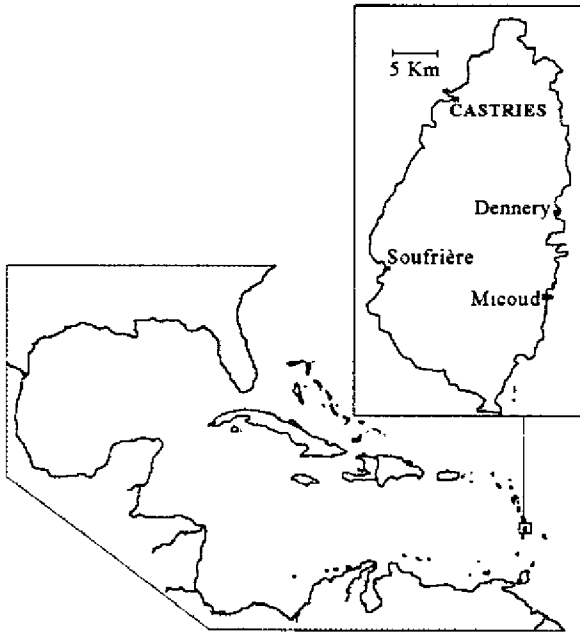


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# ST. LUCIA



Capital. Castries  
Area: 616 km<sup>2</sup>  
Population: 148,000 (1989) (a)  
Population density: 240/km<sup>2</sup>  
Urban population: Not available  
Per-capita GDP in USD: 1,810 (1989) (b)  
Life expectancy at birth: 70.5 years (c)  
Infant mortality rate: 19‰ live births (1990) (d)  
Illiteracy: 7% (e)  
Population under poverty line: Not available  
Human Development Index 1992: 0.712 (65th) (g)<sup>1</sup>

## The challenge of employment in a fragile, changing economy

St. Lucia, one of the Windward Islands in the Lesser Antilles, lies north of St. Vincent and south of Martinique in the middle of the Eastern Caribbean chain of islands which extend from Puerto Rico in the north to Trinidad and Tobago in the south. The island was alternately occupied during the colonial period by the French and English: control changed hands 14 times during a hundred-year period before the island became definitively a British possession in 1804. The marks of French colonization are visible in place and personal names as well as in the extensive use of Creole French or patois as the popular language, especially in rural communities, which is

now widely accepted after years of official rejection and prohibition in the schools in favor of English, the official language. During the colonial era the island was turned into a huge sugar plantation and populated with African slaves. Most of its present 148,000 inhabitants are their descendants, though it has minorities of Indian and European origin.

Among the countries belonging to the Organization of Eastern Caribbean States (OECS), St. Lucia was the country with the highest birth rate (29‰) and youngest population: 44% of its inhabitants were less than 14 years old in 1988. Its population growth, 2% annually from 1977 to

1987, has been offset by heavy emigration, particularly to the United States. Net migration accounted for 18% of the population growth in the period 1980-1986. The migratory flow has been much greater, however, because of the return of large numbers of residents who had moved abroad earlier, especially to the United Kingdom. In some years, such as 1980, gross migration was 2.2 times higher than net migration.<sup>2</sup>

St. Lucia gained its independence from the United Kingdom in 1978. In its early years as an independent nation the Government of Allen Louisy promoted a program of economic nationalism and support for regional integration which met with adversities such as the international recession and the two hurricanes which, in 1980 and 1981, attacked the island and caused grave damage to banana production. In 1982 the Government of John G. M. Compton initiated an opposite economic program: structural adjustment measures were applied which were intended to obtain International Monetary Fund (IMF) financing by reducing state spending and subsidies, favoring foreign investment, and moving St. Lucia's economy into international markets; this led to the opening of the oil complex owned by Hess Amerada, a U.S. company. The economy grew significantly from 1981 to 1990, at an average annual rate of 4.2%. Despite this, the per-capita product has grown at a very much slower pace and real per-capita consumption has had strong fluctuations, with periods in which there has even been a major reduction. Finally, the economic growth has deepened the trade deficit and has not been able to reduce the high unemployment rate, which continues to be one of the main problems confronting the country.

