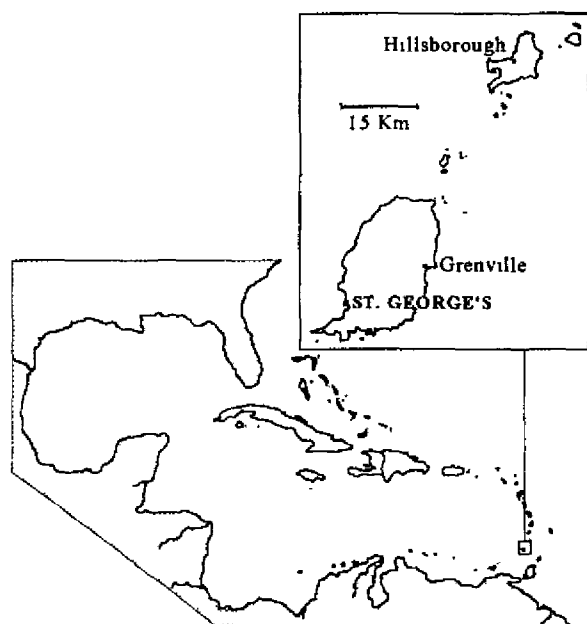


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# GRENADA



Capital: St. George's  
Area: 344 km<sup>2</sup>  
Population: 100,000 (1987) (a)  
Population density: 291/km<sup>2</sup>  
Urban population: Not available  
Per-capita GDP in USD: 1,900 (1989) (b)  
Life expectancy at birth: 71.5 years (c)  
Infant mortality rate: 31‰ live births (1990) (d)  
Illiteracy: 4% (e)  
Population under poverty line: Not available  
Human Development Index 1992: 0.749 (54th) (f)<sup>1</sup>

## Overcoming social problems, a challenge to an expanding economy

The island of Grenada lies in the Eastern Caribbean at the extreme south of the group known as the Windward Islands, 90 miles from Trinidad and Tobago, a country with which it has historical, cultural, social, and even family ties. To the north of it are Carriacou and Petit Martinique in the Grenadine group, both of which are dependencies of Grenada. Around 1987 the population was about 100,000, although several tens of thousands of Grenadians have emigrated and live abroad, particularly in the United States and other Caribbean islands. Most of the population is of African origin and descends from the slaves on the sugar cane plantations of the colo-

rial period. Although the language and culture are indisputably English, the French presence during the 17th and 18th centuries has left traces in place names and the popular language.

The process by which Grenada obtained its political independence from the United Kingdom in 1974 was characterized by lack of social consensus and violence by *mangostas* or the *mongoose squad*, the paramilitary unit created by the local Government during the period immediately before independence. Political and social instability continued during the decade after independence: in 1979 it led to a revolution led by the New Jewel Movement (NJM), socialist in orienta-

tion and headed by Maurice Bishop, who with great popular support assumed power and established a provisional Government. During the following four years, despite adverse international pressure, a mixed economy model was promoted, the public sector was expanded, and economic diversification was promoted through agro-industry and tourism by means of projects such as the new international airport at Point Saline. Leftist pressures on the Bishop Government resulted in October 1984 in a new coup d'état led by General Hudson Austin, head of the army. Bishop was arrested and later murdered, together with several public officials and followers. Two weeks later more than 5,000 U.S. marines, together with a few hundred policemen from six Caribbean countries, invaded the country, causing destruction and a number of victims which is still difficult to determine.

Elections were held barely a month after the invasion which gave power to a coalition of parties called the New National Party, which was supported by the United States, and an economic policy different from that of the previous period began: agreements were reached with the International Monetary Fund (IMF) adopting structural adjustment, and the private sector was vigorously supported. The new policies were strongly backed by the United States, which channeled major economic aid packages to the country through the U.S. Agency for International Development (USAID). Such assistance was preferentially oriented toward foreign investors and did little for the local private sector, however.<sup>2</sup>

The economy of Grenada has been affected by political instability, the U.S. invasion, the growing debt burden, and the radical reorientation of its economic policies at the middle of the decade, which has accelerated the process of transforming the economy. In that transformation process, agriculture, the traditional basis of Grenada's economy, and manufacturing activity for the national and regional markets have ceded importance to tourism and production of textiles for the U.S. market as part of the Caribbean Basin Initiative (CBI). Only the banana trade with the United Kingdom, which has met with favor-

able pricing, has shown some dynamism. In particular, tourism represented 37% of the gross domestic product (GDP) in 1987.<sup>3</sup> Still, the economy grew significantly from 1980 to 1989 and especially after the invasion, with an average annual rate for the period of 4.6%. The external debt, however, grew sixfold in absolute terms between 1980 and 1988, until it reached USD 80 million, and doubled as a proportion of the GDP.

