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# SURINAME



Capital: Paramaribo  
Area: 163,270 km<sup>2</sup>  
Population: 360,000 (1989) (a)  
Population density: 2.2/km<sup>2</sup>  
Urban population: 66%  
Per-capita GDP in US\$ 3,907 (1989) (b)  
Life expectancy at birth: 69.5 years (c)  
Infant mortality rate: 31‰ live births (1990) (d)  
Illiteracy: 5% (e)  
Population under poverty line: 47% (1987) (f)  
Human Development Index 1992: 0.749 (56th) (g)<sup>1</sup>

## The decade's tasks: restoring democracy and overcoming poverty

Suriname obtained its independence from the Netherlands in 1975, which means that it is one of the youngest countries in Latin America and the Caribbean. It is in the subtropical northeastern part of the great South American landmass. The savannahs and tropical forests of the interior, which make up 91% of the country, are almost unpopulated, quite difficult to reach by land, and contain abundant forest,<sup>2</sup> mineral, and hydroelectric resources, most of which are still undeveloped.

It was estimated in 1989 that the population was about 360,000, and in 1992 it was over 400,000, mainly concentrated in the coastal plains and around the cities of Nieuw Nickerie and Paramaribo, the capital, which has almost 200,000

residents. Population density is 2.2 inhabitants per square kilometer, the lowest on the continent. The population in the interior, composed largely of Amerindians and descendants of escaped black slaves, or *cimarrones*, represents barely 10% of the total and lives in villages scattered in the jungle, generally on the banks of the great rivers. During the 1970s there was a major decline in population because of massive migration of Surinamese to the mother country because of their Dutch citizenship. This migratory flow, composed mostly of skilled persons, caused a serious shortage of professionals, technicians, and managers, which, up to the present day, has created a serious hindrance for the country's development. Finally, men had a certain edge in the migrations,

which means that women now represent somewhat more than half of the population.

Suriname's ethnic composition reflects its colonial history as a plantation economy. According to the 1980 census, the Creole population—descendants of African slaves—was 40%; 38% were Hindus; 18% were Indonesians, and the remaining population were of Chinese, European, Amerindian, Lebanese, and other origin. The black population, in turn, shows strong cultural differences between the black population of the interior (fugitives or bush negroes) and those of the littoral (*bakra*). This ethnic and linguistic plurality (six different languages are spoken, despite the population's small size) manifests itself even in the political life since Suriname has a party system which reflects the country's ethnic and cultural divisions.<sup>3</sup>

Suriname's short history as an independent country—from 1975 to the present—has been characterized by political instability, economic decline, and since 1986 the domestic war, which has affected the country's interior. A military coup in 1980, known as "the sergeants' revolution," overthrew the first civil Government elected after independence. In 1981, scarcely a year later, a Military Council overthrew the new administration, bringing to power Lt. Col. Desiré Delano ("Desi") Bouterse. This was the beginning of an emphatically nationalistic period of Government which was, however, characterized by human rights violations, many of which occurred in the context of the counterinsurgency war, and the suspension of constitutional guarantees. In 1983 a new attempted putsch by the military was thwarted by the Government, and in 1986 armed groups of the Jungle Rebel Commando, with foreign support and led by the Surinamese ex-soldier Ronny Brunswijk, started a guerrilla war from the French Guiana border area which has imposed a heavy economic cost on the country and led to a sizable outflow of refugees to French Guiana and of domestic displaced persons to the capital, Paramaribo.<sup>4</sup> Approximately 12,000 persons took refuge in Paramaribo and around 13,000 in French Guiana, of whom about 8,500 lived in camps in 1988.<sup>5</sup>

A return to stable government occurred in 1987 and 1988 when the National Assembly approved a new Constitution, which served as a framework for the elections held in 1988. Despite the return to democratic legality and Civil Government, the army, led by "Desi" Bouterse, continued to be a political force of major importance in the country's life, as became clear in the coup d'état in December 1990, which deposed President Ramsewak Shankar and caused a new suspension of the Dutch aid, which had been reestablished only three years before. The new Government, headed by Johan Kraag, held elections in May 1991 and Ronald Venetiaan was elected president. This return to democracy ended 11 years of military Governments and political instability, restored democratic rule of law, and normalized economic and financial relations with the Netherlands. At the end of the decade, however, drug trafficking emerged as a problem. Its gradual adoption by certain powerful figures in the country with ties to Colombia and the Netherlands<sup>6</sup> is a factor which threatens Suriname's stability and international relations.

The 1960s and 1970s were a period of economic prosperity, especially because of bauxite and alumina production and the economic assistance granted by Holland for 15 years, which between 1975 and 1980 amounted to 14% of the GDP, the most generous aid given by a colonial power to a nation recently made independent. It was noted, however, that the aid was badly used and administered, and did not have the desired effect on national development. During the 1980s, however, the economy experienced a major recession, from which it has still not recovered. The 1980 coup was a turning point; it led to massive disinvestment and capital flight, and bauxite and alumina production, which represents three-fourths of export revenues, was confronted by more competitive producers (such as Australia and Guinea) and fell by 33% during the decade. Bauxite production in 1982 was only 61.9% of what it had been in 1970, and represented 19% of production in Latin America and the Caribbean, compared with 24% in 1970.<sup>7</sup> In addition, Holland suspended its aid program in 1982 in re-

sponse to the installation of a military regime and the assassination of a group of distinguished opponents.

