

Preface

Give Milk Stop Aids was established in May 2004 in Cameroon, West Africa. In early 2004 we were working in the maternity and paediatric wards at the Apostolic Hospital Banga Bakundu. This hospital offers its patients a very minimal level of care. A greater contrast with the Western medical care system would be hard to imagine.

In addition to many other problems facing the country, there is an even larger one, namely aids. On a daily basis, young HIV positive children are brought to the hospital in a severe medical condition. An HIV positive child means one of the parents is also HIV positive. The illness brings financial burden, but in most cases the parents are unable to pay for medical care. In the course of our daily activities we were constantly confronted with the consequences of HIV and aids. It was alarming to see how many infants and children die as a result of this disease. The hospital makes an enormous effort but is mostly forced to stand back, unable to take action.

During the initial period spent in Cameroon, we were able to establish that the population knew little if nothing about HIV and aids, and subsequently had little knowledge about prevention of the disease and the necessary precautions needed to adapt to a certain lifestyle. By providing information and aid, not only can the number of new infections be reduced, but also the life of those infected with the HIV virus within a family can be improved. Furthermore, we noted that patients who seek hospital aid arrive in the advanced stages of the disease. With the aid provided by Give Milk Stop Aids, this situation has improved. Mothers and their children can receive regular medical check-ups and as such, medical assistance can be provided when early symptoms develop. This was one of the reasons to establish the Give Milk Stop Aids foundation.

To conclude: Give Milk Stop Aids was established in the belief that local, transparent projects can play a large role in reducing the spread of HIV. It focuses on the new generation by protecting (unborn) children. By giving formula feeding to HIV infected mothers who would otherwise breast-feed their children, Give Milk Stop Aids can reduce the risk of HIV infection to 15 percent. In addition, at each appointment, Give Milk Stop Aids provides information and both psychological and social support.

A child has a right to a future, not to aids.

With this slogan we set to work.

Caroline Hartdorff & Dieneke Schonenberg & Sarah Levitt

Give Milk Stop Aids Foundation – Annual Report 2004

Table of contents

1. Administration report	Page 3
- Development	
- HIV and aids	
- Objectives	
- Board of directors	
- Organization	
2. Activities	8
- Project	
- Cameroon	
- Research	
- Fundraising	
- Publicity	
- Activities 2004	
3. Plans	16
- 2005	
- 2006	
- 2007	
4. Contact information	17
5. Acknowledgements	18

1. Administration report

Development

The Give Milk Stop Aids foundation was established by two doctors and a psychologist, working as volunteers in the Apostolic Hospital Banga Bakundu.

On a daily basis, the founders were confronted with the consequences of the aids epidemic in Cameroon. There are possibilities available to provide help to the local population, especially to young families.

Give Milk Stop Aids believes that through offering financial, educational and psycho-social support, the spread of HIV can be reduced. This concerns the spread of the virus from mother to child as well as the spread of the disease in general.

For HIV-positive pregnant women, a special programme provides frequent support, information and most importantly, formula feeding in order to prevent newborn infants from being born HIV-positive.

The foundation intends to establish more projects in Cameroon. A condition for success is that these projects be small scale and transparent. For best results Give Milk Stop Aids will have to maintain intensive contact with each family. It is assumed that local inhabitants will be able to keep the project going, with the aid of the foundation based in the Netherlands and Canada.

HIV and aids

Many people around the world have fallen victim to HIV, the Human Immunodeficiency Virus, and the majority of these victims are from Africa. The aids epidemic rapidly spread from West Africa to America in the 1980s. In the western world, the epidemic has more or less reached controllable levels, however this is not the case in Africa. The HIV-virus weakens the immune system in the human so that they become ill from particular bacterial, viral and fungal infection that would not otherwise affect someone with sufficient immunity.

