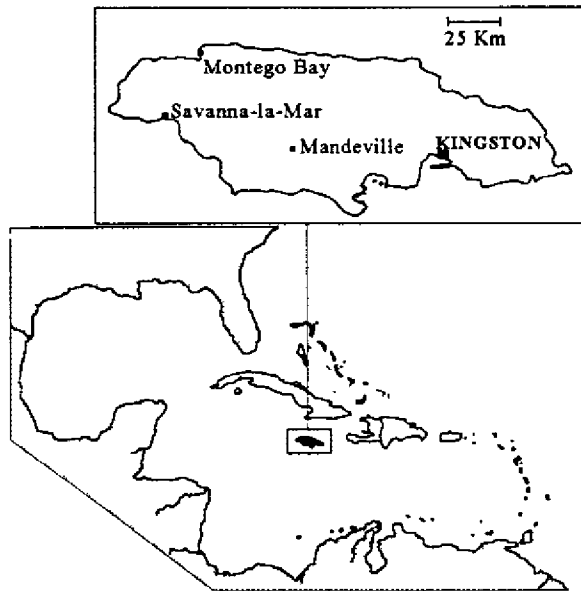

JAMAICA



Capital: Kingston
Area: 10,990 km²
Population: 2,400,000 (1990) (a)
Population density: 218/km²
Urban population: 51% (b)
Per-capita GDP in US\$: 1,260 (1989) (c)
Life expectancy at birth: 73.1 years (d)
Infant mortality rate: 16‰ live births (1990) (e)
Illiteracy: 2% (f)
Population under poverty line: >50% (g)
Human Development Index 1992: 0.722 (63rd) (h)¹

Structural adjustment and social crisis

Until World War II the economy of Jamaica was distinctly agricultural and based on the sugar cane, banana, and coffee plantations characteristic of the colonial period. A stage of rapid growth based on bauxite extraction and alumina production for export, manufacturing, and tourism began in the 1950s. From 1950 to 1960 the Jamaican economy grew at an average annual rate of 8.6%; this fell to 5.3% in the 1960s but still represented strong growth. This process was accompanied by accelerated urbanization, migrations from the countryside to cities, and modernization of the country. In the 1970s the Government of Jamaica, headed by Michael Manley, started a policy of income distribution which resulted in major improvements in the fields of education and health. During that decade, however, the unfavorable international context, the U.S. boycott,

and the transfer of bauxite production to Guinea and Australia, among other factors, caused economic decline and stagnation, with a fall in production of 1.5% annually on average. The crisis led to high unemployment rates (31% in 1979), mounting social protest, difficulties in the balance of payments, high inflation, and in particular high external debt. From 1971 to 1976 the foreign debt multiplied fivefold and at the end of the decade helped cause a foreign exchange crisis so serious that the Government was obliged to begin negotiations with the International Monetary Fund (IMF).²

The elections of 1980, in which President Edward Seaga won power, meant a radical turn-about in the economic policies followed until then and, above all, the adoption of one of the first and most severe neoliberal programs of stabilization

and structural adjustment applied in Latin America and the Caribbean under the guidance of the World Bank (WB) and the IMF. The adjustment, which was the true focus of the Jamaican economy in the 1980s, was based on liberalization of the economy, wage freezes, severe cuts in public employment, subsidies, and expenditures, and generally speaking a reduction of the state's role in economic life. These measures had no effect in the short run and up to 1985 the crisis deepened. Inflation accelerated, the trade deficit tripled, and the foreign debt grew even more, so that Jamaica soon found itself among the world's most debt-burdened countries. In 1987 its foreign debt was \$4,013,000,000, or \$1,718 per capita.³ Between 1983 and 1989, service on the debt consumed from 27% to 32.4% of the Government's expenditures,⁴ and in 1988 it represented a quarter of total exports. Finally, the adjustment has had a heavy social cost whose effects, which may be called devastating, still persist: it is thought that more than half of the population lived in poverty at the start of the 1990s.

Only at mid-decade did the adjustment produce reduction in some of the main imbalances and reinitiation of growth. This was helped by the renewed dynamism of tourism and bauxite production,⁵ and the startup of new textile and electronic companies and *maquilas* which took advantage of low Jamaican labor costs, the Government's tax incentives, and provisions for access to the U.S. market which were part of the Caribbean Basin Initiative (CBI). The economy of Jamaica has thus come to have a profile clearly different from that of the 1970s: the service sector contributes more than 60% of the gross domestic product (GDP), tourism has come to be the most important activity in earning foreign exchange, and manufacturing has switched its productive capacity toward markets with strong foreign exchange, to the detriment of production for local or regional markets.

In 1988, amid these problems, the country was confronted by the serious damage caused by Hurricane Gilbert, the century's worst disaster, which amounted to the equivalent of 40% of the total GDP in that year. The recovery of the most

sensitive productive sectors was surprisingly quick, however.

