

Geneva 25 December 2013

Dear Friends,

**2010** after our collaborator Dr Danièle Kedy Koum, trained in neonatology in the neonatal unit HUG-Geneva returned in her home-town Douala-Cameroon, Dr Riccardo Pfister went to visit her to work in the **teaching of neonatology in Cameroon**. Contacts made through this teaching first locally, then at the Cameroon paediatric congress, gave Dr Riccardo Pfister the opportunity to visit other countries in the French speaking African countries (Côte d'Ivoire, Senegal) to teach **neonatal resuscitation** to doctors, students, nurses and midwives. Since then, every year during these interventions, Dr Riccardo Pfister selects a young African doctor who, thanks to the foundation ProREA may participate during a short stay to a neonatal resuscitation course at the University Hospitals of Geneva in his unit.

Dr Riccardo Pfister focussed his interventions on the paediatric unit of the district hospital of Bonassama, Douala-Cameroon, directed by our collaborator Dr Danièle Kedy Koum. In addition to the training of personnel in neonatology, paediatrics and obstetrics, he equipped the unit with resuscitation material and created a **resuscitation room** adjacent to the delivery room. Better care for new-borns improves survival and quality of life significantly. A scientific publication that concerns this period of progress has been accepted and will be published in the Archives of Paediatrics for the beginning of 2014. It confirms, among other things, the **main causes of neonatal mortality**: 1. Adaptation difficulties at birth due to lack of oxygen, 2. Neonatal infections, 3. Body temperature disorders, especially hypothermia in new-borns and premature infants with low birth weight.

**2011** development of a "**Kangaroo Care**" project at the district hospital of Bonassama with Dr Cristina Exhenry. This technique was developed in 1978 by Dr Rey in Colombia. The baby is placed skin-to-skin directly on its mother/father to avoid hypothermia. It is endorsed by the WHO and used universally in both developing as well as rich countries for its various beneficial effects on survival and quality of life of preterm and low birth weight infants. At the end of 2011, the Humanitarian Fund of the University Hospitals of Geneva granted us a sum to implement this project in Bonassama allowing a partnership with the township, the district hospital and our own investments.

**2012** work **sanitation of the paediatric ward and creation of the rooms for the Kangaroo unit**. A big THANK YOU to our architects Belen Alves Ferreira and Nicola Pfister who worked on the floor plans and the development of water points for the project. In July/August, Riccardo and myself went to Douala to participate in **an education on "Kangaroo Care"**

The logo for 4earlylife, featuring the word '4earlylife' in a stylized, handwritten font. The '4' is a simple outline, and the 'e' is a solid shape. The 'y' has a long, thin tail that loops back under the 'l'. The 'i' has a solid dot and a thin tail. The 'f' is a simple outline. The 'e' is a solid shape. The 'l' is a simple outline. The 'i' has a solid dot and a thin tail. The 'f' is a simple outline.

4earlylife Association  
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IBAN: CH490024024018250001L

given by Dr Odette Guifo and her head nurse Olive Etogo of hospital Laquintinie together with our team of physicians/nurses/midwives from the district hospital Bonassama.

With locally manufactured materials, we acquired **equipment necessary for the project** (beds, furniture, etc.), We had toilets and showers sanitized and water basins created for general use by the whole hospital. We also reinforced **hygiene measures** with a locally produced alcohol based hand sanitizer as well as by creating a clean area for the neonatology and Kangaroo care sections (change of shoes, hand disinfection and the presence of one parent at a time).

On 25 September 2012, the first mother-baby dyad was admitted to our Kangaroo Care unit. Since then, **36 new-borns** have benefited from this skin-to- skin method.

**2013** on September 14th, our first Kangaroo care baby celebrates her first birthday with her parents and the Kangaroo care team. In late November, Riccardo and myself went to Bonassama. During this time, the 36<sup>th</sup> Kangaroo Care baby was included into the program to the delight of her mother. We celebrated **the first anniversary of our Kangaroo Care unit** in the presence of numerous families of the Kangaroo Care program, the Kangaroo Care team and other members of the district hospital of Bonassama. Numerous testimonies of families went straight to the heart and will accompany us in the pursuit of our project.

During our stay, repairs of non-functional equipment were completed, in particular electrical fittings, plumbing and the fridge for breast milk as well as planning work to reattach damaged tiles. We gathered, discussed and performed an interim analysis of the medical data recorded diligently by our Kangaroo care nurse, Caroline Wanga Kalla. The preliminary results of this first year show a **considerable reduction in mortality** compared to historical data. During follow-up visits to the hospital and at home, we were pleased to observe a **good development** of these small patients. A detailed assessment is underway.

We met the medical and paramedical staff of the Albert-le-Grand and Cebec Hospitals in the periphery of same district, to inform them on Kangaroo Care and encourage them to participate in this program. Our goal is to **sustain and disseminate Kangaroo Care** in the district and, why not, also elsewhere in Cameroon.

#### **Other projects are under development:**

1. Improving comfort and hygiene for our small paediatric patients by installing/repairing ceiling fans throughout the paediatric unit.
2. Accelerate the initial management of new-borns creating starter kits for the treatment of infections and hypoglycaemia.
3. Provide financial support in the way of free of charge hospitalisation days in the Kangaroo Care unit as well as ambulatory follow-up when the parents can not pay.
4. Improving hygiene in paediatric rooms by building a "parents' pavilion" for the many parents/family members visiting hospitalized children's cluttered rooms. The goal is to reduce the risk of infections and to provide young patients calm necessary for healing, while giving their families the opportunity to come visit and gather in a nearby location, thereby respecting their customs.
5. Participate in the development and dissemination of low cost but high impact equipment on survival and quality of life for new-borns small children (bilirubin-meter, resuscitation equipment, essential incubator or baby pod).



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2013 is also the year that as a family (Riccardo, Cristina Zaccaria and Enea) we created the **4earlylife association** to support our projects to improve survival and quality of life of infants and small children in developing countries. The association has now been recognized of public utility and is tax exempt in Switzerland.

**At the end of 2013**, to all the Kangaroo care families who trusted in our project, our entire Kangaroo care team of Bonassama (doctors, nurses, midwives, cleaners, students, graphic designer and all trades involved in the projects), but also to our local supporter who is always present for Danièle, for us and for all Kangaroo team

And to all of you who, from the beginning, supported us in any way whatsoever and who we will hope, continue to do so in the future,

And to all those who join us in this human adventure

**A BIG THANK YOU!**

Cristina Exhenry

Riccardo Pfister

Zaccaria Exhenry

Enea Exhenry

