Nine steps to success in Burkina Faso

The Neonatal Essential Survival Technology (NEST) program

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• Founded in 1967 by the Order of St. Camillus (Camillian Fathers)

• Neonatal unit opened in 1974

• The situation and gaps in 2014
  o Lack of space and increasing number of admissions
  o Limited presence of qualified staff (1 head nurse + 5 nurses and 16 nursing assistants/ancillaries and no medical staff – day time cover if required from trainees on paediatric ward)
  o Lack of adequate technologies
  o High number of outborn babies (2014: 86% outborn of 1900 admissions)
  o High neonatal mortality (2014: 43% neonatal mortality rate, 67% VLBW mortality)
  o Collaboration with external associations and experts but not coordinated

• Need of a more structured approach to improve the care for neonates
 CHAPTER 3. Deliver the care they are entitled to

HOSCO and NEST partnership – 2014 onwards

Assessment of the needs
Evaluate needs of hospital in terms of neonatal care, in particular for sick and low birth weight newborns

Monitoring
Implement a system of data recording and management (statistics, medical records, etc.)

Network and collaboration
Create a network with other hospitals and birth centres

Guidelines and protocols
Develop a set of protocols, manuals and guidelines for the local hospitals

Empowerment and recognition
Empower parents and families
Value the role of the neonatal nurse

Layout and organization
Set up the best possible neonatal unit in a hospital with limited resources

Set of basic products
Identify essential drugs and basic equipment for neonatal care, in terms of simplicity, adaptability, costs and maintenance

Training on the job
Increase competencies of local staff already in neonatal units, through bedside training

Master programme in neonatology
Train dedicated and specialized nurses and doctors

With the support, coordination and management by the **Chiesi Foundation**

SURVIVE and THRIVE: Transforming care for every small and sick newborn  
#EveryNewborn  
#EveryChildAlive
HOSCO – assessment of needs in 2016-2018

- Buildings and facilities
- People – staff, mothers and families
- Equipment and drugs
- Networking and Collaboration
- Involvement of higher-level institutions within Burkina Faso

Examples of tools adopted for the assessments

WHO Model List of Essential Medicines for Children

Hospital care for mothers and newborn babies: quality assessment and improvement tool

A systematic standard based participatory approach
5th List
The new neonatal care unit - April 2017

- **Additional space and new organisation of the rooms** according to severity (intensive, semi-intensive, pre-discharge)

- **Room dedicated to mothers for breastfeeding**

- **Gradually introduction of new technologies** (jaundice, CPAP), oxygen (each cot with medical gases) and hygiene devices

- **New organizational model for the staff** to guarantee team working, coordination and presence

- **Yearly training program** developed by the staff, with the support of external experts
CHAPTER 3. Deliver the care they are entitled to

New unit dedicated to KMC, mothers and families

- 2017 - dedicated KMC room
- 2018 - dedicated staff to KMC room
- 2019 – mothers access to the neonatal care unit
CHAPTER 3. Deliver the care they are entitled to

Technology and training

EQUIPMENT
- List of appropriate neonatal care equipment
  - Proved efficacy
  - Low need for maintenance
  - User friendliness
  - Low cost
  - Adaptability to local conditions
- Plan to gradually introduce new equipment
- Development of a training package to ensure safe use and maintenance for each device

TRAINING
- Simple and practical training materials developed with specific attention to the role of the neonatal nurse
- “Train the trainers” approach
- Involvement of a team of external experts on the basis of an yearly training program
- Frontal and bedside trainings
- Referring hospitals and birth centers now sending staff for training
CHAPTER 3. Deliver the care they are entitled to

Preconditions for the success and sustainability of the plan

Financial sustainability
- Support to complete other hospitals departments (e.g. Imagerie) that can contribute to sustain the costs of the neonatal care unit
- Efficiency and savings (e.g. solar panels on the neonatal care unit)

Skilled and reinforced staff and empowerment of mothers and families
- Nurses: in 2019 ↑2 per shift (14 total) +24 nursing aids (3-4 per shift)
- Doctors: from 1 general practitioner to 2 general practitioner and 1 paediatric specialist
- Mothers and Families: KMC fully implemented and in 2019 – mothers and families access to the unit

Collaboration
- With international organisations and experts
- With the other hospitals and birth centres (Perinatal Network)
- With institutions
Next steps

• Strengthen the data collection system to better understand the causes of mortality and deliver specific quality improvement interventions

• Establish a functional Perinatal Network in Ouagadougou

• Expand the training program at HOSCO and for the Perinatal Network

• Reinforce the engagement of the institutions
  o Ministry of Health
  o Société Burkinabe de Pédiatrie (SOBUPED)

• Promote a formal neonatal nurse qualification (Master)