St. Lucia's economy is very diversified, though agriculture continues to be the chief productive activity. During the 1980s its contribution to the GNP even increased. In 1980 it represented 10% of the product and in 1988 it was 18.3%.<sup>3</sup> This was due to the great increase in production of bananas, which are exported to the United Kingdom under the preferential market access conditions granted former British colonies

in the Caribbean. By 1988 banana production had grown fourfold compared to 1980 and had definitively displaced sugar as the main export product. Although the banana boom has helped diversify agriculture, it has also made the economy very vulnerable to the changes which may occur in the British market in the framework of the European Common Market of 1993. The opening of that market to more efficient competitors producing bananas of higher quality, such as Ecuador or Central America, might mean the collapse of this sector. To the extent that St. Lucia's banana production is dominated by small and medium farmers, that could have a quite negative effect on the employment and income of the island's inhabitants.

Manufacturing, which represented around 8% of the GNP during the 1980s, has undergone a profound transformation. Both the national and regional markets have lost importance to *maquilas*,<sup>4</sup> particularly in textiles and electronics, which have been operating since 1985 and ship their production to the U.S. market. This change in orientation has been stimulated by both the collapse of regional markets and the U.S. market access preferences included in the Caribbean Basin Initiative (CBI) and especially provisions 806 and 807 governing goods produced from inputs manufactured in the United States. Finally, tourism represents the most recent success in the diversification of the island's economy. From 1980 to 1986 the number of visitors grew by 29% while visiting cruise ship passengers, mostly from the United States, United Kingdom, and Canada, increased by 73%; tourism revenues doubled, from USD 68 million to USD 144 million.

St. Lucia is among the countries considered to have "medium human development" according to the classification of the United Nations Development Program (UNDP), and its indicators are quite favorable compared to other developing countries with a similar or even higher level of per-capita income. There are nevertheless possibilities for improving the situation of its population in fields such as potable water and sanitation.

tion, education, and especially employment and income.

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

As we have noted, the economic growth of the 1980s did not lead to a reduction in unemployment since it was paired with a strong increase in labor productivity. World Bank estimates in 1984 put the unemployment rate at between 20% and 35%.<sup>5</sup> In 1989 it was thought that it was between 20% and 25% of the active population. There are some indicators, such as gross domestic product (GDP) growth, social security contributions, and the informal economy, which suggest that the rate has fallen, but there are no current data in this respect.<sup>6</sup>

### **Poverty situation**

In 1992 some 2,035 people were classified as "needy" by governmental institutions and received monthly financial assistance as well as subsidies for water and electricity payments. This group consisted of elderly persons without resources, sick persons, the physically or psychologically disabled, and indigents.<sup>7</sup> Still, there are other population groups affected by unemployment or whose incomes do not guarantee meeting their basic needs who are thus classifiable as poor but who do not receive state subsidies or assistance. There are no precise data as to their number, however.

### **Health and environmental sanitation**

Mortality and morbidity in the St. Lucia population reflect the health picture of a developed society. The main causes of death in 1988 were, in descending order, coronary diseases, malignant tumors, and cerebrovascular lesions. Hypertension and diabetes are also important

causes of death. Traffic accidents have continued to mount as a cause of death in young people and adults.<sup>8</sup> As in other Caribbean countries, AIDS has increased greatly. Although the incidence of this disease is less than in other countries in the area such as the Bahamas, Barbados, or Trinidad and Tobago, it is much greater than in Latin America as a whole. By March 1992 St. Lucia had recorded 45 cases and 22 deaths, which represents a cumulative rate of 30.4 cases per 100,000 inhabitants.<sup>9</sup> A seropositivity proportion of 3% was found in a sample of patients with sexually transmitted diseases (STDs). An AIDS control plan was implemented in 1989 with funds from the European Community (EC), U.S. Agency for International Development (USAID), and Pan American Health Organization (PAHO), and there are three active support groups, two in the south and one in Castries.

Drug addiction and alcoholism are one of the most serious health problems in St. Lucia and the chief cause of admission to psychiatric establishments. Drug problems particularly affect young people and are associated with high unemployment and juvenile marginality. There is a center for rehabilitating and detoxifying drug addicts, Turning Point, which opened in 1988 and has room for 20 persons. In 1989 the center admitted 96 persons, 24 of whom were readmissions and 53 of whom had multiple addictions (users of alcohol, cannabis, and crack simultaneously). The relapse rate was 22%.<sup>10</sup>

The infant mortality rate fell from 23‰ live births in 1985 to 19‰ live births in 1987, where it remained until 1990.<sup>11</sup> The main causes of infant mortality up to 1988 were prematurity, respiratory diseases, congenital anomalies, and gastrointestinal infections. In children older than one year the chief cause of death was accidents. PAHO has called the island's immunization coverage "excellent"; it was 100% against DPT and poliomyelitis, and 96% against measles.<sup>12</sup> Oral rehydration therapy (ORT) is widely used and has significantly reduced the incidence of diarrhea.

