Sambahak: Human Rights Journal (2025), Vol. 25, 158-177

Human Rights of Burn Survivors in Nepal

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To cite this article:
Pantha, S. (2025). Human Rights of Burn Survivors in Nepal. *Sambahak: Human Rights Journal*, *25*(1), 158–177.
https://doi.org/10.3126/sambahak.v25i1.83926

Keywords: Burn, Human Rights, Public Health, Dignity, Equality, Rehabilitation

Abstract

Burn is a preventable public health issue yet it continues to cause significant harm to the population, particularly among the most vulnerable. Burn survivors go through physiological changes such as skin tightening, scarring, skin pigmentation, disfigurements, and amputations in case of limb necrotic burn. Additionally, the survivors face psychological adversities including pain, anxiety, depression, post-traumatic stress disorder, disturbance in bodily ideals, alienation and financial pressure due to prolonged hospitalization. While burn injuries are viewed as a public health issue, this study investigates from a human rights perspective. This paper examines the human rights situation of burn survivors in Nepal through an analysis of the existing legal, health, and social practices. The paper aims to highlight the fundamental rights of burn survivors which includes the right to health, life, dignity, non-discrimination, equality, adequate standards of living, and access to redress and rehabilitation. The findings highlight the need to shift the national response from solely medical treatment towards a rights-based, survivor-centric approach that ensures holistic burn care management. Without such measures, burn survivors remain at the intersection of physical pain, mental trauma, institutional neglect, social exclusion, and denied legal protection.

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Introduction

Burn injuries are a critical public health and human rights issue in Nepal. According to the fact sheet published by the World Health Organization (WHO, 2023) burns accounts for an estimated 180,000 deaths annually with the majority of burns occurring in low-and middle-income countries. Almost two thirds occur in the African and South-East Asia Regions. The fact sheet also reports that burns are the second most common injury in rural Nepal, accounting for 5% of disabilities.

A burn is an injury to the skin or other organic tissue primarily caused by heat, radiation, radioactivity, electricity, friction or contact with chemicals. Spronk et al. (2018) found that an injury of this kind results in significant morbidity, disabilities, disfigurements, prolonged hospitalization, multiple reconstructive surgical procedures, extensive long-term management for patients and impairment of emotional well-being, overall affecting their quality of life.

The cause of burn injuries varies. Burn can be either intentional (assault or self-harm) or unintentional (accidental) sustained through immersion in hot liquids, contact with hot objects, flame with additional accelerants like petrol or kerosene or chemicals acid or hazardous substances, and contact with open wires. Atwell et al. (2020) reported that intentional burn injuries are more severe than unintentional burn injuries, with a high mortality rate, higher post-burn mental health, and morbidity. Vetrichevvel et al., (2018) identified that the incidence of young women who have been the victim of intentional burn injuries in low- and middle-income countries is six times higher (63%-79%) than in higher income countries, where it represents only 1-10% of burn-related admissions to hospital.

Burn injuries are complex, both medically and socially. Beyond the risk of morbidity, mortality and long-term disability burn limits ability to work, reduces capacity to take care of their families and participate fully in the society. These health-related consequences of burns are often accompanied with additional socio-economic burdens for burn victims and their families. Additionally, it adds substantial cost to the healthcare system due to intensive medical care and rehabilitation. Amidst the struggle for comprehensive burn treatment, burn patients encounter challenges in accessing the rights and protections guaranteed under national and international law.

This research is guided by the premise that burns are not only a public health concern but also a matter of justice and equity. Recognizing the stark disconnect between survivors' lived realities and the institutional response, this study aims to advocate for a holistic reform of Nepal's burn care system which is needed for policy reform and institutional accountability.

Methodology

This study adopts a doctrinal research approach where the author has examined constitutional provisions, national legislation and international legal instruments and judicial decisions pertaining to burn injuries and the rights of burn survivors. Additionally, scholarly articles, academic journals, and reports published by national and international organizations have been reviewed to contextualize and support the legal analysis.

Contributing Factors to Burn

The burden of burn falls to the vulnerable population which includes children, women, people living in poverty, informal workers and industrial laborers. These vulnerable populations are more susceptible to burn injuries due to various social, economic, environmental and behavioral factors.

