GUYANA

Capital: Georgetown
Area: 214,970 km²
Population: 755,000 (1989) (a)
Population density: 3.5/km²
Urban population. 36%
Per-capita GDP in USD: 340 (1989) (b)
Life expectancy at birth: 64.2 years (c)
Infant mortality rate: 52‰ live births (1990) (d)
Illiteracy: 4% (e)
Population under poverty line: Not available
Human Development Index 1992: 0.539 (92nd) (f)[1]

Overcoming the economic recession and social problems

Guyana is the largest of the former British territories in the Caribbean. It is on the continental landmass, between Brazil, Suriname, and Venezuela, and a third of it belongs to the Amazonian Basin. It has abundant mineral, forest, and hydroelectric resources, though they have barely been exploited. The population density, which is less than 4 inhabitants per square kilometer, is among the lowest in the continent. The distribution of the population is quite unequal: most (around 83%) live on the coastal plain, an area which accounts for only 2% of the country and where agricultural activity is located, while the interior is almost unpopulated. Thirty-six percent of the population lives in urban areas, and 70% of that population is in the capital, Georgetown.

Because of its colonial past, Guyana's ethnic composition is quite complex. Fifty-one percent are of Indian origin, 38% of African or Afro-American origin (a product of Negro-indigenous mixing), and the rest of the population is native Amerindian, Portuguese and other European, Chinese, and Javanese origin. The indigenous population consists of some 45,000 persons who are divided into nine ethnic groups, of which seven have their own cultures and lifestyles. The country's ethnic division is directly reflected in Guyanese political life; the People's National Congress (PNC), in power during the 1980s and

socialist in orientation, traditionally represents the Afrocaribbeans, and the opposition People's Progressive Party (PPP) represents the Indocaribbean group; this has led to a clear ethnopolitical division of the country.[2]

Guyana gained its independence from the United Kingdom in 1966. The Cooperative Republic was proclaimed in 1970 and the most important productive sectors, such as bauxite, lumber, and sugar, began to be nationalized. In 1980 a new constitution affirmed the socialist and nonaligned nature of the country. Concomitantly, the state has had enormous influence in the economy, in 1980 it was estimated that 80% of production was in its hands. The affirmation of this economic and political model, which differentiates Guyana from the rest of the region's countries, has been carried out in a climate of political instability, with accusations of electoral fraud and violations of human rights.

All this has been accompanied since the 1970s by a dramatic economic crisis, the deepest in the context of the English-speaking Caribbean and one of the most severe in Latin America. The gross domestic product (GDP) experienced an average annual decline between 1981 and 1989 of 3.2%, so that in 1989 the GDP was 23% less than in 1980, and exports had fallen by 50%.[3] Meanwhile, the external debt exceeded USD 1,900 million, making Guyana one of the world's most indebted countries in both absolute and per-capita terms. It has been noted that Guyana has gone through a production crisis inasmuch as there are underused productive capacity and markets traditionally served by Guyana which are being supplied with production of lower quality from other countries. As for agriculture, which represents the most significant contribution to the gross domestic product (from 26% to 31% between 1981 and 1985), there have been sharp falls in production of both sugar and rice, the most important products. Guyana has not been able to meet the Caribbean Common Market (CARICOM)'s demand for rice or to make up the sugar quota specified in its preferential agreements with the United Kingdom. The crisis has been even more profound in the mining sector, which in 1980 represented 7.5% of the GDP and in 1985 only 3.1%. Guyana, a major producer of bauxite and alumina, has lost part of the market to Chinese bauxite production, though the latter is of lower quality. The foreign exchange collected from bauxite exports fell by 42% between 1980 and 1988. The fall in revenues from exports, despite a drastic reduction in imports, has led to a chronic trade deficit. The budgetary deficit, which has grown because of external debt service payments, became enormous: between 1985 and 1987 it was between 47% and 54% of the GDP.

After several years of trying to adjust the economy without foreign assistance, the severity of the crisis led the Government to agree to a structural adjustment program with the World Bank (WB) and International Monetary Fund (IMF) which was finalized in the "Economic Recovery Program" of 1988. The program included the denationalization and privatization of the main productive resources belonging to the state (sugar, bauxite, etc.) and resulted in a devaluation of the currency by 230%, with wage increases of only 20% in the public sector. This meant both reduction in real wages and major increases in prices charged to consumers (90%), which thus worsened the difficult situation facing the population. Popular reaction, expressed in massive strikes, demonstrations, and protests, was not unexpected. Despite these costs, the program did not meet with the anticipated success and in 1990 the GDP again fell by 3.5%.[4]

The labor market and the boom in the informal economy

Popular responses to the crisis have been, in particular, a speed up of migration abroad and the unusual growth of the informal economy, a true survival strategy for most of the population. Migration has been so rapid and has acquired such dimensions that it is doubted that present estimates of the size of the population reflect its reality. Sizable Guyanese communities have appeared in the United States, the United King-

dom, and other English-speaking Caribbean countries The migrants are usually young persons with some skills, which means an important loss of human resources for the country's development.

