. Its closest ties are with the Colombian and Spanish Red Crosses, and the latter has also acted as the intermediary in certain contributions by the European Community. The Spanish

National Society's Seminar on Social Program Planning and Management, given last year, was considered quite valuable.

Equipment donations have been received from various agencies, including the Empress Shoken Fund.

The branches question the way in which external cooperation is channeled through the central headquarters, which shows that procedures for identifying projects, assigning priorities to them, and distributing resources are insufficiently precise and clear.

The National Society's perceptions of its public image

Generally speaking, the National Society believes that its image is deteriorating. In many ways, this is viewed as a threat, especially as to its possibilities of receiving financial and technical cooperation.

Three basic factors contribute to the deterioration: the Dominican Red Cross's identification as a paragovernmental agency, the little information the public has received about its nature and purposes, and various shortcomings in its services.

The Department of Public Relations supports the work of the executive director but does not conduct systematic activities to change and improve the institution's image.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In general terms, the activities of the Dominican Red Cross appear to be a set of promising and diversified possibilities that are still relatively undeveloped and have little impact. The only clear exception is the blood bank. Among the factors that most delay the realization of these possibilities, it should first be stressed, are two which are closely linked: the subordination of the National Society to the executive power, and the control from the top characterizing its internal relationships, which is promoted by both the dormancy of its collegial authorities (General Assembly and National Council) and limited general participation in decision making.

In addition, planning is fragmented, which with a diffuse and formalistic organizational structure, helps give the institution's decision

making and activities a dispersed and unsystematic profile.

The institution's finances have inadequacies that affect pay, the provision of technical equipment, and, in general, the execution of planned activities. Moreover, the strong influence of the state subsidy on the institution's revenues and the weakness of other sources of revenue help accentuate a detrimental dependence on the national Government.

Finally, strengthening the Red Cross's links with external cooperation and creating a more favorable institutional image are two major challenges.

The summary sketch above leads to the conclusion that there is a need to promote institutional development through greater autonomy and overhauled planning and organization, based on a policy of human resources development and financial recovery.

RECOMMENDATIONS

- 1. Strengthen institutional autonomy**
- 2. Redefine the Dominican Red Cross's operational activities by orienting them toward the country's situations of vulnerability through a strategic planning system**
- 3. Carry out overall organizational restructuring**
- 4. Initiate a human resources development program**
- 5. Promote a financial recovery plan**
- 6. Draw up and implement a communications and public relations program**

1. Strengthen institutional autonomy

- 1.1 Resume and update legal initiatives to bring about institutional autonomy. The content and feasibility of the proposals toward that end drawn up earlier could be reevaluated in order to undertake a new cycle of negotiations with public authorities.
- 1.2 Draw up a plan of cooperation with the Government and its agencies which allows preserving and reinforcing certain present ties and creating other, new ones that give the National Society autonomy and independence. Governmental financial aid mechanisms, which now benefit the Dominican Red Cross, could be preserved and perfected as part of such a plan.

2. Redefine the Dominican Red Cross's operational activities by orienting them toward the country's situations of vulnerability through a strategic planning system

- 2.1 Design a health program which includes present activities (blood bank, medical services) and, as a priority, develop primary health care (PHC) activities, in coordination with local health systems.
- 2.2 Establish a social action program with precise objectives and goals which, in the medium term, will become one of the National Society's priority programs. Include activities already under way (such as activities with residents of marginal urban neighborhoods) in this program by giving them continuity and a higher profile.
- 2.3 Strengthen the Relief Program, particularly as to disaster education, organization, and preparedness activities, by broadening the conceptual approach to disasters in order to include the social, economic, and environmental aspects of vulnerability.

- 2.4 Adopt a promotion strategy in the National Society's various programs by promoting community participation through activities at the local level, improving coordination with other organizations, and taking the initiative with respect to the public authorities.
- 2.5 Prepare and implement a strategic planning system that embraces the different programs, strengthens the prioritization of activities, and prevents their dispersion. Include follow-up and evaluation mechanisms in the system.

