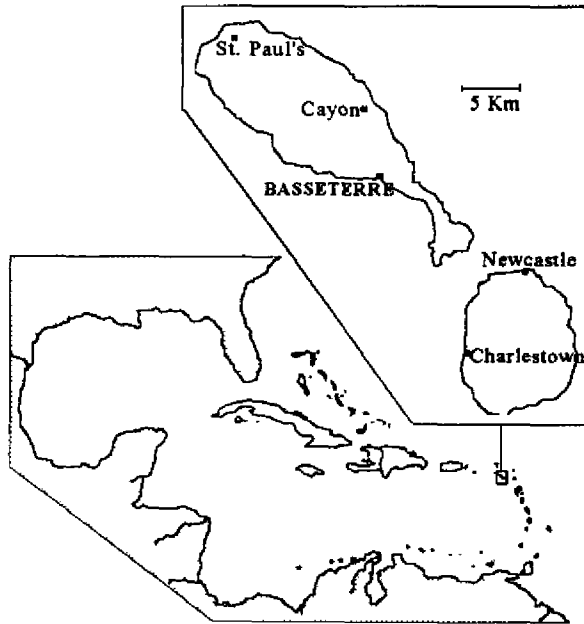

ST. KITTS AND NEVIS



Capital: Basseterre
Area: 261 km²
Population: 44,000 (1988) (a)
Population density: 168/km²
Urban population: 41 %
Per-capita GDP in USD: 2,630 (1988) (b)
Life expectancy at birth: 67.5 years (c)
Infant mortality rate: 37‰ live births (1990) (d)
Illiteracy: 8 % (e)
Population under poverty line Not available
Human Development Index 1992: 0.686 (68th) (f)¹

The challenge of translating economic growth into improvements in human development

The islands of St. Kitts and Nevis are in the northeastern Caribbean in the Leeward Islands. The larger, St. Kitts, is about 176 km² in extent and Nevis, 93 km²; of volcanic origin, they are separated by a narrow strait about 3 km wide. In 1988 the population of the two islands was 44,000 persons, most of whom are of African origin and descendants of the slaves who worked on the sugar cane plantations established during the colonial period. The population is mostly young, even in the context of the countries belonging to the Organization of Eastern Caribbean States (OECS): in 1990 almost 59% were less than 24 years old, and only 1.8% were 65 years

old or older². Migration abroad has been very significant and at mid-decade the number of emigrants even exceeded the number of births. Remittances by emigrants have come to be of major economic importance, during most of the 1980s representing the largest source of private capital for the national economy.

St. Kitts and Nevis gained its independence in 1983 after a period in which the nature of the new state was intensely debated because of secessionist pressure from Nevis: in 1976 the population of that island largely favored separation, despite which the Constitution of 1986 ultimately defined the new country as a federated

state within the British Commonwealth and granted Nevis a significant amount of self-government. On this basis, the 1980s were characterized by political and social stability.

Since independence the economy of St. Kitts and Nevis has experienced strong growth and, at the same time, its transformation has accelerated. Sugar, the traditional basis of the country's economy (it takes up about 70% of the arable land) and the principal export product, has been ceding place to nontraditional crops (such as cotton and coconuts), the textile and electronics industries, which are supported in the trade preferences of the Caribbean Basin Initiative (CBI), and above all tourism. From 1977 to 1979, agriculture represented 19.4% of the gross domestic product (GDP); from 1985 to 1988 it accounted for only 10.9%. The tourism sector (particularly hotels and restaurants), in contrast, grew spectacularly and has been the most important engine propelling the country's economic growth. In that period it doubled its proportional share of the GDP (from 2.9% to 5.9%),³ foreign exchange collected as tourist revenues multiplied ninefold (from USD 9.8 million to USD 87.6 million), and the number of tourists tripled until it was more than 125,100 in 1988.

The economy's growth, as noted above, has been very strong, with rates of between 4.7% and 9% annually during the middle years of the 1980s. At the same time, per-capita GDP grew by 35% and consumption per inhabitant by 43% from 1980 to 1987. These indicators must be viewed relatively, however, since given the small size of the economy (a GNP of USD 120 million in 1988) a small increase in the product in absolute terms immediately translates into a significant increase in the GDP's growth rate. Consumption growth has led to a growing trade deficit which, though offset by tourist foreign exchange revenues, also led to growth of the external debt by two and a half times from 1980 to 1988, rising from USD 10.5 million to USD 26.4 million. It is the lowest among the OECS countries, however.

