

BETWEEN CRISIS MANAGEMENT AND THE STRENGTHENING OF HEALTH STRUCTURES – THE ROLE OF RELIGIOUS AND CULTURAL SENSITISATION:

1. INTRODUCTION:

Health structures are designed and aimed at addressing situations which affect the human person especially in as far as caring for his or her wellbeing. Religious and cultural institutions have a significant role to play, and indeed, that has been true from time immemorial.

Recent global trends tend to indicate that:

- a. There is an increasing number of health related crises and disasters. These owe to a variety of causes, both natural as well as those that are provoked by human activity.
- b. There are growing social and economic losses.
- c. Health remains a major concern notwithstanding the great strides which have been registered in the field of science and technology.

Crisis situations require adequate preparedness in order to respond to them in a timely and adequate manner. Preparedness for crisis response is a matter of survival or perishing, closure or flourishing of an institution. Without denying the pain, loss and disorientation that may result from a crisis, it is also true that crises can provide challenges as well as opportunities for learning and welcome transformation. But this latter scenario will only come true if an institution or organisation is equipped with the right tools to handle the entailed challenge.

In any given scenario, there are basic modalities of managing a crisis:

i. Predictability and preparedness:

Organisations which invest in adequate data collection and analysis are better placed to anticipate the possibility of a crisis and are reasonably equipped to manage or prevent the possible crises in as far as such is humanly possible.

ii. Response:

It is desirable that crises be handled punctually and professionally. A crisis situation does not entertain procrastination or guesswork. Crises demand focused and timely responses.

2. Responding to Crises in the Health Sector:

In modern times, man has had to grapple with a variety of cases which threatened human health and survival: malaria has been a major case especially in tropical countries. There have also been health threats which have caused great concern such as Ebola, and the recent outbreak of Zika fever in Brazil. The sheer thought that such ailments could spread out of control is extremely unsettling.

The WHO being the global organisation committed to monitoring and addressing human health challenges, stipulates that in dealing with challenging situations, the objective should be to reduce health consequences that may result from emergencies and disasters, crises and conflicts, and to mitigate their social and economic impact. To realize this objective, the following functions need to be attended to:

- a. Informed and adequate assessment and analysis of data. This task is part and parcel of health information management.
- b. Coordination of interventions and initiatives so as to remain focused.
- c. Identifying gaps in public health response and adequately filling them.
- d. Protecting and strengthening local capacities and systems.

3. CRISIS MANAGEMENT AND STRENGTHENING OF HEALTH STRUCTURES:

To be able to respond to a crisis, health structures, personnel and contingencies need to be strengthened. To achieve this, it is important to raise and respond to key issues such as:

- a. What could go wrong? That which could go wrong constitutes a risk. In the health sector, a risk be any factor which may compromise the ability of an organisation in its quest to achieve its professed goals. As such, risks may relate to an organisation's programs, finances, management, infrastructure or even the organisation's susceptibility to natural disasters. By their nature and scope, health-care institutions are susceptible to crises. Inevitably health organisations differ in size, location, competence and resources. Institutions with fewer resources are prone to acute situations as opposed to their counterparts with rich and adequate resources. There is a broad range of things which could go wrong in a health organisation, especially in

those which are precarious. It suffices to highlight the following examples: embezzlement, messed up software entailing loss of essential data, flooded premises or the withdrawal of a key partner. These and other examples serve to demonstrate the close relationship that exists between risk and crisis. However, it should be stressed that normally there is a predictable link between a risk and a crisis; for example, lax financial management may result in embezzlement, while delayed maintenance and repairs of working space may lead to tear and wear such as necessitates the condemnation of a given building as an unsafe working space. Both instances are bound to ensue into a crisis.

Besides the foregoing, it is important to bear in mind that by their nature, health organisations deal with tasks that are inherently risky. Therefore health facilities which deal with vulnerable populations or scenarios, must constantly strive to ensure that their clients are protected. Failure to foresee and prepare to handle inherent risks augment carelessness thus increasing the chances of the occurrence of crises. Moreover, even seemingly safe situations and positive endeavours may turn negative if left to poor or reckless planning.

- b. What should one do in order to prevent things from going wrong? In short, to prevent things from going wrong, one should be proactive. This entails building a culture of close monitoring, systematic and sustained collection and careful analysis of data, networking with all relevant stakeholders, make some informed forecast and last but not least, to be prepared for prompt action if and when things go wrong. In short, the foregoing boils down to the strengthening of health systems and structures. For a health institution, this implies a diligent assessment of risks, the assessment of the significance of those risks, and treating those risks which are deemed significant in a measured and professional manner. Such an approach will enable an organisation or health facility to cope with scenarios of uncertainty by taking relevant steps aimed at safeguarding its vital assets and resources.

4. The Role of Religious and Cultural Organisations:

It is an acknowledged fact that it is the prerogative of government to provide health and other social services to its citizenry. Moreover, it is also the duty of government to ensure:

- a. That there are adequate policies to guide the provision of social services.
- b. That adequate facilities, manpower, equipment and medicines and other consumables are sufficiently available
- c. That security is in place to safeguard personnel, facilities, other equipments and finances.
- d. That funds are regularly made available to ensure smooth and sustained operations of health facilities.
- e. That strategies and contingencies are put in place to avert or address risks and crises.