3. Carry out overall organizational restructuring

- 3.1 Streamline the functional organization of the central headquarters through a new departmental structure, distinguishing administrative and logistical departments from operational ones. Regrouping various functions whose separation is not justified would have to be undertaken to reorganize the former. As for the operational departments, they should be separated according to programs established as part of the planning system, and they should therefore be flexible.
- 3.2 Restore the duties of collegial authorities, especially at the central level.
- 3.3 Decentralize decision making in favor of operational departments, branches, and volunteers by improving the National Society's participation channels and methods
- 3.4 Improve the National Society's integration and links, especially of the provincial and municipal committees and the central headquarters, by establishing streamlined and functional programming, follow-up, coordination, and communication procedures.
- 3.5 Streamline relations between the leadership and staff. An evaluation program advised by outside professionals would enable this problem to be characterized correctly and useful measures to be adopted.

4. Initiate a human resources development program

- 4.1 Carry out an evaluation of available and needed human resources to promote development objectives, with their respective capacities
- 4.2 Design a human resources policy so oriented that volunteers are assigned to activities matching their professional training or motivations and expectations, and undertake a volunteer campaign on this basis.
- 4.3 Start a continuing education program for the institution's members based on participative methods.
- 4.4 Promote and facilitate initiatives by the institution's members, especially those at middle levels, through shared consultation and decision-making procedures. Broader participative methods concerning the planning, oversight, and evaluation of activities would be established in the plan.
- 4.5 Strengthen the participation of youth in the functional structure to ensure their contribution to the activities of all operational departments.
- 4.6 Establish a system for hiring paid staff based on objective criteria such as professional qualifications and candidates' own merits. Selections should be transparent.

Conclusions and recommendations

5. Promote a financial recovery plan

- 5.1 Identify new sources of financing in order to diversify the National Society's sources of revenue. Examples are possible revenue from activities and services, contracts with the public authorities, and private sponsorship.
- 5.2 Examine the feasibility of conducting revenue-generating productive and/or commercial projects related to tourism and other financial activities which do not contradict the institution's nature and image.
- 5.3 Establish a fund-raising unit in the organizational structure, staffed by trained personnel, which is responsible for carrying out the plan.

6. Draw up and implement a communications and public relations program

- 6.1 With the support of the mass media, institutions, and grassroots organizations, this program would enable building an image of program autonomy based on a strategy of public service. It would also enable making the National Society's activities known comprehensively and disseminating suitable messages to attract greater participation by organizations and communities.