An infected, seropositive person can live with the virus for many years before showing symptoms of infection. Not only can an infected person pass the virus via unprotected sexual contact, blood contact, blood transfusions, infected injection needles but also from a mother to her (un) born child. In African countries, the risk of transferring the virus during pregnancy and the period around delivery lies between 25-40 percent. In western countries, this risk is less than 1 percent due to the anti-viral medication available and the possibility of bottle feeding instead of breastfeeding. The chance that a child becomes infected as a result of breastfeeding is 15 percent in African countries.

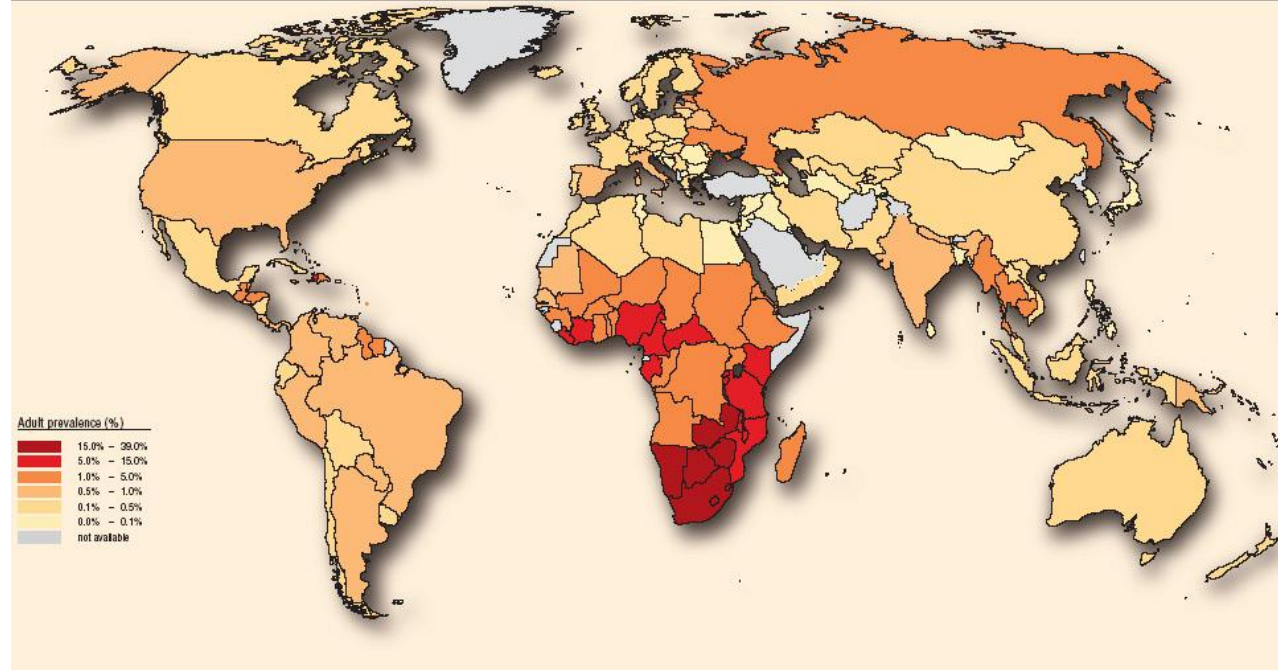
One speaks of aids (Acquired Immune Deficiency Syndrome) when a seropositive person becomes ill. Ultimately, the sufferer will die due to the illnesses that arise because of the decreased defence system and thus not of aids itself. At the moment there is no cure for HIV, only treatment to inhibit HIV viral replication. Furthermore, certain medications reduce the symptoms caused by aids. These are mainly obtainable in western countries and are mostly not available in Africa due to high prices.

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In 2003, 39 million people were infected with the HIV virus, of which almost 3 million were children. Consequently, over 1000 children die in Africa each day, in other words, every 3 minutes one child dies in Africa as a result of aids. The figures are much higher for the adult population. In Africa, women are generally infected during their fertile years (between the ages of 15 and 24). As a result a considerable percentage of pregnant women are HIV positive, and this in turn has serious consequences for their children.

