

## **Role of Facility Based Newborn Care (FBNC) in Reducing IMR at Jammu and Kashmir**

### **Introduction**

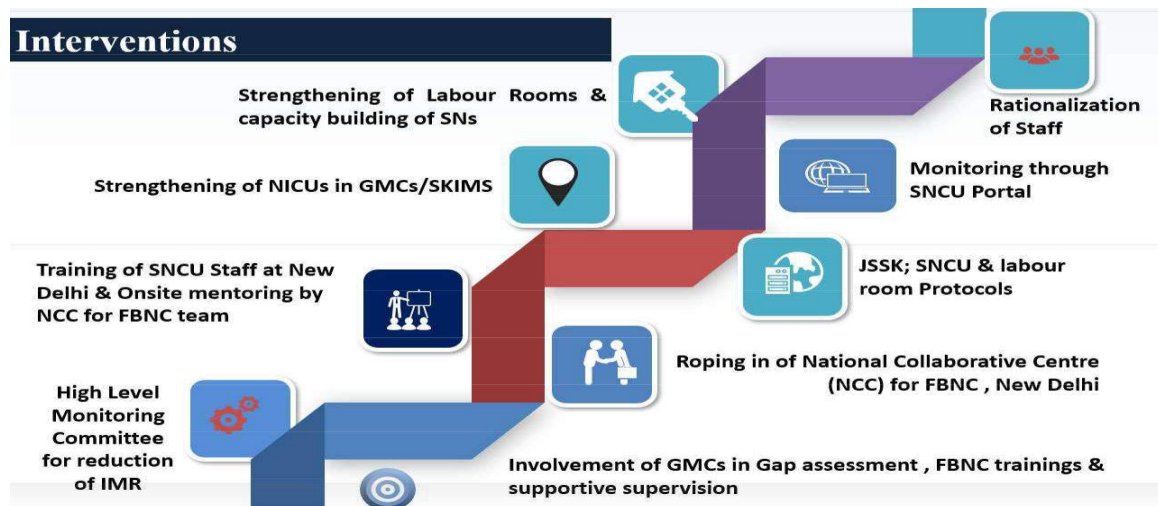
Due to the lack of infrastructure for FBNC's at secondary and primary health institutions, infant mortality was very high in Jammu and Kashmir. In addition to this, the steep terrain at J&K also makes the situation worse while transporting sick infants to tertiary care institutions located in cities. This initiative created high-quality Special New-born Care Units (SNCU) at the district level and reduced the J&K's IMR from 51 in 2007 to just 26 in 2015.

### **Key Stakeholders**

- Ministry of Health and Family Welfare  
Government of J&K
- State Health Societies  
Government Medical Colleges  
Kalawati Saran Children Hospital, New Delhi  
National Collaborative Centre for FBNC, New Delhi

### **Implementation of the practice**

- A gap assessment was conducted by the State Health Society and Government Medical Colleges to identify the gaps in the functioning of SNCUs, labour rooms & OTs in District Hospitals, and CHCs.
- 160 Medical Officers & Staff Nurses working in SNCUs at District Hospitals & NICUs in Govt. Medical Colleges were trained in Facility-Based New-born Care program for capacity building in managing sick neonates.
- 4 days training had been conducted by faculty from NCC for FBNC, New Delhi in different Government Medical Colleges of State followed by 14 days observership at Kalawati Saran Children Hospital, New Delhi.
- Labour rooms were also strengthened by providing infrastructure as per the MNH tool kit and special 21-day training for the staff deployed in the labour rooms.
- The National Collaborative Centre for FBNC, New Delhi, made regular visits for onsite mentoring and supportive supervision to improve new-born care in J&K.
- As per FBNC guidelines, protocol posters were prepared by State Health Society J&K and provided to all the Special New-born Care Units of the State.
- The state also used SNCU online portal of MoHFW to monitor the functionality of SNCUs & NICUs daily for improving accountability. Funds were also utilized on strengthening the tertiary care institution.



### Results of the practice

- By adopting the practice, the functioning of SNCUs and labour rooms at the district level had improved significantly, leading to a drastic decrease in the IMR, NMR, and ENMR with a record 8-point decrease of IMR in one year from 34 to 26 (SRS 2015).
- The referral of sick infants from peripheral health institutions to district hospitals had increased, and referral to tertiary care institutions had significantly decreased.

### Lessons Learnt

Along with the infrastructural and skill enhancement, this initiative had frequent monitoring and accountability checks. Firm administrative actions were also required to get good results.

### Conclusion

The initiative proved that with proper guidelines and administration, it is possible to provide quality health care services at all geographical areas, including difficult terrain. With continued efforts, mentoring and supportive supervision of FBNC Units, this initiative aims to achieve SDGs as well.

### Further reading

- <https://cdn.s3waas.gov.in/s384f7e69969dea92a925508f7c1f9579a/uploads/2020/06/2020062434.pdf>
- <https://cdn.s3waas.gov.in/s384f7e69969dea92a925508f7c1f9579a/uploads/2020/06/2020062434.pdf>