

Nine steps to success in Burkina Faso

The Neonatal Essential Survival Technology (NEST) program

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Neonatal Essential Survival Technology

Chiesi

FOUNDATION

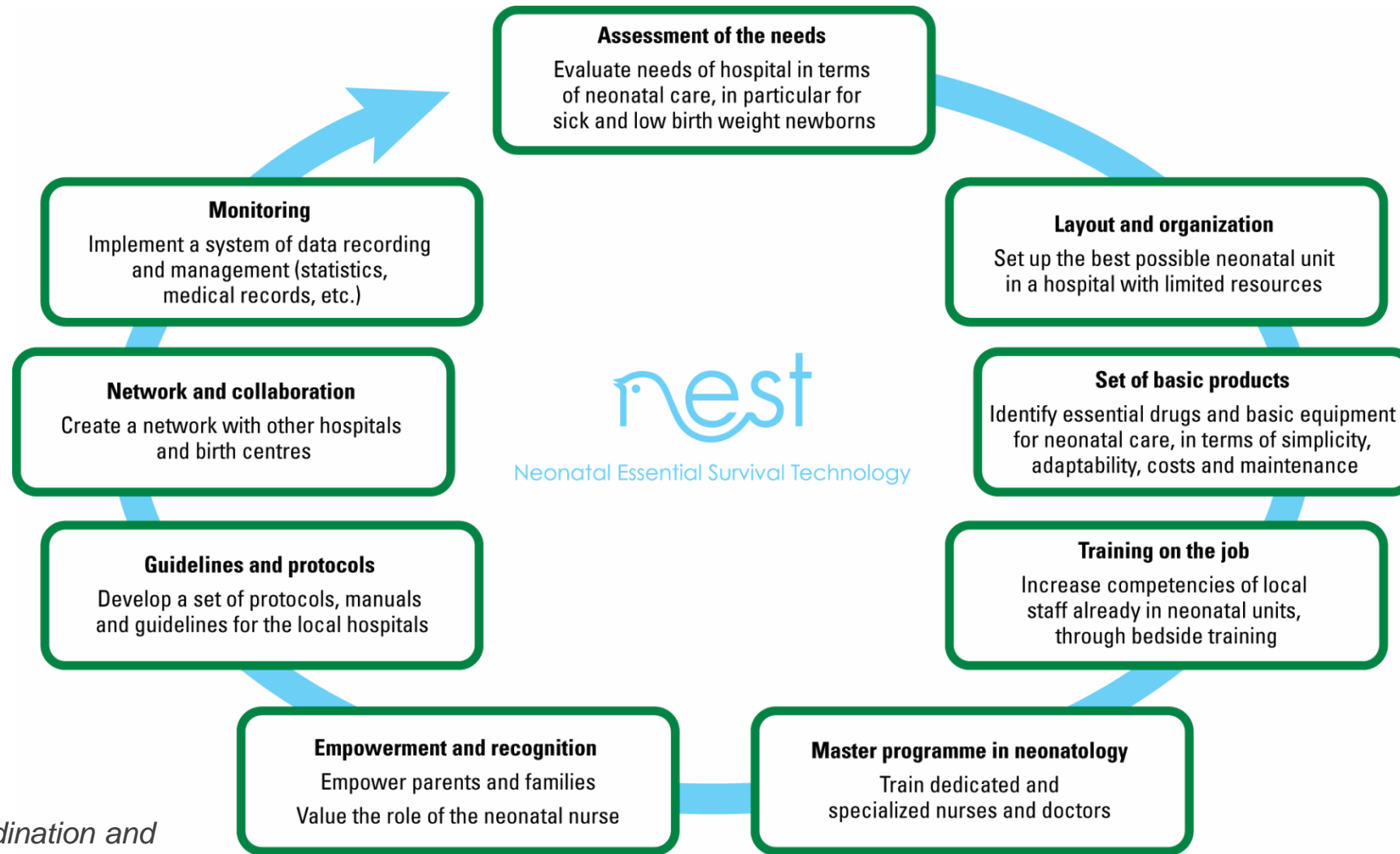
Saint Camille Hospital, Ouagadougou (HOSCO)

- Founded in 1967 by the Order of St. Camillus (Camillian Fathers)
- Neonatal unit opened in 1974
- The situation and gaps in 2014
 - **Lack of space** and increasing number of admissions
 - **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)
 - **Lack of adequate technologies**
 - **High number of outborn babies** (2014:86% outborn of 1900 admissions)
 - **High neonatal mortality** (2014: 43% neonatal mortality rate, 67% VLBW mortality)
 - Collaboration with external associations and experts but not coordinated
- Need of a **more structured approach to improve the care for neonates**





HOSCO and NEST partnership – 2014 onwards



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

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*



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

A systematic standard based participatory approach

Second Edition (2014)

**WHO Model List of
Essential Medicines for
Children**

5th List
(April 2015)

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



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



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

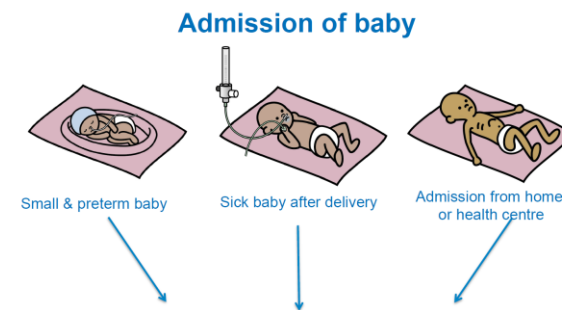
- Simple and practical training materials developed with specific attention to the role of the neonatal nurse
- “Train the trainers” approach
- Involvement of a team of external experts on the basis of an yearly training program
- Frontal and bedside trainings
- Referring hospitals and birth centers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



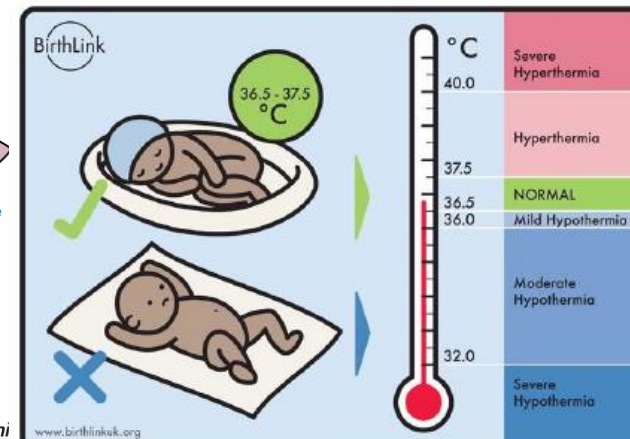
Essential Care

An Overview of Fundamental principles
of neonatal care

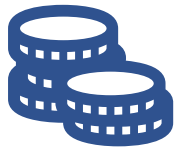
Warm, Sweet, Pink & Safe



They all need the same essential, basic care
Warm, Sweet, Pink & Safe



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**
 - Ministry of Health
 - Société Burkinabe de Pédiatrie (SOBUPED)
- Promote a **formal neonatal nurse qualification (Master)**