Social Factor

The social and cultural practices hold women responsible for cooking making them vulnerable to kitchen accidents relating to use of kerosene, open fire, gas and flammability of garments. Social, cultural, religious practices, patriarchal attitudes, structural inequalities, rigid gender norms and stereotypes discriminate against women. As a result, women are put through domestic violence, marital rape, dowry-related violence, child marriage, female infanticide, witchcraft accusations, tradition healing through religious practitioners, and harmful practices like dowry and chhaupadi. Through these harmful practices, women sustain burn injuries and attacks. Burn violence is one such manifestation of gender-based violence. The factsheet from Women's Rehabilitation Center [WOREC] (2024) provides an overview of gender-based violence (GBV) in Nepal during July 2023 to June 2024 wherein a total of 1,393 cases of GBV were recorded, with domestic violence being the most common with 911 cases. Violence disproportionately targets women. Some news excerpts of burn violence are mentioned below:

A woman from Janakpur in the Dhanusha district of Madhesh has been injured allegedly after her family members put her on fire over a dowry disputes. (Onlinekhabar, 2023)

Raj Kumari Sah was set on fire by her brother-in-law while preparing a meal on Friday." (The Kathmandu Post, 2022)

"Sunita, who was reportedly beaten and burnt with a hot iron by her doctor husband Sachitananda Yadav was taken to Kathmandu for treatment a few days ago. She breathed her last on March 29 while undergoing treatment at Tribhuvan University Teaching Hospital." (Republica, 2018)

Apart from women, children are also considered to be vulnerable to burn. A study at Kanti Children's Hospital in Kathmandu reported that 61% of burn victims were children, with 83% of pediatric burn patients being under the age of five, primarily due to scalds from hot liquids, flame burns and contact with heated objects (Thapa, Chapagain, & Kayastha, 2021). Their innate curiosity to explore and experiment the surroundings, and their physical and physiological immaturity to perceive danger places them at risk of burn injuries.

Economic Factor

Socio-economic development of different countries affects every aspect of life including the health of the individuals. Among others, Mistry et al. (2010) identified socioeconomic deprivation as important determinants of injury. Burns are more common in populations with lower socioeconomic status. With limited access to education, income and occupation the exposure to risk factors, inequities of health care, health hazards and injuries heightens. Inability to afford burn-preventive infrastructure or safety education adds to their vulnerability. The burden of burn injury is one that falls predominantly on the worlds poor (Logan, 2025). Kiran Nakarmi of the Nepal Cleft and Burn Centre at Kirtipur Hospital, states this as a burn paradox where the treatment is expensive but majority of victims are poor.

Despite the increasing number of burns in rural Nepal, its treatment isn't available at nearby health centers depriving them of immediate care. The patients are carried great distances mostly to Kathmandu. Treatments cost them what little they own as it is expensive and involves multiple surgeries and prolonged hospital stay. Poudel, A. (2024) reported that despite government pledges to provide free treatment for impoverished burn victims, implementation has been inconsistent, leading many patients to bear the financial burden themselves.

Environmental Factor

When temperature plunges, the number of burn incidents spike. During cold weather, especially in Terai where thick fogs stay for weeks, people gather around bonfires to keep themselves warm. This practice poses a significant fire risk to women, elderly people and children, as they stay very close to fire. The Kathmandu Post (2024) reported that allotted 24 beds in Nepal Cleft and Burn Centre in Kirtipur were filled and had to convert other general wards to burn units and added additional beds due to a massive influx of burn victims during winter season.Wildfire in the dry season and other fire-related incidents is yet another concern for Nepal. In the dry season plants and vegetation lose moisture increasing flammability and ignition. Acts of human negligence such as smoking near vegetation, discarding cigarettes into dry vegetation, arson, and burning dry vegetation to clear farmland sparks uncontrollable fire. The Nepal Disaster report of Ministry of Home Affairs (2024) recorded a total of 593 deaths from fire comprising

348 females, 244 males, and 1 unknown and the financial loss has been worth more than NPR. 23.60 billion during 19,593 fire-related incidents. Additionally, the National Disaster Risk Reduction and Management Authority [NDRRMA] (2025) data shows that 25 people have died and 125 injured since the start of 2025 in fire-related incidents, including one in the forest fire. The given data indicates that women are vulnerable in the event of fire and the overall economic impacts are felt most by the most vulnerable and marginalized communities living adjacent to forest areas with limited resources and livelihood options.