Grenada's "human development" indicators suggest that the well-being of Grenadians is significantly better than that of many other peoples in the third world with a similar or even higher per-capita income level. There are areas in which there is still room for action in social development, however, such as literacy, maternal and infant mortality, food production and availability, and particularly unemployment and juvenile marginality.

### **The employment situation and the labor market**

Despite strong economic growth, especially in the second half of the decade, the unemployment rate has fallen only partially, declining from 18% to 16% of the active population.<sup>4</sup> Unemployment is greatest among young people, who together with the elderly poor are one of the population's groups of poor—a cause for concern to the Government.<sup>5</sup>

### **Health, nutrition, and environmental sanitation**

Grenada's morbidity and mortality profile is dominated by the noncommunicable chronic diseases. Coronary diseases, cerebrovascular ailments, and malignant tumors are the main causes of death in the adult population. Cervical cancer is the chief malignant tumor in women, and prostate and stomach cancers are the principal ones in men. Diabetes and hypertension

were the fifth and eighth causes of death in 1988.<sup>6</sup>

The infant mortality rate in 1990 was 31‰ live births.<sup>7</sup> During the decade there was a significant reduction in that rate inasmuch as it was almost 40‰ live births in 1980.<sup>8</sup> Other sources, however, put it at significantly lower levels during the period 1985-1987—between 18‰ and 15‰ live births.<sup>9</sup> The main causes of infant mortality were prematurity, congenital anomalies, and respiratory conditions. In children under age 5, gastroenteritis and respiratory infections were the chief cause of hospitalization in 1988. Vaccination coverage made major advances in the period 1985-1987: poliomyelitis and DPT vaccine coverage increased from 61% to 98% and from 77% to 92%, respectively, while that for measles reached 77%. Rubella vaccination was also promoted among school children.

Two maternal deaths were recorded each year in the period 1985-1987, which yields a rate of 64 per 100,000 live births. A cause for concern in reproductive health and family planning is the high incidence of adolescent pregnancy. From 1985 to 1987, between 21% and 25% of deliveries occurred in mothers aged 13 to 19 years. All dispensaries in the country have family planning services, by reason of which greater emphasis on education and promotion to prevent this phenomenon is thought necessary.<sup>10</sup> Another especially important health problem is drug addiction: in recent years consumption of and addiction to drugs such as marijuana and cocaine has increased spectacularly among young people.

Persons older than 65 years represented 7% of the population in 1988, and it is reckoned that by the year 2000 they will represent 10%. Although there are no precise data regarding the health situation of this age group, it is believed that it requires preferential attention by the health authorities

Thirty-two AIDS cases, including 18 deaths, had been recorded in the country by mid-1992. The incidence of the disease is high, even in the context of the Caribbean, although Grenada is still behind countries where AIDS is more preva-

lent such as the Bahamas, Barbados, or Trinidad and Tobago.<sup>11</sup>

The Ministry of Health is the agency responsible for health policy and service provision in Grenada. The health system consists of three levels of care, though they are not precisely differentiated. Services at the three levels are free. At the first level—primary care—are consultations with general practitioners, hospital dispensaries, health centers, and health posts. In 1988 there were six health centers, 27 consultation posts, a border unit, a maternity center, eight dental offices, and six hospital dispensaries. These establishments are so distributed through the country that most of the population is located at a distance of less than 5 km from one. There are physical access problems, however, in the most mountainous and distant areas and where there are few or no means of transportation. A serious problem at this level is the lack of human resources.

Secondary care is considered that provided hospitalized patients, while tertiary care is that requiring specialists. Both are given in the hospital system, which in 1988 consisted of two general hospitals, one with 266 beds located in the capital and the other with 40 beds in the rural area. There is another general hospital, with 32 beds, on Carriacou. In addition, there are a geriatric hospital with 137 beds and two special establishments, each with 16 beds, one of which is for the disabled and the other for drug addicts. The psychiatric hospital, which had 160 beds, was destroyed during the U.S. invasion, and construction was begun of a new center with 80 beds. In 1988 the private sector consisted of two convalescent centers and a 10-bed hospital for acute cases.<sup>12</sup> There are coordination problems in dispatching patients to the general hospitals and, on Carriacou and Petit Martinique, patient transport is a serious logistic problem. The most serious cases are sent abroad, usually to Barbados, Trinidad, or the United States, sometimes with state assistance.