As a result of these factors, the GDP dropped by 24% from 1981 to 1989, a reduction which also affected the per-capita GDP. The Government met the crisis by increasing expenditures and public employment, which led to strong inflationary pressures and an increase in the public debt, which grew fivefold from 1980 to 1987, reaching 28% of the GDP in 1987. Nevertheless, these measures were not able to put a brake on the increase in unemployment and deterioration of the labor market, which led to a large growth of the informal sector and to considerable public protests, such as those that took place in February 1987. In 1988 and 1989 the renewal of Dutch assistance (in a "bridge program" of balance-of-payments support) and the high price of alumina in the international market favored economic reactivation, but in 1990 the deterioration of bauxite prices (which fell by 20%), a 50% decline in the rice harvest, and the ending of the temporary Dutch assistance program because of the coup d'état led to a new recession<sup>8</sup>

The end of political instability and particularly of the terrorist war is the main condition underlying Suriname's ability to reinitiate the development process on the basis of its major natural resources and its favorable situation for joining foreign markets, especially the unified European market in 1993 as a result of its Dutch ties, which may be intensified as a result of the "association" project proposed by the Dutch Government. A climate of stability may facilitate the repatriation of trained specialists, who are one of the country's most important shortfalls, and ease the return of foreign investment. In addition, there is a possibility of once again obtaining Dutch assistance. Peace talks with guerrillas, initiated at the end of 1991, and the return to democratic legality are positive factors to this end. This is conditional, however, on the application of a severe structural adjustment program, which may entail a heavy social cost in terms of unemployment since much of the country's employment depends on the state sector.

## Suriname's employment situation and the labor market

A study by the Regional Program on Employment for Latin America and the Caribbean (PREALC)<sup>9</sup> of the changes which the economic crisis had produced in Suriname's labor market estimated that the open unemployment rate increased from 15.8% to 19.5% in 1987. The increase in joblessness has been greatest among young people and women. The unemployment rate among youths increased to 32.7% and among women to 26%. At the same time, employment in the formal sector decreased by 3.6%. This decline could have been greater had it not been for the governmental policies of expanding public sector employment, which in 1985 already employed 40% of the country's labor. As formal employment decreased, the number of parttime and self-employed persons increased and the informal sector, though there are no precise data about it, grew significantly during the decade, especially in agriculture, fishing, and illegal activities such as smuggling. Women's participation in the work force is relatively low (29% in 1989) compared with the rest of the region.

## Income and poverty in Suriname

Real wages have declined sharply as a result of high inflation rates. From 1985 to 1987 alone wages lost 40% of their value. The PREALC study further notes that the Government's tax revenues from wages doubled, while corporate taxes fell by 50%. This has had various results: on one hand, it has transferred the social cost of the crisis and adjustment to wage earners and, among them, to the lowest paid. On the other, it has caused a great increase in poverty. In 1980, 30% of households were below the poverty line. In 1987, 47% were. In sum, these data suggest that income distribution has moved decisively in favor of property and against wages and other kinds of family income.

## Migration abroad: a brake on development

Because of its size and intensity, migration abroad has been called a true "exodus" of the population abroad. It is estimated that by 1975 about a third of the population—more than 150,000 Surinamese, lived outside the country, especially in the Netherlands.<sup>10</sup> Emigration continued legally until 1980 and illegally after that, stimulated by the economic recession, violence, and the authoritarian regime. In 1990 there were around 215,000 Surinamese living in the Netherlands, or one in every four immigrants in Holland.<sup>11</sup> Because of Dutch immigration restrictions, migration during the 1980s redirected itself to the United States, Canada, and French Guiana, where wages are higher, in part because of the space station at Kourou. As we have noted, emigration affected the best trained persons in the work force and was a decisive factor in the failure of the ambitious development plans drawn up in the post-colonial period and also in the economic recession.<sup>12</sup>

## Health situation, nutrition, and environmental sanitation

Indicators of living conditions and health in Suriname indicate that improvements are needed, especially in nutrition and infant and maternal mortality. In the Caribbean area, only Guyana has a comparable infant mortality rate, while those in the rest of the countries are considerably better. In 1986 the public resources allotted to the health sector were 3.7% of the GDP, which is low compared to the rest of the region.<sup>13</sup>

The main causes of death in the population around 1987 were coronary diseases, cardiovascular lesions, and diabetes; these three groups of diseases represented a third of the deaths from defined causes. Fourteen percent of the deaths occurred in the perinatal period, and 12% were from accidents and suicides. Nonetheless, the lack of death registration has been increasing since

1982 and especially since 1986 and in the interior because of guerrilla activity. The high suicide index which has been occurring, particularly during the first half of the decade, is a characteristic feature of Suriname's mortality profile. Before 1980 suicides were from acetic acid ingestion. After that product was withdrawn from retail trade by official prohibition in 1980, suicides began to use agrochemicals. Most suicides have occurred among young Asian men.<sup>14</sup>