Occupational Safety Factor

Lack of proper safety measures in industrial settings further increase the incidence of burns. In such instances, informal sector workers and industrial laborers are the most vulnerable. Workers exposed to hazardous environments, open flames, hot substances, corrosive substances, and molten metals without protective gear, fire safety measures and drills are at high risk of burn. Likewise, cooks and kitchen staffs working with high-pressure gas stoves at restaurant and food stall businesses are at risk of hot oil, boiling water, gas leaks, and flames. A recent gas explosion reported by The Kathmandu Post (2025) covered the Shandar Momo incident where four of the 11 injured lost their lives. The incident shows that fire safety is practiced as an exception and not as a norm. Fire safety equipment like fire extinguishers, emergency exits, fire hose and burn first aid kits are proven useful to minimize the loss and damage in case of fire.

Disaster Risk Reduction and Management Act of 2074 requires public enterprises and business establishments to equip themselves with devices, equipment, materials, and make emergency exit to avoid the occurrence of a disaster in their buildings, industries, offices or business premises. Some other responsibilities include providing Basic orientation training to their own employees and workers on disaster management, keeping standby position of resources and materials to be used for disaster management. While employers have compromised occupational safety protocols, the workers are at risk of burn incidents.

Infrastructural Factors

Inadequate infrastructure contributes to the incidence and severity of burn injuries in Nepal. The health services in the rural part of Nepal are insufficiently equipped to handle immediate burn care. Most burn hospitals are in urban areas but even they lack trained personnel, or facilities for skin grafting and reconstructive surgery, forcing patients to travel long distances. Inaccessible quality health services delay emergency treatment and risk complications, disability, or death.

A retrospective observational study of (Thapa et al., 2021) studied routinely collected data of children up to 14 years admitted to the Burns Ward at Kanti Children's Hospital from July 2016 to July 2019 and noted that 50.6% (474 patients) reached hospital within 24 hours of the burn

injury while 39.2% reached hospital after 24 hours but within one week of injury, and 8.9% arrived at hospital more than one week after the burn injury. Among other reasons, unavailability or inaccessibility of burn related health services nearby caused delayed arrival.

Derelict electric poles and low-hanging live wires, some hanging less than six feet above ground are the contributing factors for burn incidence. Unmanaged, unmonitored and unattended electric wires, practice of tapping into an electrical power line before the electricity meter causes electrocution and electrical burns. Electrical burns are a growing concern especially in Madesh Province. Sah (2024) reported a total of 449 deaths from electric shock in Madhesh Province over the past five years. The Nepal Electricity Authority (NEA)provides compensation if negligence is proven, which is often difficult for victims due to weak legal and investigative mechanisms.

Another significant factor is the limited equipment for fire management. This doesn't primarily cause burn but with limited resources fire damage can't be minimized promptly. Local governments across Nepal face challenges in ensuring adequate fire safety equipment within their jurisdictions. Local units still lack fire engines or functional fire engines due to budgetary constraints, high maintenance costs, and logistical barriers. As a result, the local governments, the primary point of contact in case of a burn emergency, have limited capacity to respond effectively to fire-related emergencies. The existing fire-engines are equipped with tools capable of reaching only up to the 10^{th} floor, posing a technical limitation for the management of fire in taller structures present in urban areas.

Challenges of Burn Survivors

While some people lose their lives in fire others survive. Survivorship is a challenge to every burn survivor. Their journey doesn't stop after returning to their society, it begins from there. There are difficult dimensions and challenges embedded in the rehabilitation of burn survivors. Some challenges are due to the nature of injury while some are due to the problem of inequality, systematic discrimination, institutional failure and social injustice.

