



**MAP**  
MEDICAL AID FOR PALESTINIANS



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مركز العالم العربي للتحسين والتنمية  
Arab World For Research & Development

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## Summary results of the 2019 community research on burns in the occupied Palestinian territory

### Background

MAP has been supporting burns care services in the occupied Palestinian territory (oPt) since 2010. This has included procurement of essential drugs and disposables, renovation and equipping of burns units, specialist training for staff, and the development of standardised burns care protocols. We support all four Ministry of Health (MoH) managed burns units: two in the West Bank (Nablus, Hebron) and two in Gaza (Gaza City, Khan Younis).

In 2018, MAP began a three-year action research project which aims to improve burns prevention, the community-based early management of acute burns injuries and routine burns data collection within the health system. The project, coordinated by MAP's long-term technical partner Interburns, and the University of Swansea's Centre for Global Burns Injury Policy & Research (CGBIPR), was fully funded by NIHR. The project was also implemented in Nepal in Ethiopia.

The first project component was large-scale community research on burns, as data regarding the prevalence and treatment of burn injuries in the oPt is limited. This is the first large scale community-based research of burns in Palestine. In the second phase, the data was used to develop a targeted burn prevention awareness pilot, implemented in selected sites in the West Bank and Gaza.

This paper outlines the key findings of the research conducted in 2019, the first of its kind in the oPt.

### Methodology

The community research was conducted by Arab World for Research and Development (AWRAD) based in the oPt, with the participation of the Palestinian MoH. The survey covered a wide range of factors including epidemiology, aetiology of burns as well as knowledge, beliefs and attitudes towards injury risks and burn injury management. It was field tested and adapted based on feedback from respondents and the survey field teams.

The study utilised a mixed method approach, with quantitative and qualitative data generated through a community survey, focus group discussions (FGDs) and key-informant interviews (KIIs). The research covered both the West Bank and Gaza, with three contrasting sites in each territory of 250 households; a total sample of 1,500 households. The selected governorates and contrasting communities were selected purposively to capture the diverse nature of Palestinian realities in terms of region, level of urbanisation/ruralisation, taking into consideration the Bedouin communities, distance from urban centres, refugee status, proximity to the Separation Wall and Gaza's border areas.

### Results

**Prevalence:** 1.5% of Palestinians were exposed to serious burns in the last 12 months. Gazans are more than twice as likely (69.4%) to experience a burn injury than Palestinians in the West Bank (30.6%). Gaza is exposed to a tight closure that led to a decaying infrastructure and is also exposed to periodic bombardment by the Israeli army. Gazans are also at a higher risk due to the relatively substandard living conditions with higher poverty and unemployment rates. The electricity crisis and irregular supply causes additional health and burn problems.

Females are at a greater risk of burn injury than men, comprising 69.4% of reported burns. Children under 18 years of age comprise the largest age group who experienced burn injuries, at 39.3%. Families with burns exhibit higher family sizes than the sample population and the overall population in the targeted areas. Palestinians in refugee camps are most vulnerable to burns, followed by rural and Bedouin communities. The least at risk are those in urban centres.



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**Causes:** 87.2% of burns take place inside the home (higher in Gaza at 91.2%). Most burns occurred whilst cooking (51.5%), doing housework (16.8%) or playing/at leisure (13.3%). The most common causes of burns were hot liquids, steam and gas (43% of all burns), followed by heat and flames (41.3%). Heat and flame burns were higher in Gaza than in West Bank, as were burns caused by an electric current, due to electricity outages and the substandard quality and reliability of the electric current. Burns were more common in households without a separate kitchen inside the home.

**Beliefs:** Limited knowledge of preventive measures contributed to the risk of burns. 64.6% of respondents believe burns are preventable, demonstrating more can be done to increase community awareness. Almost a third of respondents believe that most people die as a result of their burn injuries. The survey revealed a lack of knowledge at the community level on the first aid treatment for burns, with a wide range of ingredients being used to treat burns at home.

**Accessing burns treatment:** There was widespread reported use of traditional healers to treat minor burns, although 89.7% of respondents would access modern health facilities to treat major burns. Double the number of West Bank respondents said they would access treatment in private clinics than Gazan respondents. This could be due to the higher income levels among West Bank residents and the long distances (compared to Gaza) to reach public clinics and hospitals due to the dispersed geography in the West Bank. A higher rate of Gazan respondents reported taking a burn victim to a health post within an hour compared to West Bank respondents, again indicating the long distances to reach a facility in the West Bank.

KII and FGDs revealed more about the existing barriers to accessing burns treatment from health facilities, including the long distances to reach facilities, the cost of transport and the challenge of having to pass through checkpoints in the West Bank.

**Impact of burns:** 69.4% of people experiencing a burn injury in the previous 12 months were able to return to normal activities without need of assistance, 15.8% were partially able to return to normal activities. The data shows that non-fatal burns lead to morbidity, including prolonged hospitalisation, and disfigurement and disability. 16.8% of people experiencing a burn injury in the previous 12 months reported suffering from a disability as a result.

Respondents reported on the negative economic impact of burns on the livelihoods of families through loss of work, income and even food sources. 2.6% report losing their jobs as a result of the burn, 18.9% report that they or a family member had to stop working to take care of the injured. 10.7% reported a decline in income and 9.7% a decline in food supply. In 15.9% of cases, the burned person or a family member had to stop their education.

## Key recommendations

The researchers hope these findings and recommendations can be used to place the issue of burns at the top of the national policy and programme agenda.

- Awareness and prevention strategies should address the hazards for specific burn injuries, especially at the household level with parents and focusing on women and children.
- Education and training of communities in first aid should build on the premise that most people believe that burns are preventable and to do away with any fatalistic attitudes.
- An effective multisectoral burn prevention plan should include coordinated efforts between various relevant ministries and NGOs.
- Support and capacitate the existing burn units in the by increasing the numbers and skills of health workers; and establish new units that cater to remote areas including mobile clinics;
- Develop and use of a national burn registry with harmonized data collection on burns