Malaria is endemic in the country's interior; schistosomiasis is common in the Saramacca district, where significant progress was made in the 1970s in reducing its incidence. Leishmaniasis is found throughout the country, and some leptospirosis has also been recorded. Cholera made its appearance in the community of Cottica (Sipaliwini District) in March 1991 with seven cases.<sup>15</sup> One hundred and two cases of AIDS had been recorded by March 1992; 75 of the patients had died. Most of the cases were of heterosexual transmission, though it is possible that there is underrecording of homosexual transmission because of the social stigma which homosexuals suffer in Suriname. Surveys conducted among female sex workers have revealed seropositivity proportions of 2.5%.<sup>16</sup>

In 1980, 6.3% of the population was more than 60 years old. The situation of many institutionalized elderly is deficient, as the epidemic of diarrhea which occurred in two residences for the elderly in 1987 made clear. PAHO studies collected censuses carried out in specific communities in 1987 which disclosed that 45% of the elderly suffered from chronic diseases, 37.5% from physical disabilities, 20% from difficulties in walking, and 15% from eye problems.<sup>17</sup> Although these data cannot be extrapolated to the country as a whole, they do reveal the care needs of this age group.

The infant mortality rate increased from 27‰ live births in 1982 to 42‰ live births in 1987.<sup>18</sup> In 1990 the rate was 31‰ live births.<sup>19</sup> These fluctuations are related to both lack of registration and the difficult situation the health system has experienced in the country's interior as a result of armed confrontations. Gastroenteritis has been the

main cause of death in infants less than one year old, followed by accidents. This indicates some potential for reducing mortality in infants. Vaccination coverage decreased in 1986 because of the war, and that has led to some increase in diseases preventable by immunization. The maternal mortality rate has increased somewhat, from 6 per 10,000 live births in 1985 to 12 per 10,000 live births in 1990.<sup>20</sup> Teenage pregnancy is very common: it is estimated that between 18% and 20% of the country's deliveries are to women aged 13 to 19 years.

The incidence of malnutrition varies according to place of residence and ethnic group. Malnutrition affects Indian and Indonesian children and those born in the interior to a greater degree. During the decade the proportion of children born with low weight varied between 11% and 13%, especially in the Indian and Indonesian population. The prevalence of low birth weight in the Indian population was seen in a quarter of the births at mid-decade. In 1987 a third of the women who gave birth in health centers suffered from anemia.<sup>21</sup> The war caused malnutrition indexes to increase in areas in conflict.

Paramaribo, Nieuw Nickerie, and other areas have adequate water supplies. Between 1987 and 1990 it was estimated that 82% of the urban population had potable water and 64% had sanitary facilities. In the countryside these proportions were, respectively, 56% and 36%.<sup>22</sup> The main problems in this area are contamination of coastal aquifers by salt intrusion and flooding of septic tanks during the rainy season.

Health services are provided through a broad range of organizations and foundations. In 1988 the public sector provided between 25% and 28% of care. In the interior, care is provided by the Medical Mission (*Medische Zending*), a private organization. In the coastal plains area the Regional Health Service is responsible for primary care. All services are free. The ratio of beds per thousand inhabitants is 5.1. Approximately 93% of the population has access to a polyclinic less than 5 km from their homes, and some progress

has been made in decentralizing services, especially primary care, and in providing essential drugs. Health sector planning and administration are the system's weak point, however. There is also a scarcity of health workers because of the emigration of trained persons.

Coverage by the various social security organizations is high: in 1988, 33% of the population was covered by the State Insurance Foundation (SZF) and another 22% by the Ministry of Social Welfare. With the addition of insurance required of private companies, between 80% and 90% of the population had some kind of coverage. Coverage was extended to the population which still lacked insurance in 1989.<sup>23</sup>

The war has severely affected the provision of services in affected areas. The Medical Mission limited its activities, and many health posts and landing fields were closed or destroyed. Malaria control programs ceased their activities and the radio communication network suffered much damage. In addition to destruction of the infrastructure caused by the war, there has been infrastructure deterioration due to lack of investment, another result of the crisis. A strong injection of capital will be necessary to restore its capacity.

## Education

In 1990, according to United Nations data, the illiteracy rate was slightly above 5%.<sup>24</sup> Public expenditures on education in 1989 were 9.5% of the GDP and 22.8% of state expenditures. These figures suggest that Suriname has committed itself to public education to a greater extent than many of the region's countries. Significant traits of the Surinamese educational system are the high proportion of students in technical training (26% of secondary school attendees) and the low pupil:teacher ratio (25:1), which will make a positive contribution to the country's development if they decrease migratory flows, since educational efforts of previous years indirectly helped to encourage migration of graduates abroad.

## RED CROSS OF SURINAME

### Facing the challenge of national integration and growing vulnerabilities

From 1960 to the present, Suriname has had numerous economic problems, including growing poverty and massive migration of its citizens from the country's interior to the main cities, especially to the capital, Paramaribo, and abroad. Both the population's growth rate and its density continue to be among the lowest in all of South America. The population is concentrated in the capital and on the coastal plains.

It is not surprising, then, that the National Society has a distribution pattern similar to that of the population and the country's resources. In 1940 the National Society had four branches; now it concentrates its activities in the headquarters, at Paramaribo, and in two branches, at Para and Nickerie. There is no institutional presence in the rest of the country.