Despite the change in Government, the pace of the adjustment has accelerated since 1989, and in 1992 a new agreement was signed with the IMF. Public expenditures were reduced even more and the exchange market was liberalized, which led to rapid depreciation of the currency and a consequent reduction in real wages. In this context of adjustment the prospects for the Jamaican economy are favorable as to the balance of payments, the budget deficit, and expansion of nontraditional exports. These prospects seem overshadowed, however, by the burden of the debt, which cannot be rescheduled because of the uncertainties in the sugar, banana, and bauxite markets, the fragility of tourism because of the vagaries of the climate (hurricanes and tropical storms), and the international market. Against this background, Jamaica also faces the challenge of dealing with deterioration in the population's living standards since more than half of it is poor due to the effects of the crisis and adjustment, and preventing the greater environmental cost entailed by the country's export reorientation.

The employment situation and labor market

The Jamaican work force is characterized by its youth and the high participation of women. Twenty-nine percent of workers are less than 24 years old and 46.7% are women.⁶ The manufacturing sector, the most dynamic in recent years, accounts for 15% of employment and there is 12% unemployment in the sector (two points below the national average). Much of the industrial employment was created in the second half of the 1980s through two Free Zones, in which 96% of the workers are women. Tourism is the source of direct or indirect work for around 40,000 people; half of them are in ancillary jobs around the major hotel establishments. Mining, despite its economic importance, represents only 1% of employment. Most of its workers are skilled,

have relatively high wages, and are extensively unionized.

The agricultural sector is of great importance in terms of jobs, though the proportion of agricultural workers has been declining: in 1990 it represented 26.7% of total employment (35% in 1986) but only 7.8% of the GDP.⁷ The social structure of agriculture still shows some of the features characteristic of the colonial period. Approximately 82% of the peasants work on small farms of five acres at most, often on marginal lands whose productivity is very low, while the best lands belong to the state, large proprietors, or agricultural enterprises which use high technology to produce winter vegetables for the U.S. market. In the context of liberalization, the peasants face competition from low-cost foodstuff imports and production by the agricultural export sector which does not meet the quality requirements of the U.S. market and so is sold in the local market at very low prices. The prospects for this sector, deprived of credit and support because of the adjustment measures, are therefore very uncertain.

Unemployment diminished during the 1980s from 25% in 1981 to 18% in 1989, but employment has still not recovered its 1975 levels. This reduction is explained by both the economic recovery and strong migration, especially since 1985 it is thought that the number of Jamaicans who left the country in 1987 was seven times higher than in 1981, and many of them were trained persons.⁸ Unemployment is higher among women—22.5% compared with 15.3% among men—though it has declined somewhat because of the demand for female employment in the textile sector.

Although there are no precise estimates, the proportion of the labor market devoted to informal work has increased, especially in small trade, in which many women work independently as *higglers*. The contribution of trade to the GDP maintained itself in the 1980s, but employment in this sector has grown, which means less productivity, a characteristic of informal activities.⁹

Poverty situation

Jamaica was one of the earliest Latin American and Caribbean countries to suffer the effects of the crisis and especially the structural adjustment policies recommended by the IMF, World Bank, and U.S. Agency for International Development (USAID). In consequence, it was also one of the first to experience the social costs which usually accompany such programs. The early 1980s thus saw both a steep fall in real wages and regressive redistribution of national income.

The most recent studies of the adjustment experience in Jamaica show that: (a) a considerable part of the national income was transferred abroad during the decade; (b) the income, consumption, and savings of the proprietor classes rose, and (c) the consumption and income levels of the working population deteriorated drastically. Real wages per employee fell by 22% from 1977 to 1987, while owner profits grew by 27%.¹⁰ The growing divergence in income distribution was reflected in the 1989 survey of living conditions, which estimated that the wealthiest 10% of the population received 32% of the national income, while the 60% of the population with the lowest incomes received 29%.

Between 1979 and 1988 there was a spectacular fall in the buying power of the minimum wage due to inflation and the wage freezing and/or restriction measures. From 1979 to 1985 the prices of "basic basket" products climbed by 429%. In 1985 the minimum weekly wage was only \$9. As a result of the marked rises in the price of basic goods, the minimum wage, which covered 107% of the cost of a family's basic diet in 1979, met only 45% of it in 1983. The lowest point was reached in 1987, when it was 31%; it moved upward to 45% in 1988.¹¹ This information shows the growing difficulty of low-income sectors in satisfying basic nutrition requirements.

Estimates of the incidence of poverty made in 1988 and 1989 using World Bank methodology were that in 1988 more than a third of the popula-

tion was below the poverty line.¹² A new measurement using more refined methods was made in 1990 to calculate the poverty line on the basis of consumer prices in July 1989. The result was that 43% of the population was found to be below the line. From then until the end of 1990 prices tripled while income grew much more slowly. The implication of this is that the proportion of the population below the poverty line would be much greater in 1990, probably above 50%.¹³ In the countryside, according to estimates by the United Nations Development Program (UNDP), the poor population is even larger—80%.¹⁴

To deal with poverty, the Government implemented two major social compensation programs, the Social Support Program and the Human Resources Development Program. The former uses an emergency fund, similar in concept to the emergency social funds in other countries in Latin America, and channels its resources to small businesses, occupational training, and improvement of the physical, health, and education infrastructure. Many of this program's activities have been carried out with support from nongovernmental organizations (NGOs). The Human Resources Development Program includes school nutrition and food stamp programs; the food stamps are distributed through health centers to the most vulnerable sectors—persons with low incomes, the elderly, children, and pregnant and nursing mothers.¹⁵

Health, nutrition, and environmental sanitation

At the beginning of the 1980s the main causes of death in the population at large were, in the following order, cerebrovascular and coronary diseases, malignant neoplasms, hypertension, diabetes mellitus, infectious intestinal diseases, and pneumonia and influenza.

