

## **EVALUATION OF PILOT PROGRAM FOR PREVENTION OF BURN INJURIES (PPPBI)**

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<b>Date of Initiation</b>	12/2011
<b>Date of Completion As originally approved</b>	3/2012 Directorate General of Health Services
<b>Date of Actual Completion</b>	3/2012

### **Background**

A Pilot Programme on Prevention of Burn Injuries was approved for implementation in the year 2010 for the remaining part of 11<sup>th</sup> Five Year Plan upto 31.3.2012, subject to the condition that concurrent evaluation of the programme would be carried out. Directorate General of Health Services, GOI has entrusted National Institute of Health & Family Welfare, Munirka, New Delhi -110067, to undertake the Concurrent Evaluation of the Pilot Programme for Prevention of Burn Injuries being implemented by Directorate General of Health Services, Nirman Bhavan, in the identified Medical Colleges and District Hospitals of the three states of Haryana, Himachal Pradesh and Assam.

### **Objective**

The objectives of the Concurrent Evaluation process were:

- i) To observe the infrastructure developed in the various institutions and determine the extent to which they have adhered to the guidelines issued by the centre
- ii) To observe the manpower appointed, trained and in position.
- iii) To study the records to assess the process indicators in the services provided.
- iv) To find the bottlenecks, if any, in the implementation of the project and suggest possible solutions.

### **Methodology**

A cross sectional study was conducted, which included three medical colleges and six districts hospitals. Both quantitative and qualitative methods used for this study.

1. Discussion held with the concerned officers at the centre and the states.
2. Interviews held with the concerned stakeholders using a semi structured open ended questionnaire at the medical college, district and block levels.
3. Observation were made of the physical infrastructure, equipment, materials etc. in all the hospitals ( three medical colleges and six district hospitals) using checklists.
4. Examined the record of the patients.

### **Sampling**

All the institutions viz. 3 medical colleges namely Pt.B.D.Sharma, Post Graduate Institute of Medical Sciences in Rohtak, Dr. Rajinder Prasad Government Medical college in Kangra and Gauhati Medical College Hospital in Guwahati, 6 district hospitals namely Gurgaon and Panipat in Haryana, Hamirpur and Mandi in Himachal Pradesh, Dhubri and Nagaon in Assam were visited. The concerned officers in the Dte'GHS and of all the three states were also interviewed. The following key stake holders were interviewed

Key stake holders

1. Officers from the programme division in Dte'GHS
2. Medical Superintendent/representative of 3 medical colleges
3. The Burn Specialists in all 3 medical colleges
4. Surgical Specialists in all the 6 district Hospital.
5. Doctors/Nurses in medical college and district hospital wards

### **Development of schedules**

The schedules were developed keeping in mind the objectives of the study. The semi structured interview schedules were developed based on the objectives of the PPPBI programme. The observation check list were prepared on the basis of the guidelines in the programme regarding the infrastructure, equipment and material etc. The tools were developed by holding meeting with the programme officers, experts in the field, clinicians, surgeons and faculty of NIHFV. The data collection work was completed in the month of February,2012.

### **Findings**

#### **System**

##### **A) Administrative Control**

1. A State level Coordinator should be in place, who can monitor the process of implementation in the State under PPPBI
2. The Coordinator will liaise with the institutions (Medical Collages and District Hospitals), State Directorate and MOHFW, GOI.
3. A sub-committee under the chairman of State Coordinator may be formed, who can meet once in a month to review the progress of implementation of the Project.
4. Standardize feedback format may be developed to get monthly basis progress, problem encountered and utilization of the services from each institute.

## **B) Technical Control**

The medical college should have the technical control over the district hospitals.

### **Infrastructure**

1. The guidelines for the infrastructure may be reviewed and flexibility may be given to local institutions for appropriate use and develop available space/ward/temporary (burn unit) to permanent burn unit.
2. The process for getting approval for the construction from engineering section may be speeded up by changing the norms for the respective States.

### **Equipments and Furniture**

1. The standardized equipments may be procured at the central level and supplied to respective institutes directly.
2. If at all the procurement of the equipment is not possible at the central level, then the list of vendors with rate list may be given to the State.

### **Training**

#### **Surgeon at the District Hospital**

Hands on Training on grafting for three months is needed.

As they do not have the confidence for doing the grafting alone, experts of medical College should visit the district hospital on the day the surgery is planned

#### **Dedicated Nurse and Dresser**

1. Dedicated Nurse and Dresser should be posted in the ward after the training in the medical college
2. MOs working at PHCs and CHCs should be trained in fluid management and first aid in burns.
3. Para-medical staff should also be trained from specialized hospitals in the state in burn injuries.

4. More and more hand on training is required by the surgeons in grafting.

**Manpower**

1. Unspent funds for the manpower may be extended for the one more year under the project.
2. Human resources require long term commitment from centre and state level.
3. Ownership and responsibility should be taken by the existing staff.
4. Enhancement the remuneration may for considered for getting the appropriate persons with required qualification.