SOURCES

1. Sources: (a) and (c) World Bank, *Informe sobre el desarrollo mundial 1990: La pobreza*, Washington, D.C., World Bank, 1990, p. 198; (b) United Nations Development Program (UNICEF), CENISMI, and ONAPLAN, *Monitoreo de los efectos de las políticas económicas y sociales en el bienestar infantil*, Santo Domingo, 1990; (d) and (e), United Nations Development Program (UNDP), *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1 and 17.
2. *Maquilas* are plants where imported components are assembled for the world market. Such factories have proliferated in the developing world, and especially the Caribbean, because of low labor costs and the incentives created by the Caribbean Basin Initiative (CBI), which was launched by the United States Government in 1984.
3. Inter-American Development Bank (IDB). *Economic and social progress in Latin America: 1989 report*. Washington, D.C., IDB, 1990, p. 318.
4. Cited in Wilfredo Lozano. *República Dominicana: Balance de una década 1980-1990*. Quito, Federación Internacional de Cruz Roja/Latin American Faculty of Social Sciences (FLACSO), 1992, mimeo, p. 26.
5. Lozano 1992, p. 26, based on data from the Economic Research Center (CIECA).
6. Regional Program on Employment for Latin America and the Caribbean (PREALC) 1982 data, cited in Lozano, pp. 25 and 28.
7. Lozano 1992, p. 20, based on data from the National Free Zone Council.
8. Cited in Lozano 1992, p. 31.
9. According to UNICEF-ONAPLAN data. *La situación de la infancia en República Dominicana*. Santo Domingo, UNICEF-ONAPLAN, 1986, cited in Lozano 1992, p. 42.
10. UNDP 1992, Table 17.
11. Inter-American Institute for Agricultural Cooperation (IICA). *América Latina y el Caribe: Pobreza rural persistente*. San José, IICA, 1990, p. 20.
12. Food and Agriculture Organization (FAO) studies cited in IICA, 1990, *op. cit.*, p. 55.
13. Ministry of Health/Pan American Health Organization (PAHO). Project PPS-CA-001, 1991.
14. Central Bank of the Dominican Republic.
15. Data from the Latin American Demographic Center (CELADE) cited in Lozano 1992, Table A-21.
16. E. Báez and F. D'Oleo. *La emigración de dominicanos a Estados Unidos: determinantes socio-económicos y consecuencias*. Santo Domingo, Fundación Friedrich Ebert, 1986; cited in R. Cassa, "Juventud y sociedad en República Dominicana," in Edelberto Torres-Rivas (ed.), *Escépticos, narcisos, rebeldes: Seis estudios sobre la juventud*, San José, FLACSO/ECLAC, 1988. According to this study, there were around 650,000 Dominican immigrants in the United States.
17. IDB. *República Dominicana, estudio económico*. Washington, D.C., IDB, 1985. Cited in Lozano 1992, p. 19.
18. World Bank *Informe sobre el desarrollo mundial 1990: La pobreza*. Washington, D.C., World Bank, 1990, p. 232.
19. David E. Lewis. "El sector informal y los nuevos actores sociales en el desarrollo del Caribe." In. Andrés Serbin and Anthony Bryan, *El Caribe hacia el 2000: Desafíos y opciones*, Caracas, Nueva Sociedad/UNITAR, 1991, p. 224.
20. Tania Pierre-Charles. *Sociedad y salud: El caso haitiano*. San José, Federación Internacional de Cruz Roja, 1992, mimeo, p. 10.
21. From ONAPLAN and the Institute of Population and Development Studies (IEPD), cited in Lozano 1992, p. 33.
22. PAHO. *Las condiciones de salud en las Américas*. Washington, D.C., PAHO, 1990. Vol. II, p. 278.
23. Lozano 1992, p. 33.
24. Carmelo Mesa-Lago "La seguridad social en América Latina." In. IDB, *Progreso económico y social en América Latina. Informe 1991*. Washington, D.C., IDB, 1991, pp. 196 and 215.
25. Mesa-Lago 1991, p. 213.
26. PAHO 1990, p. 278.
27. Cited in PAHO 1990, p. 274
28. UNDP 1992, Table 11.
29. UNICEF, CENISMI, and ONAPLAN 1990.
30. Data from the Public Health Information Processing Division for 1989.
31. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(1 and 4) (March and December 1992).
32. SESPAS. *Memorias de salud pública*. Santo Domingo, 1990

Sources

33. UNICEF, CENISMI, and ONAPLAN 1990.
34. FAO and ECLAC data cited in Menjívar 1992, p. 56.
35. UNDP 1992, Table 13.
36. PAHO 1990, p. 280.
37. Data from national rural and urban labor surveys in 1980, cited in Lozano 1992, Table 14.
38. Institute of Population and Development Studies (IEPD) "Población y vivienda en la República Dominicana." *Boletín*, IEPD, 5 (June-December 1983).
39. Data from the 1981 census, in Lozano 1992, p. 69.
40. UNDP 1992, Table 14.
41. Official data cited in Lozano, Tables 30 and 31, and pp. 63-65.
42. Data from the Central Bank of the Dominican Republic.
43. Lozano 1992, p. 49.
44. Lozano 1992, p. 50.
45. *New York Times*, April 20, 1992.
46. Data from Gisela Quiterio, *La mujer dominicana en cifras*, Santo Domingo, FLACSO-Dominican Republic, 1992.
47. UNICEF. *Estado mundial de la infancia 1991*. Barcelona, UNICEF, 1991, p. 111.
48. UNDP. *Desarrollo humano: Informe 1991*. Bogotá, UNDP/Tercer Mundo, 1991, Table 2.
49. J. Huaylupo Alcazar. *El contexto global de la situación de la mujer en América Central y República Dominicana. Proyecto de asistencia en educación obrera para mujeres trabajadoras rurales de América Central y República Dominicana*. San José, ILO, 1989, p. 68.
50. UNDP 1992, Table 23.
51. World Resources Institute (WRI). *World resources 1988-89*. Washington, D.C., WRI, 1989. Cited in Nicolo Gligo, "Medio ambiente y recursos naturales en el desarrollo latinoamericano." In: Osvaldo Sunkel (ed.), *El desarrollo desde dentro: Un enfoque neoestructuralista para América Latina*, Mexico City, FCE, 1991, Table 1.
52. Rural communities linked to sugar cane cultivation and harvesting.
53. USD 1 = DOP 12.30.