The informal economy, in addition, is present in almost all sectors of the economy. It embraces the widespread black market in foreign exchange, smuggling of farm products, gold, and other minerals abroad, illegal importation of consumer goods whose entry into the country is forbidden, and various corrupt practices to avoid state regulations. Much of the informal economy is subsistence activities by families with the lowest incomes, such as household production of all kinds of goods and services or small-scale trade in agricultural products or consumer goods. Because of measurement difficulties, estimates of the size of the informal economy vary greatly and fluctuate between 33% and 90% of the GDP. Although there is no agreement in this respect, all analyses coincide in noting that during the 1980s this phenomenon grew considerably and that Guyana has the largest informal sector in the region in relative terms.[5]

The crisis has caused a large increase in the unemployment rate. It was estimated that 30% of the active population were jobless in 1985 and around 50% in 1988;[6] such estimates, however, do not include the weight of the informal economy or take into account the phenomenon of underemployment, as a result of which—though the importance of unemployment should not be discounted—the statistics should be viewed cautiously.

Income and poverty

According to data from the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the per-capita GDP experienced a cumulative decline from 1981 to 1989 of 33.1%.[7] Only Nicaragua and Trinidad and Tobago experienced greater declines. In 1989 the product per inhabitant was only USD 340, slightly below Haiti's and so the lowest in Latin America and the Caribbean.

Even though there are no exact data regarding the incidence of poverty, the GDP per inhabitant allows us to infer, despite the limitations inherent in this indicator, that poverty is a universal phenomenon in Guyana. This statement is strengthened by the relative indicators on nutrition, which as we shall see shows the seriousness of the nutritional deficiencies of much of the population and particularly of mothers and children.

Health situation, nutrition, and environmental sanitation

Guyana's mortality profile combines diseases characteristic of advanced societies with those "diseases of poverty" characteristic of countries with lower incomes. In 1984, according to data from the Pan American Health Organization (PAHO),[8] the principal causes of death in the general population were, in the following order, cerebrovascular disorders, diseases of the digestive system (of which half of the deaths were caused by intestinal infections), coronary and pulmonary circulation diseases, and other conditions of the respiratory system. Deficiencies in nutrition occupied the seventh place in order of importance as a cause of death.

Nutritional deficiencies affect infants and pregnant and nursing mothers to a much greater extent, however. Between 1982 and 1986 some increase in the proportion of children born weighing less than 2.5 kg was recorded, from 18% to 20% of the total number of births.[9] Related to this fact, symptoms of anemia and in particular low concentrations of blood hemoglobin were found in 58% of pregnant women in 1986.[10] In 1984, malnutrition was the leading defined cause of death in infants less than one year old, accounting for 23 8% of the deaths. In the 1- to 4-year age group, malnutrition was the cause of 18% of the deaths and the second leading cause of death after infectious intestinal diseases. Surveys conducted from 1983 to 1986 showed that between 41% and 43% of children less than five years old demonstrated malnutri-

tion of some degree. The nutritional survey of 1987, carried out under the direction of the Caribbean Food and Nutrition Institute (CFNI), revealed that 23% of children suffered from malnutrition and that the largest proportions were found in Regions VI and X.[11] Studies by the United Nations Children's Fund (UNICEF) in 1989 corroborated these diagnoses, showing that 17% of children less than one year old were malnourished, that 8% suffered from obesity, and that in the 1- to 5-year age group malnutrition affected 30% of the children and obesity, 2%. Ten percent of the school children surveyed had symptoms of anemia.[12]

With some fluctuation, the infant mortality rate grew significantly from 1979 to 1989, from 33.5‰ to 54‰ live births,[13] which is a clear indication of the regression which has occurred in the living conditions and particularly the health and nutrition conditions of the Guyanese population. In addition to malnutrition, infectious intestinal diseases and acute respiratory infections continue to be the chief causes of child morbidity in the country. Ninety percent of the diarrhea cases reported between 1984 and 1988 occurred in children less than five years old. In the Georgetown hospital, the country's most important, approximately one in three admissions to the pediatric service from 1984 to 1988 was due to acute gastroenteritis, while one in five patients admitted died from that disease.[14]

Outbreaks of measles, whooping cough, etc., have occurred because immunization coverage during the mid-1980s fell below the objectives of the Expanded Program on Immunization. Regions VII, VIII, and IX, which are the remotest, had the lowest coverage rates. Deficiencies in the cold chain, lack of supervision, inaccessibility of communities, and a lack of educational activities explain this problem. A new immunization campaign was begun in 1988 with support from international cooperation agencies.

