

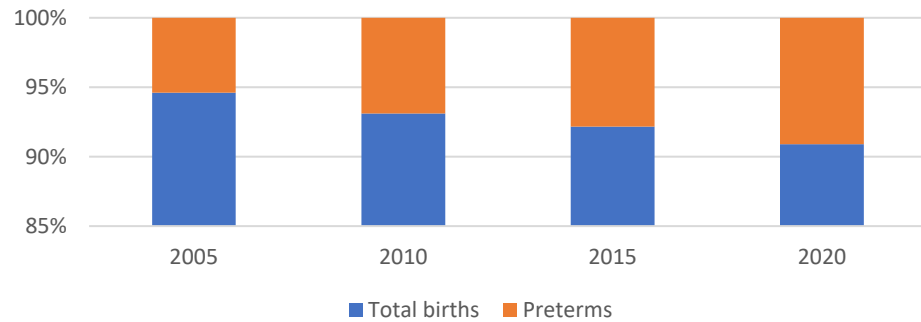


# Activity plan 2022



Average n° of preterm births is growing:

Average n° of 2015 preterm births in Belgium: **+10500** (statbel)



There are 3 categories of preterm (WHO classification):

- 32 - 37 weeks of gestation (late preterm)
- 28 - 32 weeks of gestation (very preterm)
- Less than 26 weeks of gestation (extremely preterm)

No specific medical condition = no need of intensive care after 36/37 weeks of gestation

\*2021 shows a significant decrease of late preterms probably due to confinement.

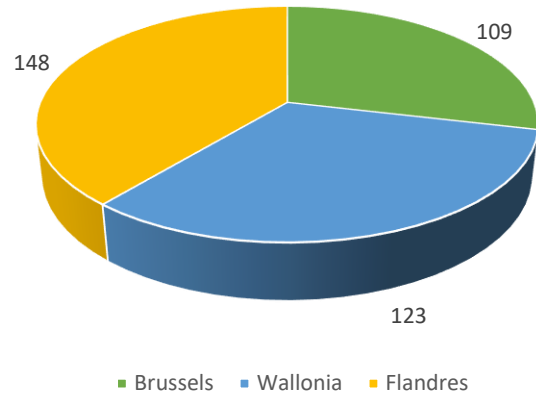


*Increasing n° of preterm births in Belgium.  
10.500<sub>(avg)</sub> /year*

The Belgian healthcare system has approximately:

- 380 beds intensive neonatal care
- 19 hospitals

Spread per region



*Neonatal intensive care in Belgium: 380 beds*

Neonatal intensive care units are extremely disruptive for families. Desperate to see their little baby fighting to survive they also face:

- Fear of an unexpected situation and difficult prognosis
- Anguish of continuous uncertainty
- Inability to influence the outcome
- Lack of answers of (helpful but understaffed) medical workers
- Noise of the numerous monitoring equipment (alarms)
- Stress of a constant state of emergency
- Hectic with medical staff running around the clock
- Exhaustion with little space or time to take a breath/rest



*Intensive neonatal care units:  
when a dream becomes a nightmare for families.*

With the understanding of the vital role of the parents in preterm treatment and wellbeing of the baby, most neonatal intensive care units try to create more space for parents to be with their baby around the clock. Kangourou & Koala units are emerging but medical insurance rarely covers these costs.

Dedication of the staff to care for the preterm babies is extraordinary but they have little time or training to care for the parents.

And if the medical care for the preterm babies is getting more sophisticated and more performant, the parents are mostly left behind with their fears, anguish and exhaustion.



*Intensive neonatal care units:  
Babies come first.*

Except in specific situations preterm births mostly happen unexpectedly and unprepared.

Where (what hospital) will my baby be taken to?

How do we get there and is the ward open for us?

Can we stay along our preterm around the clock?

Can I touch my baby?

Can family members come and visit?

Where will we stay for the coming weeks or months?

Who is going to take care of syblings.

Do I need clothes and where do I find such small clothes?

How about feeding the preterm baby?

What are the risks for our baby?

...



*Intensive neonatal care units: so many questions.  
So little answers*

*Increasing share of preterm births in Belgium.  
When dreams become nightmares.  
Insufficient attention for parents despair.  
So many questions. So little answers.  
Too little time and means to offer help.*

*For all the above and much more...*

noah's ark belgium



## *Objectives*

*Offer a listening ear and support to preterm parents in despair.*

*Create a community of preterm parents.*

*Support medical research on preterm diseases.*

*Lobby to get more attention for preterm parents.*





There are as many different questions and situations as there are preterm babies. That is why as Noah's Ark volunteers

We listen to the parents to identify their first and major needs.

We listen to the parents to ease their fears and uncertainties.

We help parents to understand hospital processes (non medical)

We connect parents with existing support in the hospital or outside.

We facilitate discussions with social services.

We steer parents to professional support if needed/asked.

We listen, listen, listen to make the burden more acceptable.



*First help for parents will be just a call away!*



Every neonatal intensive care unit is different.

Noah's Ark develops taylor made support.

Step 1: Identify and map the way of working of every unit/hospital

Step 2: Identify what fields of help we can offer without interfering

Step 3: Agree on a list of fields where Noah's Ark will intervene.

Step 4: Develop a local protocol of collaboration.