Certain precautions are necessary to prevent the transmission of the HIV virus from mother to child during and after pregnancy. These precautions differ between developing and developed countries. However, with the use of simple methods, the risk can be reduced from 30-40 percent to 15 percent.

These precautions are directed to a specific approach during delivery and the period after delivery. The giving of formula feeding instead of breastfeeding is essential. The Give Milk Stop Aids foundation indicates the major financial constraints facing mothers in developing countries like Cameroon when formula feeding their children. Furthermore, it is alarming that the Cameroonian population lacks knowledge surrounding HIV and aids. Therefore, providing information is paramount to restricting the HIV epidemic.



HIV (% population) – Worldwide 2003

Objectives

The objectives of Give Milk Stop Aids are:

1. To reduce HIV transmission from mother to child from 30-40 percent to 15 percent
2. To restrict the HIV epidemic in Cameroon

These objectives can be achieved by:

Ad 1) Intensifying precautions before, during and after delivery

- Providing formula feeding and medicines
- Offering frequent medical check-up for mother and child
- Offering contraception
- Providing early medical care to the sick

Ad 2) Distributing educational material about HIV, aids, hygiene and health

- Holding meetings (also at home)
- Providing frequent contact with family members
- Ensuring optimal availability of the workers
- Offering contact with companions

The results of these objectives along with the percentage of HIV positive children are measurable after 12 till 18 months. The HIV tests performed are the so called fast tests. These are the only tests available in developing countries. The test cannot be performed until the infant is 18 months old because before this age the mothers' antibodies are still circulating in the child. Hence before this age, the child can still test positive for HIV even though he/she may not be infected.

In addition, the knowledge and accessibility of HIV in the surroundings will be evaluated. Measurable instruments for this evaluation include the number of women who discuss their HIV status with their husbands, families or friends and the amount of people who get tested for HIV (on their own initiative).

Board of directors

The founders and board members of the Give Milk Stop Aids foundation are:

- Chairman: Caroline Hartdorff
- Secretary: Dieneke Schonenberg



Dieneke Schonenberg



Caroline Hartdorff

Organization

Give Milk Stop Aids consists of two Dutch citizens, Caroline Hartdorff and Dieneke Schonenberg. They are both active as paediatric physicians in Onze Lieve Vrouwe Gasthuis in Amsterdam and het Groene Hart Ziekenhuis in Gouda respectively. The other member is a Canadian psychologist, Sarah Levitt. She works for local HIV/aids programs in Toronto.

Give Milk Stop Aids is located in the Apostolic Hospital Banga Bakundu in Cameroon, where Nurse J. Akabum coordinates the project. She receives her salary from money donated to the foundation. Dr. A. Bakia, a physician, oversees the project.

Furthermore, there is an almost continuous stream of students from the Netherlands to Cameroon. So far agreements concerning research have been made with the following institutions; (on a national level through IFMSA), HBO-V (Hogeschool van Amsterdam and Eindhoven) en SPH (social-pedagogic assistance) / CMV (cultural and social studies, Hogeschool van Amsterdam). Students carry out scientific research on the social and medical factors that play a role in the transmission of HIV in the relevant environment. Moreover, a supplementary communication strategy between the Netherlands and Cameroon has been guaranteed, and vice versa.

In the Netherlands, all activities are coordinated by Caroline Hartdorff and Dieneke Schonenberg. They take care of fundraising, administration, finances and planning of the activities. They are supported by experts in different fields (namely in the advisory, financial and marketing sectors), who offer their services free of charge.

Give Milk Stop Aids is registered as a foundation in the Netherlands at the Chamber of Commerce in Amsterdam (number 34210965).