Except for a short period after World War II, the chief concern of the Surinamese Red Cross has been providing blood service to the medical centers in the country. This activity absorbs approximately 50% of the National Society's total budget and is carried on with specialization, great dedication, and professionalism, so much so that the role and image of the Surinamese Red Cross are associated almost exclusively with that service.

Another important area of work of the National Society is training in first aid, which is offered to both its own members and public officials and staff of private companies.

Although the National Society has two ambulances, it does not usually provide an ambulance service, in contrast to the Government which provides it regularly. The Red Cross's units supplement that public service, especially in emergencies and disasters.

From the political viewpoint, the country's situation has been characterized by instability resulting from various coups d'état, armed conflicts, and violence, which have been accompanied

by violation of human rights and numerous suspensions of constitutional guarantees. In the economic sphere, the 1960s and 1970s were decades of relative prosperity thanks to national production of bauxite and external aid received from the Netherlands. During the 1980s, however, the country fell into a serious economic recession, which still persists.

A result of the crisis has been a reduction in investment rates, capital flight, and suspension of Dutch aid. This climate of political and economic uncertainty is also responsible for the migration of many trained people to the Netherlands, which has led to a scarcity of professional, technical, and administrative resources and has become a serious problem for the country.

The circumstances noted above have had major repercussions on the population's living standards. Most people, and particularly women and youth, have been affected by the increase in unemployment rates; by significant growth of the informal sector; by an increase in poverty, and by a fall in the real value of wages due to inflation. There has also been an increase in child and maternal mortality rates. Much of the population suffers from mild to moderate malnutrition. The care provided to the elderly is deficient. Pregnancy in adolescents (from 13 to 19 years) represents about one-fifth of all pregnancies in the country. The main sanitation problems in outlying areas relate to water well flooding during the rainy season. The country's sanitary infrastructure is very precarious, particularly in the interior, because of both the war and the lack of investment in such areas for lack of security.

The National Red Cross Society has not been able to adapt its structures and policies to this changing environment, which is characterized by social deterioration and an increase in the needs and vulnerabilities of the population. This is

chiefly due to the risks of working in war zones and a lack of financial resources. This reality creates at least two major challenges for the National Society: on one hand, broadening its coverage to the whole of Suriname's vast territory and, on the other, developing an operational structure able to deal with the needs of the population and particularly of the most vulnerable groups—women, children, and young people suffering from poverty, unemployment, and urban overcrowding.

The National Society is aware of its shortcomings in both areas. Dealing with them is a challenge to innovate and improve internal and local organizational activity, and further requires that a clear division of efforts between it and the Government be established as to spheres of social development activity. Neither of these goals is simple, especially if we take into account the competitive environment in which many NGOs are trying to displace the Red Cross in designing and providing innovative services to the population. Nevertheless, the Red Cross's ranks contain key human resources and a certain amount of cumulative experience for confronting such challenges.

### **Organization of the National Society**

#### ***Organization and geographic structure***

The Surinamese Red Cross was established in 1940 as a branch of the Dutch Red Cross. In 1975, when the country gained its independence from the Netherlands, the National Society became an independent National Society. The Government recognized it in 1983, the same year in which it obtained recognition from the ICRC. It became yet another member of the Federation in 1987.

The General Assembly meets each year in December. It is composed of representatives of the branches, who vote in proportion to the number of members in each (a base vote plus an

additional vote for every 20 members present in the General Assembly). Each member of the Board of Directors has the right to vote in the General Assembly. The principal function of this body is to approve the annual administrative and financial reports and the budget, and to modify the statutes and regulations. Because of the small number of branches (two) and the limited number of people in the branches who may take part in the General Assembly, the Board of Directors in practice has a very decisive influence on all decisions adopted by the General Assembly.

The Board of Directors is responsible for administrative and personnel management and the institution's general supervision. At the time the Study was conducted, this body was composed of 11 persons, among them the President, a Vice President, the Secretary General, the Treasurer, the Legal Adviser, and six Commissioners. It meets once a month and has the power to implement specific decisions and policies defined by the General Assembly, submit to the Presidency of the Republic a list of persons eligible to occupy the post of President of the Red Cross, and elect the Commissioners who belong to the Board. All members of the Board of Directors may be re-elected.

The next organ in the institutional hierarchy is the Executive Committee, which is a small and functional group responsible for decisions about the organization's daily activities. It consists of three people (the President, Secretary General, and Treasurer).

Some members believe that the institution's statutes are rigid and favor centralization. This situation limits development of the branches and community-level groups by hindering equitable representation and equality of opportunities to rise in the national, policy, and administrative organs. Such discrimination is also evidenced in decisions about distribution of the budget.

The National Society's presence is strong in the capital, Paramaribo, where the headquarters and the blood service's facilities are located. As noted above, there are only two branches, at Para and Nickerie.

Many members of the institution think it urgent to separate the directing body of the Paramaribo branch from the national directing body and other internal structures. International experts have made similar suggestions.

### *Administration and planning*

The Secretary General is the National Society's principal executive official. The activities of the institution are planned and supervised on a voluntary basis by four Commissioners who work in the following areas: blood services, Red Cross Corps, training and youth. The post of Secretary General had been occupied since the end of 1991. The institution also has a salaried Project Officer who supports the Secretary General in planning and training work. The headquarters is located in a relatively new complex in the city of Paramaribo.