Among adolescents and adults, traffic accidents are one of the most important causes of death. Cardiovascular diseases, together with hypertension and diabetes mellitus, continue to be the main cause of death and of health problems in adults. Work accidents are at alarming levels, especially in the sugar industry. The maternal mortality rate in 1988 was 2‰ live births,[15] which is relatively high if we realize that more than 90% of births are attended by health workers; during the 1980s, moreover, there was a trend toward increasing maternal mortality which only began to reverse itself in 1988.[16]

Malaria is the infectious disease of greatest prevalence. Although the incidence of malaria was limited to the interior of the country (where there are large areas in which malaria is endemic) from the 1950s, it began to appear along the coast in the 1980s. In 1984, 3,006 cases were recorded and in 1988, 35,451, which shows the spread of the disease.[17] Studies by PAHO in 1990 disclosed localities with an annual parasite incidence (API) of up to 415 cases per thousand population.[18] Bancroft's filariasis is a serious public health problem, especially in the capital. AIDS was officially reported for the first time in 1987. Most of the cases occurred in the homosexual-bisexual community, though heterosexual transmission was increasing quite rapidly. Beginning in 1989 a sizable increase in the number of cases was recorded; in September 1991 a cumulative total of 205 patients, with 68 deaths, had been recorded. In 1991 the annual AIDS incidence rate was quite high in the regional context, being fourth in importance behind the Bahamas, Barbados, and Trinidad and Tobago. Various surveys which attempted to determine the prevalence of HIV in specific population groups revealed rates of 1.2% in blood donors and 25% in sex workers; these are among the highest in the English-speaking Caribbean.[19]

The population older than 60 years was 6.6% of the total in 1986. Cardiovascular diseases are the most common in this age group and are associated with or a result of hypertension, diabetes, or arteriosclerosis, which is widespread. Arthritis, visual impairments (especially cataracts), and mental disorders are also widespread. Health services for this age group are preferentially provided at The Palms hospital and also in regional health establishments. In 1988 there were 18 residences for old people

able to look after themselves. The elderly in the worst situation are obviously those who have motor disabilities in addition to chronic diseases and a difficult economic situation, and there are a considerable number of them. The Survey of the Needs of the Elderly, carried out in 1987 and 1988, revealed that there is a high proportion of very elderly people who live alone and cannot care for themselves: a quarter of women older than 80 years, for example, fell into that category.[20]

The Ministry of Health is the agency which coordinates the country's health system and policies. The health system is predominantly public, although the private hospitals and physicians who practice their profession independently have an important function. The system is regionalized and subject to control by the Regional Councils, which are organs of popular representation. There are five levels of care. Level I, the closest to the population, consists of 65 health posts manned by community health workers. Level II consists of 104 health centers[21] in the 10 regions and Georgetown. Level III consists of district hospitals in eight of the 10 regions. Level IV consists of four regional hospitals. The hospital at Georgetown and three specialized hospitals (pediatric, psychiatric, and geriatric) represent level V. The Georgetown hospital provides 45% of hospital services and the principal laboratory and blood bank services.

One of the system's chief weaknesses is its shortfalls in health workers. In 1987 there were 2 physicians, 0.2 dentists, 9.8 nurses, 5.1 midwives, and 10.9 nursing assistants per 10,000 population. These data represent national averages and do not reflect the deficiencies in the interior, which are more acute. Emigration of professionals abroad may be the most important determinant of the population-health worker ratio, which is very low in both the Caribbean context and in relation to international standards.

The economic crisis has had several negative effects on the health system. The scarcity of foreign exchange, on one hand, has led to an acute scarcity of drugs which was not ameliorated until the opening in 1988 of a new factory by the National Pharmaceutical Company. On the other, although the policy is based on free care, small amounts are collected for prescriptions and some services. But the most significant effects have been on the amount and composition of public expenditures on health. Between 1985 and 1987 current expenditures grew from 80% to 95% and capital outlays on investments fell from 15% to 5%.[22] Capital expenditures are generally for urgent repairs, as a result of which maintenance of the infrastructure and equipment has been neglected, and long-term investment has been reduced to the minimum Per-capita expenditure has fluctuated somewhat, but in 1987 there was a return to the level of 1980—165 Guyanese dollars.