2. Activities

Project aims

The activities performed by Give Milk Stop Aids in Cameroon aim to:

- Trace HIV-positive pregnant women
- Guarantee anti-viral medication (nevirapine) before delivery to the mother and after delivery to the infant (once)
- Guarantee special precautions during delivery (training of nurses and midwives)
- Provide psycho-social support before, during and after delivery to mothers and their family members
- Give information about HIV and aids to the whole family
- Provide a formula feeding service (and control hygiene measures) for two years
- Provide bottles, vitamins, medication and mosquito nets (prevention of malaria)
- Test the child for HIV at the ages of 15 and 18 months
- Provide informative meetings and individual advice about family planning, hygiene and health
- Follow-up the child and HIV positive mothers on a monthly basis

Until the child is two years old, both mother and child receive:

1. Monthly medical check-ups using standard questionnaires
2. Psycho-social support when dealing with the diagnosis and in the eventuality of hospital admission

The following pages highlight the basic care a pregnant woman receives in the Apostolic Hospital Banga Bakundu (column 1). The supplementary care Give Milk Stop Aids provides is included in columns 2 and 3.

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Flowchart Give Milk Stop Aids encounter with HIV-positive pregnant women and child

	Basic care by local hospital	Medical care by Give Milk Stop Aids	Psycho-social care by Give Milk Stop Aids
Maternity outpatient clinic (free) Pre-test counselling Post-test counselling	HIV test Result HIV test		Introduce Give Milk Stop Aids
First encounter Give Milk Stop Aids (Few days after test result)	Explain HIV and aids	Malaria prevention: mosquito nets	Introduce Give Milk Stop Aids by local nurse
Second encounter Give Milk Stop Aids (one week later)	Reactions of surroundings HIV test husband		Information on HIV and aids Supplementary information by local nurse
Third encounter (5 days around delivery)	Anti HIV medication (mother and child) Advise formula feeding Basic psychological support	Start multivitamins (mother) Prevent milk production Donate bottles	Intensive psycho-social support Education on formula feeding and hygiene
Fourth encounter Give Milk Stop Aids		Check preparation of bottle feeding Evaluate growth and nutrition of child Introduce and advice contraception Give formula feeding	Evaluate and discuss reactions
Fifth encounter Give Milk Stop Aids (Child is 4 weeks old)		Medical check up mother and child Start antibiotic prophylaxis child Start contraception advice Give formula feeding	Discuss the progress for the coming 24 months

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**Continuation
encounter
Give Milk Stop Aids**

Medical check up mother and child
Give formula feeding, medication and
multivitamins
Provide financial support during
admission
Give contraception to mother
Bi-monthly malaria treatments for
child
Half a year provision of mosquito nets

Psycho-social support around period of
diagnosis and during follow-up of health
for mother and child

**Encounter after 15
months**

HIV negative → stop antibiotics
Follow-up child until 2 years old

Intensive psycho-social support

HIV positive → continue antibiotics
(2nd HIV test ensues)

**Encounter after 18
months
(2nd HIV test)**

HIV negative → stop antibiotics
Follow-up child until 2 years old

Intensive psycho-social support

HIV positive → continue antibiotics
Intensive follow-up child until death

Cameroon/ start location of Give Milk Stop Aids: The Apostolic Hospital Banga Bakundu, Cameroon

Cameroon lies in West Africa (see pictures below). The country is fourteen times larger than the Netherlands and has 16 million inhabitants divided in over 350 different tribes. The federal republic of Cameroon was established in 1961 by combining the former French and English colonies. In addition to French and English, the following languages are also spoken: Pidgin, Arabic and Ewondo. Among the many religions are different forms of Christianity and Islam. The different communities live in peace with each other, and this is a unique situation for an African country. Although a corrupt country, Cameroon remains politically stable. However, human rights are not always observed.