The most important organizational activity is administration of the blood bank. The Government pays the wages of the nurses who work at the bank, and blood is distributed to various hospitals. The blood bank functions independently, not only with respect to physical facilities but also in daily administration. Donation of a computer by the Belgian Red Cross has helped make the service's registry, files, and general administration flexible.

The National Society's leadership is now trying to improve decision-making procedures, especially as relate to delegating authority to the administration. Nevertheless, the lack of clarity and delimitation of functions, absence of internal regulations, and apparent lack of communication between the headquarters and branches, especially with regard to financial and programming matters, help consolidate centralism.

The 1990 National Development Plan, prepared by the Board of Directors, is a major tool for a process of orderly change. The Plan was sponsored and supported financially by a group of European Red Cross Societies (the Dutch and Spanish Red Crosses and the Flemish community of the Belgian Red Cross). Its main goal is to

improve operations through integration of national internal structures and coordination of the operations of all sections through efficient administrative and managerial procedures.

One of the positive results of the Development Plan has been the creation of the Para and Nickerie branches. Both the Federation and the Red Cross of the Netherlands have recommended its updating.

### *Human resources*

The Red Cross Corps are the main provider of human resources for the activities of the Red Cross. It is they who conduct activities and bear responsibility in disaster situations. The number of volunteers continues to be inadequate to meet demands, however, and they are also concentrated in the city of Paramaribo and the Para branch.

Although there are no exact figures, it is estimated that the National Society has approximately 300 volunteers. The proportions of men and women are unknown. Special attention has been given to promoting young people, especially in the Para branch.

Some members believe that women have difficulties in participating actively at the grassroots level because of their family duties. Public transportation in Paramaribo is expensive and inadequate, especially in the evenings, which limits participation in meetings and training sessions. Members of the Red Cross Youth are concerned that their leaders are adults and that not enough efforts have been made to recruit more young people and conduct activities which capture their interest. Moreover, there is no rewards system to increase enthusiasm and stimulate the aspirations of young volunteers.

When the Study was carried out, the National Society had 13 paid workers. Six worked full time in the blood services (a physician, two laboratory workers, and three assistants), and seven at the headquarters (the Secretary General, the Project Officer, two secretaries, a driver, a janitor, and a guard).



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

Total revenues in 1989 were \$176,972. Of that, 54.6% (\$96,696) was generated by the Blood Transfusion Service; 14% by interest on capital investment; 11.5% by Red Cross Youth fund-raising activities; 9.5% by training fees from first-aid courses, and 8.9% from renting the facilities of the headquarters for special activities, donations, and other small income.

In the same year, total expenditure was \$181,522, which meant an operating deficit of \$4,550, covered through the Development Program Fund.

Of total expenditures, 49.8% (\$90,340) was spent on the Blood Transfusion Service; 27.8% on the operating expenses of the headquarters; 10.4% on Red Cross Youth activities, 3.4% on first-aid courses, and 8.6% on the Red Cross Corps which operate the ambulances. Staff expenses represented 23% of the total (\$41,780), which were distributed on various activities. The Government pays the salaries of the medical personnel who work in the Blood Transfusion Service.

The National Society prepares and publishes audited financial reports every year. They are available three months after the end of the fiscal year. These reports, certified by registered accountants, are sent to the branches and are made available for review at the headquarters and by the General Assembly. When the Study was conducted, the latest report available was for 1989. Income and outgo accounts are drawn up separately according to the division or activity they cover (Blood Transfusion Service, Youth, Corps, headquarters), which facilitates monitoring of each activity throughout the year. The reports do not specify expenditure categories (wages, office expenses, fund-raising costs, etc.), however. The only exception is expenditures on staff, which the accountants certify in a note attached to the report. The National Society keeps independent records of the funds which are received as donations or grants, which facilitates preparation of reports for donors.

As for fund-raising activities, collections are organized in schools, Christmas cards are sold,

donations are received, facilities are rented for meetings, and interest is collected on invested funds.

### **Role and activities of the Surinamese Red Cross in the context of the country**

During the first five years after its founding, the Surinamese Red Cross conducted various activities inherited from the World War II period, chiefly in the health sector, although the social role it should play in the postwar period was not precisely defined. For that reason, many of its activities declined or disappeared. It has only been recently that some of its traditional activities have been able to be continued and expanded and that it has involved itself in new activities, such as work with refugees.

### ***Principal activities***

#### ***Health services***

In 1953 the National Society delivered to the National Hospital the first blood resulting from the reactivation of its Blood Transfusion Service, which had been inactive since the end of World War II.

At present this service is the only one of its kind in the country, operates in accordance with the most modern technical standards, and has its own modern and appropriate facilities. The Government recognizes the effort which the Red Cross makes in providing this service by paying the salaries of its medical personnel. The service covers the entire country and has a blood banking subsidiary in the city of Nickerie, where the country's other hospital (in addition to the one in Paramaribo) is located and minor surgical operations are performed.

The service maintains an up-to-date registry of approximately 1,000 donors. It is thought, how-

ever, that from 2,000 to 3,000 donors are needed to meet present and potential blood requirements. When there are not enough donors, the Blood Bank may buy "blood concentrates" through the Dutch Red Cross. The hospitals reimburse the National Society for blood products.

