

In 2016, we applied the well known methodology of Theory of Change to the NEST Project, in order to further focus and complete the description of the essential elements and specific activities needed for accomplishing the mission of the project itself and achieving the full design of the Model of Neonatal Care Unit (NCU) that we intend to propose and implement in limited resources contexts.

IMPATTO

The NEST project seeks to reduce neonatal mortality (0-28 days), in particular of sick, premature or low birth weight babies (LBW) in Burkina Faso, Benin, Burundi and other Sub-Saharan African countries.

OUTCOME 1

Existence of Neonatal Care Units (NCUs) endowed with appropriate equipment, medicines and dedicated and competent staff.

NCUs are able to receive and manage neonatal emergencies and to provide adequate care to all newborns who need it.

OUTCOME 2

Referred babies (infants who were born outside the hospital, at home or in birth centres) arrive at the NCUs' admission in less critical conditions.

OUTCOME 3

Families are engaged in the care of the baby, they are trained and motivated and positively contribute to the newborn's care.

OUTCOME 4

During follow up visits babies' conditions are good.

OUTPUT 1.1

A proven, effective and sustainable model of NCU is available for essential newborn care

which has been implemented in at least 1 hospital in the area of intervention

Output 1.1.1

NCUs are economically sustainable

Output 1.1.2

The length of stay in hospital is adequate

OUTPUT 2.1

There is a communication network between the birth centers and the NCUs

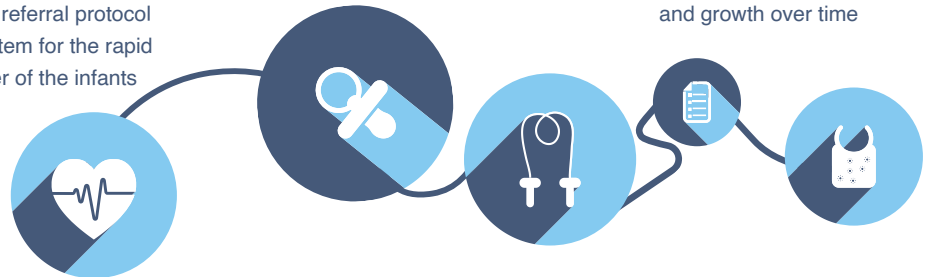
and an adequate referral protocol and transport system for the rapid and safe transfer of the infants

OUTPUT 3.1

Families receive adequate information and psychological support during the admission to the NCU

OUTPUT 4.1

IFollow-up visits follow standard procedures and are planned after discharge in order to monitor baby's health condition and growth over time



OUTPUT 1.2

In the NCUs, healthcare providers are dedicated to newborn care, trained and motivated and effective treatment protocols are implemented.

Output 1.2.1

In the NCU there is a good work organization and a clear division of roles and responsibilities

OUTPUT 2.2

In the birth centers of the network there are healthcare providers able to stabilize newborns and to ensure a prompt referral of the babies at the NCUs

OUTPUT 3.2

The mothers and other family members practice the method of Kangaroo Mother Care

OUTPUT 4.2

Families are trained in post-discharge care and they carry out prescriptions at home



OUTPUT 1.3

The Neonatal Nurse is recognized as a professional figure at national level

OUTPUT 2.3

Parents know where to bring their babies and succeed in transferring them to the NCUs quickly and safely, if necessary

OUTPUT 4.3

Breastfeeding is the nutritional behavior of choice in most cases presented at the first follow-up visit and it is promoted by the practice of Kangaroo Mother Care