The infant mortality rate in 1990 was 16‰ live births, though there are some deficiencies in both birth and death registration. In 1988, diarrheal diseases were the second leading cause of death in children less than five years old, though

they are in second place after ailments originating in the perinatal period. Malnutrition and diseases associated with it are among the chief causes of death in infancy, and this is a problem made worse by the crisis and adjustment.¹⁶ The Health Status Survey conducted in 1985 indicated that only 59% of children less than five years old were nutritionally normal, 33% presented grade I malnutrition (in Gómez's classification), 7% were in grade II, and 1.5% in grade III. Anemia caused by iron deficiencies in pregnant and nursing women, as well as low blood hemoglobin levels, were observed in 42% and 55% of women, depending on age group.¹⁷

The deficient nutritional situation is related to the high cost of food, 66% of which was imported in 1987. The adjustment measures, which led to the elimination of basic foodstuff subsidies and depreciation of the currency, have contributed to limiting the population's access to the basic diet. In this context it is worth noting that in the last three decades there has been a major deterioration in food availability in Jamaica, since around 1970 the proportion of imported foodstuffs was less, 61% of the total.¹⁸

Among adolescents and adults, accidents and violence are the most common causes of death. Drug consumption is growing among young people and is assuming major proportions; this is associated with high juvenile unemployment and the lack of prospects confronting many youths. In some instances it is related to specific religious beliefs (marijuana use among Rastafarians), though there is growing consumption of cocaine and crack. Jamaica is the only major producer of marijuana in the region, which gives it a singular role in the drug traffic characterizing the Caribbean.

The maternal mortality rate in 1990 was 12‰ live births,¹⁹ though there is significant underrecording and the rate may be higher. Hypertension is noted as a major cause of maternal death as well as premature death in the entire adult population. At mid-decade, 1,600 new cases of cancer were being detected annually and cancer was responsible for 12% of deaths. Forty-four percent of cases in women were breast or cervical cancer.

The incidence of AIDS is relatively low compared with other countries in the region, though Jamaica was one of the first countries to witness the appearance of the disease, in 1982. Three hundred thirty-four cases had accumulated by June 1991 and 154 patients had died. In various tests carried out between 1988 and 1990, HIV positive proportions were found of 0.2% in blood donors, 0.7% in prenatal care, 15% in homosexual or bisexual men, 10% in female sex workers, and 5% in patients with sexually transmitted diseases.²⁰

The Ministry of Health is the agency responsible for providing services in the country. Health services are divided into four main administrative levels: national, regional, county, and district. Primary care services are provided at the district level through a network of 361 health centers²¹ with different staffing levels. These refer patients with more complex problems to polyclinics in urban areas or to the 19 public acute-care hospitals, in addition to the university, chronic disease, and psychiatric hospitals. The number of public hospital beds in 1987 was 5,463.²² The private sector, which treated barely 1% of patients in 1988, has five hospitals in Kingston, one in Mandeville, and another at Montego Bay totaling 282 beds, and offers private consultation services and some popular insurance plans. In 1988, Social Security covered 93% of the active population, which is one of the highest rates in Latin America and the Caribbean.²³ Pensions experienced a significant reduction in 1983 because of the structural adjustment measures, however. Self-employed workers, mostly in the informal sector, are one of the most vulnerable groups in terms of the Social Insurance Program's coverage since, in 1985, only 4% were covered and 1% were active contributors.²⁴ The system faced financing problems in 1987 because of imbalances between contributions and services as a result of the crisis.

The crisis and adjustment measures have had a strong impact on the population's access to health and the quality of services. From 1984 to

1986 the number of consultations and patients treated in public hospitals fell after a fee-for-service system was introduced among measures to reduce public expenditure; although the new system did not cover costs, it represented a burden for the low-income sectors. Together with the greater costliness of drugs (with price increases ranging from 50% to 300% in the first half of the decade), this in practice led to reduction in the population's access to health services. At the same time, there was a major loss of trained workers because of low wages. Maintenance of infrastructure and equipment has been deficient, and no investment has been made in modern equipment. In 1987, for example, a quarter of the hospitals lacked radiology services. The adjustment programs have also led to a large number of layoffs in the health sector.

Between 1981 and 1985 expenditures on health fell significantly in real terms, around 12%. With the recovery that occurred in 1986 the decline was less, from \$547 million to \$539 million. Considering the increase in population, however, the per-capita reduction in health expenditures was greater, moving from \$267 in 1982 to \$223 in 1985 but climbing to \$231 in 1986. The most important budget cuts were in investment expenditures, which fell by 80% in real terms.²⁵

In 1988, 57% of the total population (1,344,000) had household potable water connections, 13% was supplied by means of public outlets, and 28% consumed water from untreated sources (springs, wells, rainwater). There have been improvements in potable water surveillance and control. Water quality is threatened by the fact that treatment plants do not always function satisfactorily, and because a very small proportion of the population has sewerage (16%) and most use septic or filtration tanks (28%) or pit latrines (50%), filtrations occur which pollute subsurface, surface, and coastal waters. The lack of treatment of industrial and household wastes in the Kingston metropolitan area in particular is resulting in increased contamination of the coastal waters in the bay surrounding it.