In 1989 the Blood Transfusion Service produced 2,956 units of blood, 452 units of concentrates, 452 units of plasma, and 26 erythrocyte units. The laboratory conducted 3,000 HIV, VDRL, hemoglobin, and urine tests in the same year.

Fear of AIDS has adversely affected donor recruitment; the National Society fears that in 1992 it will have a deficit of about 2,000 donors.

The National Society has a cholera education program for its volunteers, as well as a radio program which is broadcast every Wednesday. Both programs are managed by the Project Officer

#### *Relief and emergency services*

Training in first aid is an important activity of the National Society. It is offered without charge to Red Cross volunteers and in schools. The program has 12 instructors, and its diplomas are recognized by the Government. A small fee is charged when the courses are given for private businesses. Red Cross groups also offer their service to the population during sporting and mass events. It is believed that such activities are important for the institution's image.

In 1990 the National Society drew up a disaster preparedness project and plan by analyzing the strengths and weaknesses of the organization in the event of a major disaster. The primary goal of the plan was to hire a Project Officer. The goal was fulfilled, although in 1993 the post became vacant. The National Society maintains stores of certain relief equipment, and both the ambulance service and the Blood Transfusion Service are able to cooperate significantly should a major disaster occur.

The Government of Suriname has advised the National Society that it has a Disaster Committee and a plan in this sphere. The institution is

drawing up a protocol to institutionalize its relations with the Government in this area and to establish contacts with other NGOs in preparation for a disaster. It is also preparing a more advanced National Disaster Relief Plan

The National Society offers ambulance services only in emergency situations or when providing first-aid services at athletic and public activities. The national health system manages routine ambulance service, and the Red Cross operates in support of that service only when needed. Among the new programs the National Society is promoting is a water-safety program and a rescue service.

#### *Social welfare*

In 1992 the Government of Suriname admitted about 60 Haitian refugees to the country, guaranteeing them resident status and work so that they could establish themselves. In collaboration with UNHCR and the Government, the National Society took part in receiving the refugees and in health control activities during the period they were getting settled.

The President of the National Society believes that the Government of Suriname offers the population a wide array of social services. For that reason, the National Society is trying to identify those specific areas in which its knowledge and experience could complement governmental activities. In addition, some members of the National Society note that the institution is not making all the efforts which would be needed to make it recognized as an active party in development matters and that its activity is obscured by other, more dynamic NGOs.

#### *Other activities*

The youth groups have an active program in which food packages are distributed to the sick and needy twice a year. Monthly publication of a Surinamese Red Cross newsletter was recently begun. The National Society also has a library and audiovisual support material dealing with

blood, first aid, AIDS, and the Red Cross in general.

### ***Relations with the Government***

According to its statutes, the President of the country is responsible for choosing the President of the National Society from a list of candidates submitted by the institution's Board of Directors. The wife of the President of the Republic acts as the National Society's Patron.

The most important area of cooperation between the Surinamese Red Cross and the Government is blood services, as already noted. In 1992 the National Society provided blood services to the Haitian refugees at the Government's request. So far there has been no cooperation of any kind in the area of disaster preparedness, though the National Society is working on a proposal to coordinate its efforts with those of the Government.

After the coup d'état of 1980, the country became enmeshed in a guerrilla and counterinsurgency conflict which led to a change in the role and leadership of the Armed Forces. This situation caused greater political instability and serious deterioration in human rights. During the period in which the armed conflict intensified, the National Society could not offer its humanitarian services in areas of conflict.

Some members would like the institution to take a more active part in the Government's social activities and programs, but this depends on how the National Society's leaders view its role in society and how the governmental authorities perceive the role of the Red Cross. Greater clarity about areas of action and possible cooperation is needed. Some people also believe that the Government does not adequately value the support which the Red Cross offers through its services.

### ***Relations with other organizations and agencies***

The Surinamese Red Cross is an active member of the NGO Forum. It cooperates with several NGOs and, in particular, the Rotary Club. Talks are now being held to determine and assign specific responsibilities to the different organizations in emergencies and disasters.

Some members of the National Society are worried because they think other NGOs are assuming the role or "invading" areas of activity which belong to the Red Cross and effectively competing for financing. Some people believe that social clubs and foundations appear more active in the community than the Red Cross itself, furthermore, communities themselves tend to resort more to such NGOs for this kind of work.

### ***Role of external cooperation***

The Dutch Red Cross is the most important partner of the Surinamese National Society. It provides financial and technical support for blood services. The total value of such support in 1987-1992 was approximately SFr734,500 (\$500,000). About 60% of such bilateral aid to the Blood Services was in kind: "blood concentrates," reagents for hepatitis B and HIV tests, and building materials. The remainder of the aid for the blood program was channeled through the Federation. Other sister Societies, such as those in Belgium and Japan, have provided the National Society with office equipment and a vehicle. The Dutch Embassy recently donated a vehicle.

Despite the foregoing, some members think that not all possibilities of external cooperation are being satisfactorily exploited. A need is seen, especially in the branches, to better understand the Federation's policies in this regard, as well as the

opportunities, channels, and formats for presenting projects. It has been suggested that contacts be established with other National Societies, and that joint workshops and seminars on project development be organized. It has also been proposed that greater contact be promoted in the region with delegates and other National Societies which are dealing with similar problems in order to explore possible areas of cooperation.