Step 5: Source and appoint local volunteers (less than 20kms)

Step 6: Agree on and develop a local communication program.

Step 7: Monthly report and consultation with local head of staff

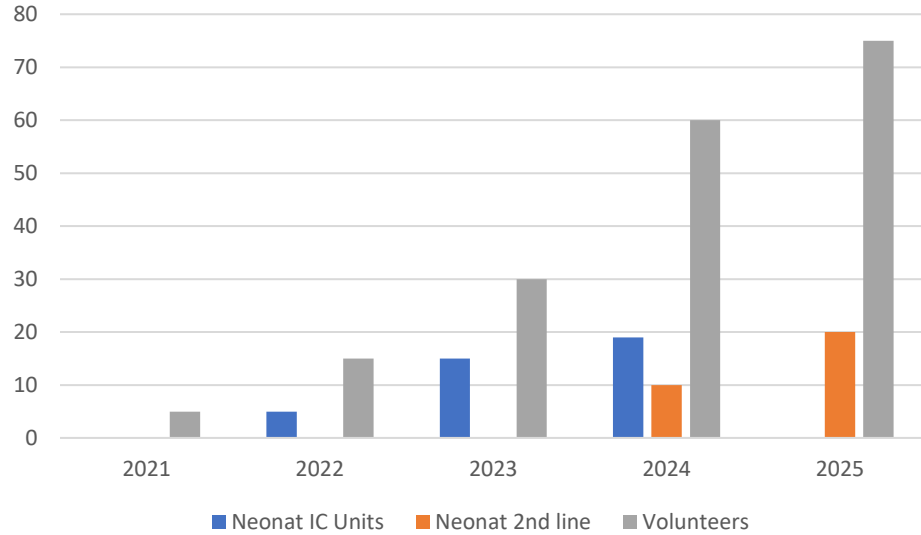
Step 8: Continuous improvement of adapted services



*Prepared to provide adapted help!*



## Global planning



Volunteers: Listeners, tel. Permanents, Social Workers, Psychologists, Coaches

Partner professionals: Psychologists, Physiotherapists, Psycho-Energetic therapists

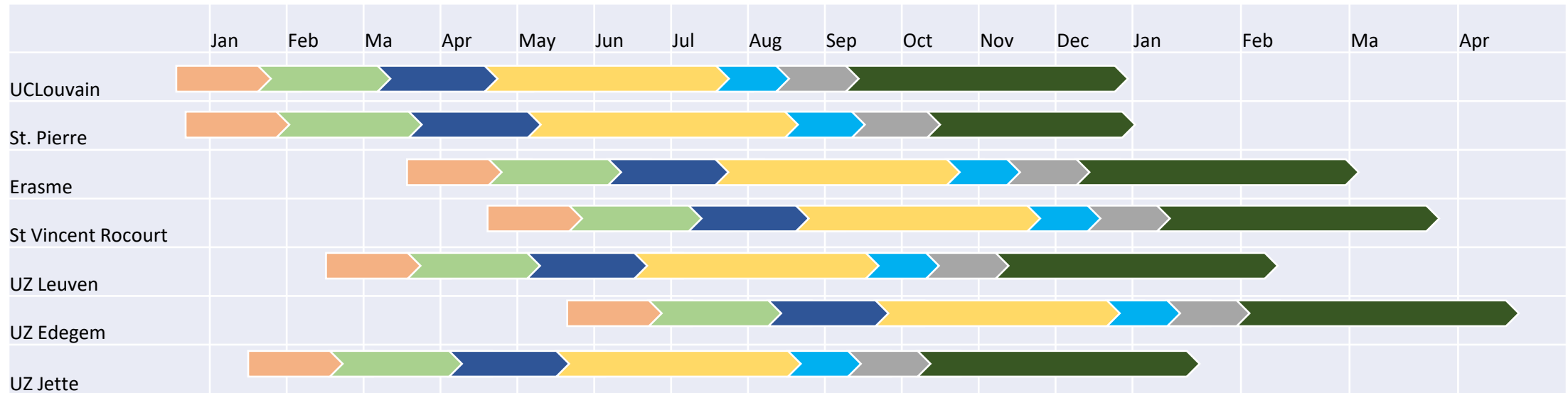
Partner associations: Paernrts Desenfantés, Au delà des étoiles, Néonid...tbd



*Setting up the network!*



## 2022 Development plan



Map the way of working - Fields of collaboration - Agreement to collaborate - Protocol development - Appoint volunteers -  
Communication program - Go Live & Monthly consultation

*Gradual development over Belgium!*



Annual budget prognosis for network operations (euros)

Revenues (events, activities, raffles, art auctions...)		15000
Sponsoring		10000
Donations	as from	5000
<b>TOTAL REVENUE</b>	<b>as from</b>	<b>30000</b>
Communication material (printed)		7500
Telecommunication (website, e-marketing)		3000
Community management (social networks)		2000
Office supplies		500
Office/meeting rooms rental/maintenance		4000
Training & coaching volunteers		2500
Pampering volunteers		3750
Travel costs (mileage, restauration)		1000
Others		500
<b>TOTAL COSTS</b>		<b>24750</b>
<b>NET RESULT TO BE ACCRUED OR TO SPONSOR RESEARCH PROJECTS</b>	<b>as from</b>	<b>5250</b>



*Financed to provide adapted help!*