In the area of environmental sanitation, the acceleration of urbanization and development of tourism have resulted in greater pressure on

sewerage systems, which were already characterized by precariousness and age. A large part of the residential areas of St. George's lacked sewerage. Grand Anse Bay received human wastes, often untreated, which led to much contamination of coastal waters and beaches. The Grand Anse and Grenville beaches, among others, are the most affected. During the second half of the decade the Caribbean Development Bank (CARIBANK), the United Nations Development Program (UNDP), the U.S. Agency for International Development (USAID), and the Canadian International Development Agency (CIDA) financed various studies and projects to improve the sewerage and sanitation infrastructure.<sup>13</sup>

## Education

Available indicators show that though Grenada allocated a sizable proportion of the GDP to education at mid-decade (7.6% in 1985), the expenditure per student—USD 91.50 in primary schools—was very low compared to the region's levels. Only Jamaica was lower, with an expenditure of USD 86.60 per pupil, while in Trinidad, for example, it was 12 times higher. This seeming paradox is explicable if we take into account the small size of Grenada's GDP, since educational expenditures as a proportion of public expenditures are at levels similar to those in other countries in the region. The form the distribution of expenditures take by educational levels, with clear priority on primary schooling, is also a characteristic of Grenada.

Indicators of instructional quality reveal a contradictory situation. On one hand, only 45% of primary school teachers and 41% of secondary school ones are adequately trained. On the other, the pupil-teacher ratio is relatively low, 26:1 in primary schools and 21:1 in secondary schools.

## Vulnerability to disasters

Hurricanes should be considered the major threat of disaster in Grenada, but their incidence is relatively less than in other areas of the Caribbean because the island is south of their most frequent route. Hurricane Janet in 1955, and to a lesser extent Flora in 1963, caused severe damage and showed the island's vulnerability to weather phenomena of this kind. This vulnerability has been aggravated as the population density has increased and because the island's economy is now much more dependent on tourism, a sector that is severely affected by this type of disaster.

In addition to hurricanes, earthquakes and volcanic eruptions are potential natural disasters since the island of Grenada is of volcanic origin. There is an underwater cone 7 km from Grenada and 160 m below sea level named Kick'em Jenny which is considered one of the most active in the Lesser Antilles. Kick'em Jenny has erupted eight times in this century and its last major eruption was in 1977; in 1988 a new eruption of the volcano, though of lesser intensity, was accompanied by explosions and temblors. It has been observed that in the coastal areas of Grenada closest to the volcano the coast is slowly sinking, and it is expected that future eruptions will cause the volcano to emerge above sea level. A possible eruption by Kick'em Jenny, accompanied by explosions, could cause strong seismic waves which would affect the northern coast, particularly the areas of St. Patrick and Santeurs Bay, which are only 7 km from the volcano.<sup>14</sup>

A vulnerability factor of great importance is the kind of construction widely used on the island. Most dwellings are built of wood, lack adequate cementing, and in many cases stand on wooden piles which are insufficiently anchored. This type of construction has shown itself to be extremely fragile during earthquakes or hurricanes, even of low magnitude.

Disaster contingency structures and plans were called "partial" or "weak" by various international agencies even at the end of the 1980s.<sup>15</sup> The National Disaster Plan adopted in 1985-1986 establishes the roles and missions of

public authorities and nongovernmental organizations (NGOs), including the Red Cross, but it has been insufficiently applied and there were no necessary means for carrying it out.<sup>16</sup>

## GRENADA RED CROSS SOCIETY

### Meeting new challenges amidst renovation and modernization

Grenada is located in part of the Caribbean prone to hurricanes, earthquakes, and volcanic eruptions. In fact, the Grenada Red Cross was established in the wake of Hurricane Janet in 1955 as a branch of the British Red Cross. It was recognized as an independent Society and admitted to the Federation in 1987.