Physical and Mental Challenges

A burn incident that unfolded in split seconds leaves a lifelong pain. Burn survivors have to go through excruciating pain included by the abrupt incident, prolonged treatment and surgery and even after post burn. Garcia & Kunjavara (2021) described the pain of burn patients as horrible, unbearable, unexplainable, daunting and something they could never imagine encountering in their lives. After the treatment the survivor may acquire physical disability and post-burn scar. After sustaining a second- or third-degree burn, burn contractures develop limiting joint

movement, deformity and functional impairment. Regular activities that they performed before burn will be a herculean task for them.

Surviving a severe burn is not only a physically difficult experience, but mentally challenging too. Survivors have to go through an unseen battle against mental and emotional adversities. Lodha et al. (2020) highlighted how post-traumatic stress and depression rates are significant globally, affecting 5.6% and 4.4% of the population, respectively, following a traumatic event. Survivors revisit the incident, face financial distress and struggle to accept their scars and engage publicly. The lack of psychological rehabilitation facilities leaves burn survivors and their families to navigate the mental health aftermath on their own. Failure to take active efforts in ensuring their physical and mental well-being including social rehabilitation and compensation amounts to a denial of their fundamental rights.

Discrimination and Stereotypes

The society we live in imposes beauty standards that don't accept any scar, judge women based on appearance, perceives burn survivors unworthy of admiration and extends pity instead of support. As society fails to provide an inclusive environment for burn survivors, they are marginalized and forced to live lives of social exclusion. Particularly women, children, poor, and people with disabilities are at the receiving end of social stigma that prevent them from achieving fulfilling lives. Acts of blaming survivors for their injury, assuming negligence and concealing cases of domestic or dowry-related violence further denies survivors a respectful reintegration process. Hameed & Bhattacharya (2022) described that discrimination makes it highly difficult to find gainful employment and survivors often end up feeling as though they have no meaning in life.

Such acts of discrimination against survivors challenge the fundamental principle of Universal Declaration of Human Rights (UDHR) that guarantees all individuals an equal treatment in dignity and rights (United Nations, 1948, Art. 1). Additionally, pushing survivors to isolation and humiliation through discriminatory practices contradicts the universal right to be protected from torture or cruel, inhuman or degrading treatment or punishment (United Nations, 1948, Art. 5). Additionally, it contravenes the right to equality where no discrimination is ensured in the applications of general laws on grounds of physical condition, condition of health or other similar grounds (The Constitution of Nepal, 2015, Art. 18).

The Constitution of Nepal 2015 affirms that every human is entitled for a dignified life regardless of their caste, color, religion, physical appearance, health status, gender, or background. Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.

Thus, instead of adding to survivors' woes, the onus lies on all stakeholders to challenge discriminatory social norms, turn rejection to acceptance and extend support for their empowerment and autonomy without compromising their dignity. A holistic reintegration comprising physical rehabilitation, psychological wellbeing and social and economic support is crucial to bring them to the mainstream of the society.

Legal and Institutional Hurdles on Issue of Burn

Discriminatory Laws

Whether a person is burned by acid or other substance, the trauma, pain, and treatment are universally the same. The right to live and to receive equal treatment to all individuals without discrimination is a fundamental human right. While the substance of the attack may vary, the focus should be on the damage caused and the suffering endured, rather than on discriminating based on the means of harm. Unfortunately, the current laws in Nepal fail to acknowledge this critical fact by just focusing on acid attack burns and excluding other means reflecting the failure to guarantee dignity, respect, and equality that every individual deserves, regardless of the nature of their injuries.

In 2079 B.S. amendment of National Criminal [Code] Act (2017), Section 192A), prohibiting hurt through use of acid. This amendment adopted stringent punishment for perpetrators of acid attack including a maximum of 20 years of imprisonment and fine up to NPR 10,00,000. On the other hand, Section 193 addresses disfigurement through flammable and poisonous substances imposing a maximum punishment of only 5 to 8 years of imprisonment and a fine ranging from NPR 1,00,000 to 50,000. Law failed to understand that the intent of the perpetrator is to damage someone physically and the punishment should depend upon the percentage of burn incurred and not on the chemical composition of the substances. Despite the similarity in the nature of crime, damage incurred, treatment procedures and experiences of acid attack and burn violence survivors, the existing laws fall short to ensure justice and equitable treatment ensured under the right of victims of crime.