According to United Nations Development Program (UNDP) data, 61% of the population had access to potable water and 87% had some sanitation system between 1985 and 1988. In the countryside potable water was available to only 40% of the population.[23] As a result of the crisis, the potable water and environmental sanitation infrastructure has not increased in coverage, and in addition has deteriorated markedly, so that at the end of the 1980s it reached a stage called "critical."[24] Many potable water systems remained unused for lack of spare parts and financial resources. Only in Georgetown, in the framework of a program supported by the European Community (EC), was some maintenance on the main potable water network carried out. The capital's sewerage network consists of open channels which discharge solid and liquid wastes and farming and industrial residues directly into the sea As a direct consequence of this, typhus, gastrointestinal diseases, hepatitis, and malaria had come to be endemic in large areas of the country Solid wastes are not disposed of adequately, which causes wastes to accumulate in urban areas and particularly in streets, vacant lands, and drainage channels, which often clog and cause flooding.

Education

In the field of education the situation in Guyana is appreciably better than in other areas of social development, despite the fact that the crisis has also affected this sector negatively. The literacy rate in the period 1985-1986 was estimated at 91.6%.[25] UNDP estimates for 1990 held it to be even higher—96%[26]—which is comparatively high in comparison to neighboring countries and particularly ones with similar income levels.

During the 1980s there was a spectacular increase in the number of preschool educators, and at both that level and in primary and secondary schools the pupil-teacher ratio is extremely low: at the preschool level it is 18 pupils per teacher, in primary schools, 34, and in secondary schools, between 23 and 26.[27] Public expenditures on education, expressed as a percentage of the GDP, are markedly high compared to other countries in the region and show a strong governmental commitment to education. Between 1982 and 1987 they represented between 8.4% and 10.5% of the overall GDP.

The educational system, as we have noted, has not been unaffected by the crisis. Among the effects of the recession must be noted teacher absenteeism, caused in many instances by their need to look for a second job or other activity to earn income to supplement low teaching salaries; notable deficiencies in educational materials and textbooks, especially in primary and secondary schools; classroom overcrowding; deterioration of equipment and infrastructure; changes which have taken place in the composition of expenditures, in which the investment category has become increasingly less significant; and students' attendance rates, which during the 1980s went from 80% to 70% and, in secondary schools, reached a low of 57%. Abandonment rates have also increased to relatively high levels. All this suggests that despite the satisfactory indicators noted above, there are serious problems with the quality of instruction.

The environment and vulnerability to disasters

The geographic and climatic conditions of Guyana mean that large areas of the country are at high risk of the most common disaster experienced in the country—floods, among which the most severe in earlier decades occurred in July 1971, when there were 21,000 victims. Guyana's tropical and humid climate means heavy rains throughout the year, but especially from June to December when the heaviest precipitation occurs. The coastal plain, which is partly below sea level and is protected by systems of dikes and canals, is usually the most affected by the serious floods which attack most of the littoral area, especially the Essequibo River basin. In this context, the rice crops are customarily the most affected by the rains, as occurred in 1990.[28] The impact of disasters has been aggravated by the fact that during the 1980s emergency plans were manifestly weak, especially with respect to coordination, communications, contingency plans, maps of high-risk areas, and activities to prepare the population for disasters.[29]

GUYANA RED CROSS SOCIETY

The challenges of creating an internal structure and attracting new generations

The coastal area of the Cooperative Republic of Guyana is separated from the interior of the country by tropical forests, three large rivers, and mountainous country. For these reasons, most of the population is concentrated on the Caribbean coast land, which represents 2% of the total area of the country.

Over the last three decades, the rate of population growth has fallen, largely due to massive migration of qualified youth in search of better economic conditions abroad. This outflow of skilled young people has been both a cause and a consequence of the profound crisis in the Guyanese social structure and economy, one of the gravest in Latin America and the Caribbean. Per-capita income was the lowest in the region in 1989.

The National Red Cross Society shares the ill-effects of the nation's crisis: stagnation in its membership because of difficulties in recruiting qualified individuals, especially men and young people. Most of the Society's leadership is approaching retirement age, and few alternatives exist for their replacement by members of the younger generation in the organization.

In the field of health, indicators have been negatively affected by the crisis. An increase in infectious diseases and serious nutritional deficiencies have contributed to a considerable elevation in infant mortality. Maternal mortality rates have also increased, and insufficient immunization coverage has led to outbreaks of measles and whooping cough. Cases of AIDS and malaria have increased, and Bancroft's filariasis is a grave public health problem, especially in the capital. The health system has been seriously affected by lack of qualified personnel because of the emigration of professionals and technicians. This situation is even more serious in the country's interior. There is scarcity of essential medicines, and there are severe difficulties in maintaining and improving sanitation. The supply of potable water and environmental sanitation services have deteriorated, leaving them in a critical state. This deterioration contributes significantly to the increase of infectious diseases, the transmission of parasites, and the incidence of cholera.