Besides sharing many economic and structural problems common to most of its neighboring countries, Grenada's situation was complicated at the start of the 1980s by political turmoil which ended in the military invasion of the island by the United States and its Caribbean allies. During the rest of the decade Grenada tried to stabilize its economy and stimulate economic growth, and achieved major advances at the beginning of the 1990s. There is uncertainty about the future of the economy, partly because of the possibility that the European Community's Commission will end the preferential treatment enjoyed by the island's banana producers in 1993. Despite economic growth, there is still poverty in certain sectors of Grenadian society as well as high unemployment, which particularly affects women and young people. There has also been an increase in youth marginalization and drug trafficking and consumption. These realities, closely linked to unemployment, make the young population a priority target for social development and demand concrete action by the state and society in areas ranging from drug prevention to job availability.

The organization is today challenged by its need for internal restructuring to meet the needs and demands of the community and effectively carry out the objectives stated in its current development plan (1990-1993).

Training, especially in first aid, is recognized as the National Society's most important activity, but the plan's objective of establishing a Red Cross unit capable of coordinating and adminis-

tering training programs with adequate staff has not been possible to attain.

Because disaster preparedness is a priority in a hurricane-prone country, the National Society has drawn up its own disaster preparedness and relief plan and has assumed responsibilities in connection with the Government's National Disaster Plan.

The National Society would have difficulty meeting the needs of the public in the event of a major emergency. Given its limited resources, a national disaster would make the task of the Grenada Red Cross formidable. At present there is a lack of storage facilities, emergency supplies, and adequately trained personnel.

Other services provided by the National Society are traditional hospital and home nursing activities. It has been suggested that the Society offer more social services to the population at large to relieve rising social vulnerabilities, especially among women, youth, and the elderly. The elderly population is a group of great interest since in 2000 they will constitute 10% of the population, one of the highest proportions in the Caribbean. Current financial limitations preclude a rapid change in the focus of the Grenada Red Cross's activities, but with time the idea can evolve through organizational changes and planning.

### Organization of the National Society

#### *Organizational and geographic structure*

According to its statutes, the Grenada Red Cross is comprised of a central organization, consisting of a General Assembly, a Central Committee, and an Executive Committee; and a

local organization consisting of local committees which ensures the coverage of Red Cross activities throughout Grenada

The General Assembly is composed of the members of the central committee, the chairperson of each local committee, and elected representatives of the local committees (proportionate to the number of active local committee members). The responsibilities of the General Assembly include electing the central committee and approving the annual reports, budgets, and accounts of the National Society. The General Assembly meets annually, although its last meeting was held in 1991.

The Central Committee is composed of eight members elected by the General Assembly (four of whom retire and are replaced annually), the chairpersons of the local committees, two members appointed by the Government of Grenada (without voting rights), and no more than two outstanding citizens chosen by the Central Committee. It meets every three months and is responsible for electing the President, Vice President, Executive and Finance Committees, appointing the Secretary General, and establishing local committees.

The Executive Committee meets once a month and, by delegation from the Central Committee, makes decisions on the day-to-day affairs of the National Society. The President supervises the general administrative affairs of the Society.

There are local committees in all six parishes on the island which comprise a total of 55 groups; ten are adult and the rest are youth groups. Good communication exists between headquarters and the local committees due in part to the excellent national system of communications and the efforts of the acting secretary general.

### *Administration and planning*

Until the end of 1991 the Federation provided funds for the post of secretary general. This post has not been filled since those funds ceased, and

a retired volunteer, acting as secretary general, has been managing the organization.

The National Society's priorities are set forth in its four-year development plan (1990-1993) and include the following: establishment of an effective organizational structure, recruitment of volunteers, training, disaster preparedness, first aid, fund raising, and dissemination of information about the Red Cross to members and the public. Partially due to the National Society's lack of financial resources, adequate permanent staff, and a reliable organizational structure, most of the plan's objectives had not been accomplished as of 1992.

To encourage interaction and contribution towards the achievement of the National Society's goals, it has been suggested that it circulate the contents of the development plan within the Red Cross and among its beneficiaries more widely.

The Grenada Red Cross's headquarters building is a small two-room office on a rather large piece of property, part of which has been leased to a private contractor. The Society is attempting to reach a settlement with the contractor to recover the property and its facilities as soon as possible. The National Society hopes to benefit from the additional headquarters space and obtain a steady income from renting the facilities.