Demoralizing Laws

National Penal [Code] Act (2017, Section 192A subsection (2) and (3) and Section 193) are provisions pertaining to acid attack and burn/flame attack respectively. These provisions state the term *kurup,* which translates to “ugly”. Individuals who have suffered such traumatic injuries already struggle in accepting and embracing their new physical appearance. The use of such derogatory language in legal contexts perpetuates harmful stereotypes, further stigmatizing burn survivors. Such provisions are deeply demoralizing and fundamentally contradict the right to live with dignity and the right to equality as enshrined in the Constitution of Nepal.

Shift in Methods of Burn Violence

In a writ petition of Advocate Sashi Basnet vs. Government of Nepal, Office of the Prime Minister and Council of Ministers (2017) the Supreme Court issued a mandamus ordering to ensure free emergency treatment for victims of acid attacks and to introduce regulatory measures concerning the production, transportation, and distribution of acid. After 5 years of the order, the Acid and Other Substances Hazardous Chemical Substance (Regulation) Ordinance 2078 (2022) introduced regulatory measures such as licensing from the District Administration Office for sale and distribution of acid and other corrosive materials and maintaining records of such buyers. Additionally, it amended the Evidence Act 2031(1994) to widen the definition of what can be considered evidence and incorporate to presume intent of murder or harm if a person throws acid and other flammable substances. Later, Acid and Other Substances Hazardous Chemical Substance (Regulation) Act 2079 (2022) was passed echoing the similar provisions. Due to stringent laws, the Annual Factsheet Report on Gender Based Violence reports only one case of acid attack (Nepal Police, 2024).

While this reflects the effectiveness of legal deterrents against acid violence, it has led the perpetrators to shift the method of assault, resorting to alternative substances such as hot oil, hot water, kerosene and other hot objects and substances that are readily available and difficult to regulate. In cases of this shift to domestic substances is likely to be concealed as accidents, encouraging misclassification of incidents, reinforcing impunity, promoting abusive domestic environments and increasing risk to women and other vulnerable groups. The preamble of Convention on Elimination of Discrimination Against Women [CEDAW] 1979 states that discrimination against women violates the principles of equality of rights and respect for human dignity. Since Nepal has ratified the CEDAW treaty in 1991 loopholes in legislation entailing humiliation and violence must be amended to uphold the inherent right of women to live life with dignity and free from violence whether in public sphere or within homes.

Policies Excluding a Comprehensive Recovery

Policy measures have been adopted endorsing the treatment of acid attacks and burn survivors. The Ministry of Health and Population has issued The Procedures for Treatment of Acid-attack Victims 2021 ensuring free treatment for acid attack survivors in designated four hospitals within Kathmandu Valley, those are Tribhuvan University Teaching Hospital, Bir Hospital, Patan Hospital and Kirtipur Hospital. The approach allows the victim to access essential health services. However, it is still inaccessible for survivors in rural areas as the services are limited to four hospitals of Kathmandu.

Likewise, the Procedure for Expansion of Intensive Treatment Services for Burns (2024) addresses the necessity to operate intensive care services for burns in at least one federal/provincial hospital in each province. The procedure aims to provide emergency and immediate treatment, ICU treatment management and reconstructive surgeries of burn injuries. However, free treatment service is limited to indigent burn victims contingent upon receiving recommendation. Designated hospitals under this procedure include B.P. Koirala Institute of Health Sciences Dharan, Narayani Hospital in Birgunj, Bir Hospital in Kathmandu, Pokhara Institute of Health Sciences, Bheri Hospital in Nepalgunj, Surkhet Provincial Hospital, Seti Provincial Hospital in Dhangadhi, Kirtipur Hospital in Kirtipur where Bir Hospital and Kirtipur Burn Hospital are located as central hospitals. However, not all of these hospitals are equipped with burn infrastructure and trained resources, limiting their delivery of quality burn care facilities to burn survivors. In addition to that, the both procedures still miss out on long-term physical rehabilitation, psychological counseling, and social reintegration which are crucial parts of a comprehensive recovery of burn survivors.