Without prejudice to the foregoing, it should be acknowledged that no government can shoulder this responsibility alone. Hence the need for a sound Public – Private Partnership. We are glad to confide that this has been adopted in Tanzania, albeit with challenges which require vigilance and constant advocacy.

The following was the state of health provision facilities in Tanzania in 2014¹

FACILITY	NUMBER	BED CAPACITY
National Hospitals	1	1362
Special National Hospitals	4	1497
Zonal Referral Hospitals	5	2327
Regional Referral Hospitals	15	3449
FBO Regional Referral Hospitals	12	4581
District Council Hospitals	63	7267
Council Designated Hospitals	37	6742
Voluntary Agency Hospitals	103	5595
Govnt Agencies Hospitals & Health Centres	29	1214
Health Centres	614	14959
Dispensaries	5987	00
Special Clinics	12	00

Nota Bene: Church or Faith Based health facilities figure predominantly among the highlighted sections.

In Tanzania, religious organisations and cultural entities are among the forefront collaborators with government in social services provision including health care provision. In this regard, religious

¹ CSSC, 2015

organisations have and continue to play a key role in social services provision.

Churches have been involved in the provision of health services from the arrival of the Missionaries in the 1860's. To date, faith based organisations especially churches own and run over 40% of health service facilities mainly but not exclusively in rural areas. This caters for the greater part of the population. Therefore within the Tanzanian scenario, religious and cultural organisations shoulder a hefty responsibility. The government acknowledges this and appreciates the same, though not without hitches and inconsistencies.

Considering the role played by religious organisations and cultural entities in the provision of social services especial health care provision, it is inevitable that they are implicated in ensuring smooth functioning, adequate safeguards and preparedness to address risks and if need be, respond to crises. Therefore, religious organisations should see to it that the following are in order:

i. STEWARDSHIP:

- Ensure the availability of adequate leadership and governance: In this regard, provision and cognisance of the following is imperative:
 - National Health policy.
 - The institution's (Church's, e.g. TEC, Archdiocese, etc.) policy.
 - National health crisis management policy and legislation.
 - Risk reduction initiatives.
 - Crisis preparedness plan.
 - Coordination and partnerships.
 - Health education strategies.
 - Public information and adequate communication.

ii. RESOURCE MOBILIZATION AND MANAGEMENT:

- Ensure the availability of needed numbers and quality of human resource in church owned facilities:
 - Strategic plan for the formation, employment, motivation and retention of human resources for optimal functioning as well as crisis management.
 - Adequate capacity building for crisis management.
 - Access to adequate essential pharmaceuticals as stipulated by national guidelines.
 - Availability of disaster resistant health facilities.

- Appropriate logistics and infrastructure for service delivery and support functions.
- Continuous health risk assessment, surveillance and issuing of timely warning.
- Capacity to affect a rapid health needs assessment and adequate response.

iii. FINANCIAL RESOURCES:

- Ensure that the financing of health care in church owned facilities is sound and sustainable:

* Planning and budgeting: this calls for budgeting for normal functions as well as crisis management. Besides, it entails budgeting for vulnerability assessment as well as risk reduction measures.

- Contingency planning and funding: to take care of unforeseen eventualities. When things are going well, there is a temptation to neglect this component.

iv. SERVICE DELIVERY:

- Health care facilities management:

- Ensuring the preparedness of health care facilities
- Securing health care / hospital crisis management capacity.

- Mass casualty management:

- Building up the capacity and ability to respond promptly and effectively.
- Ensuring the availability of adequate surgical capacity as an essential component of health system's response
- Availability of appropriate and effective medical evacuation facilities.

- Ensuring the availability of essential medical services:

- Having in place essential health programs including primary health care systems.
- The availability of health care services to marginalised or displaced populations.

5. IF THINGS GO WRONG:

The provision of social services especially health care provision takes place in human environment and by human persons. Therefore, even with the best of intentions and effort, things may still go wrong, risks will still be encountered and crises can ensue. Notwithstanding this fact, service providers, among which religious organisations should do

everything humanly and professionally possible to ensure normal functioning and reliable, effective and sustained service provisions. In the event however that a crisis emerges, that should be met in a prepared manner. In a nutshell, any organisation involved in health service provision, and that includes religious organisations, should see to it that they are not caught unprepared due to negligence or poor management. Proper planning serves to address worst-case scenarios which can be very frustrating and disorienting. Therefore, it is needful to establish protocols to guide the following:

- Management in decision making.
- Employees' action and responsiveness.
- Awareness and responsiveness to client expectations.

6. CONCLUSION:

In matters of social services' provision particularly in the health sector, religious and cultural organisations as partners of the state are taxed to ensure that health systems are strengthened and enabled to address challenges such as those entailed in normal as well as crisis situations. Hence, it is needful to:

- Undertake adequate and periodic situational analysis: which entails making an informed assessment to ascertain the nature and scope of a challenge or a crisis and thereafter determine the most appropriate response.
- Undertake a consistent communication with all relevant parties. This is crucial especially during a crisis.
- Adopt an informed stance in order to lobby and advocate to the government and all relevant parties for the sake of putting in place mechanisms for adequately rendering normal service as well as ensuring promptness in case of crisis.

It is assumed that when persons are assured of the soundness of their environment and the reliability of expected services for their wellbeing, they live in peace and go about their duties more responsibly. For this we should strive and commit ourselves.

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