There are family planning services in all health centers. Despite that and the fact that a certain amount of emphasis is placed at the

primary care level on family living education in the schools, adolescent pregnancy is still very common. In 1986, one in four deliveries was to a mother aged less than 20 years. This has diminished somewhat, but the proportion of deliveries to mothers between 13 and 20 years old continued to be above 20%.<sup>13</sup>

The Ministry of Health, Housing, Labor, Information, and Radio Broadcasting is the agency responsible for health policy and provision of public health services in St. Lucia. The health system is based on four levels of care, as set out in the Health Policy and Development Plan, 1986-1991. The first level consists of care that health workers provide directly to the community, with emphasis on education and prevention. The second level is primary care provided in the 33 health centers on the island. They are so located that the population always lives less than 6 km from one of them. Tertiary care is provided in two district hospitals, at Soufrière and Dennery. The general hospitals and specialized centers provide fourth-level care, which includes hospitalization and specialist care. Victoria Hospital, which is public, has 211 beds. The hospital at Soufrière has 32 beds for acute cases and 10 maternity beds. St. Jude hospital, which is private, has 114 beds. Golden Hope psychiatric hospital has 162 beds and admits not only psychiatric patients but also abandoned elderly persons who are not admitted to other residences. In all, the country had 534 beds in 1991.<sup>14</sup> As for human resources, there are 60 physicians, 10 dentists, and about 256 nurses. Most work in the public sector, and some physicians also practice privately.

Public expenditure on health as a proportion of the GDP fell somewhat during the 1980s due to the adjustment measures implemented at mid-decade. Between 1980 and 1987 the proportion of the GDP allotted to health fell from 8.3% to 6.9%, and real per-capita expenditure remained at almost similar levels, going from 103.2 to 102.9 Eastern Caribbean dollars.<sup>15</sup> Significant changes have also occurred in the composition of the expenditure which are cause for concern as to the future of the health services: the proportion

of spending on wages increased from 40% to 64% between 1980 and 1987, while capital expenditure decreased, which implies poor maintenance and infrastructure and equipment deterioration, though this has occurred less than in other areas of state activity.

It is estimated that 67% of the population had access to potable water around 1990.<sup>16</sup> Greater efforts to increase coverage are still needed in this field.

### **Situation of the elderly**

The elderly accounted for 6.5% of the total population in 1988. There are no data regarding their health situation, but there is evidence that despite their small proportion in the population they are one of its most vulnerable groups, particularly those who cannot care for themselves or who lack family support because of emigration abroad, among other factors. There are various establishments to look after them, but a good number of needy elderly persons still lack this kind of care. The home for old people at Soufrière is the only public establishment of this type in St. Lucia and cares for 65 elderly. In addition, there are other centers operated by the Church such as the Marian Home (54 places), St. Anthony's Home, which is fairly small, and St. Joseph's Home (20), which was built recently. St. Lucy's Home, also operated by the Church, is a center specifically for the homeless. There are other, private centers, but their capacity is quite small.<sup>17</sup>

### **Housing situation and policies**

Demographic expansion and the development of the tourism sector have led to a strong demand for housing, to the point where the lack of housing is one of the most pressing social problems in St. Lucia, especially in the low- and medium-income sectors. The Urban Development Corporation (UDC) and various financial bodies have undertaken housing and/or urbaniza-

tion projects to reduce the strong deficit in housing, such as Massade (aimed at the middle class), Mongiraud (for lower-income persons), or Balata (for the needy); the orientation toward these social groups differs from previous housing policies, which favored only the middle class.