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

The dominance of the blood services is reflected in the image of the institution. The National Society thus believes that it projects an image of reliability, professionalism, and commitment.

It has also been found that the overall image of the Surinamese Red Cross is not adequate, however. Its mission, Principles, and work are not well understood by other organizations and, in some cases, by its own members. Other NGOs with activities duplicating those of the Red Cross are viewed by some of its members as having a better image and profile. In addition, there is concern about its limited relations with the communications media.

The need to better explain what the Red Cross stands for, how it operates, and what its future goals are to the public and its own members is clear. In the area of public relations, there is a need to increase knowledge of the activities of the Red Cross and its presence among other NGOs. This could also have a positive effect in increasing the National Society's ability to raise funds.

# CONCLUSIONS AND RECOMMENDATIONS

## Conclusions

Since its creation, this National Society has been characterized by the predominance of its blood services, an activity it carries on efficiently and professionally and from which it derives its public image. It has only been recently that it has run into problems in recruiting donors because of fear of AIDS. First-aid training for its own members and workers in the public and private sectors, and disaster preparedness, are other major activities of the Surinamese Red Cross. The ambulance service supplements the activities of the Government in this sphere but is not regular. Finally, social welfare activities are still new and limited to occasional food distribution; only recently has attention been paid to Haitian refugees in collaboration with UNHCR.

The National Society is aware that its profile of activities still does not meet the needs of the most vulnerable groups in the population. This situation is due, on one hand, not only to its program profile but also to its restricted geographic coverage, which is essentially concentrated in Paramaribo and the Para and Nickerie branches, and, on the other hand, to the absence of an operational structure which can address the challenges of social development. In addition, some

of the internal problems that limit the National Society's development are noted below.

The organizational structure is very centralized in the Executive Council, while there is little administrative autonomy. This results in very slow decision making, and there is little clarity in the definition of duties. The absence of regulations reinforces this reality. Lack of communication in the program and financial areas, between the headquarters and the branches, deepens this problem.

The Development Plan in effect since 1990, defines improvement of the National Society's organizational structures and style of administration as its principal goal, but it is less clear in defining activity priorities. The Plan is little known to the members and has not been subjected to evaluation.

The human resources of the Surinamese Red Cross are inadequate to respond to the many demands which face the National Society. There is an urgent need to establish a policy on recruiting and training volunteers, especially youth. In addition, there has been a trend toward deficit in the institution's finances in recent years. A serious effort is required to strengthen the financial basis of the Surinamese Red Cross by identifying continuing sources of revenue inside the country.

## **RECOMMENDATIONS**

- 1. Diversify activities in response to the country's demands and situation**
- 2. Develop the operational structure and capacity**
- 3. Increase and rationalize geographic coverage**
- 4. Improve implementation of the statutes**
- 5. Readjust and redefine the Development Plan**
- 6. Establish a human resources development strategy**
- 7. Improve the National Society's financial basis**

### **1. Diversify activities in response to the country's demands and situation**

- 1.1 Analyze the vulnerability of specific social groups and geographic areas, as well as activities performed by the Government and NGOs, to identify groups in the greatest situation of vulnerability, those which do not receive attention from other institutions, and whose situation demands Red Cross activity.
- 1.2 Evaluate the National Society's present social welfare activities in order to determine if they are relevant or not to such situations of vulnerability. On that basis, study their strengthening, redirection, replacement, or gradual abandonment.
- 1.3 In relation to item 1.2, redefine and strengthen the social welfare program by diversifying its activities so as to make this program one of the core priority areas to be carried on by the National Society. Activities against poverty, in the field of nutrition, with abandoned and marginalized children and elderly people, and with refugees and persons displaced because of armed conflict—among other causes—should require preferential attention on the basis of the situation in the country.
- 1.4 Diversify the health area by initiating preventive health programs, particularly in the areas of maternal and child health and nutrition, AIDS, and endemic diseases, with a primary health care (PHC) focus. Such programs should be conducted in collaboration with the public authorities in the health field, and with other organizations; they should be developed gradually in order not to compromise the achievements of the blood program.
- 1.5 Continue collaboration with the public authorities in the sphere of disasters and emergencies by adopting a broader conceptual approach to disasters which includes the social, economic, cultural, and environmental factors of vulnerability.

## **Conclusions and recommendations**

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- 1.6 For all programs and projects, adopt a promotion strategy, based on community participation, coordination with other organizations, and on-going initiatives with the public authorities with respect to the needs of the community and vulnerable groups.
- 1.7 Promote publicity and training activities concerning International Humanitarian Law in view of the context of armed confrontation, violence, and violation of basic rights which the country has been experiencing.

### **2. Develop the operational structure and capacity**

- 2.1 Gradually adopt a basic structure of operational programs and/or departments which responds to the areas of activity and priorities noted above. A structure based on three major programs—health, social welfare, and disasters and emergencies—may be the best in this respect.
- 2.2 Establish effective coordination mechanisms in each of the programs.
- 2.3 Rationalize the administrative structure by precisely defining functions and procedures.
- 2.4 Increase the autonomy and decision-making capacity of technical staff and program heads
- 2.5 Reinforce the role of the administration in decision making.