### *Human resources*

The Grenada National Society has some 900 members, 80% of whom are women. During the last few years recruitment of new volunteers, especially men, has been one of the Society's main concerns. Because the general public perceives the Red Cross as an organization that offers few tasks or positions appropriate for men, male volunteers are difficult to attract. Total membership has increased steadily but remains below the goals stated in the development plan. In a country as small as Grenada there is keen competition among organizations for the limited number of potential volunteers. New strategies and modern techniques are needed to motivate

members and attract new volunteers. The Society seeks activities that recognize and promote hard-working members in order to obtain a loyal, interested membership. Training in new areas such as water safety and management and leadership techniques has been suggested. A national strategic plan has also been suggested.

At the time the Study was carried out, the National Society paid a salary to only one staff member, a secretary. During 1991 the Government of Grenada contributed the salary for a field officer, but financial difficulties made it necessary to discontinue the contribution in 1992. A volunteer is acting as secretary general as the National Society no longer receives funding from the Federation for that position.

A fulltime development officer, employed with funds from the Federation in response to the Grenada National Society's 1991 appeal, began work with the Society on September 1, 1991, and has helped promote volunteer recruitment, fund-raising, and the overall development and strengthening of the Society. In its 1992 appeal the Grenada National Society requested that the post continue for two more years. The lack of adequate permanent administrative staff affects the Grenada National Society's ability to deal effectively with its many tasks

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

The Grenada Society does not prepare complete annual financial reports. Instead, a budget is approved every year and a statement of receipts and payments is prepared at the end of the period. The last available audited statement of receipts and payments is for 1989.

The following analysis is based on information taken from the 1991 reports:

Total receipts for the year were \$26,465. The Government of Grenada contributed 30% of the total (a \$226 annual grant and \$6,590 for the salary of the field officer), donations amounted to 36%; fund-raising events (Red Cross Luncheon,

Flag Day, Christmas Raffle, etc.), 30%; and about 4% came from member and group subscriptions.

Total expenditures amounted to \$28,783, the payment of salaries making up 64% of the total. Travel allowances for the staff amounted to 12%; office expenses, 8%; and other expenses, including travel abroad and the Federation barem, were 16% (contributed by the Icelandic Red Cross).

The year 1992 ended with a deficit of \$2,317, which must be covered from the following year's receipts. The 1992 budget estimate also shows a projected deficit of \$3,524.

The leadership and members of the Grenada Society are concerned about the organization's financial situation and feel that unless more permanent sources of income are secured, any efforts to bring about changes and improvements will be seriously threatened.

In an effort to secure a source of permanent revenue, the National Society is negotiating payment to the private contractor who built condominiums on Red Cross property several years ago in exchange for a 12-year lease. Instead of waiting the 12 years, as the agreement stipulates, the National Society would like to reach a settlement under which the buildings would be recovered as quickly as possible. Rental of the facilities would provide a permanent and steady income for the National Society.

### **The Grenada Red Cross's role and activities in the context of the country**

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

The island of Grenada has a good internal communication system which enables the National Society to provide services throughout the country. Financial problems have created many difficulties in providing certain services in some remote areas, however.



### *Relief and emergency services*

The main efforts in this area center on first-aid training, which is provided to Red Cross volunteers and other private organizations, such as the Taxi Drivers Association and teachers in the Government's education department, throughout the country. In 1991, 40 individuals received training in order to become instructors

Reasons for relatively low numbers of participants in training programs include a lack of trainers and adequate staff, high transportation costs for participants, and the trainers' difficulties in taking time off from their other obligations.

The Grenada Red Cross has a disaster relief and preparedness plan, drawn up with the help of the Icelandic Red Cross Society in 1989. Unfortunately, the Grenada National Society has little ability to implement such a plan should a disaster occur. At present, storage facilities for supplies are inadequate, there are not enough relief supplies, and neither transport facilities nor human resources are prepared for a real emergency. This is a matter of great concern to the National Society which, because of its limited resources, requests assistance from the Federation and other National Societies.

### *Social welfare*

The National Society offers assistance to members of the community in emergencies such as fires. Other activities include management of a sales trolley at the St. George's hospital and training in home nursing, a program supported by the Icelandic Red Cross Society.

Suggestions have been made to move from welfare-orientated activities, which have relatively limited coverage, to offering social services to the population at large. Nevertheless, the National Society's unstable financial situation and lack of available volunteers are factors that limit the Society's ability to consider and implement such changes.