### Situation and problems of education

St. Lucia is characterized by levels of per capita spending on education which are among the highest in the OECS countries and are exceeded only by Antigua and Barbuda and by St. Kitts and Nevis. School attendance rates—95% at the primary level and 78.5% at the secondary level—are also the highest in the OECS. The teacher:pupil ratio, a significant indicator of teaching quality, is however among the least favorable in the region, though it is considerably better than in other developing countries in the world with a similar level of income. During the 1980s and until 1990 it remained stable at 1:30 at the primary level and 1:18 at the secondary level. The proportion of trained teachers is also relatively low in the regional context: 40% at the primary level and 28% at the secondary level in 1988.<sup>18</sup>

These indicators show that the quality of instruction is the principal challenge facing St. Lucia's educational system, as the Government itself has noted. There are other problems which affect the system as a whole, however, such as the scarcity of primary school teachers, due to the fact that their wages do not compete with those in other areas of the economy, and the lack of places in the Castries area while other areas have excess capacity, which shows that it is necessary to rationalize educational supply. Finally, there is a severe lack of places in specialized education centers and there are few educators who specialize in training the handicapped.

### Women

Women represent 52% of the population owing both to their greater life expectancy and

the preponderance of men who emigrate. In 1970 women accounted for 40% of family heads.<sup>19</sup> Although there is no up-to-date information, it may be assumed that the proportion of households whose heads are women has stayed at a very high level. Women are overrepresented in the low-income group and among the unemployed, and have slightly higher illiteracy levels in rural and particularly coastal areas. Despite this, they form a majority among professionals (54% in 1981).<sup>20</sup>

The National Women's Council and the Women's Affairs Unit were established during the second half of the 1980s. These institutions have concerned themselves with the problems of women and especially adolescent pregnancy, domestic violence (a very widespread problem), and the inclusion of women in social and occupational activities. In the last area they have organized fairs and contests to publicize the professional activities of businesswomen. With help from the United Nations Children's Fund (UNICEF), a Five-Year Plan of Action for Women has recently been drawn up which the Government has approved and which will devote much attention to gathering data and conducting research on the situation of women.

### Marginalized children and youth

Two centers offer specialized care for marginalized children, the Boys' Training Center and the Upton Gardens youth center (for girls), which provide education and occupational training to youths referred by the juvenile court (in the case of males) or by social services, parents, schools, or others (in the case of females). The Upton Gardens center, created at the urging of the National Women's Council, is viewed as a model by other countries in the region when they organize similar centers. The center is nevertheless inadequate to meet existing needs since it has only 25 places.

## **The environment and vulnerability to disasters**

Water pollution is one of St. Lucia's chief environmental problems. A good part of its surface waters are contaminated by agricultural chemicals from the plantations. The lack of waste treatment plants, especially in areas of tourism expansion and in Castries' bay, is the cause of the pollution of coastal waters. Although Castries has sewerage, wastewaters there are discharged without adequate treatment.

Because of its geographic location and volcanic origin, St. Lucia is prone to both earthquakes and hurricanes as well as tropical storms. While historically these have been the commonest disasters, the island has also suffered from floods and

droughts. In 1946 and 1953 there were earthquakes which caused severe damage to buildings. In 1960 the island was affected by Hurricane Abby, in 1963 by Hurricane Edith, in 1967 by tropical storm Beulah, in 1980 by Hurricane Allen, one of the most devastating in recent decades, and again in 1983 and 1986 by tropical storms.

The economy of the island, because of its dependency on bananas and tourism, is very vulnerable to disasters in general and droughts and hurricanes in particular. The 1971 drought, for example, so affected the banana plantations that production did not recover until 1976.<sup>21</sup> Other factors related to its vulnerability are its high population density and the structural weakness of many of its buildings.

## ST. LUCIA RED CROSS SOCIETY

### The challenge of laying solid bases to assure future growth

Shortly after becoming an independent National Society in 1983, the St. Lucia Red Cross built an adequate and spacious headquarters, designed and updated a development plan, developed internal procedures enabling it to act effectively in disasters, and put in place a new leadership with a clearer vision of the problems and challenges ahead.

Both the island and people of St. Lucia have recently been victims of three different hurricanes. The population also suffers from the negative social consequences of economic readjustment programs which caused political disturbances and protests during the 1980s.

In an uncertain national context, the St. Lucia Red Cross has given priority to consolidating and developing disaster preparedness capabilities in close collaboration with the Government, and to first-aid training. It has also been able to make a limited but effective response to specific demands in social problem areas, and its activities have benefited the poor and handicapped. Some such activities are primary health care, blood donor recruitment, and care of disabled children.

Today there are various issues demanding urgent action by the National Society. Among them are revision of the statutes, reorganization of internal management, development of financial support systems, improvement of communication networks, and revitalization of local committees and their volunteers.