Cameroon's economy is largely based on agriculture. Farmers grow export products such as coffee, cocoa, cotton, rubber and bananas. Countries such as Italy, Spain, France, Nigeria, U.S.A., Germany and the Netherlands are the main importers of these products. Cameroonians use fruits, beans and corn for their daily consumption. The average annual income for a Cameroonian is 500 Euros. Despite compulsory education, a large majority of the inhabitants above 40 years old are illiterate. Schools are poorly distributed around the country and children are often obliged to help work the land.

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Below are a few specific figures about HIV in Cameroon. These figures originate from the 2004 report published by the WHO, UNICEF and UNAIDS. The last estimated figures about the HIV-epidemic show that a minimum of 15 % of the population is infected with the HIV virus. Amongst the sick in the hospitals, the amount infected is greater, being 25%. According to the latest estimate, in Cameroon, 49.000 people (adults and children) died due to AIDS in 2003. In that same year, 56.000 adults and children were infected with the virus. Research shows that of those aged 15 to 19, eighteen percent of men and twenty-six percent of women have had their first sexual experience before the age of fifteen. Under the ages 15 to 24, eighty-four percent of men and forty-one percent of women claimed to have at least one other sexual encounter in the past year other than with their partners. Of these, only thirty-one percent of men and sixteen percent of women use condoms. As stated earlier, the average age of women infected with HIV is during the fertile years. On average, fifteen percent of these pregnant women are HIV positive.

The Apostolic Hospital Banga Bakundu (TAHBB) is a small hospital located in Banga. It is found in the English speaking South-West province next to Kumba. The hospital has eighty beds and only two doctors. On a daily basis, these doctors not only attend to patients admitted to the hospital, but they also see an average of forty people in the outpatient clinic. They also perform operations. Pregnant women living in the vicinity of the hospital are consulted by midwives. During the pregnancy, these women are tested for the HIV virus. In the case of a positive test, precautions are taken to ensure that the risk of HIV transmission from mother to child is reduced. The midwives and nurses working on the delivery wards are given special training according to the 'Prevention of Mother-to-Child-Transmission' manual. This manual is based on the WHO (World Health Organisation) guidelines.

Apostolic Hospital Banga Bakundu



Paediatric department



Infant check-ups



Research

Give Milk Stop Aids in Cameroon extends its activities by carrying out scientific research based on the follow-up of the HIV positive mothers and infants. Furthermore, after all the necessary interventions and precautions given by Working Formula, the percentage of HIV positive children will be researched. In addition to this, interns from the social science field, will examine local social change in terms of the taboo and the information surrounding HIV and aids. For more information about the scientific research and the medical protocol, please visit the website or contact the founders.

Fundraising

In order to proceed with the activities in Cameroon money is needed. There are various ways to donate money to Give Milk Stop Aids: an annual donation or a monthly donation. In 2004, monthly donations were made by family, friends and acquaintances. Those who decide to donate once a year can indicate which specific goal their money should be used for. For instance, the salary of a local nurse or for HIV tests.

Through funding, our knowledge about aids can also increase in the Netherlands and in Canada. The Give Milk Stop Aids foundation shows that with a simple donation, one can contribute to limiting the aids epidemic in Cameroon.

The foundation focuses mainly on young families, elementary schools and companies who wish to contribute to a good cause. Word-of-mouth has been very useful in distributing information about the foundation. A number of elementary schools in Amsterdam have been contacted, and they plan various activities such as a sponsored walk. This will be combined with information about life in Africa and depending on the ages of the school children, information will be given about HIV and aids.

There is also a Christmas project under way in the Amsterdam community and hospitals intended for the end of 2005 and 2006. The aim is for people to donate their Christmas gifts to the foundation.

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Advertising

To date the Give Milk Stop Aids foundation has paid little attention to advertising. Publicity concerning the foundation has been distributed mainly through word-of-mouth. The first goal was to make a website, and this has been up and running since August 2004 (in dutch). In the beginning of December, the founders of Give Milk Stop Aids were interviewed by a local radio station. Approximately ten minutes of information concerning the activities and the HIV epidemic in Africa was broadcasted. Other plans are underway to generate more advertising. One came out of contact with a few national magazines. For the first half of 2005, a new marketing strategy has been developed in addition to a new website and other means of communicating the goals of the foundation. Other plans include a benefit concert in Amsterdam. A large community of Cameroonians live in the South-east region of the city. Through the local media, publicity and advertisement can reach a vast majority of people.