### **3. Increase and rationalize geographic coverage**

- 3.1 Establish annual goals for creating branches, first by focusing on the most populated urban areas and centers which have the greatest potential resources to sustain themselves. These goals should be based on a strategy of gradual deconcentration of services and mobilization of local resources.
- 3.2 Separate the Paramaribo branch from the headquarters organically and operationally by concentrating coordination and strategic planning functions in the headquarters and deconcentrating management of services, programs, and volunteers to the branch.

### **4. Improve implementation of the statutes**

- 4.1 Strengthen implementation of the statutes in order to bring about greater participation by volunteers and members.
- 4.2 Increase the authority and representativeness of the General Assembly, as well as regional representation in the General Assembly and the Board of Directors.
- 4.3 Decentralize decision making in favor of those organs, the volunteers, and branches at corresponding levels of decision making and responsibility.

### **5. Readjust and redefine the Development Plan**

- 5.1 Publicize the Development Plan as much as possible inside the National Society to bring about participative evaluation of its content and strategic operations, and of its pertinence and adaptation to the problems and realities of the National Society and the country.

- 5.2 Reformulate the Plan on the basis of the strategic core activities mentioned above (health, social welfare, and disaster preparedness) by establishing realistic and flexible goals.
- 5.3 Adopt a system or method of planning, programming, follow-up, and evaluation common to all programs and services.
- 5.4 Establish follow-up and evaluation mechanisms which make feedback from the Plan and its on-going adjustment possible.

**6. Establish a human resources development strategy**

- 6.1 Design a volunteer recruitment policy which assigns them to programs and services on the basis of their expectations, interests, knowledge, and professional profile.
- 6.2 Initiate a volunteer recruitment campaign closely linked to the efforts to open new branches, with special emphasis on young people, and which takes into account their sociocultural codes and volunteer activities suited to that age group.
- 6.3 Establish a continuous training program, with special emphasis on new areas of activity (primary health care, social action, etc ) based on participative methods.

**7. Improve the National Society's financial basis**

- 7.1 Develop agreements with the public authorities on new social development programs based on the blood bank model with which experience has already been gained.
- 7.2 Establish a fund-raising department in the organizational structure with permanent staff and its own plan of action.
- 7.3 Identify and conduct new fund-raising activities nationally, and adopt the measures needed to implement them.
- 7.4 Study the feasibility of profitable revenue-producing and/or commercial projects which, without contradicting the institution's objectives, will generate income to finance social development programs which, by their nature, cannot generate revenue.



## SOURCES

1. Sources: (a) Michael Witter, *The Caribbean: A situational analysis against the background of the crisis of the 1980's*, Kingston, Federación Internacional de la Cruz Roja/Latin American Faculty of Social Sciences (FLACSO), 1992, mimeo, p. 121; (b), (c), (d), and (e) United Nations Development Program (UNDP), *Desarrollo humano: Informe 1992* [Human development. 1992 Report]. Bogotá, UNDP/Tercer Mundo, 1992, Tables 1 and 11; (f) Witter, p. 124, with data from Regional Program on Employment for Latin America and the Caribbean (PREALC)/International Labor Organization about households.
2. Suriname has one of the largest tropical forest reserves in the region. Up to now the country's inaccessibility has kept its deforestation rate very low. For the 1990s this creates a challenge to manage such resources and their biodiversity rationally and sustainably.
3. Francine Jácome. "Sistemas políticos de la Cuenca del Caribe: divergencias y transformaciones posibles" [Political systems of the Caribbean Basin: possible divergences and transformations]. In: Andrés Serbin and Anthony Bryan, *El Caribe hacia el 2000: Desafíos y opciones* [The Caribbean in 2000: Challenges and options], Caracas, Nueva Sociedad/UNITAR, 1991, p. 170.
4. In addition to the Jungle Rebel Commando, other small groups, such as Angola and the Mandela Liberation Movement, which defend the interests of the population of African origin, and Tukayana, composed of Amazonian indigenous peoples claiming their own autonomy and respect for their land rights, later joined the armed struggle.
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6. In 1990, 60% of the cocaine seized by the Netherlands came from Suriname. See Gert Oostindie, "El Caribe holandés en los años 90 ¿Descolonización o recolonización?", *Síntesis* 17 119 (May-August 1992).
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10. Witter 1992, p. 121, based on estimates in B. Mangho, "The political economy of aid: the case of Suriname," *Caribbean Studies: Special Issue on Caribbean Economy*, 1991.
11. Oostindie 1992, p. 113
12. Oostindie 1992, p. 114.
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14. PAHO 1990, p. 291.
15. PAHO. *Epidemiological Bulletin*. Washington, D.C., PAHO, 13(1):11 (March 1992).
16. PAHO 1990, p. 294, and PAHO. *Epidemiological Bulletin*. Washington, D.C., PAHO, 13(1):8 (March 1992).
17. PAHO 1990, p. 294.
18. Data from PAHO 1990, p. 291, and the World Bank in International Bank for Reconstruction and Development (IBRD). *Caribbean region: current economic situation, regional issues and capital flows*. IBRD Report 8246-CGR, February 1990, cited in Witter, p. 125.
19. UNDP 1992, Table 11
20. UNDP 1992, Table 12.
21. PAHO 1990, p. 294.
22. UNDP 1992, Table 10.
23. PAHO 1990, p. 297.
24. UNDP 1990, Table 1.