Additional needs are the design and implementation of programs to satisfy the growing demand for social services caused by poverty, high unemployment, new health problems such as AIDS, an increasing number of marginalized youth and those addicted to drugs, domestic violence against children and women, and abandonment of the elderly.

There are long-term goals which, although compatible with present-day achievements, are recognized as major challenges for the institution. They are included in the agenda and have been considered part of the development plan. Among these goals are: becoming financially self-sufficient, obtaining more community-based participation, action, and empowerment, training young leaders and program managers and/or bringing in well-trained and prestigious professionals, developing decentralized decision-making units with supervisory functions adequate to make programming flexible and diverse, and improving the institution's public image nationally to better its position with respect to other local organizations.

### Organization of the National Society

#### *Organizational and geographic structure*

The St. Lucia Red Cross Society was founded in 1949 as a branch of the British Red Cross Society. It became an independent National Society in 1983 and was recognized by the Federation and ICRC in 1986.

The National Society's highest authority is the General Assembly, which consists of the members of the Central Council, the chairpersons of local committees, one representative from each service, and youth, and children's group, and one representative from each local committee area.

The General Assembly meets every four years and elects the members of the Central Council, who cannot be reelected more than once, and the President and Vice President. votes

on the budget submitted by the Central Council, and approves the audited accounts. Leaders of all sectors or institutional groups as well as all members can attend meetings and vote. Although this procedure is not in the statutes, it is said to be "functional" for the working of the organization.

The Central Council controls and administers the National Society and consists of the President, members elected by the General Assembly, representatives of the Government, and two prominent citizens chosen by the Central Council. In addition, there is a small self-appointed and informal group of decision makers consisting of the President, Director General, Secretary, and often the Vice President. This group meets once a week and plays a fundamental role in defining the institution's policies since it not only directs, governs, and manages but is also responsible for guiding the organization to a new stage of growth and development.

The National Society feels a need to revise the statutes since at present no member of the General Assembly, Central Council, or local committees can be reelected for more than two consecutive terms (a total of four years). Submitting all leadership posts to an election process every two years destabilizes leadership and authority. Further, this is a standard which is difficult to apply in practice and leads to frequent partial or complete violation of the statutes' provisions. Because they have not been reformed, informality and lack of adherence to those provisions tends to become the norm in the institution.

The National Society has a new headquarters building next to Castries Airport constructed on land which the Government leased to it for 75 years. The building's construction was 45% financed by the European Community through the British Red Cross. Today the National Society rents out part of the building to pay the mortgage and hopes to repay the loan it arranged to finish construction of the building in two years.

Sixteen local committees are scattered throughout the island which are composed of representatives from service, youth, and chil-

dren's groups, plus a representative of subscribing members living in the area. Many are only formal or symbolic structures and others are dormant.

### *Administration and planning*

No annual narrative reports, progress reports, evaluations, or audited financial statements have been formally produced during the last three years, though the accounting of overseas support is kept up to date.

The administrative and operating conditions in the central offices, local committees, and other units of the institution may be characterized as small and amateurish. Despite this, the organization is effective although it is not always able to state its goals formally or technically and how to achieve them as its leaders act in an informal, personal way. The St. Lucia Red Cross could be described as a charismatically or patriarchally run organization lacking the middle-level structures necessary for stimulating participation and long-term effectiveness and for retaining well-trained human resources. The lack of two-way communication between the headquarters and inactive peripheral or semi-organized groups helps maintain this situation.

The five-year development plan (1991-1996) was drawn up as a guideline for future action and as a mechanism to help develop proper budgeting and control of fund-raising activities. The plan has three main objectives: (a) strengthening the organizational capabilities of the National Society, (b) increasing its operational activities and improving their execution, and (c) clarifying and raising its public image. The plan includes specific strategies for program activities, youth and community participation, dissemination, and fund raising.

There is a feeling, especially among local committee leaders and members, that the plan is not an immediate priority of the leadership, and that headquarters has not taken the necessary steps for its dissemination and study among intermediate or local Red Cross units.



Local committees have expressed the need for closer ties and for a field officer to revive inactive groups and strengthen communication between them and headquarters leadership and staff.

### ***Human resources***

The National Society estimates that it has about 500 volunteers islandwide, of whom around 90% are women. Some members feel that volunteers lack training, especially in leadership and management, as well as sufficient information and general knowledge about the National Society. They need more indoctrination, greater clarity about objectives and the development plan, and more knowledge of the present statutes and the current discussion of the need to review them.