Unregulated Cosmetic Procedures

Scar is a reminder of a painful journey and reconciling to the present self is always difficult. A survivor will look into the mirror and never see themselves as they did before. This ongoing battle with their self- esteem and societal beauty standards can leave survivors feeling vulnerable, often leading them to seek cosmetic surgery as a solution. However, in Nepal, apart from plastic surgeries, many cosmetic surgeries and non-surgical aesthetic treatments are unregulated, lacking proper oversight and accountability. Without robust laws and ethical frameworks, there is no assurance that the treatments provided are safe, effective, or performed by qualified professionals, leaving them with a potential of significant risk.

Lack of Fire Safety Practices and Protocols

In recent months, Nepal has witnessed incidents that highlight the serious shortcomings in fire safety in public spaces. The Kathmandu Post (2025) reports that in February 6, 2025 a gas cylinder exploded in Shandar Momo, Kamalpokhari where 11 male workers working in the same shop were injured, out of which, two individuals passed away. Similarly, a grand celebration of Pokhara Visit Year 2025 turned into a terrifying event when a hydrogen- filled balloon explosion left the Deputy Prime Minister and Pokhara Metropolitan City Mayor injured. These incidents underscore a critical failure to ensure proper safety protocols, and negligence in adhering to fire safety and emergency preparedness measures. Business owners or service providers are driven by cost-cutting measures and government agencies prioritize revenue collection over safety standards, contributing to heightened risk of fire and safety hazards. As a result, roadside eateries, restaurants, party palaces, and public event spaces continue to operate

without adequate safety provisions, leaving workers and the general public vulnerable to potential hazards of fire.

Updated Burn Data

Despite the severity and frequency of such injuries, accurate and up-to-date national data remains unavailable. The Nepalese government in the year 2008 estimated that there were 2100 deaths due to burn related injuries in Nepal. However, in the Annual Report of 2018/19 of the Ministry of Health and Population (2019) 55,090 burn patients visited different health centers of Nepal. Data after the following year aren't available which highlights the failure on part of the Department of Health Services' Health Management Information System (HMIS) to maintain a national burn registry. Without comprehensive data, it is difficult to draw a clear picture of the number of burn patients in Nepal. This data gap significantly hampers efforts to monitor trends, develop evidence-based planning and implement effective prevention strategies.

Health Rights of Burn Survivors in Nepal

The guarantees and articulation of human rights to health care are acknowledged in several human rights laws and instruments. The United Nations Committee on Economic, Social and Cultural Rights (2000), General Comment No. 14 elaborated that health is both a human right in itself and an essential means for the realization of others human rights. Article 25 of the Universal Declaration of Human Rights (UDHR) 1948 addresses health as part of the right to an adequate standard of living. Similarly, the right to health was recognized as a human right in Article 12 of the International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR) which mentions that the state parties to the covenant recognize the right of everyone to the enjoyment of the highest attainable physical and mental health. Similarly, Office of the United Nations High Commissioner for Human Rights and World Health Organization (2008) emphasize the following key aspects of right to health:

- The right to health is an inclusive right of safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information, and gender equality.
- Health services, goods and facilities must be provided to all without any discrimination.
- All services, goods and facilities must be available, accessible, acceptable and of good quality.

Adding on to the international developments, the Declaration of Alma-Ata (1978) expresses the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. Article VII (2) of the Alma-Ata Declaration affirms the crucial role of primary health care and addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. Likewise, the Article V of the same document stresses that access to primary health care is the key to attaining a level of health that will permit all individuals to lead a socially and economically productive life. Despite the international guarantee the issue is on how the right to health is implemented and enforced in the municipal legal system.

