

Abstract

The objective of this study is to evaluate the perceptions of Internally Displaced Persons (IDPs) in tsunami relief camps on provision and quality of health care services, during the aftermath of the disaster. A randomly selected health administrative area in the Southern Province of Sri Lanka is selected. Two approaches using both quantitative and qualitative methods. The study assessed the perceptions of IDPs regarding on provision and quality of health care facilities, using an interviewer administered questionnaire (survey) in 200 family units. In-depth interviews were conducted with IDPs and relevant health authorities. A majority (88%) of the people was satisfied with the immediate medical assistance. However 48% of IDPs and authorities felt that frequency of visits paid by medical teams have decreased over time. Fifty-three percent were dissatisfied with the toilet facilities provided. A majority was satisfied with health education (82%) and supply of drinking water (80%). Tsunami survivors felt that health services provided during the intermediate phase was unsatisfactory compared to the immediate phase. We recommend attention to ensuring ongoing access to health care and to improving the sanitary facilities in the camps. *Asia Pac J Public Health 2007; 19(Special Issue): 35-39.*

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Are Tsunami survivors satisfied with the provision and quality of healthcare they received?

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Introduction

Natural disasters cause massive suffering to humans and damage to property. The American Red Cross¹ defines a disaster as “*an occurrence such as hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, volcanic eruption, building collapse, transportation wreck or other situation that causes human suffering or creates human needs that the victims cannot alleviate without assistance*”.

The Asian Tsunami of 26th December 2004 inflicted great damage on life and property and resulted in multiple health needs^{2,3}. Provision of satisfactory healthcare services to these displaced people was a major responsibility of the health care providers, such as, government officials, local and foreign volunteers and non governmental organisations.

After surviving such an event, basic needs must be met: food, shelter, medical care and psychological care. Many sources, national and international, governmental and non-governmental supported the displaced people². Many strong institutions supported by civil society and non-

governmental organizations helped the national authorities to provide and coordinate health care since the first hours of relief⁴. The health care provided by various teams was based on public health strategies with the priority given to water, nutrition, sanitation, immunization, environmental and mental health and women's health, ensuring access to dependable health services and an effective health system supply chain while maintaining coordination between sectors.

Provision of such care on a regular basis and in a sustainable manner is a difficult task, mainly due to the fact that disasters of such magnitude destroy infrastructure and undermine and reverse development especially in a developing country like Sri Lanka⁴. Therefore, it is important to evaluate the quality as well as the quantity of the health care received by the Internally Displaced People (IDP) during the aftermath of Tsunami. Such evaluations are important as the relief efforts must be accountable both to the affected population and donors⁵. Furthermore, such an evaluation would yield findings that may be useful in planning disaster management strategies in the future. One aspect of such evaluation is assessing