Migratory flows

During the 1980s, the decade's average net emigration, largely to the United States, Canada, and the United Kingdom, was about 17,500 persons a year, with a peak of 24,300 persons in 1980. It is believed, however, that these figures underestimate the true levels of migration. Jamaican communities in the countries noted are relatively large, particularly in the United States where it is thought that there are 500,000 Jamaicans. Twenty percent of the emigrants are trained persons; this brain drain imposes a heavy burden on the country's development. The remittances such migrants send home are a significant part of private capital flows. In 1988 the World Bank estimated that they amounted to \$65 million (8% of the country's total imports),²⁶ though these figures only reflect those remittances transmitted through official channels. Such remittances constitute major support for the subsistence of low-income families.

Education

Jamaica has had high attendance rates in its primary schools since the 1960s. Two positive trends have occurred since that decade: first, a large increase in the secondary school attendance rate, and second, a significant improvement in the teacher:pupil ratio at the primary level. The country also has a relatively high (83%) rate of preschool attendance.

These facts, which can be seen through the most important educational indicators, do not however reflect the effects of the structural adjustment on the educational system: the low salaries which are being paid, whose purchasing power has fallen appreciably, have led to absenteeism and the loss of experienced teachers, who leave their schools in search of better jobs, sometimes emigrating abroad, or supplement their teaching with other jobs. It is believed that 35% of teachers left the system from 1984 to 1988.²⁷ Another significant effect has been deterioration of equipment and a lack of textbooks and teaching

materials, many of which are imported, which because of currency depreciation are today much more expensive.

Situation of women

The employment structure by gender shows that women predominate over men in the technical, professional, and administrative worker categories and especially in the service sector. Among small itinerant tradespeople (*higglers*), 83% are women, 60% of whom are older than 45 years. The 1978 agricultural census also showed that 20% of peasants were women; 37% of them lacked land, and 80% had less than five acres.²⁸ As noted above, there is a high concentration of women in textile and electronics plants in the Free Zones, in which 96% of the work force are women. These workers must put up with long days, bad working conditions, and very low wages; as many of them are family heads, such situations directly affect their children.

Because of the male bias in emigration and the greater life expectancy of women, the latter represent somewhat more than half of the population—51% according to the 1982 population census. The same census also revealed that 39% of households were headed by women. The great proportion of families organized around women is a typical feature of the population structure in the Caribbean; in this context, Jamaica fell into an intermediate category between St. Kitts and Nevis (where 45% of households had women heads) and Trinidad and Tobago (25%). The distribution of family income, according to 1984 data, showed that 72% of female heads of household earned less than J\$399, the income level of only 39% of male heads of household. At the other extreme, the proportion of men who earned J\$800 or more was 23%, more than twice that of women (9%).²⁹ The proportion of women is also greater among the unemployed and social welfare beneficiaries, 66% in both cases.³⁰

Women's unfavorable job and income situation, together with the high proportion of women family heads, indicate that the impact of the

adjustment on such households has been greater and, though there are no precise data in this regard, it may be assumed that the proportion of households headed by women and which are poor is higher than average.

Abused and marginalized children in Jamaica

As in other Caribbean countries, information about the situation of children is scant and often out of date due to the weakness of information systems. In addition, the resources of the social protection system are inadequate and feeble for dealing with the problem of abused and abandoned children.

A United Nations Children's Fund (UNICEF) study in 1989³¹ noted that abuse and abandonment are common problems, particularly in low-income households, and affect boys more than girls. These problems are also a distinctly urban phenomenon, probably because of the weakness of the family structure in the urban as compared with the rural environment. Abandonment of disabled children is also more frequent. There are few services for such children, and those that do exist are managed largely by NGOs. According to 3D Projects, an organization which parents' groups founded in St. Catherine's Parish, near Kingston, 13% of abandoned children are disabled.

According to another study, conducted by the Voluntary Social Services and published in 1987, there were 515 street children in the Greater Kingston area who supported themselves through a wide range of activities: guarding cars, cleaning their windshields, hauling goods in markets, begging, etc. At a time when the minimum daily wage was J\$10.40, around 33% of such children earned J\$10 to J\$15 and 28% earned between J\$16 and J\$30. Three-quarters of such children had stopped attending school, but most (almost 80%) expressed a desire to return.

The environment and vulnerability to disasters

Large hilly areas, originally forested, have lost their trees because of the need for domestic firewood and to expand crops such as coffee. As a result, and because Jamaica is very mountainous, rains lead to accelerated loss of fertile soils. It is estimated that the average annual rate of deforestation during the 1980s was 3%, the fourth highest in Latin America and the Caribbean after Costa Rica, Haiti, and El Salvador.³² Deforestation has helped increase the recurrence and impact of floods: in 1979 there were large overflows in the western area and in 1986 they affected the entire island, causing 54 deaths, 40,000 other victims, and \$76 million in losses.³³ One of the achievements of the Disaster Preparedness Office has been preparation of flood "risk maps," though these do not exist for other phenomena.