The National Society's main activity—the rehabilitation and care of malnourished children—helps alleviate one of the most devastating signs of the national crisis: in 1989, 30% of all children from two to five years old were undernourished to some degree.

First-aid training is one of the National Society's most important activities, but the shortage of volunteers hinders its expansion into a program capable of coping with major emergencies.

A Meals on Wheels service for the elderly is operated in Georgetown in addition to other welfare activities such as an outpatient feeding program for malnourished children. The constant struggle to meet the costs of these programs, which already have limited coverage capabilities, presents problems in responding to the rising needs of the vulnerable sectors of the population, however.

Floods are Guyana's greatest environmental risk, especially for inhabitants of the coastal areas. Floods also seriously affect rice production. The weakness of the official disaster prevention plan aggravates the population's vulnerability to such events. Guyana is not in the hurricane or earthquake zones, and so little is done in the field of disaster preparedness.

The biggest challenges to the development and modernization of the National Society are the urgent need to extend the scope of its activities beyond the capital and to engage the new generation into Red Cross development programs with an eye toward providing future leadership. Both

issues have been identified as priorities by the National Society's leaders, who share a positive attitude towards solving these problems that are obstacles to development.

Organization of the National Society

Organizational and geographic structure

The Guyana Red Cross was a branch of the British Red Cross from 1948 to 1967, when it became an independent National Society. The Society received recognition from the ICRC and the Federation in 1968.

According to its statutes, the National Society's highest organ is the General Assembly, which meets annually to elect the members of the Central Committee and approve the annual report and financial accounts. Because of the continued absence of financial reports, which are constitutionally necessary for convening the General Assembly, however, the last General Assembly took place in 1987. There have been no elections since.

According to the statutes, the General Assembly is composed of the members of the Central Committee, the chairpersons of regional and local committees, and elected representatives from the local committees. Economic stagnation, lack of resources, and transportation difficulties in the jungles of Guyana are all reasons contributing to the disintegration of the local branches which once existed. There are now no active Red Cross groups outside Georgetown, the capital, and the National Society recognizes that changing this situation is one of its highest priorities.

The statutes state that the Central Committee is to meet every four months. It is composed of the 12 members elected by the General Assembly, the chairpersons of the regional committees, two representatives from the Guyana Government, and six outstanding citizens. The Central Committee elects the President, Treasurer, and other officers; appoints the Secretary General, and votes on the budget prepared by the management committee.

In mid-1992 no Central Committee existed and the position of Treasurer had not been filled for lack of a qualified person, a result of massive emigration. In the absence of a Treasurer, no audited financial statements were produced, causing the continued absence of financial reports and the lack of a convened General Assembly

The management committee does exist and meets monthly. It is in charge of the day-to-day operations of the National Society. The chairperson of this committee makes most decisions concerning the Society.

The Society's activities are centered in its own headquarters building in Georgetown. Though it is a spacious, two-story facility with catering and training facilities, the building is in need of cleaning, general maintenance, repair, and renovation.

The management committee considers expansion into the 10 regions of Guyana an important challenge requiring better resources and management of available resources by a capable staff willing to organize and work together toward this goal.

Administration and planning

The administration of the Guyana Red Cross is a mixture of staff and volunteers. There is no awareness of Federation policies and programs (Child Alive, for example), internal and external communications are limited, and programs such as social welfare and first-aid training are run by volunteers because of limited staff. Because of infrequent communication between staff and volunteer program managers, programs are not always well coordinated.

The Society has activity reports for 1988, 1989, and 1990, and unaudited expenditure reports were produced for 1987, 1988, and 1989.

The first five-year development plan for 1986-1990 was produced in cooperation with the Federation's Caribbean delegate The plan sought to expand activities into the rural areas of

Guyana and to increase financing, efficiency, and communication about basic Red Cross principles and goals. For this purpose, discussions with the Federation took place about recruiting a six-month development delegate, and appeals were made to the Federation concerning the plan and its goals. The plan has so far had limited results.

Another, more realistic long-term plan has been suggested, one whose implementation will be structured according to the actual human and material resources available to the National Society Aspects considered important are expanded regional coverage, improved communication and structure within the organization, personnel training, upgrading Red Cross facilities, and more clarity regarding the responsibilities of each position (including some sort of evaluation procedure in which all members could participate).

Human resources

The total volunteer membership of the Guyana Red Cross is estimated at 700 to 750 members, of whom about 250 are adults whose fields of activity are first aid, nursing, and child care; 150 are senior citizens who meet once a month to carry out light tasks, and 300 are youth involved in the same types of activity as the adults.

Private hospitals accept Red Cross training as a basis for their own training, which is an incentive for youth participation.