### *Relations with the Government*

The Government of Grenada supports and respects the Red Cross Society. It paid the salary of a field officer for several years but discontinued this payment at the end of 1991 due to budgetary difficulties. The Red Cross does not receive duty exemption or an annual grant.

The Government relies on the Red Cross's ability to deal with needs created by a major disaster. The National Society is concerned about its ability to meet such a challenge.

### *Relations with other organizations and agencies*

There is keen competition among NGOs for the few volunteers available and contributions from the general public. The National Society maintains close relations with the Girl Guides and Lions and Rotary Clubs. Some groups suggest that more cooperation with other organizations be promoted at the local level.

### *Role of international cooperation*

The Icelandic Red Cross is one of the principal supporters of the National Society. It has provided assistance in preparing the disaster relief and preparedness plan and technical assistance in implementing it. It has supported the Grenada National Society's home nursing training program, assumed payment of the Society's Federation barem, and contributed the cost of air travel so National Society officers can participate in special Federation meetings overseas.

The National Society has been paired with the Cleveland, Ohio, chapter of the American Red Cross since 1989 and has received first-aid materials and office equipment and supplies.

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

The leadership of the Grenada Society believes that change must be promoted at the local level in the public's perception of the Red Cross. It has been seen almost exclusively as a first-aid trainer and provider. The Society is now trying to share more information with the public about the Red Cross's universal principles, organization, and work through a three-minute radio program aired by a popular local station twice a day.

Though this effort is useful for improving the National Society's image, it has also been suggested that a public relations campaign be carried out involving professional use of the communications media. Such a campaign might help clarify the National Society's objectives, functions, and services.

As is the case in many other Caribbean National Societies, the Red Cross has a female image due to the overwhelming percentage of members who are women. The Society is aware of the need to diversify its social base by recruiting more young people, both men and women.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

Born as a result of the emergency caused by Hurricane Janet, which lashed the country in 1955, the National Society has kept amongst its most important goals the one of contributing to national disaster prevention efforts.

The profile of its programming and the channels of cooperation which the National Society maintains with the Government show this orientation. Nevertheless, a scarcity of resources has hindered its translation into concrete guidelines, because of which its operation has been based on training for first-aid activities, an activity of some social usefulness but limited scope. In the field of social welfare the National Society renders services in community emergencies such as fires and carries out traditional hospital activities and training in home nursing, all with a limited profile.

Even though in the area of planning a current institutional development plan exists for 1990-1993 which establishes clear priorities in organizational structure, volunteer recruitment, and fund raising, it has not been possible to accomplish most of its goals because of the absence of a permanent staff and an adequate organizational structure.

In consequence, the greatest obstacles faced by the National Society are, on one hand, the

weakness of its organizational structure for generating general guidelines on institutional direction and, related to this point, the absence of a permanent paid staff to execute institutional policies and make the life of the National Society dynamic.

Other problems, perhaps of minor importance but which also make the development of the National Society difficult, relate to volunteer recruitment, which has decreased in recent years due to the fact that the new subject areas considered for their training do not coincide with the possible activities the institution offers or may offer in the short and medium term. On the other hand, the Society has not been able to attract the interest of more volunteers, especially of young men, since a clear program profile is missing and there are no concrete opportunities for personal development. Finally, the most recent data show that the financial statements of recent years have been closed with deficits. Consequently, the National Society believes that this is one of the main constraints it faces. Nevertheless, apart from the efforts to recover the headquarters buildings, now in private hands, more active and sustainable modalities have not been defined for generating revenue nor have efforts been made to install basic tools for financial management such as budgets, annual financial statements, and audits.

## RECOMMENDATIONS

1. Strengthen the organizational structure
2. Broaden the institution's financial base
3. Redefine the National Society's priorities by reorienting its activities toward disaster preparedness, primary health care, and social welfare
4. Formulate a new development plan to be carried out starting in 1993
5. Adopt a human resources development strategy

### 1. Strengthen the organizational structure

- 1.1 Increase the paid administrative and technical staff, within the financial capacities of the institution, giving priority to the hiring of a field officer with responsibilities for program implementation and operational support of the branches and volunteers.
- 1.2 Reinforce the functioning of collegial decision-making bodies, especially in the area of defining policies and strategies, and in mobilizing and making the branches and volunteers more dynamic.
- 1.3 Normalize the functioning of the organs defined by the statutes, particularly the General Assembly.