St. Kitts and Nevis is in 68th place in the United Nations Development Program's 1992 classification of 160 countries according to their

degree of human development, and in 21st place in the group of 47 countries considered to have "medium human development." The achievements of St. Kitts and Nevis are significant for a developing country, but it is important to note that the country is in last place in relation to the other OECS countries and behind the region's countries with lower annual per-capita income such as Dominica (52nd place in the classification and per-capita GDP of USD 1,680), Grenada (54th place and per-capita GDP of USD 1,900), or Jamaica (63rd place and per-capita GDP of USD 1,260). The country thus confronts both the possibility and the challenge of improving its human development indicators during the 1990s.

Unemployment and the labor market

The unemployment rate remained at about 20% of the active population from 1980 to 1985; that is considered very high in comparison with the OECS countries. Around 1987, as a result of the demand for labor caused by the tourism boom, joblessness fell to 15% and real wages rose.

Health and environmental sanitation

The infant mortality rate is moderate compared to regional levels; it is, for example, higher than in Barbados and Jamaica but lower than in Guyana or Suriname. In 1990 it was 37‰ live births, and during the 1980s it varied from 30‰ to 39‰ live births. Neonatal deaths, and especially prematurity and dyspnea, diarrheal diseases, and respiratory infections, represented more than two-thirds of the deaths in infants less than one year old.⁴ There is thus some potential for reducing mortality in such infants. The incidence of diseases preventable by vaccination has remained very low because DPT, poliomyelitis, and rubella immunization coverage has stayed above 91%.

A problem related to reproductive health is the high incidence of pregnancy in women less than 20 years old, who in 1986 represented 23% of the total. Campaigns have been started to deal with this reality, and all health centers offer family planning services.

Thirty-four AIDS cases (and 21 deaths) had been recorded by September 1992. It is worth noting that while the greatest number of cases were recorded in 1988, 1989, and 1990, a significant decline occurred in 1991 and 1992.⁵ Although the absolute number of cases is very low, the proportion in relation to population is very high, even in the English-speaking Caribbean context.

Health services are provided by the Ministry of Education, Health, and Community Services. The health system is based on two care levels, though there is no clear distinction between them. The first level comprises care not involving hospitalization and is provided by health centers, general hospital outpatient services, and physicians' offices. The health centers provide maternal and child health services, prenatal, obstetric, and infant health care, home visits, hypertension and diabetes treatment, family planning services, and health education. The second level comprises care requiring hospitalization, whether in the country's two general hospitals or abroad. The two hospitals are the Joseph N. France Hospital at Basseterre, which in 1988 had 174 beds and is the one able to deal with the most serious cases, and Alexandra Hospital at Sandy Point, with 54 beds. There are also other establishments, such as Charles Hospital (10 beds) and the Cardin Home (100 beds) and Hansens Home (6) geriatric facilities.

The population's access to the services is universal: services are free and all inhabitants live 6 km at most from a health center on Nevis and even closer on St. Kitts. There are health programs for school children which conduct medical examinations in that population. The ratio of physicians to inhabitants has improved appreciably; in 1988 there were 1,530 inhabitants per physician

During the 1980s public expenditures on health tended to fall as both a proportion of the GDP and in per-capita terms. From 1982 to 1986 the real expenditure per capita declined by 18% and as a percentage of the GDP by a third, from 5.3% to 3.6%.⁶

In the area of basic services and environmental sanitation, the United Nations Development Program (UNDP) estimated that in 1990 access to potable water and sanitation was almost universal.⁷ There are greater shortfalls on Nevis, however. In 1988 the Pan American Health Organization (PAHO) noted that while 43% of the population on St. Kitts had household connections, only 24% on Nevis did.⁸ The development of assembly plants, or *maquilas*, in the Basseterre suburban area and of tourist establishments at various points along the coast such as Frigate Bay means a growing volume of untreated wastes and consequent problems of contamination of surface and coastal waters. In 1988, Basseterre lacked a system of closed sewerage and relied on street channels and open drains. An environmental sanitation program was implemented in that year with support from various cooperation agencies such as the Canadian International Development Agency (CIDA), the U.S. Agency for International Development (USAID), or the UNDP to improve the environmental sanitation and sewerage infrastructure.