Except for several men in administrative positions, almost all members are women. This is partly due to the emigration of young men and partly to the general perception that the Red Cross offers opportunities mainly for women.

Attracting more men and young people is also a concern. With the implementation of new and innovative changes in the activities it organizes, such as training and programs which can contribute to the development of a young person's career, the Society hopes to attract qualified young people.

Volunteers are responsible for running the social welfare and first-aid training programs at Society headquarters.

There are 27 salaried members of the Guyana Red Cross staff, 16 of whom operate the Convalescent Home for malnourished children. The rest work at headquarters in various positions: three manage the kitchen for the Meals on Wheels program and catering services, three are secretaries, two attend to food distribution, and one is a driver.

The fulltime Secretary General is assisted by the vice president of the National Society in general management, secretarial work, and training in first aid, nursing, health, and hygiene.

Finance and budget

The depreciation of the Guyana currency and rising inflation during the last few years have hindered the Society's efforts to generate an increase in revenue through greater donations and fund-raising efforts.

Although the National Society closed 1991 with a surplus of USD 2,016, projections see 1992 ending with a deficit of USD 3,196. This situation results from the fixed expenses of the Convalescent Home for children (salaries, food, transportation, and maintenance) but no fixed institutional income, except for a small Government subsidy (barely one-sixth of total expenses)

Total income in 1991 amounted to USD 18,942. Forty-eight percent came from donations, 28% from fund-raising activities and revenue from catering services, 22% from Government grants and subsidies, and less than 1% from membership dues and training fees

For the same period, total expenditures amounted to USD 17,336, of which salaries accounted for 25%; building maintenance and administrative expenses, 28%; vehicle operation, 16%; and operation of the Meals on Wheels program and food for the Convalescent Home, 30%.

The Guyana Red Cross intends to push more aggressive internal and overseas fund-raising as other voluntary organizations in the country are competing for limited funds

The Society currently owes five years of barem payments to the Federation. It sees two options to this problem: pay and close down all Red Cross activity, or not pay.

Role and activities of the Guyana Red Cross in the context of the country

Principal activities

Health

For more than 40 years the Guyana Red Cross Society has managed a Convalescent Home for malnourished children in Georgetown. This service is important especially to low-income families living in the country's interior. The Home provides convalescent care for children up to 12 years of age diagnosed by the governmental health system, most often for diarrhea and respiratory ailments, who need to recover in order to attain—perhaps for the first time in their lives—a certain level of health to enable them to return home. The average number of children at the Home is 25 to 30, with an individual stay averaging nine months.

Although this Red Cross service is probably the most highly respected of all its activities in Guyana, the following vital functions do not yet exist to ensure its effectiveness: follow-up of individual children, coordination with the other Red Cross feeding program for children, and involvement in nutrition and health education for beneficiary families to eliminate the problem at its source.

The Convalescent Home is the Society's biggest expense, and though the Government of Guyana provides a direct subsidy, currency depreciation has caused this contribution to decrease in relative importance.

The Red Cross hosts a United States NGO program called DAWN, which consists of periodic visits by a group of American doctors and nurses to provide needy people free diagnosis and medical treatment. Clinic activities and team consultations take place at Red Cross headquarters.

The Society also provides free training for home nursing and mother and child care.

Social welfare

The Meals on Wheels program serves approximately 60 elderly people weekdays in Georgetown. High vehicle operation and maintenance costs, rising food costs, and the cooks' salaries make this program expensive to run. Some food is received from Food for the Poor, a United States organization; the rest is bought.

Another feeding program administers milk and vegetable oil once a month to approximately 70 malnourished children, 1,000 children in orphanages, and 800 senior citizens in homes for the elderly. At present, there is no follow-up of those who receive this aid (for example, there are no scales for weighing children to track development) and no nutrition education, and activities are not coordinated with those of the Convalescent Home. The National Society receives the oil and powdered milk from the European Community through the Federation.

Other welfare activities include hospital visits, distribution of food and clothing to indigents, and loans of medical equipment (wheelchairs, crutches, bed pans, etc.). The medical loan activity is impaired by lack of equipment and the program has begun to serve more as a broker between people who have equipment and those who need it.

There is a lack of organization and structure in the Society's implementation of its welfare programs The vision of its task of contributing positively to the welfare of its community is not broad enough to recognize the potential cooperation roles of programs and activities. Many members believe that as programs become coordinated in goals and implementation, overall effectiveness will improve.

Relief and emergency services

First-aid training is one of the most important activities of the National Society. An annual average of 400 people are trained: volunteers, employees of factories and businesses, and members of schools and cooperatives. No fee is charged, but the recipient pays the cost of the certificate The Red Cross certificate is recognized by the national health system and private clinics, providing an incentive for improving professional qualifications. The National Society has two first-aid groups which serve at sporting and public events. The Red Cross school training program in first aid has students from eight years of age upward.

