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**AN ASSESSMENT OF DISASTER AND EMERGENCY
PREPAREDNESS LEVEL IN THE PRIMARY HEALTH CARE
CENTERS IN
IDP VILLAGES,
MENIK FARM, VAVUNIYA DISTRICT,
SRI LANKA**

A PROJECT REPORT PRESENTED BY

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to the Board of Study in Earth Sciences
POSTGRADUATE INSTITUTE OF SCIENCE

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for the award of the degree of*

MASTER OF SCIENCE IN DISASTER MANAGEMENT

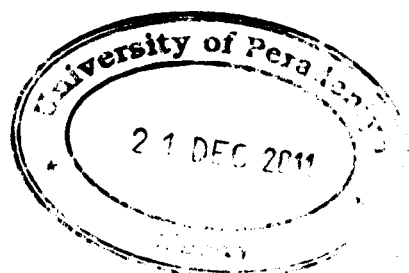
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Abstract

Ministry of Health and Nutrition (MOHN) had to provide Internally Displaced People (IDP) health care throughout the Sri Lankan civil war. However, at the end of the civil war MOHN had to face a considerable challenge. They received nearly 283,000 IDPs within a short period. These IDP had to travel from place to place without proper shelter, water and health facilities. A large number of people died or were lost on the way to free ceasefire zone. Most of them have had no medical follow up prior to coming to IDP villages.

The government had to face the challenge of providing shelter, water, sanitation and health care facilities to these 283,000 IDPs with the coordination of Armed forces, MOHN, International Non Government Organizations (INGOs) and Non Government Organizations (NGOs). As a health provider, MOHN had to deal with the situation immediately, because apart from the need of people, foreign countries and media were highly vocal about the situation.

The health provider from the beginning monitored crude Mortality Rate (CMR), which is the most important criterion about the health status in IDP villages. There were

people who needed day today health care in IDP villages. Out of these people, a small percentage presented to the hospitals as emergencies. If these emergencies were not managed with available resources, it could lead to a disaster in the particular Primary Health Care Center (PHCC). If the PHCC is not organized to manage disasters and emergencies, unnecessary deaths can occur. Therefore, the disaster preparedness level plays a major role in deciding the CMR, the indicator of the health care status in post disaster period.

However, well organized disaster and emergency preparedness plan can reduce the death toll effectively. This policy is common to any IDP setup. There are four major components in disaster and preparedness level at PHCC level. They are a) adequate number of hospital staff, b) adequate amount of essential drugs and equipment, c) good preparedness level and d) adequate knowledge on disaster and emergency management. In addition to above, components there are some supportive services called upon to face emergencies at PHCC level. They are good transport service, good ambulance service, laboratory facilities; essential drugs supplement service and communication facilities.

A clinical audit was conducted to check the preparedness level by using data of number of hospital staff, available essential drugs and preparedness plans in PHCC. According to the results and discussion, following recommendations could be listed to upgrade the disaster and emergency preparedness level in future.

Major Recommendations

- 1) Upgrade the preparedness level and facilities for managing emergencies.
- 2) Provision of essential drugs and equipments with the help of MOHN and NGOs
- 3) Provision of adequate health staff to achieve the standard level required with the help of MOHN and NGOs.
- 4) Conduct regular clinical audits from time to time to ascertain the situation.