

Community Burn Prevention Action Research:

Nepal, Ethiopia and the Occupied Palestinian Territories (OPT)

2017-2020

The Centre for Global Burn Injury Policy and Research (CGBIPR)'s and Interburns ran a three year project in Ethiopia, Nepal and the Occupied Palestinian Territories (OPT) to **research and implement interventions to improve burn care and prevention in LMICs.**

In each partner country, a community survey collected data on the incidence and severity of burns, as well as Knowledge, Attitudes and Practices surrounding burns in the target areas. The results of these surveys were used to create context-specific burn prevention and burn care activities.

The project facilitated uptake of these interventions, and supported additional **prevention** and **first aid training programmes** such as Basic Burn Care (BBC) for health workers to improve burn care in communities.



Swansea University
Prifysgol Abertawe

Centre for Global Burn Injury Policy and Research
Canolfan Polisi ac Ymchwil Anafiadau Llosgi Byd-eang

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BURN INJURIES IN NEPAL

In Nepal, burns are a forgotten issue mostly affecting poor families, those in poor housing, with little knowledge about burns or consequences.

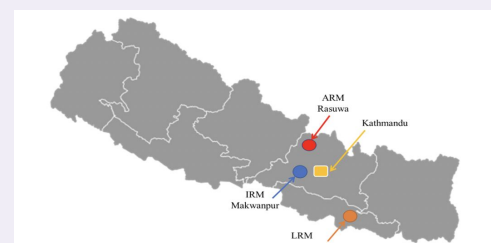
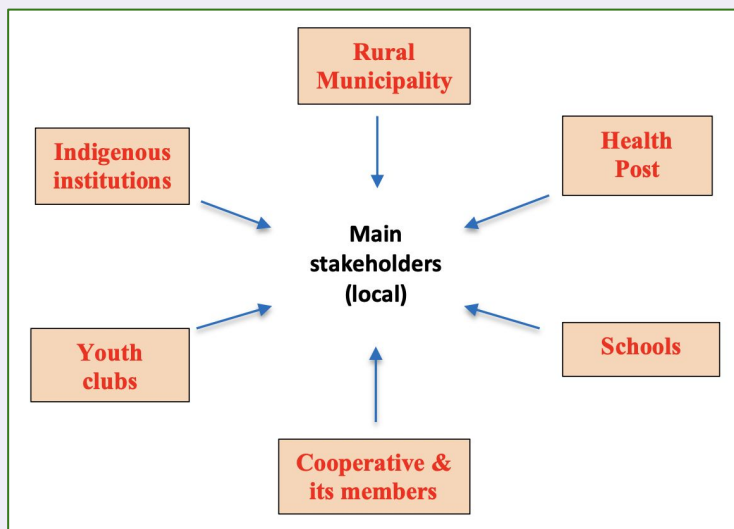


- ❖ An estimated 55,000 burn injuries occur each year (2008/09 Dept of Health).
- ❖ Burns are the 2nd most common type of injury.
- ❖ No national survey on burns or national level policies.
- ❖ Little data on burns, hospital data is unreliable.
- ❖ A serious public health issue, but very little information is shared at community level. There is a very low level of public participation.

Community Burn Prevention: Stepwise approach

STEP 1: Burn Prevention Action Team set up:

Including a Project manager with local partners, SAGUN, healthcare workers at national and local level and different stakeholders (see below)









STEP 2: Community Surveys:

- ❖ Held in 3 districts; Rasuwa (mountains), Makawanpur (hills) and Dhanusha (tarai/plains).
- ❖ Explored the incidence, causes and effects, types of burn, local practices - Knowledge, Attitudes and Practices (KAP).
- ❖ 1,279 households took part.
- ❖ Findings disseminated among stakeholders. This feedback increased their level of engagement and ownership.



SURVEY FINDINGS:

2.7% of households report at least one serious burn injury in 12 months before the survey.

-  ❖ More women affected than men.
-  ❖ More injuries in adults than children.
-  ❖ Scalds the most frequent cause of injury,
-  ❖ Injury most likely to happen at home.
-  ❖ $\frac{2}{3}$ believed that most burns are preventable.
-  ❖ Regional differences in knowledge of first aid i.e whether to apply water or other substances (including tomato, butter, dung.).

STEP 3: Burn Prevention Initiatives:

Based on the research, burn prevention activities were developed with local stakeholders, developed and tested in the community, and then adapted and improved before dissemination.

- ★ There was a strong emphasis on a **community-centric, participatory** approach.

Activities:



Training: *Basic Burn Care (BBC)* trained 79 primary healthcare workers in first aid for burns. 115 female community healthcare volunteers (FCHVs) received Community Burn Prevention training..



Publications and social media: Information on local burn issues published in a quarterly burns magazine, *Jalan*. 3,500 Nepali calendars. Interview on Nepal Television; messaging through Facebook and local radio.



Community engagement: 10,000 posters and 10,000 leaflets designed based on information from the surveys, were distributed in communities using simple language and clear pictures. They were also used by health workers to interact with the community.



Burn Prevention Orientation for schools and women's groups. Trained facilitators help to spread knowledge and increase awareness of the causes of burns and ways to prevent them, to:

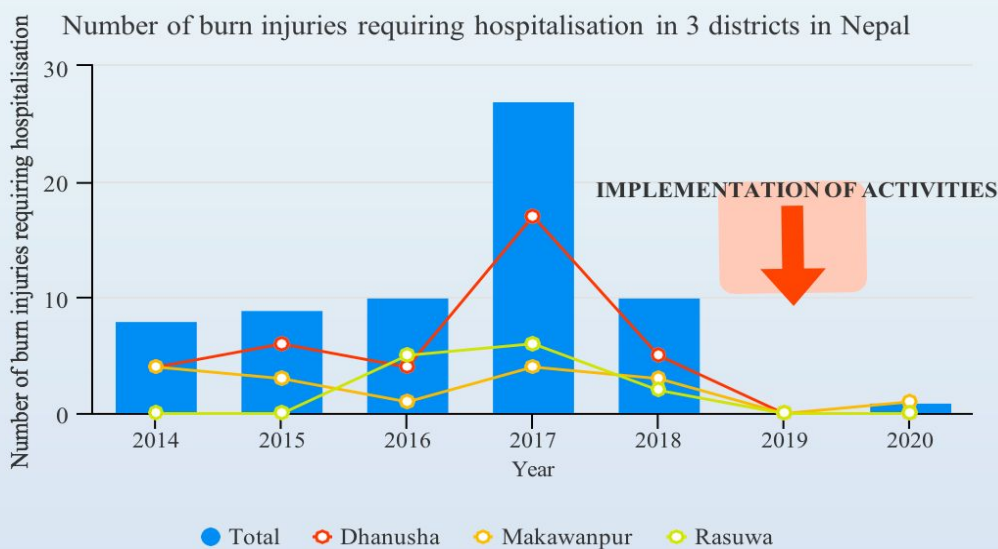
- 1,250 women cooperative members
- 53 local school teachers
- 787 school children
- 29 rural municipality executives
- 48 nursing students



“BURN FREE VILLAGE”



In the 3 project areas, there were no burn cases in 2019. This is a huge achievement. It shows that burns ARE preventable.



★ Burn injuries have dropped dramatically in all 3 districts (left).

Key lessons:

- ❖ Local leadership is essential.
- ❖ Community healthcare workers play a key role.
- ❖ Schools - teachers and pupils - can help carry the message home.
- ❖ Good coordination between stakeholders is necessary along with strong project management.
- ❖ Local facilitators can help,

Burn prevention does not end. It is an onward movement.