### 2. Broaden the institution's financial base

- 2.1 Follow up with the on-going negotiations to obtain prompt recovery of the headquarters buildings to use them for revenue-producing activities.
- 2.2 Identify productive and/or commercial revenue-producing projects and begin their implementation. Consider especially the opportunities offered by the island's booming tourism sector.
- 2.3 Start negotiations with the public authorities to obtain greater continuing material and financial support for social development programs and especially for disaster preparedness based on a coresponsibility rationale.
- 2.4 Improve dues collection procedures.
- 2.5 Negotiate external technical assistance in the area of fund-raising from other agencies in the Red Cross Movement (Federation, National Societies, etc.)

## **Conclusions and recommendations**

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- 2.6 Establish a working group to design and implement an action plan for fund-raising in the short term and establish a permanent fund-raising unit as part of the administrative and technical staff in the medium term.
3. **Redefine the National Society's priorities by reorienting its activities toward disaster preparedness, primary health care, and social welfare**
    - 3.1 Broaden disaster preparedness activities, emphasizing prevention and community organization. At the same time, broaden the conceptual approach to disasters to include the social, economic, cultural, and environmental aspects of vulnerability. Establish geographically zoned action plans related to risk factors, such as hurricanes or eruptions of the Kick'em Jenny volcano.
    - 3.2 Extend and diversify social welfare activities to embrace low-income female heads of household, marginal children and youth, and poor or abandoned elderly people, thus surmounting a charitable approach and adopting a focus based on community promotion and development.
    - 3.3 Improve coordination with local health systems and primary health care programs. As possible specific actions, consider cooperation in family planning, child immunization, care of the elderly, and AIDS prevention.
    - 3.4 Adopt low-cost strategies in the aforementioned areas by making an intensive use of the National Society's most abundant resource—human resources—using methods based on organization, awareness raising, and information in the community and education and training.
  4. **Formulate a new development plan to be carried out starting in 1993**
    - 4.1 Critically evaluate the fulfillment of the development plan, relying on the widest possible participation of volunteers, branches, and the leadership of the National Society, to begin formulating a new short- and medium-term plan to be implemented in 1993.
    - 4.2 Adopt a structure of activities by program and project in the new plan based on three major programs—health, disaster preparedness, and social welfare.
    - 4.3 As part of the long-term plan, draw up annual plans of action that specify their strategic orientations in more concrete goals, by program and branch, with related follow-up and evaluation mechanisms in order to guarantee constant readjustment of the plan in a heterogeneous and changing context.
    - 4.4 Prepare a development cooperation framework based on the above.
  5. **Adopt a human resources development strategy**
    - 5.1 Establish a personalized policy of recruiting, assignment, and training of volunteers which pays special attention to the motivations, expectations, interests, knowledge, skills, and professional profile of each volunteer when placing him in the different programs or services
    - 5.2 At the same time, establish an incentives and recognition system to motivate volunteers.
    - 5.3 Establish a permanent training program which includes both a basic curriculum and a flexible structure to respond to particular training needs arising from practice.

## 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. 89; (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 and 11.
2. Witter 1992, p. 90.
3. United Nations Economic Commission for Latin America and the Caribbean (ECLAC), *Estudio económico de América Latina y el Caribe 1988* [Economic study of Latin America and the Caribbean], Santiago, Chile, ECLAC, 1988
4. Witter 1992, p. 92.
5. UNDP. *Hacia un desarrollo sin pobreza en América Latina y el Caribe; Memorias de la II Conferencia regional sobre la pobreza, Quito, noviembre de 1990* [Toward development without poverty in Latin America and the Caribbean; Proceedings of the II Regional Conference on Poverty, Quito, November 1990]. Bogotá, UNDP, 1991, p. 189.
6. 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. 158.
7. UNDP 1992, Table 11
8. Witter 1992, p. 92.
9. PAHO 1990, p. 158.
10. PAHO 1990, p. 159.
11. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(2):15 (July 1992).
12. *Ibid.*
13. PAHO 1990, p. 160.
14. Gudjon Petersen (Disaster Delegate of the League of Red Cross Societies), *Mission to Grenada, May 27-June 28, 1989*, mimeo, p. 11.
15. See PAHO/World Health Organization-Office of the United Nations Disaster Relief Coordinator (UNDRO)-League of Red Cross Societies. *Pan Caribbean disaster preparedness and prevention project: Project document*. Geneva, 1988.
16. Petersen 1989, p. 3.