Many members believe that volunteer recruitment should aim at developing a core group of professional volunteers. In this vein, it has been suggested that local professionals be invited to take part in training programs or activities. To promote the development of a new contingent of young cadres, it is also necessary to change recruitment, follow-up, and recognition patterns and, in general, policies governing the assignment of human resources. If the National Society does not renew itself by opening up new possibilities, it will lose the opportunity of adopting a new vision and it will be very hard to achieve development beyond that already reached.

There are only two paid staff members at the headquarters, the Director General and a half-time cleaner. A U.S. Peace Corps volunteer also helps.

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

The annual budget for 1991 reflects the present condition of the institution, which works with limited though well-managed resources. That year's total income was estimated at USD 38,000, or about ECD 100,000. Almost 70% of the revenue comes from the rental of headquarters' facilities for meetings or training programs

with attached catering services. Fund-raising and other collections accounted for about 13%, and the contribution of the Spanish Red Cross covers the Director General's salary, approximately 10%. (The Spanish Red Cross agreed to pay the Director General's salary on a decreasing scale for three years, ending in 1991.)

Salary payments account for 33% of total expenditures, estimated at ECD 108,000 (USD 41,500). Amortization of the bank loan for construction of the headquarters building is an enormous financial burden (42% of total expenses). According to budget estimates, the 1991 fiscal year ended with a deficit which was covered by donations. This situation is a cause of concern in the National Society.

The Government does not give a fixed grant to the National Society, though it pays the barem to the Federation.

In 1990 the National Society made an appeal through the Federation to finance a revenue-producing project, to which the British Red Cross and American Red Cross responded positively. Because of the kind of activity proposed—a candle factory—however, it still awaits further discussion with the donor Societies.

There is general awareness that stronger fund raising efforts, both at headquarters and local committee levels, are required to strengthen the financial position of the Society and extend the impact of its operations and services.

## **The National Society's role and activities in the context of the country**

### ***Principal activities***

#### ***Relief and emergency services***

The National Society has a well-organized disaster committee with resources and a solid position for directing the operational aspects of the National Disaster Plan, which in this country has essentially to do with hurricanes and floods.

The St. Lucia Red Cross is represented on the Government's Central Coordinating and Advisory Committee and in the subcommittees on health, relief supplies, shelters, and social welfare. The Government's disaster office is located in the Society's building, thereby providing opportunities for cooperation and coordination with the public authorities at all levels.

The St. Lucia Red Cross was host to a regional workshop on emergencies, water safety, and rescue services sponsored by the Federation as part of its activities in the Regional Disaster Program and supported by the Canadian Red Cross and Canadian International Development Agency (CIDA).

One of the National Society's main activities is first-aid training, with emphasis on accidents and natural disasters. More than 400 persons attended courses in 1991, including a workshop for training instructors. Demand for this program is increasing, which has made the limited supply of instructors and resources apparent. A Peace Corps volunteer is now efficiently coordinating these training activities, and the leaders of the National Society hope to have more such volunteers on the island in the future.

A recent National Society activity has been the publication of a first-aid manual, which was prepared from one drawn up as part of the Regional Disaster Program and modified to adapt it to local customs and conditions. It was prepared with the assistance of Red Cross volunteers, local professionals, and the Peace Corps volunteer. Although the Federation's Caribbean delegation recommended that the National Society wait for the new version of the regional manual which was being developed, the National Society decided to go ahead with its own initiative.

### *Health services*

The National Society works jointly with the Health Department in identifying and supporting blood donors to ensure an adequate blood supply. The number of donors dropped 50% in 1991 from fear of AIDS. The National Society also

participates in an HIV/AIDS education program among schools and youth groups.

### *Other activities*

A group of volunteers manages a sales trolley service in the hospital which sells patients items for personal use. Although this is not a significant source of revenue, it provides a useful service. It is considered a holdover from the past.

In addition, the National Society organizes an annual camp for disabled children, to whom it provides training and specialized assistance.

### *Relations with the Government*

Relations with the public authorities are close and open, which enables quick response in cases of need or emergency. The National Society's statutes provide that the Government should appoint a representative on the Central Council, but in practice there are three, from the Ministries of Health, Education, and Community Development, respectively. The state pays the annual barem to the Federation. Further, the St. Lucia Red Cross headquarters is located on land leased from the Government for a nominal fee.

