

# Evolution of the problem



Running Head: Problem Identification in the Healthcare Sector TUI Keitra

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Introduction: Since the problem that I have identified for the purpose of this case is disaster management and the provision of primary healthcare, the governments of the countries prone to natural hazards are the potential “organizations” on which I shall be applying my analysis. The governments of developing countries are generalized as being weak, lacking finances, lacking experience and knowledge. Let us take a deeper look into the causes of poor disaster management. Causes: Fatalistic Approach: In most instances a fatalistic approach exists amongst the people of the Less Developed Countries (LDCs). This attitude towards life and its happenings makes these people believe in the power of fate and in the notion that whatever has to happen will happen and every person is entitled to get a share of what is destined for him. As it is, people of LDCs are comparatively less advanced and aware of the recent developments in the field of disaster management. Therefore, many times human intelligence has been successful in developing a way of minimizing the outcomes of what the LDCs feel are products of fate (Hoffmann, 2005). Negligence: Sometimes the issue of Disaster Management is conveniently neglected, due to the perceived importance of the issue as compared to some pressing concerns such as poverty and education. This negligence is reflected in the lack of political will to support the inclusion of disaster management in the government’s policies (Hoffmann, 2005). Sometimes the government officials realize the need for proper disaster management policies, as was the case in Zimbabwe. However, by the time the policies come down to the implementation phase which the relevant sector ministries and local administrations are responsible for, all the vigor of

the policy formation phase dies down (Marjanovic, 2003). Thus, it follows that good disaster management is a product of government initiative; however nothing can be achieved in isolation. Misuse of Funds: Over the years we have seen that the International Organizations such as the International Monetary Fund (IMF) and other lending institutions have come to the rescue of many Less Developed Countries, particularly in times of natural calamities. International NGOs such as the American Red Cross and the United Nations Organization (UNO) are also amongst the first to extend a helping hand in such chaotic situations. However, after the initial recovery phase of the disaster the host country is left with the monetary aid, which it is expected to spend in the rehabilitation process. Many a times, this money is not utilized the way it is expected to. The victims of the disasters move from bad to worse conditions. This at times hints at the credibility of the local governments which the international organizations trust with their aid. Consequently a feeling of mistrust develops in the international arena which makes it difficult for them to provide monetary help to these governments again. Therefore, I believe this lack of trust plays a significant role in poor disaster management (Lautze, 2003). Absence of Long-Term Partnerships: As I wrote about poor disaster management and the availability of primary healthcare in my first paper, let me further throw some light on the problem. The problem lies in the post-disaster transition period. During this period the relief teams from all over the world prepare to leave for their own homelands or towards other projects where they are more needed. This leaves the inexperienced paramedics of the host country with the responsibility of dealing with advanced technology and drug dosages. The primary reason for this is the lack of resources, education and training of the paramedic staff of

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the Less Developed Countries, where the literacy rate in most instances falls below 5%. Obviously, this does create a vacuum in the provision of the services because it would normally take the local staff some time to get accustomed to the new treatment methodologies. In many instances we have heard of the disaster victims suffering even more due to inaccurate drug dosages. Therefore, in my opinion the way towards sustainable disaster management lies in efficient long-term partnership across borders, where there is a transfer of skills and knowledge for humanitarian betterment (Yodmani, 2001). Works Cited Hoffmann, B. (2005). Linking Poverty Reduction and Disaster Risk Management. Eschborn: Schloemer Gruppe, Duren. Lautze, S. (2003). National Institutional Capacities for Disaster Management: Exploring the Concept of “ Humanitarian Governance”. New Jersey: Princeton University. Marjanovic, P. N. (2003). Living with Risk: Toward Effective Disaster Management Training in Africa. Washington DC: The World Bank. Yodmani, S. (2001). Disaster Risk Management and Vulnerability Reduction: Protecting the Poor. Social Protection Workshop 6: Protecting Communities—Social Funds and Disaster Management, 5-9 February (pp. 1 - 10). Manila: Asian Development Bank.