Nepal became a member of the United Nations in the year 1955 and has committed to upholding human rights as outlined in the UDHR. Similarly in the year 1991 Nepal ratified the ICESCR treaty obliging the state to respect, protect and fulfill the economic, social and cultural rights addressed in the treaty. With the intention to safeguard the health of the people, Article 35 of the Constitution of Nepal guarantees the right to health as a fundamental right. The rights relating to health includes the following:

- Every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services.
- Every person shall have the right to get information about his or her medical treatment.
- Every citizen shall have equal access to health services.
- Every citizen shall have the right of access to clean drinking water and sanitation

Responsibilities under right to health are divided between the federal, provincial, and local governments. Article 51(h) (5) and (6) of the Constitution of Nepal 2015 also includes provisions to enhance investment necessary in the public health sector by the State in order to make the citizens healthy and to ensure easy, convenient and equal access to quality health services.

The Public Health Service Act, 2075 (2018) was enacted for implementing the right to get free basic health service and emergency health service guaranteed by the Constitution of Nepal and establishing access of the citizens to health service by making it regular, effective, qualitative and easily available.

Based on the Constitution, the policies and programs of the Government of Nepal, and the international commitments made by Nepal at different times the National Health Policy 2019 has been formulated to develop and expand health systems for all citizens in the federal

structure based on social justice and good governance and ensure access to and utilization of quality health services. The objective is to create opportunities for all citizens to use their constitutional rights to health, strengthen the social health protection system, promote multi-sectoral partnership and collaboration, encourage community involvement and transform service-oriented the health sector.

The Supreme Court of Nepal in the case of Advocate Madhav Basnet v Council of Ministers (2018) the concern of failure of health institutions and private hospitals to fulfill minimum legal standards for health services and infrastructure. Similarly, in the case of Adv. Dal Bahadur Dhami v Prime Ministers (16 November 2017) ruled that the State has to monitor and regulate different institutions providing health services in order to implement the fundamental right to health. The health institutions should be well equipped with necessary infrastructure for such important services relating to health. Similarly in the case of Advocate Dal Bahadur Dhami v Prime Minister in the case of violation of right to health of children the court described the constitutional right to health as a basic right and affirmed that certain health related obligations were those of immediate effect as "minimum core obligations". While implementing the core obligation the State has to take necessary measures to ensure these rights immediately wherein the economic condition and the availability of resources of the State becomes irrelevant.

The Ministry of Health and Population endorsed the procedures for treatment of Acid-Attack Victims 2021 where it has enlisted dedicated hospitals such as Tribhuvan University Teaching Hospital Kathmandu, Bir Hospital, Patan Hospital, and Kirtipur Hospital for life-long free treatment and bi-annual medicine every six months for all acid attack survivor in Nepal. Despite the procedure, in recent times acid survivors have been charged for the post-burn treatment and medicine. In an effort to address broader burn-related issues, the Ministry of Health has introduced the Procedure for Expansion of Intensive Treatment Services for Burns 2024 aiming to provide free treatment to indigent burn victims contingent upon receiving recommendation. For which the Ministry of Health in 2024 allocated 10 million (1 crore) to ten designated hospitals. Given the expensive treatment and multiple surgeries in case of burn, the allocated amount fell short. As a result of this inadequate funding, survivors are forced to pay hefty amounts.

Despite these constitutional provisions and policy-level protections, the lived experiences of burn survivors in Nepal reveal a disconnect between legal promises and on-ground realities. Burn injuries require first aid and immediate treatment, which is untreated in primary health centers of Nepal due to the lack of trained personnel, equipment, and infrastructure. Patients from rural areas are forced to travel long distances to access hospitals, often resulting in delayed treatment, complications, and in some cases, preventable deaths. Inadequate health financing

and insurance coverage are other challenges in ensuring access to quality health care. These challenges directly contravene Nepal's international and constitutional obligations to ensure accessible and quality healthcare for all. Nepal cannot justify the lack of resources for the failure to respect its obligations. Likewise, under the ICESCR, Nepal must provide for healthcare facilities, goods and services of sufficient quality that are available, accessible, and acceptable to all persons under its jurisdiction, irrespective of citizenship or immigration status and wherever they may reside.

Apart from immediate treatment, burn survivors in Nepal struggle for post-burn rehabilitation, psychological counselling and social integration, which are crucial components for recovery. Integration of these components is important for the access to the highest attainable standard of physical and mental well-being, as recognized in international human rights instruments. Thus, to ensure rights relating to health Nepal must ensure availability, accessibility, acceptability of holistic health services.