Education

St. Kitts and Nevis have education indicators which are very satisfactory in relation to the country's income and development levels. The United Nations estimated that the illiteracy rate around 1990 was 8% and that the pupil-teacher ratio was 23:1 in primary schools and 15:1 in secondary ones.⁹

Public expenditures on education in 1985 represented 18% of governmental expenditures and 6.6% of the GDP, according to World Bank (WB) data, which placed it among the highest in the OECS,¹⁰ and in this St. Kitts and Nevis was exceeded only by Barbados and by Trinidad and

Tobago. In 1989, according to UNDP, expenditures on education accounted for 12% of governmental expenditures and 3% of the GDP.¹¹ To the extent that the data from both sources are compatible, this would show an appreciable reduction in the resources allocated to education, which is a worrisome trend. Investment outlays have been quite low (less than 1% of the total).

Situation of women

In 1980, according to data from the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), 45.6% of households were headed by women.¹² This fact is both a characteristic sociodemographic feature of Caribbean societies and a reflection of the high migration rates of men, many of whom send remittances to St. Kitts to support their families. Still, the proportion of female heads of household is one of the highest in the region.

About 40% of the work force are women: unemployment affects women to a greater extent since 50% of them are jobless. This high unemployment rate reinforces the idea that many

households are headed by women due to the absence of husbands as a result of emigration.

Vulnerability to disasters

Like the other islands in the Eastern Caribbean, St. Kitts and Nevis lie directly in the "hurricane corridor." This meteorological phenomenon represents the greatest potential of disaster risk for both islands, as became clear from Hurricane Alice in 1955 and, more recently, Hugo in 1989. Nevertheless, there is also potential risk from floods and earthquakes. In 1984, Basseterre experienced severe floods, and in 1985 an earthquake of 6.6 on the Richter scale occurred whose closest antecedent, in 1950, caused heavy damage. Such risk factors have been aggravated by the fact that, in 1988, the country had feeble or nonexistent disaster preparedness structures, plans, and programs.¹³

The island of St. Kitts also has a volcano, Mount Misery, whose last eruption took place in the middle of the 19th century and which is still considered active.¹⁴

ST. KITTS AND NEVIS RED CROSS SOCIETY

The challenge of extending development as a newly-independent National Society

The St. Kitts and Nevis Red Cross Society services a small, basically agricultural country, made up of two islands, and home to some 45,000 people. By United Nations standards, St. Kitts and Nevis has a "medium human development level" (after Suriname, Jamaica, and Grenada). Because the islands are small and transportation dependable, most of the population has access to some sort of health and/or social services.

The National Society serves the population of St. Kitts and Nevis through several welfare programs (Meals on Wheels, a home nursing training program, a senior citizens program), through first-aid and disaster preparedness training, and through its operation of a School for Deaf Children.

It is important to recognize that the Red Cross Society has not been immune to the consequences of the massive migration of the younger population (primarily to the United States and Canada) affecting the country as a whole. There are difficulties in recruiting volunteers, especially younger people and males, and it is hard to find and attract people with leadership abilities. Local competition for them is keen among the surrounding NGOs and community-based organizations.

Some programs need review in order to face new challenges of emerging social vulnerabilities such as unemployment and marginalization of youth, drug dependence, AIDS, and the high incidence of teenage pregnancy. Improving living conditions for the underprivileged and finding and fulfilling a new role for the National Society are matters of concern.

These conditions may provide relevant opportunities for Red Cross development and specialization, mainly in relation to poverty and social underdevelopment in general. For example, many elderly people are left to care for themselves alone as family ties disintegrate. The

National Society has oriented its main programs, the Meals on Wheels and the senior citizens program, toward this segment of the population.

To adequately address the problems and vulnerabilities of the population of St. Kitts and Nevis, an assessment of the organizational potential and shortcomings of the National Society, combined with the possibilities of technical and financial cooperation, is necessary. As a newly-independent National Society, the institution seeks to establish itself with a renewed and more important role in the country's development.

Organization of the National Society

The St. Kitts Red Cross was founded as a branch of the British Red Cross in 1942, with Nevis as a division which sometimes dealt directly with the British Red Cross. When the country gained independence in 1982, both formed a single national and independent Red Cross Society.