This is Thelma. She is the first of a set of premature twins. Their mother died during delivery as a result of aids. Thelma was officially tested HIV negative at the age of fifteen months thanks to the efforts of Give Milk Stop Aids.

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Activities 2004

- | | | |
|----------------|---|--|
| January | - | Rabobank Abcoude-Ouderamstel:
Sponsoring the trip to Cameroon
Report newsletter Rabobank December 2003 |
| February – may | - | Activities in TAHBB |
| May | - | Start Give Milk Stop Aids project in Cameroon |
| | - | Give Milk Stop Aids foundation in the Netherlands |
| | - | Legal registration |
| June | - | Internship for 1st year medical students |
| July | - | Internship for 3rd year medical students |
| August | - | Online website /e-mails to friends |
| September | - | Fundraising championship Golftrack 'de Hoge Dijk' |
| | - | Registration of local nurse (Cameroon) |
| October | - | Preparatory presentations by interns at the polytechnic school in Amsterdam (SPH/CMV) |
| | - | Start research protocol plan |
| November | - | Second visit to Cameroon by founders |
| | - | Evaluation first project |
| December | - | Brainstorm session for marketing strategy |
| | - | Radio Noord-Holland broadcast |
| | - | Give Milk Stop Aids supports 15 families in Cameroon |

3. Plans

Plans in the Netherlands 2005

<u>Goals</u>	<u>Plans</u>
Improve communication	Develop a marketing design
Sponsoring	Benefit shows Monthly donors Donations from website Christmas project
Medical-scientific research	Establish a research database

Plans in the Netherlands 2006

<u>Goals</u>	<u>Plans</u>
Sponsoring	Grants from ICCO/UNAIDS Expand monthly donors Information evenings at rotary clubs Sponsor marathons by elementary schools in Amsterdam Christmas project
Professionalisation	CBF – brand (authorization not needed)

Plans in the Netherlands 2007

<u>Goals</u>	<u>Plans</u>
Sponsoring	National media campaign
Research	Publication of first research results

Plans in Cameroon 2005

<u>Goals</u>	<u>Plans</u>
Evaluate start of project	Participation 100 pregnant women Evaluate nurses Evaluate interns
Continuity of communication	
Professionalisation	Continue stream of interns Register at social institute Contact CEO of Nestle Cameroon
Discuss prices with Nestle	

Plans in Cameroon 2006

<u>Goals</u>	<u>Plans</u>
Expand projects	Start in new locations such as: Foe Bakundu, Bole Bakundu, Munyenge, Apostolic Hospital Douala
	Train new nurses

Plans in Cameroon 2007

<u>Goals</u>	<u>Plans</u>
Expand projects	Start in new locations such as: Baptist community, Apostolic hospital Guider

4. Contact information

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Cameroon

Start location: The Apostolic Hospital Banga
Bakundu
P.O. Box 93
Muyuka, South West Province
Cameroon

<http://www.megaphone.org/taccmi/index.htm>

Local nurse J. Akabum: 00237 723 3060
Physician: dr. A. Bakia: 00237 727 9597



5. Acknowledgments

Our special thanks go out to:

- | | | |
|---|---|--------------------|
| Janet | - | 'superwoman' |
| Dr. Bakia | - | 'angel of Banga' |
| Dirk Schonenberg | - | 'money-maker' |
| Richard Gramser | - | 'web designer' |
| Aloys Meinema | - | 'thinking machine' |
| Sjoerd van Gelderen | - | 'networker' |
| Tamar & Pauline
Irene & Klaartje
Heleen & Nynke | - | 'Interns' |