There is also a risk of earthquakes, though only one major one, in 1907, which caused 1,200 deaths, has occurred in this century.

Hurricanes are the disaster that has occurred with the greatest frequency and caused the most damage, however, since Jamaica is in the path of the hurricanes that periodically traverse the Caribbean. In 1980 it was Hurricane Allen, in 1985 Kate, and in 1988 Gilbert; the last attacked the island and was deemed catastrophic because of the magnitude of its destruction and the human and property losses it caused. Forty-nine deaths were recorded and more than 819,000 persons were affected. The agricultural sector, especially small farmers, was badly hit and their recovery was the slowest because this sector lacked capital, insurance, and credit. It is estimated that property losses amounted to at least \$1,000 million, or 40% of the GDP in that year and a sixth of the nation's capital stock.³⁴ Losses in the tourism sector were \$85 million in infrastructure and another \$90 million in foreign exchange from

tourists who did not visit the island in the following months. Eighty-five percent of manufacturing companies reported damages, especially in the textile sector. The effect on employment may have been much greater. An evaluation of the damage made by Organization of American States (OAS) experts revealed that much of the damage could have been avoided since it was caused by shortcomings in construction and maintenance.³⁵ The loss of homes was among the most severely felt. In this area, damage was estimated at J\$1,900 million. After the hurricane a system was

initiated of distributing coupons for home construction with a target population of 100,000 low-income families who had been affected, but it could not be completed.³⁶ In other areas (electricity, water, tourism, telephones) reconstruction was very quick, thanks in part to foreign assistance, which exceeded \$100 million.

In sum, Gilbert illustrated the catastrophic nature of some hurricanes, which underscores the need to lessen the effects of such weather phenomena and prepare the community for emergencies

JAMAICA RED CROSS SOCIETY

The challenges of social development

Jamaica is an island situated in the path of hurricanes entering the Caribbean from the east. In 1988 it was severely damaged by Hurricane Gilbert, one of the most devastating hurricanes of this century. The vast relief operation undertaken by the Jamaica Red Cross after the hurricane demanded much flexibility and speed, and put great pressure on all levels of the organization. During the design and implementation of two major rehabilitation projects, the National Society departed significantly from its traditional programs. This experience has been shared with other National Societies in the region in regional workshops and after more recent disasters.

Because of such efforts, awareness exists that disasters, particularly hurricanes, are a continuing risk and demand sustained activity by the National Society. It must be pointed out that the serious environmental deterioration the island experiences (particularly the high rate of deforestation) is aggravating its vulnerability to disasters.

Jamaica was one of the first countries in the late 1970s to be involved in International Monetary Fund and World Bank stabilization and structural adjustment programs. These programs, extended during the 1980s, brought the previous decade's social progress to a halt and have had a high social cost. Recent assessments of the Jamaican experience show that while the income, consumption, and savings of the wealthier classes have risen, those of the working population have deteriorated dramatically.

This has meant a general deterioration in the living conditions of the population, more than half of which lives in poverty. The adjustment measures have also meant a reduction in public health spending, making the population's access to such services difficult. Unemployment, especially

among youth, is among the causes of the surge in drug consumption (especially cocaine, crack, and marijuana) and violence.

Women and children are two vulnerable groups of interest. Women form a high proportion of heads of household, and bad working conditions have direct repercussions on children. The incidence of infant malnutrition and the abuse and abandonment of children have increased.

The National Society recognizes that the impact of recent economic hardships has intensified the need for welfare assistance and new social development programs. It has tried to expand its collaboration with the health sector and promote community awareness on hygiene, nutrition, and disease control.

The Red Cross has implemented new social development programs such as house building, distribution of tools and other materials to individuals whose livelihood depends on them, and constructing latrines in rural areas.

Welfare services include the following: small branch clinics for treating the aged and very poor, the operation of several women's centers for assisting pregnant women, training in home nursing; rental of medical equipment; a hospital visiting program; hospital canteens; food and clothing distribution centers, and certain responsibilities in the rehabilitation center for handicapped children.

Despite the success of some of its programs, the National Society is concerned that its formal administrative structure is not being utilized as efficiently as possible to increase the effectiveness of its operations. It also seeks to increase the flow of internal communication significantly, especially between headquarters and the branches.

Organization of the National Society

Organizational and geographic structure

The Jamaica Red Cross was founded in 1948 as a branch of the British Red Cross. It became an independent National Society and was recognized by the ICRC and the Federation in 1964.

According to the present statutes adopted in April 1985, the General Assembly is the organization's highest authority. It is composed of the members of the Central Committee; officers from various area groups, sections, and section councils; and representatives from the branches, who are elected in proportion to the number of area groups in each branch. The General Assembly elects the President, the Vice Presidents, and 12 members of the Central Committee; it also approves accounts and amendments to the statutes.

The Central Committee controls and administers the National Society. It prepares the annual budget, approves the annual report, and appoints the Director General and the Treasurer General. Members of the committee include the President, Vice Presidents, branch chairpersons, a maximum of four members appointed by the Government of Jamaica, and the chairpersons of the remaining sections and section councils. The Central Committee meets at least three times a year.