Moreover, structural determinants such as unsafe living conditions, lack of occupational safety, limited public awareness, and domestic violence heighten burn risks, particularly among marginalized populations including women, children, informal workers, and people in poverty. Hence, to ensure survivors' right to health, it is imperative for Nepal to strive equally for the right to adequate nutrition and housing, healthy working and environmental conditions, health-related education and information, and gender equality.

Conclusion

Burn extends beyond the physical wound and cuts open the deeper issue of poverty, systematic inequality, weak institutions, poor infrastructure and social injustice. The issue of burn ties both public health and human rights. Burn survivors in Nepal not only endure excruciating physical pain and mental adversities, but also face institutional neglect, social exclusion, and systemic injustice due to the existing discriminatory social practices, inadequate access to health services, and insufficient legal protections. These survivors deserve the right to equality, dignity, health and justice. With the strengthening of primary burn care management, non-discriminatory legal provisions, and attitudinal change Nepal can significantly assist burn survivors to live a just and dignified life. Alongside reducing the number of burn patients, it is essential to provide support and create a conducive environment for survivors to rebuild their lives.

Recommendations

Burn incidence can be reduced through preventive strategies. Edelman (2008) pointed out that The United States witnessed a decline in burn incidence after attributing it to prevention strategies, such as safe sleepwear, proper use of smoke alarms, and more stringent building codes. Proven interventions such as smoke detectors, regulation of hot water heater temperature and flame-retardant children's sleepwear, has reduced mortality rates from burns. Thus, the government of Nepal must adopt similar preventive strategies.

Burn accidents take place due to failure to prevent them. An active awareness program on prevention and immediate after burn care must be initiated with collaboration with local government, schools and civil society organizations to inform people of the safety precautions and measures to avoid getting burned.

Human rights to health are outlined under international and regional human rights. Nepal has the duty to respect, protect, fulfill and even remedy the right to health. There remains work on legal fonts in order to fully guarantee the right to health because there exists a difference in punishment and treatment of acid attack and burn violence survivors. Understanding the similarity of the issue, it is crucial to enact a comprehensive legislation incorporating the same provisions for acid attack, burn violence and other fire related violence to ensure equal protection and non- discrimination. A uniform framework for prosecution, separate fast-track court, free medical care, compensation, and rehabilitation must be devised.

The right to health must be upheld by ensuring that survivors receive appropriate medical treatment, with guaranteed access to essential healthcare services, medicines, and health-related resources. Likewise comprehensive training for healthcare workers, active participation of private hospitals, and the provision of accessible, high-quality medical care for all affected individuals is required.

Mental health assessment and review should be consistently integrated in burn care. Psychological visits are necessary from early hospitalization until clinic follow ups to review the psychological status of the survivors especially when they return to society.

The crucial role of primary health services can't be neglected in burn care management. These primary health service providers and front-line health workers must be trained in primary burn care management. This in a way will equip them to respond to the specific needs of survivors, document the details and assist survivors to seek both treatment and justice.

To address the issue of forest fires and wildfire monitoring system technologies must be used to track hazard zones, vulnerable areas, accessibility, affected settlements, mitigation options and future predictions to support disaster preparedness. Beyond fire engines the government should prioritize fire safety measures and explore alternative strategies such as community-based fire response systems, mandatory fire safety audits in buildings, the installation of fire alarms and extinguishers in both residential and commercial premises.

The local government is the closest authority and can respond promptly to disasters. The Local Disaster Management Committee should take several proactive steps to enhance disaster preparedness and response. Adequate and dedicated funds are required for the maintenance of fire engines and fire safety equipment to ensure sustainability and operational readiness.

Realizing the absence of a national burn registry in Nepal it is recommended to develop a centralized digital platform to record burn cases reported across government and private hospitals. The data must be standardized as it helps in navigating the effectiveness of intervention programs, ensuring accountability, improving survivor care, and shaping equitable public health responses.

It is recommended to the National Electricity Authority for an immediate nationwide safety audit of electric poles, transmission lines, and transformers, prioritizing high-density urban areas and known accident zones.

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