Nine steps to success in Burkina Faso

The Neonatal Essential Survival Technology (NEST) program

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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 HOSCO

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

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Neonatal Essential Survival Technology

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

Empowerment and recognition

Empower parents and families

Value the role of the neonatal nurse

Master programme in neonatology

Train dedicated and specialized nurses and doctors

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

WHO Model List of Essential Medicines for Children

A systematic standard based participatory approach

Second Edition (2014)

5th List (April 2015)





The new neonatal care unit - April 2017

- Additional space and new organisation of the rooms according to severity (intensive, semiintensive, 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



2019 - mothers access to the neonatal care unit

2017 - dedicated KMC room

2018 - dedicated staff to KMC room

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





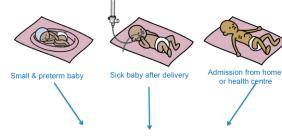


Essential Care

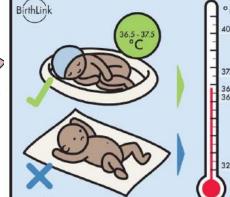
An Overview of Fundamental principles of neonatal care

Warm, Sweet, Pink & Safe

Admission of baby



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



Mild Hypothermic

Warm,

SURVIVE and THRIVE: Transforming care for every small and



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)