An Executive Committee meets once a month and, by delegation from the Central Committee, makes decisions about the day-to-day operation of the National Society.

The branches have their own regulations and elect and appoint their respective officers. There are 13 branches, corresponding to the parish division of the country, plus one in the city of Kingston. Each branch consists of local area groups. This structure provides adequate coverage for the entire country and has two separate lines of responsibility. One is administrative and includes branches and local area groups; the other is operational and includes section councils and sections as part of the area groups. The operational groups represent the different programs of the Jamaica National Society (youth, emergency and disaster preparedness, social welfare, etc.) at

the local level. Each of the program areas is under the authority of an officer who reports to the Director General.

The National Society employs a development officer whose main job is to plan and program future activities. Other committees include a Membership and Public Relations Committee and a Disaster Preparedness and Emergency Relief Committee.

Administration and planning

As chief executive officer of the Jamaica Red Cross, the Director General is responsible for implementing the general policy and directives set by the Central Committee and also serves as ex-officio secretary of all national committees and commissions.

Almost complete administrative independence exists at the branch level of the National Society, which strengthens the development of groups and individual members. Effective coordinating factors such as the constant scheduling of workshops and meetings at different levels and in different areas of activities contributes to the strength of the branches.

The Jamaica Red Cross's administrative structure was severely tested in the aftermath of Hurricane Hugo (1989) by relief operations and two major rehabilitation programs which created new demands and pressures. The effective response to those demands has strengthened the National Society's executive ability and given it confidence for meeting future challenges.

In 1987 the National Society reviewed the achievements of the five-year development plan and prepared a new two-year development plan and a plan of action. The development plan addressed issues which had long been priorities of the National Society and included the following goals: improving and expanding the operational and organizational structure of the Society; increasing internal communication, especially about goals and procedures; evaluating programs and program implementation, and encouraging more community participation.

The National Society expects to finish drawing up a five-year development plan by the end of 1992, and has received several suggestions from within the institution for improving planning. The plan would be strengthened by a clear statement of the National Society's purposes and principles; plans for fund-raising projects would gain in effectiveness and viability if specifically designed for and adapted to local branches, and branch members could contribute much more to planning if they received training for that purpose.

In its 1992 appeal to the Federation, the Jamaica Red Cross included a request for SFr1,181,000 to establish a multipurpose center to serve as a disaster information center, seminar and training facilities, auditorium, warehouse, and the headquarters. Negotiations toward the purchase of a building began in early 1992. The appeal also seeks assistance for grassroots development efforts.

Human resources

The Jamaica Red Cross has about 11,000 volunteers, of whom 8,000 are youth and 3,000 are adults (mostly women). Immediately following Hurricane Gilbert the number of volunteers increased notably, but many people volunteered in the belief that they would receive relief materials themselves. This was not the case and participation declined until it stabilized between 5,000 and 6,000 active members.

Women are a majority in all organs of the National Society excepting the presidency (to date, the Jamaica National Society has not elected a woman President). The National Society seeks to initiate a clear system of recognition and rewards as well as a leadership training program to improve the recruitment of youth and men into the Red Cross.

Concerned volunteers have made several specific suggestions regarding their roles in the National Society. In the first place, they think that to best serve the Red Cross's varying projects and operations, volunteers' skills should be identified and targeted to relevant activities. Second,

some of the expenses related to volunteer activities and involvement, such as transportation and meals, should be subsidized by the organization. Finally, they believe that training activities should increase to include training in administrative management, evaluation, and planning. Lack of training (in first aid and cardiopulmonary resuscitation) has been identified as an inhibiting factor affecting the activities themselves, volunteer recruitment, and public image and support.

Twenty members of the Jamaica National Society are paid staff, including the drivers for the ambulances and the Meals on Wheels program. At present, three of the 13 branch directors receive a salary. The Society seeks funding for the other directors to ensure excellence in these administrative positions.

Finance and budget

The Jamaica Red Cross prepares an annual budget which includes financial support for the branches. Funding for specific purposes, such as the disaster relief fund, refugee fund, and Hurricane Hugo (1989) relief fund, is recorded separately. This system ensures clarity and accountability in administering external resources. At the end of 1989, \$37,066 was in special funds.

Total income for 1989 (the latest year for which audited financial information was available) amounted to \$31,289. Results of an annual fund-raising raffle accounted for 44% of total income; dividends and interest on investments, 16%; and donations, grants (\$400 from the Government of Jamaica), and concessions, 17%. Other sources of income were a governmental payment for management of the women's center (\$1,310), expense reimbursement for the Hurricane Gilbert relief operation (\$4,675), and fees for first-aid training (\$640).

Salaries and wages were the National Society's largest expense: 37% of the total. Travel, meetings, and seminars were 33%, which reflects the Society's efforts to train and coordinate its various organs. The Federation barem was 5%. Fiscal year 1989 ended with a surplus of \$2,306, which was credited to the National Society's investment fund

and brought the balance to \$48,418. The National Society finances its regular operations, but specific purposes such as Hurricane Hugo relief and rehabilitation operations rely on external support.