The Government of Guyana has invited the Red Cross to help design and implement a National Disaster plan and views the participation as membership in and its contribution to the Caribbean Disaster Emergency Response Agency.

Other activities

When requested by the American or British Red Cross, the Society makes inquiries to verify the death or serious illness of a family member of a Guyanese serving in the United States or British armed forces so that the expatriate may be granted compassionate leave.

Relations with the Government

The National Society has the respect and cooperation of the Government. It is the only nongovernmental organization granted the use of the Governor's State House for fund-raising activities; it participates in preparing the National Disaster plan, and it receives subsidies for the Convalescent Home for children and other programs. Because of inflation, subsidies constitute less than 10% of the total income of the National Society.

In addition, some Red Cross executives are former governmental employees, a fact that contributes to positive relations.

Relations with other agencies and organizations

Rotary International helped build facilities for the Convalescent Home, and the Red Cross also collaborates with other voluntary clubs such as the Lions Club, which uses the Red Cross headquarters for their meetings, Boy Scouts, and Girl Guides.

Relations with such organizations are friendly but not close. Competition for volunteers, donations, and fund raising are factors in the National Society's interaction with other NGOs and voluntary organizations. The Society is concerned that, while its own administrative personnel attempt to improve their organization and efficiency, other, better organized, and better prepared NGOs are replacing the Red Cross by default in many areas where it should be present and in leadership roles.

It has been suggested that the National Society promote more interaction with other voluntary groups and perhaps launch "joint-ventures."

The role of external cooperation

The British Red Cross has provided office equipment and reference books; the Spanish Red Cross and the Empress Shoken Fund have donated vehicles; and the Austrian Red Cross has given kits for first-aid training

In 1990 the Guyana Red Cross presented an appeal to the Federation for CHF 260,000 for equipment, materials, staff support (a six-month development delegate), disaster preparedness activities, and the Meals on Wheels program. In 1991 an additional appeal was presented for technical assistance support to revitalize and update the Society's development plan, improve community services, study fund-raising techniques, and extend geographic coverage. At the end of 1991 the Guyana Red Cross received contributions of GBP 15,000 from the British Red Cross and CHF 88,000 from the Spanish Red Cross in answer to these appeals.

DAWN uses the National Society's headquarters as its meeting place and free public clinic during its periodic visits.

The European Community, through the Federation, contributes powdered milk and vegetable oil for the feeding programs, and some food for the Meals on Wheels program is provided by Food for the Poor, a U.S. organization.

Unlike other Caribbean National Societies, the Guyana Red Cross has no permanent partnership with any other National Society.

The National Society's perception of its public image

With regard to its image as an institution, members of the Guyana National Society perceive an urgent need to promote public awareness of its goals and methods and to raise consciousness about the benefits of voluntary work. Unless these aspects of public perception are addressed with dedication and resolve, the National Society fears that it risks losing membership to other voluntary organizations as well as the support of the general public.

The Society is also concerned about the public's view of the Red Cross as an organization which offers opportunities and positions primarily for women and does not offer positions of relevant responsibility to younger persons.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Care and rehabilitation services for undernourished children, through the Convalescent Home and a complementary nutritional program, are the oldest and most important services of the Guyana Red Cross Society. Other activities of the National Society are training in first aid mainly for school students, some free medical care activities, the food served to the elderly, visits to hospitals, and the provision and loan of orthopedic equipment.

The National Society's profile of activities responds fully to some of the most pressing needs of the most vulnerable sectors of the population, notwithstanding that the programs have a charitable approach since they do not include the participation of the families or communities served, lack mechanisms to follow them up, and at times have high costs in relation to their impact. There is, furthermore, a great lack of communication and coordination between the different programs the institution offers in the same field which limits their effectiveness. Lastly, the scarcity of resources has hindered their expansion, and their coverage and impact is still low

The most important problems faced by the National Society, and which hinder its development, are difficulty in recruiting volunteers and qualified paid personnel, especially youth; a scarcity of funds, and limited geographic coverage, which basically covers the capital city These situations are closely related to the country's serious economic crisis, which has jeopardized the Guyana Red Cross Society. On one hand, the crisis has generated massive emigration of qualified young people; on the other, it has drastically reduced the resources of both the state and the Red Cross itself for dealing with social problems which are increasingly serious and widespread, particularly in the areas of employment, income, health, and nutrition. Although no data exist about the magnitude of poverty, Guyana's per-capita income in 1989 was the lowest in all Latin America and the Caribbean. In this context, the issue of the daily survival of the Guyana Red Cross prevents medium- and long-term planning.