The St. Kitts and Nevis National Society was recognized by the ICRC in August 1992 and is now a member of the Federation. To earn this recognition, the statutes of the Society were revised in 1991 to include provisions for the establishment of a finance committee and district committees.

The Society's central structure consists of the General Assembly, which is the highest authority, and the Executive Committee.

The General Assembly is composed of the members of the Executive Committee and chairpersons and elected representatives of the district committees. The responsibilities of the General Assembly include the following: the election of the Society's President and two Vice Presidents;

election of the Executive Committee; approval of the annual report and accounts, and voting on the budget submitted by the Executive Committee.

The Executive Committee manages and directs the affairs of the Society. It elects (from among its members) the Director General, the Deputy Director General, and the members of the finance committee. One person nominated by the Government of St. Kitts and Nevis (and ratified by the General Assembly) serves as an additional member. The Committee also nominates a board of companions which acts as ad-hoc advisor to the Society.

The Director General shares administrative and managerial duties with the President of the Society.

The statutes provide for the establishment of district committees which carry on Red Cross activities and services throughout St. Kitts and Nevis. The geographic jurisdiction of each district committee is designated by the Executive Committee, but they elect their own officers. At present, there is one district committee on the island of Nevis and one in Basseterre, the country's capital.

The President and the coordinator make regular visits to the Nevis branch, which has programs similar to those of the St. Kitts branch but on a smaller scale. The Nevis branch worked actively to help the victims of Hurricane Hugo. They are working on enlarging their meeting place, and recently received a bus as a donation from the American Red Cross.

Among other reasons, a lack of communication makes relations between headquarters and the Nevis committee difficult. Recently installed radio equipment, donated by the British Red Cross, has significantly increased communication.

The National Society has an adequate headquarters building, constructed in 1988, which is easily accessible and contains space and facilities for administrative offices, the School for Deaf Children, the Meals on Wheels kitchen, training activities, and warehousing. Initially built on land leased from the Government for 99 years, the Society was allowed to purchase the property from the Government in 1990 for a nominal sum.

The building was recently fully paid for and insured.

Administration and planning

The central administration of the St. Kitts and Nevis National Society is small. The President and Director General, both volunteers, are primarily responsible for the Society's administrative and managerial duties.

At the time the Study was carried out, a preliminary version of the Society's 1992 budget existed, but an approved version and financial statements were not available. Instead of a medium- or long-term plan for the Society, a description of present and future activities was being prepared which will be distributed to organizations, potential donors, and the general public. There are tentative plans to produce a more extensive two-year plan.

Human resources

The St. Kitts and Nevis National Society's total membership is about 120, 55 of whom are active youths divided into five first-aid groups. Women make up a major proportion of the membership, but no exact figures are available.

The Society wishes to increase its membership, but this task is made difficult by competition with other NGOs for a small number of volunteers, by the constant challenge of creating an effective motivational and recruitment plan, and by the continual migration of potential volunteers.

The Society has one paid staff worker, a disaster coordinator whose salary is paid by the American Red Cross on a diminishing scale (in 1992 the Society is expected to pay 25% of this cost). In addition, the Government of St. Kitts and Nevis assumes responsibility for part of the salaries of the teachers at the School for Deaf Children, while the British Red Cross contributes various expenses associated with the Meals on

Wheels program, including the salary of a half-time cook.

The Society seeks to implement more training to encourage volunteer specialization, emphasizing home nursing, water safety, first aid, leadership training, social development (methodologies), and laboratory techniques (blood taking and analysis).

Finance and budget

The St. Kitts and Nevis National Society does not have an adequate accounting system to determine its financial situation at any given moment. The Society is making every effort to correct this situation, however, and believes that the accounts should be up to date by 1992. According to a preliminary version of the Society's 1992 budget, expenditures totalled approximately ECD 75,000 (USD 28,300). Additional informal records indicate that more than 50% of the Society's income is derived from external sources: ECD 26,663 (USD 10,000) from the American Red Cross (the disaster coordinator's salary, including travel to Nevis), and ECD 15,520 (USD 5,800) from the British Red Cross (Meals on Wheels program).