The National Society participates in various subcommittees of the Central Coordinating and Advisory Committee. It has been given responsibility for the Disaster Preparedness Program. The rental of part of the National Society's building to the Government's disaster office allows easy communication and enables the National Society to have access to radio communications in emergency situations.

### *Relations with other organizations and agencies*

Relations with other NGOs are not tense or difficult, but neither are they collaborative. The Red Cross meets frequently with some of those organizations in the Rotary Club and Ham Radio

Operators Association. There are agreements for cooperation during emergency situations.

The St. Lucia Red Cross has concluded agreements with the local Peace Corps program to obtain additional volunteer support to reinforce first-aid training, the blood donor program, and educational activities.

Some members believe that the National Society's narrowness and overspecialization in the relief area does not leave energy or room for closer exchanges and cooperation with other NGOs having more general objectives or more diversified and flexible structures

It is deemed useful to learn from the experiences of other NGOs which use better material and symbolic methods and resources to motivate, increase participation by, and recognize the work of staff by linking recruitment to the possibility of professionalization.

So that the National Society can improve services and be more competitive with other NGOs, the leadership thinks it necessary to recruit more volunteers, both male and female, and increase their motivation by diversifying services. Still, deciding which should come first—innovation or improving efficiency, effectiveness, and coverage by consolidating present achievements—is a major dilemma for the National Society given its limited resources.

### **Role of external cooperation**

The St. Lucia Red Cross is paired with the North Carolina chapter of the American Red Cross, from which it has recently received blood donor supplies and disaster preparedness materials. The National Society would like to enter into an agreement with its paired partner to establish a joint youth program.

A Peace Corps field officer is in charge of the National Society's training program. This free collaboration results from an agreement reached with the headquarters of that agency in the United States. The Society is now negotiating the inclusion of at least three more volunteers from that agency in the near future.

As we noted, the British Red Cross contributed 15% of the overall cost of constructing the building housing the headquarters, and the Spanish Red Cross has provided financial support to pay the Director General's salary for three consecutive years.

Many members feel it is necessary to strengthen relations with sister Societies in the Caribbean through a new approach and attitude which broadens perspectives and promotes greater cooperation and effective coordination and management. A first step in this direction is proposed periodic meetings by National Societies' Presidents and directors general in the area.

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

The National Society believes that St. Lucia's population feels it has a "female image," a factor which makes it difficult to attract young men for active service in the institution and hinders possibilities of diversifying the sociodemographic composition of the organization. It also creates disadvantages when competing with other NGOs for young leaders.

The image the members would like projected is of a strong and unified organization open to change and diversity, able to innovate in the area of community services and supported and run locally through the active participation of socially diverse groups and sectors. Such an image would help create the support and effectiveness needed for humanitarian mobilizations and promote grassroots support for financing development programs and projects aimed at family and community needs.

The Society's image is also affected by the image of the Red Cross projected in the United States as a wealthy organization. This imported image distorts reality in that it suggests that the National Society does not require support from external sources.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

Since the start of its autonomous operation in 1983, the St. Lucia Red Cross has made important achievements and improvements in its internal organization, planning, and infrastructure, and has adopted a direction based on recognition of certain priorities in its development, among which the area of relief and disaster preparedness predominates. To evaluate growth and consolidation possibilities within the national reality, two types of factors should be noted: (a) the country's socioeconomic and cultural characteristics, and (b) the country's location in an area of high meteorological risk.

Among the first set of conditions are: (a) a relatively high population density, which puts pressure on the provision of basic services and at the same time allows them to be extended with a fairly unified institutional infrastructure; (b) the high percentage of youth within the total population, which makes them a necessary focus of social programming in the country; (c) the social cost of economic adjustment and varied social problems, new and old, such as the high unemployment rate (especially among women and youth) and pockets of poverty; and (d) the need to achieve specific improvements in the area of public health related to nutrition, maternal and child care, care of the elderly, provision of potable water and excreta disposal, and prevention of drug abuse and AIDS.

Because of its location and socioeconomic factors, the country is extremely vulnerable to damage caused by the region's frequent hurricanes. Its country's population is concentrated in a small geographic area and is completely exposed to these natural phenomena, as are the two essentials of the national economy—banana production and tourism.

Consequently, it is reasonable that the National Society should prioritize the area of relief and, at the same time, stimulate new areas of activity. In terms of planning, this means diversifying its activities and programs.

