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ABSTRACT

The Objectives of the study was to assess the disaster preparedness among the households and medical institutions, in the Rathnapura district. A descriptive cross sectional study design was used.

Information was collected from 579 households from areas frequently affected by disaster in Ayagama, Elapatha and Kalawana MOH divisions, for the household component. All the allopathic medical institutions were included in the other component. The study was conducted from the 6th of August to the 22nd of September, 2005.

Data on the household measures of disaster preparedness was obtained from the principal occupant or the spouse, using an interviewer administered questionnaire. The data on the disaster preparedness measures among the medical institutions was obtained from the head of the institution using an interviewer administered questionnaire.

Disaster preparedness was poor among the households, where the principal occupant was uneducated or only educated up to grade 5, with two or more children, and a total family income of less than Rs. 9000.00 and among the skilled and unskilled labourers in agricultural or related work.

The households which were frequently affected by natural disasters, which had been previously warned and had to evacuate to safety and the households which had to stay at a temporary shelter on previous disaster occasions, demonstrated a satisfactory level of life saving as well as property saving disaster preparedness.

The proportion of households who had participated in community disaster preparedness programs demonstrated a higher level of life saving as well as property saving disaster preparedness.

Although there was a disaster coordination centre at district level, no facilities were available to coordinate the activities in the field.

Majority of the primary care medical institutions, including most of the district, peripheral and rural hospitals, had a poor level of disaster preparedness. Most primary care institutions were lacking an institutional plan of action, a warning system, an emergency communication facility, an additional means of transportation. No delegation of responsibility among the staff had been made while conducting of training programs too had not taken place.

However, most of the referral care medical institutions as well as preventive medical institutions had a satisfactory level of disaster preparedness.

It is recommended to conduct disaster preparedness programs at community level especially in frequently affected areas and make disaster preparedness at the medical institutions a priority issue, in the agenda of the district medical authorities and the relevant Non Governmental Organizations.

Key words

Household, medical institutions, disaster preparedness, floods, landslides, Rathnapura.