The Jamaica Red Cross's role and activities in the context of the country

Principal activities

Relief and emergency services

Free first-aid training is given to volunteers and the general public, while private companies are charged a fee. First-aid service is provided at sporting events and other large public gatherings. Owing to a lack of trainers and organization, most volunteers remain at lower skill levels in first aid. It has been suggested that opportunities for intensive, specialized training would increase volunteer incentive.

When Hurricane Gilbert struck Jamaica in 1988 the Government called on the Red Cross and the Salvation Army to assume responsibility for relief supplies and distribution. This experience revitalized the National Society, especially at the branch level, and tested the organization's internal organization and capability. The National Society has since begun to address the needs and weaknesses found at that time.

Social welfare and rehabilitation

The National Society's involvement in rehabilitation efforts following Hurricane Gilbert has led to activities focusing on the needs of low-income segments of the population whose situation worsened as the economic crisis deepened. Examples of such activities are home building for some 280 affected families; the distribution of small tools and accessories to farmers, fishermen, and craftsmen who lost their means of livelihood, and the construction of latrines in the countryside (accompanied by a family health component). Some

1,600 families have benefited from these activities.

The National Society manages six women's centers with financial assistance from the Norwegian Red Cross. This program was created by the Government's Women's Bureau, and one of its major services is to assist young pregnant women.

Meals on Wheels and Meals on Feet are permanent activities for some of the branches (Kingston and St. Andrew, Portland and St. James). These programs are costly to maintain and have a very small number of beneficiaries. The National Society is considering the possibility of converting them into programs with a different focus.

Some branches of the National Society carry on other activities such as home nursing training, rental of medical equipment, a hospital visitation program, hospital canteens, and centers for food and clothing distribution (for the very poor or people affected by fires or floods). The Jamaica Red Cross also has certain responsibilities in connection with the Athlove Wing of the Mona Rehabilitation Center for handicapped children, and there are occasional requests to trace persons on behalf of relatives living abroad.

With assistance from the Office of the United Nations High Commissioner for Refugees (UNHCR), the National Society is responsible for supporting about 80 Haitian refugees living in the country.

Health services

Some branches operate small clinics for the aged and the very poor, and volunteers participate in environmental hygiene, nutrition, and disease control programs in conjunction with public authorities. The Red Cross is considering more active involvement in the Government's family planning program and nutrition programs already in existence.

Red Cross volunteers man the AIDS helpline of the National AIDS Control Program.

The National Society is a focal point for the acquisition of blood products from abroad.

(through the American and Canadian Red Cross Societies) when these are not locally available.

Other activities

The Jamaica National Society has shared its experiences of relief and rehabilitation programs with other Societies of the region through regional workshops.

In late 1991 the Federation and the World Scout Association jointly sponsored an AIDS workshop in Jamaica which was attended by youth from 11 countries.

Relations with the Government

The Jamaica Red Cross Society receives a grant from the Government which, under present depreciation rates, amounts to token support—\$400 a year. Discussions with Government authorities have not resulted in an increase. The Government does support the school for disabled children, however, and the National Society is encouraging the Government to take over the women's centers (the project began through a Government initiative).

The National Society is part of the Jamaican Government's disaster preparedness and emergency relief commission, and its main responsibility (along with the Salvation Army) is to organize relief feeding, especially during the first 72 hours of an emergency.

The Jamaica Red Cross's headquarters and its branches have solid working relationships with Government agencies, especially in the health sector. Despite frequent collaboration with the Government, the Red Cross has remained an autonomous organization

Relations with other agencies and organizations

The Jamaica Red Cross has worked with other NGOs in a climate of mutual respect which exists between the various agencies and organizations

Most NGOs belong to the Jamaican Council of Voluntary Social Services, which coordinates and exchanges information about projects and activities.

Competition between organizations occasionally results because of work in the same areas with the same objectives. Occasionally, and owing to inadequate information, the public has given other organizations the credit for some activities normally offered by the Red Cross.

Role of external cooperation

As noted above, external cooperation has played an important role in the Jamaica Red Cross's activities, particularly in the wake of Hurricane Gilbert when the National Society received more than \$820,000 in cash and kind. It received financial assistance for rehabilitation programs from the U.S. Agency for International Development (USAID) and other sources.

The Norwegian Government and Red Cross have supported housing projects and contributed the salaries of branch directors. They continue to finance the women's centers through the National Society.

This support is program-specific and does not affect the National Society's regular operations.

The American Red Cross has financed housing projects, initiated a pairing project with its chapters in the United States, and promised a vehicle as well as assistance with headquarters improvements and the fund-raising raffle.

The National Society's perception of its public image

The National Society believes that the relief operation it undertook after Hurricane Gilbert raised its image and gained it the appreciation of all Jamaicans. Nevertheless, it has been suggested that the National Society's image could be further improved through a more active public education campaign

The Society believes that recruitment campaigns could present Red Cross Principles and services in a manner that would address all sectors of the population. The National Society seeks to avoid being perceived as a charity or relief agency which does not offer opportunities or positions for men, in order to encourage their recruitment and participation in activities.