Revenue from fund raising has varied greatly in recent years, as can be seen from the following figures. In 1988, it represented approximately ECD 42,000 (USD 15,850); in 1989, approximately ECD 24,000 (USD 9,000), and in 1990, approximately ECD 14,000 (USD 5,300).

St. Kitts and Nevis is a small country with many NGOs and beneficial societies competing for a limited number of volunteers and donors. Previously the National Society raised funds through tea parties, jumble sales, and concerts. In 1991 the Society decided to forgo significant fund-raising efforts in favor of an aggressive 1992 campaign commemorating the 50th anniversary of its founding. Consequently, all 1992 expenses were paid from the Society's reserve fund.

Significant Society expenses include the senior citizens program (about ECD 1,000 [USD 375] per year); assistance to fire victims (given in

kind, not cash); transportation of volunteers for water safety duty, and office expenses (fax, electricity, mail, etc.).

The Society has invested ECD 70,000 (USD 30,000) in treasury bonds, and its goal is to increase this investment capital to ECD 250,000 (USD 95,000). The interest income from such capital would partly cover the cost of yearly operational expenses, particularly in light of the diminishing contribution from the American Red Cross.

In 1992 the Society will charge a small fee for rental of medical equipment to generate more revenue. It also hopes to motivate the private sector to pledge more donations.

Role and activities of the St. Kitts and Nevis Red Cross in the context of the country

Principal activities

Social welfare

The Society has a Meals on Wheels program which delivers food twice a week to some 30 housebound and elderly people in both the town and rural areas. A halftime cook is employed for the program (salary contributed by the British Red Cross), and volunteers take the food to the beneficiaries. There is interest in expanding this program to include periodic home visits to the beneficiaries in order to provide a comprehensive service.

The School for the Deaf, which operates in the Red Cross headquarters, is the only one of its kind in the country. It cares for about 16 children and receives Government support to pay for teachers and meals.

Because there are many elderly people living alone, the Society has instituted a home nursing program for which there is great demand. More home nursing training courses are needed for both Red Cross members and volunteers. There is also a senior citizens program which meets

once a month for lunch, handicrafts, and other activities.

Relief and emergency services

First-aid training is given both to members and others such as taxi and bus drivers and hotel staff. The youth division provides first-aid services at sporting activities, large gatherings, and other national events.

The Society has a disaster preparedness committee and frequently sends members to regional training courses. Radio communications, run by a volunteer, are becoming operative and allow for immediate contact with the Nevis committee and with sister Caribbean Societies in cases of emergency. Though the Red Cross is represented in the National Disaster Preparedness Committee of the St. Kitts and Nevis Government, the Society would like to strengthen ties with governmental authorities in this area.

The National Society met an important challenge in assisting the victims of Hurricane Hugo through relief and shelter management. The Nevis branch participated actively in this work.

Other activities

Other Red Cross activities and services include tracing missing persons undertaken by the Society when so requested (as during the Gulf War); loans of wheel chairs, crutches, and other medical items, and a counseling service for persons needing a confidential companion or uplift of self-esteem and desire to live.

A blood donor program was started in July 1989 but was interrupted by Hurricane Hugo in September 1989. Attempts are now being made to restart the program.

Previously, Junior Red Cross could be identified in nearly every school. Young people have demonstrated new interest in the Red Cross, especially in water safety and first aid.

Relations with the Government

The Government has refrained from providing a grant to the Society, even though requests have been made for such assistance.

It does help the Society on a case-by-case basis and provides the teacher and meals for the School for Deaf Children. It has supported the Society in many other ways, such as the sale of headquarters land for a nominal amount and the use of Government facilities for social events. It has agreed to issue a postage stamp in 1992 to commemorate the Society's golden anniversary. Cooperation with the Ministry of Health is also being planned to strengthen first aid and primary health care.

Closer liaison with Government authorities is being sought in order to increase the speed and effectiveness of services in disaster situations.

Relations with other organizations and agencies

In a country as small as St. Kitts and Nevis, keen competition exists among NGOs for volunteers. The Red Cross has the advantage of being viewed as the most prominent and humanitarian-minded organization. Fund-raising drives must also take into account similar activities being implemented by other agencies.

