

emergencies (Rajasingham-Senanayake, 2005; Hyndman, 2007; Ruwanpura, 2008; Lee, 2008; de Silva, 2009). One oft-cited reason for this shortcoming is that local consultations are regarded as time-consuming undertakings. In humanitarian emergencies, where time is seen as a scarce commodity, local involvement repeatedly loses priority. Presenting qualitative data collected in eastern Sri Lanka in the autumn of 2008, this paper explores the relationship between members of the international aid community and local resources. It asks whether speed is the actual reason why local knowledge about health and peace is sidelined in emergency operations. Haste may not be the true problem but rather a cover-up of lingering post-colonial 'us-and-them' undercurrents of international humanitarianism.

OT29-6

Emergency Medical Technicians Role in Camps of Internally Displaced Persons Lessons Learnt from Sri Lanka- A Qualitative Study

Isurujith K Liyanage¹, Chinthaka Athukorala², Donnie Woodyard², Indika Karunathilake³, Indunil Piyadigama³

1. Diabetes Research Unit, Sri Lanka

2. Medical Teams International, Sri Lanka

3. Medical Education Development and Research Unit, Sri Lanka

Introduction: A shortage of healthcare needs including drugs and trained-personnel emerged during the acute phase of managing internally displaced people in Northern and Eastern provinces in Sri Lanka. Groups of Emergency Medical Technicians (EMTs) deployed in these camps. This study obtained feedback on their experiences to understand the role of paramedical personnel in such situations.

Methodology: Semi-structured interviews and small-group-discussions were held with 37 EMTs upon their return. Open-ended-questions, free listing and ranking were used to obtain data. Responses were recorded verbatim and analyzed qualitatively.

Results: Ethnic composition was; Sinhalese-30, Tamils-5, Muslims-2. Only 2 Sinhalese EMTs were fluent in Tamil and they were accepted and recognized more by local community. Language barrier was rated as the main difficulty. EMTs took part in activities such as health education, dressing wounds, stabilizing fractures, triaging, checking blood pressure and giving CPR. Their training to provide health care needs in extreme situations had been useful in this mission particularly since resources and facilities were limited. Inadequate training in managing highly infective situations (hepatitis, chicken-pox) was noted. All the EMTs believed that knowing Tamil as health care workers helped in improving racial harmony.

Discussion: Although trained to provide emergency care, EMTs were capable of managing ongoing health issues of this community. Their training was useful in facing the difficulties and challenges of a resource poor setting

of an IDP camp. They need more training on language skills, and management of infectious situations.

OT29-7

Household Preparedness among Flood Affected Area of Keraniganj Subdistrict, Dhaka, Bangladesh

Sarah Rafat Hossain, Nawarat Suwannapong, Nopporn Howteerakul

Mahidol University, Thailand

Flood is the most common natural catastrophe in Bangladesh and every year this country has to face significant loss due to this natural disaster. Although it is a regular phenomenon of inundation of majority of the total land area of this country during this calamity but its intensity varies among regions and topographical settings. In the study area, Sakta union of Keraniganj sub-district in Dhaka, Bangladesh; it has been reflected that normal flooding has become integrated part of the daily life of the people. A cross sectional study was conducted to determine the level of household preparedness of the household heads and factors associated with it; namely general characteristics of the household heads, knowledge and perception of household heads about flood, flood preparedness and flood management protocol. Study on 280 household heads revealed that household preparedness for flood remained poor (19.6%) in spite of good knowledge and perception about flood, household preparedness for flood and flood management protocol. The single least perception that has been identified among the household heads was perceived barriers (26.8%), which reflect that they faced some obstacles to take preparedness measures for flood. Stepwise multiple linear regression showed that the education, knowledge, perceived susceptibility, perceived severity, perceived benefit, perceived barriers, and perception on flood management protocol could explain the variation of household preparedness at 26.9% ($R^2_{adj} = 0.269$). Based on the analysis, it was recommended that awareness programme should involve the local leaders and should be focused on the consequences of their unsafe behavior of not being prepared for the flood. It was also suggested to take initiative by the government to formulate clear guidelines regarding this issue for ensuring availability of the necessary items for household preparedness for flood and training in advance for safe evacuation in the event of extreme flood.