

## **PROGRAMME ON PREVENTION OF BURN INJURIES**

### INTRODUCTION

- The Scheme was approved in 2010, as a pilot project covering three states Haryana, Himachal Pradesh & Assam for two years, up to march 2012, MoU has been signed with all states implementation the programme.
- Approved cost outlay of the project is Rs. 29.70 crore.
- Aims at establishment of burn's unit in one Medical College & two District Hospitals in each states.
- Coordinate with CHEB regarding awareness generation through Visual, Print Media & Advocacy

### PROGRAMME OFFICERS

1. Dr. Jagdish Prasad, Director General of Health Services
2. Dr. S.Y. Kothari, Addl. Director General
3. Dr. Arvind Thergaonkar, Dy. Director General
4. Dr. D.M. Thorat, Assistant Director General

### GOALS & OBJECTIVES

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish adequate infrastructural facility and network for BCC, burn management and rehabilitation.
- To carry out Formative Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program

DISEASE BURDENS (The data are extrapolated based on the figures of 3 Burns Unit of SJH, RML, LNJP Hospital)

1. Total Number of Burn Injuries cases annually in India is approximately 70 lakhs and the cases are on increase
2. Approximately 1.4 lakhs people die on burn every year
3. More than 7 lakhs burn injuries case require admission every year
4. 70% of all burn injuries cases occur in most productive age group (15-35 years)
5. 4 out of 5 burnt cases are women & children.
6. 80% of cases admitted are a result of accidents at home (kitchen related mishaps).
7. Amongst all traumas, burn cases have highest duration of Hospital bed occupancy.
8. Cost of Hospitalized burn injury cases management is extremely high which may cost enormous financial burden to the country.
9. The rehabilitation of the individual may be a challenging and daunting task.

PROGRAMME COMPONENTS & IMPLEMENTATION STRATEGY

1. Preventive Programme: This component is being implemented through Central Health Education Bureau (CHEB) and Awareness Programme in School for generating awareness.
2. Treatment Programme: This component will include capacity building of healthcare manpower and quality burn injury management at all the levels of Health-care delivery system.
3. Rehabilitation Programme: Rehabilitation services to be provided at district and state level to restore functional capacity of the burn patients to optimum.

PROGRAMME MANAGEMENT AT  
THE CENTRAL LEVEL THROUGH  
BURN CELL



- Coordinate with CHEB regarding awareness generation through Visual, Print Media & Advocacy.
- Budget provision for the programme .
- Visits to identified centres for facilities available and gap analysis.
- Processing release of funds to the concerned states with the approval of IFD.
- Inspection visits by Monitoring Team for assessing the progress of implementation .
- Facilitating the states in establishment of burn units, procurement of equipment & recruitment of manpower
- Organize training programmes for surgeons from Medical Colleges/ District Hospitals in "*Burn Injury Management.*" Production of Training Materials.
- Formulating reporting format for data collection.
- Regular correspondence with the Implementing States, District Hospitals, Medical Colleges for obtaining progress reports/ statement of expenditure.
- Evaluation of the programme.

## IEC ACTIVITIES



**Preventive Programme (IEC):** More thrust is on IEC component of the programme. IEC activities are being Central Health Education Bureau (CHEB). CHEB has conducted detail planning of IEC, and develop core messages, in the form of Audios/ Videos/Charts etc. Mass media and advocacy events are being conducted. IEC would be implemented at state level though support of SHEB/IEC Bureaus-

- Impact assessment (4 events) of the IEC initiatives taken under the NPPBI is proposed to be conducted at the end of each plan year.
- Terminal evaluation of the IEC initiatives taken under the NPPBI during the entire plan period 2012-17 is proposed to be carried out in the fifth year of plan period. This evaluation will be a part of total programme evaluation.
- Electronic media: Doordarshan, AIR, Cable TV, Internet, Mobile phone SMS. CCTVs at the railway stations, hospitals, schools and other public places are the available Medias, which could be used for educating the masses starting from urban to rural areas. Scroll bar messages on the prevention of burns could also be given through DD, Cable TV etc.
- Print Media: Newspapers advertisements, magazines, posters, charts, folders will be used for disseminating information on burns.

COMMITTEES

1. National Monitoring & Advisory Committee
2. Technical Committee

**National Monitoring & Advisory Committee:-**

DGHS- Chairman, Spl. DGHS-Co-chairman, Addl. DGHS- Member, Joint Secretary (H)- Member-experts, Prof. J. L. Gupta, Dr. R.B. Ahuja, Dr. P.K. Bilwani, Dr. Ravinder Tah, Dr. S.P. Bajaj, Dr. V.K. Tiwari, Dr. L. K. Makhija, Dr. R.P. Narayan, and Dr. Mrs. Mathangi Ramakrishnan

**Technical Committee:-**

Addl. DGHS-Chairman, Dr. Yadulal, Director CHEB, Prof. J.L. Gupta Dr. V.K. Tiwari , SJH, Dr. L.K. Makhija, RML , Dr. Karoon Agrawal SJH, Dr. P. S. Bhandari -Members

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