Role of international cooperation

The St. Kitts and Nevis Red Cross is quite dependent on external cooperation for its programs and activities. The British Red Cross provides support for the Meals on Wheels program (about ECD 15,500 per year [USD 5,850]) and has donated radio communication equipment. The American Red Cross also provides assistance (the salary of a disaster coordinator on a dimin-

ishing scale), and talks have advanced with the Canadian and the Austrian Red Crosses for various kinds of support.

The Society seeks to improve its system for auditing external funds as well as the quality of its communication with external organizations, hoping for more effective cooperation and fundraising success.

Strengthening ties with other Societies in the Caribbean and elsewhere, and learning more about their activities, is also important to the St. Kitts and Nevis Society.

The National Society's perceptions of its public image

The leadership of the St. Kitts and Nevis Red Cross recognizes that the Society has been moribund for many years and has only recently enjoyed a better image and higher status in the community. The Society believes it has the image of an upper middle class organization, while the larger and poorer section of the population regard themselves as beneficiaries. The Society would like to better inform the public through a campaign involving the media about the implementation of its day-to-day activities to cultivate a more accurate image of itself.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The Red Cross of St Kitts and Nevis became autonomous in 1983, at the same time the country became independent. It became a member of the Federation in 1992. The Saint Kitts and Nevis Red Cross is presently at a take-off stage of activities, whose variety shows the exploratory vocation of a growing institution.

The principal activities carried out by the National Society are in the social welfare area and consist of the distribution of food to the abandoned elderly who have problems caring for themselves, a school for deaf children, a home nursing program and some recreational therapy activities. In the area of first aid and disaster preparedness there is a training program for Red Cross members and tourist industry workers. The National Society is also part of the governmental disaster preparedness commission, although this participation has a low profile. Other activities of lesser importance are the tracing service, the loan of orthopedic supplies, and a small counseling service for depressed people.

These activities show that the National Society has taken the decision to join efforts to better the living conditions of persons at greatest risk in response to the social problems that certain groups in the population of St. Kitts and Nevis suffer and that continue despite the country's positive economic evolution. But their impact is still limited because most activities are characterized by a charitable approach and limited community participation. Their coverage is very low and

coordination between activities with similar components, such as the Meals on Wheels program and the home nursing program for the elderly, is practically nonexistent.

The obstacles confronting the activities of the St. Kitts and Nevis Red Cross in responding to the challenge of social development have to do not only with its external image, as internal problems exist which demand quick solution. Some of the most important are:

The lack of a planning system, as only a description of present and future activities exists. This leads to a fragmented planning style based on microactivities which is particularly visible in social welfare activities and impedes the integration, coordination, and better use of invested resources.

The area of human resources, besides being very weak, faces serious growth limitations basically due to heavy emigration, the absence of a recruiting and motivational plan (especially in relation to the young population), and the competition from other NGOs, all in the context of an extremely small country.

The institution's financial situation is very fragile. Around 50% of its revenue comes from external cooperation sources, and the results of national fund raising show a falling trend. Among other reasons, this is due to the country's small size, which limits the possibilities of increasing fund raising significantly. There is also a lack of an adequate planning and accounting system.

RECOMMENDATIONS

1. **Redefine the National Society's action priorities and focus of activities to meet the needs of the most vulnerable**
2. **Establish a short- and long-term planning system**
3. **Improve the financial situation**
4. **Adopt a human resources development strategy**
5. **Improve internal and external communication**

1. **Redefine the National Society's action priorities and focus of activities to meet the needs of the most vulnerable**
 - 1.1 Adopt a basic structure of programs and projects by grouping the present range of activities so as to bring about their more efficient management and more flexible and effective coordination. Taking into consideration the National Society's present activities, the three basic programs might be: (a) social welfare, (b) health, and (c) disaster preparedness.
 - 1.2 Within the framework of the social welfare program, revise the present orientation and efficiency of the Meals on Wheels program by broadening its coverage and giving it a comprehensive character which embraces community welfare and primary health care components. Effectively coordinate this program with others for elderly persons such as home medical care and the senior citizens program. Because of its innovative nature, strengthen the mental health service and disseminate the results of the experience.
 - 1.3 Initiate social welfare activities in response to other social problems such as marginalized youth, drug addiction, and single, low-income women who are unemployed heads of household.
 - 1.4 In collaboration with the health authorities, establish a primary health care program emphasizing education in health and prevention, directing these efforts primarily toward improving the conditions of mothers and children.
 - 1.5 Strengthen the disaster preparedness and emergency program by putting more emphasis on prevention activities through low-cost activities such as training, information, and community organization. Encourage the public authorities to carry out more activities in this area.
 - 1.6 As a strategy common to the different programs and projects, adopt community involvement and participation, coordination with other NGOs, and initiatives with respect to the public authorities in what has been called the "promotion strategy."