All these factors have negatively affected the possibilities of collecting funds and expanding the National Society. In consequence, the organizational structure is very weak, decision-making bodies do not function adequately, and there is no process through which the institution's leadership can be handed on to the next generation to ensure its future. The necessary support from external cooperation, which would allow the National Society to assume the enormous challenges it faces, is also very limited.

RECOMMENDATIONS

1. **Implement a human resources development program**
2. **Extend geographic coverage**
3. **Broaden the focus, coverage, and efficiency of health and social welfare services**
4. **Improve the institution's financial base**
5. **Adopt a short- and medium-term planning methodology and draw up a development plan**
6. **Regularize the organizational situation in accordance with statutory provisions**
7. **Improve the National Society's public image**

1. Implement a human resources development program

1.1 Establish a permanent volunteer recruitment campaign, especially among youth and middle-aged men, to guarantee the National Society's future. This campaign should be conducted together with the geographic expansion, dissemination, and image campaigns.

1.2 Establish new systems of material, symbolic, and training incentives and extend those already tested successfully.

1.3 Establish a permanent training program linked to the institution's daily work using participatory methods and emphasizing trainer training and matters such as planning, evaluation, and community action.

2. Extend geographic coverage

2.1 Establish concrete and realistic annual goals as to opening new branches, first addressing locales and urban centers in the coastal area, which is the most populated and which has the largest potential resources for sustainability. These goals should be based on a strategy of service decentralization and mobilization of local resources.

2.2 Adopt as a development objective of highest priority for 1993-1994 an immediate action plan to reopen the New Amsterdam branch. Such a plan may be based on the decentralization of some services and staff, along with training courses for the personnel of the branch.

3. Broaden the focus, coverage, and efficiency of health and social welfare services

3.1 Broaden the focus of children's nutrition programs to include prevention, health education, community participation, and case follow-up components based on the strategy of primary health care (PHC).

3.2 Establish effective mechanisms to coordinate the Convalescent Home and the supplementary nutrition program, and consider their possible integration into a single nutrition program.

3.3 Increase the coverage of the nutrition services in conjunction with the country's health services, and begin negotiations with the public authorities to guarantee financing for such services.

3.4 Increase the coverage of Meals on Wheels as a means to increase its efficiency and modify its charitable approach in order to bring it in line with the primary health care strategy.

3.5 Establish a unit for health and social welfare programs to guarantee effective coordination, planning, follow-up, and evaluation of all programs in these areas.

3.6 Consider new initiatives in such areas as education and AIDS prevention.

4. Improve the institution's financial base

4.1 Adopt measures to stabilize the Government's financial contributions so that they will not be negatively affected by inflation or sudden devaluations associated with economic adjustment measures. Renegotiate present contributions to restore their real value if possible and guarantee the future sustainability of those services the National Society considers important to social development.

4.2 Expand services that generate funds, such as catering, and study the feasibility of other revenue-producing and/or commercial projects which may be profitable and which, without contravening the institution's principles, generate income (for example, agricultural production projects associated with the Meals on Wheels program).

4.3 Introduce a fee for first-aid training services to organizations which can pay (companies, factories, etc.).

4.4 Increase contacts and initiatives with international organizations having offices in the country (United Nations agencies, first- world development agencies, etc.), as well as with Red Cross offices in other countries, to obtain financing for institutional development projects, geographic expansion of the institution's coverage, and revenue-producing endeavors which have medium- to long-term financial sustainability.

4.5 Prepare a Framework for Development Cooperation.

4.6 Increase coordination and establish agreements and accords for collaboration with international NGOs operating in the country.

5. Adopt a short- and medium-term planning methodology and draw up a development plan

5.1 Formulate flexible and realistic annual plans of action for the National Society in connection with annual budgets which include effective follow-up and evaluation mechanisms.

5.2 Adopt participatory planning methods which involve the decision-making organs, volunteers, staff, and eventually branches.

5.3 Draw up a medium-term development plan.

5.4 Establish as a priority for cooperation with the Red Cross Movement the appointment of a development delegate who will support geographic expansion and organizational and human resources development.

6. Regularize the organizational situation in accordance with statutory provisions

6.1 Adopt concrete short-term measures to reestablish the decision-making bodies absent today and regularize their functioning, especially the Central Committee and General Assembly
6.2 As soon as possible, fill the treasurer's and other vacant positions.
6.3 Reestablish the preparation of financial reports and audits

7. Improve the National Society's public image

7.1 Improve relations with the media in order to disseminate information about the National Society's activities with respect to the social problems to which such activities respond.
7.2 In view of its importance to the image of the institution, improve the physical appearance of the headquarters through general cleaning, renovation, and maintenance.

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