In order to advance in this direction, various problems which have accumulated during the development of the St. Lucia Red Cross and to a greater or lesser degree act as obstacles to strengthening its institutional capacity must be considered: (i) incomplete execution of the Society's development plan and difficulties in strengthening its institutional capacity, in which economic constraints play an important role; (ii) various planning weaknesses; (iii) a traditional organizational structure which maintains certain patriarchal characteristics and still has unsatisfactory cohesion nationally; (iv) a human resource base which needs to be expanded and has a great need for training and participation; (v) an internal administration in need of more human resources, reorganization, and modernization; and finally, (vi) a public image considered inadequate for the purposes of the institution.

**RECOMMENDATIONS**

- 1. Update and implement the 1991-1996 development plan**
- 2. Create conditions for achieving financial sustainability**
- 3. Promote institutional decentralization**
- 4. Develop human resources and youth participation**
- 5. Revise the statutes and regulations**

**1. Update and implement the 1991-1996 development plan**

- 1.1 Develop annual plans of action in which the 1991-96 development plan's objectives and strategies are translated into concrete, realistic, and feasible goals and activities with a well-defined time frame for their execution, and precise assignments of responsibility for their implementation.
- 1.2 Adopt measures to make internal administration more efficient.
- 1.3 Strengthen the development plan's geographic coverage through the active participation of local committees in defining the goals and activities in annual plans. To encourage such participation, the development plan will have to be circulated internally as widely as possible.
- 1.4 Establish evaluation and follow-up methods which permit revision and periodic adjustment of the development plan.
- 1.5 Gradually incorporate new alternatives for action into the development plan regarding the social and health problems noted above. In addition to evaluating their feasibility and viability beforehand, it will be important to achieve their balanced cohesion in order to prevent unwanted competition for human and material resources which are or may become available.
- 1.6 Redefine the focus of the relief and emergency program by putting greater emphasis on prevention and incorporate factors relevant to the vulnerability of the population such as socioeconomic, psychological, or urban, and environmental elements.
- 1.7 Define and carry out a communications and public relations strategy aimed at producing a new institutional image and promoting social participation in the National Society's activities.

**2. Create conditions for achieving financial sustainability**

- 2.1 As a priority, establish new and stable alternatives of financing and sponsorship, particularly in private businesses and the tourist sector.
- 2.2 Strengthen the provision of community services whose costs are reimbursed by the Government, the private sector, or international organizations operating in the country, especially in fields such as disaster preparedness and relief, first-aid training, and occupational health.

- 2.3 Implement revenue-producing and/or commercial projects considered feasible which will generate revenue
- 2.4 Adopt measures that guarantee the sustainability of the programs and projects which rely on financing from international cooperation.

**3. Promote institutional decentralization**

- 3.1 Promote effective decentralization of decision-making toward local committees in activities pertaining to action at the local level.
- 3.2 When the financial situation permits, appoint a field officer responsible for coordinating, reactivating, and creating local committees as provided for in the development plan.
- 3.3 Promote the training of leaders at the local level as well as for different programs through various educational and promotional activities.
- 3.4 Improve internal communication among local committees and between them and the headquarters.

**4. Develop human resources and youth participation**

- 4.1 Develop the Red Cross youth program as mandated in the development plan.
- 4.2 Foster recruitment of youth and the creation of favorable conditions for their retention and motivation, such as greater participation, and service and recreational activities appropriate for each age group.
- 4.3 Establish a continuing education and training program based on a participatory methodology and an overhauled system of incentives for volunteers.
- 4.4 Expand the paid technical administrative staff, using the resources freed by the redemption of the mortgage on the headquarters building.

**5. Revise the statutes and regulations**

- 5.1 Update the present statutes and rules in order to adapt them to the way the National Society actually operates and the reforms in administration, geographic coverage, and decision-making procedures noted above.
- 5.2 Improve internal dissemination of and information about the statutes and regulations.
- 5.3 Guarantee their correct application in the National Society.

## SOURCES

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4. *Maquilas*, or assembly industries, are plants in which imported components are assembled and whose production is for the world market. Such factories have proliferated in the developing world and particularly the Caribbean area due to low labor costs and the incentives created by the Caribbean Basin Initiative (CBI), which was launched by the U.S. Government in 1984
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9. PAHO. *Boletín Epidemiológico*. Washington, D.C., PAHO, 13(1):2 (March 1992).
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