2. Establish a short- and long-term planning system

- 2.1 Prepare a long-term development plan (four to five years) based on an evaluation of present activities and the institutional reality which establishes the National Society's major strategic orientations in both its activities in the country's context and organizational development.
- 2.2 Supplement the long-term plan with annual plans of action containing precise short-term goals, responsibilities, and strategies which are realistic and in accordance with available resources.
- 2.3 Adopt a participatory methodology which actively involves volunteers and branches as well as consultations with the public authorities for this purpose.

3. Improve the financial situation

- 3.1 Formulate a plan of action for fund-raising with professional assistance as part of the development plan which incorporates modern marketing and publicity techniques, identifies new kinds of fund raising, and revises existing ones to increase their efficiency
- 3.2 Identify revenue-producing projects and/or profitable commercial ventures capable of generating funds and initiate their implementation, based on their feasibility. Consider especially the opportunities offered by the island's strong tourism sector
- 3.3 Begin negotiations with governmental departments with responsibilities in the areas of social development, disaster relief, and health in order to obtain additional resources and/or jointly carry out programs and services, based on a cooperative rationale that protects the autonomy of the institution. Consider the precedent of the School for Deaf Children for this purpose.
- 3.4 Regularize and modernize financial administration, particularly budgeting and accounting, to permit continuing follow up and financial evaluation. Facilitate the provision of more information to the public and authorities about the use of funds to provide positive feed-back to fund-raising activities.
- 3.5 Establish in the organizational structure a permanent unit in charge of fund-raising

4. Adopt a human resources development strategy

- 4.1 Initiate a volunteer recruitment campaign based on motivational information concerning the National Society's new orientations and the social problems it responds to.
- 4.2 Orient the campaign's messages and objectives toward the popular and youth sectors to broaden the institution's social base and its young volunteers.
- 4.3 Establish a permanent education program based on participatory methodology and directly connected with the Society's activities.
- 4.4 Undertake training in the National Society's new activity areas as well as planning, programming, and evaluation.

5. Improve internal and external communication

- 5.1 Strengthen mechanisms of communication between grassroots volunteers, intermediate officers, and the governing organs of the institution, and between the Nevis and St Kitts offices.

Conclusions and recommendations

- 5.2 Extend the National Society's external communications and public relations with messages based on its permanent activities, its autonomy with respect to other organizations and institutions, and its broad social base.

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. 95; (b) United Nations Development Program (UNDP), *Desarrollo humano: Informe 1991* [Human development: 1991 Report], Bogotá, UNDP/Tercer Mundo, 1991, Table 2; (c), (d), (e), and (f) UNDP, *Desarrollo humano: Informe 1992*, Bogotá, UNDP/Tercer Mundo, 1992, Tables 1, 2, and 11.
2. World Bank *Long-term economic prospects of the OECS countries* Washington, D C , World Bank, 1990, cited in Witter, p. 95.
3. World Bank 1990, cited in Witter, 1992, p. 96
4. 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. 281.
5. PAHO. *Epidemiological Bulletin*. Washington, D.C., PAHO, 13(2):15 (July 1992).
6. Witter 1992, p. 98, citing World Bank and OECS data
7. UNDP 1992, Table 2.
8. PAHO 1990, p. 283
9. UNDP 1992, Tables 1 and 15.
10. Cited in Witter 1992. p. 99.
11. UNDP 1992, Table 15
12. United Nations Commission for Latin America and the Caribbean (ECLAC). *Comparative status of women in selected Caribbean countries as indicated by selected social, economic, demographic and legal parameters* Santiago, Chile, ECLAC, July 1989, cited in Witter, 1992, p. 100.
13. 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.
14. Organization of American States (OAS) *Desastres, planificación y desarrollo: Manejo de amenazas naturales para reducir los daños* [Disasters, planning, and development: Management of natural threats to reduce damage] Washington, D.C., OAS/Office of Foreign Disaster Assistance, 1991, p. 76