There have been cases of misuse of the Red Cross emblem and name which have forced the National Society to make public clarifications. In order to properly address this matter, the national leadership consider it necessary to supplement Red Cross attempts to educate the public through training, promotion, and dissemination of correct information.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Among the former British Red Cross branches, the Jamaica Red Cross is one of the National Societies with the most years of independent life. Until 1988 its principal activities centered on first-aid and disaster preparedness training; social welfare activities with a charitable approach, and activities in the health field, in support of the public authorities.

An urgent need for organized action was brought on by the impact of Hurricane Gilbert, which lashed the island in 1988. This put to test the validity and effectiveness of the program profile the National Society had at that time, as well as its internal organization and service capacities. The relief experiences carried out as a result of the hurricane helped make first aid and disaster preparedness its priority program area.

Moreover, these relief actions caused a large number of volunteers to join and created a need to improve their training. They also opened up new possibilities for inter-institutional cooperation.

Simultaneously, by taking part in the national rehabilitation efforts after the hurricane, the Society diversified its programs and services. As a result, it also better oriented itself to meet the demands and needs of the population affected by the economic and social crisis which has plagued the country since the 1970s.

The Jamaica Red Cross set out its current goals in its 1987-88 development plan. These

goals, which are important in meeting the challenges of its working environment, are the expansion of services, strengthening of its geographic structure, increase in administrative efficiency, improvement of internal communication, and encouragement of community participation.

The National Society is presently at the point of completing the formulation of a new five-year development plan, which is necessary to continue the progress made so far and encompass it within strategic planning.

It is important to pay attention to two problems related to the Society's human resources. On one hand, the marked predominance of youth gives rise to particular needs for education and promotion; on the other hand, the fact that after Hurricane Gilbert many people with pressing material motives who did not share the institution's Principles tried to join the National Society showed how important it is for the institution to consolidate its social base and public image. At the moment, the willingness to improve the education and working conditions of its volunteer force is very promising.

There are other problems which may cause difficulties for the National Society's development. With respect to financial resources, fund raising is still relatively low compared to the country's potential. Moreover, the administration of the National Society can and should be improved to increase its efficiency.

RECOMMENDATIONS

- 1. Specify the National Society's present priorities and their scope in the 1992-1996 development plan**
- 2. Establish a coordinated human resources development plan**
- 3. Improve the National Society's administrative efficiency**
- 4. Strengthen fund raising**
- 5. Establish an information and public relations program**

1. Specify the National Society's present priorities and their scope in the 1992-1996 development plan

- 1.1 Establish the National Society's action priorities precisely, consonant with the most important current programs and services, specifically disaster preparedness, health, and community development.
- 1.2 Establish development goals for each of these programs as to coverage, efficiency, and quality of services, as well as mechanisms for their follow-up and evaluation.
- 1.3 Prepare a framework for development cooperation, using the development plan as a basis for improving and coordinating external cooperation.
- 1.4 Maintain and increase the responsibilities and tasks of the branches at the local level in diagnosing, planning, and executing programs and services.
- 1.5 Redefine the Meals on Wheels and Meals on Feet programs by supplementing their nutritional assistance component with primary health care and social welfare components to give the programs a comprehensive character. Increase their coverage and efficiency by improving their cost-benefit ratio.
- 1.6 Improve integration of training activities in community health and training in emergency first aid.

2. Establish a coordinated human resources development plan

- 2.1 In internal educational and recruitment activities, reinforce the content related to the Movement's principles and the National Society's work to stimulate the motivation of those interested and create accurate perceptions of the rights and responsibilities of members.
- 2.2 Establish a continuing education program based on participatory methods and oriented toward volunteers, remunerated personnel, and collaborators in the community. In the immediate present, attend to already identified training needs and continue analyzing future ones.

Conclusions and recommendations

- 2.3 Prepare a list of instructors which includes all members of the institution with current involvement or those interested in getting involved. Determine participatively their needs for training and teaching materials. To quickly ease the scarcity of and obtain additional support, it would be useful to supplement this list with persons outside the Jamaica Red Cross interested in helping as instructors and to offer them training possibilities.
- 2.4 Design and implement a system of incentives for volunteers based on opportunities for improvement, participation in decision making, improvements in working conditions, and recognition.
- 2.5 Study the external and internal reasons for low male participation in the institution's activities. Various complementary promotional activities or ones aimed at changing its public image can be derived from such a study.
- 2.6 Undertake a comprehensive program to encourage community participation, if possible simultaneously in all branches. All links with organizations, groups, and families established through any project can be utilized for this purpose.

3. Improve the National Society's administrative efficiency

- 3.1 Evaluate the administrative structure's effectiveness and efficiency as the basis for current operations and against major national emergencies.
- 3.2 Adopt measures that improve administrative efficiency, especially at the branch level.

4. Strengthen fund raising

- 4.1 Develop a fund-raising plan to significantly increase the institution's revenue.
- 4.2 Promote further involvement of the public authorities in financing the National Society's programs to achieve both a substantial increase in state assistance and cofinancing of specific services and programs.

5. Establish an information and public relations program

- 5.1 This program, with adequate logistical support, would be responsible for conveying an updated public image of the institution and amplifying dissemination activities in commercial enterprises and schools. Its principal and continuing function would be to promote the inter-institutional collaboration links that the National Society considers basic to its development.

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