South African Breastmilk Reserve

Bringing milk to babies, safely

SABR
every drop counts

Annual Report 2019/2020

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List of acronyms and abbreviations

ADSA	Association for Dietetics in South Africa
CHBH	Chris Hani Baragwanath Hospital
D2C	Dare2Care
DBM	Donated Breastmilk
DoH	Department of Health
NDoH	National Department of Health
GHI	Gateway Health Institute
LLL	La Leche League
MOM	Mother's Own Milk
NHI	National Health Insurance
NICU	Neonatal Intensive Care Unit
NOTA	National Organ Transplant Act
OPTN	Organ Procurement and Transplantation Network
PATH	Programme for Appropriate Technology in Health
POPI	Protection of Personal Information
POPIA	Protection of Personal Information Act
PPE	Personal Protective Equipment
SABR	South African Breastmilk Reserve
SABR HO	SABR Head Office
SACLC	South African Certified Lactation Consultants
SACSoWACH	South African Civil Society for Women's, Adolescents' and Children's Health
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SAMRC	South African Medical Research Council
SANBS	South African National Blood Service
SLA	Service Level Agreement

SOP	Standard Operating Procedure
SOS	Sostieni
TWG	Technical Working Groups
UNICEF	United Nations Children's Emergency Fund
VLBW	Very Low Birth Weight
WHIPS	Wellness Health Insurance Pathologist Services
WHO	World Health Organization

1. Strategic outlook: Navigating uncertain waters

Over the last two decades, the SABR has practiced within a space of healthcare that we understand, and which is supported by empirical research pointing to one constant: breastmilk is the safest optimal food for the premature and full-term infant population. Extremely low birthweight (ELBW) infants (+/500g), very low birth weight (VLBW) infants (1kg+), clinically premature infants (born below 37 weeks' gestation) as well as full-term babies achieve better health outcomes when maintained on an exclusive breastmilk diet for the first six months of life, and up to two years with complementary feeds.

The impact of exclusive breastfeeding on public health is noteworthy. Babies that are exclusively breastfed in the first six months of life are six-fold less likely to succumb to morbidity and mortality. In terms of public health costs, exclusive breastfeeding NICUs are found to reduce expenditure by millions, in preventing septicaemia, necrotising enterocolitis (NEC) and pulmonary complications, and by alleviating the many conditions associated with prematurity. This also leads to decreased hospital bed occupation time, and enables healthy growth and development. Donated breastmilk (DBM) plays a key role as a bridging emergency intervention when adopted early in the postpartum phase, in order to stabilise the patient's glucose, protect the integrity of the gut, and avoid the need for parenteral feeds, which are invasive and a risk for infection. In 2020, DBM is a necessity for all progressive NICUs, in order to achieve low infection and mortality rates. Artificial feeding in the NICU setting can have devastating outcomes.

Due to the vulnerability of the babies we serve, our first priority is to ensure that the collection, processing and distribution of DBM is guided by a comprehensive set of standard operating procedures (SOPs), laboratory testing, pasteurisation and cold chain management. Our laboratories such as the Reserve or Head Office are cleanrooms, and personal protective equipment (PPE) is a way of life. Safeguarding the breastmilk from possible pathogens is our standard practice for quality assurance. Despite the advent of the SARS-CoV-2 (COVID-19) pandemic, many of our activities have remained business as usual: our staff have worn PPE every day since the SABR's inception, and good hygiene practices have always been a necessity.

However, not all business is as usual. We adopted an early readiness strategy to procure PPE and sanitation chemicals in January 2020, having predicted a shortage from March 2020 onward. We equipped our onsite coordinators with high-tech 3M multi-purpose respirators and face shields, as well as with winter garments to avoid suffering from the cold in

temperature-controlled spaces. Furthermore, we drafted early policies for managing COVID-19 in the workplace, and began individual check-ins with HR on a weekly basis in order to offer psychosocial support and monitor potential symptoms. We arranged private transport for our Head Office operators, reduced our workdays to a four-day week, and shortened the working hours, thereby giving our team an opportunity to recuperate. As at 10 July 2020 (100 days into lockdown), our small team of 25, scattered throughout the tertiary NICUs in five provinces, remain virus-free.

The world as we know it is rapidly changing before our eyes, and as the numbers of infections and deaths rise, we navigate these uncertain waters guided by our quest to avoid contamination and closures of the milk banks.

2. Executive notes: Double or double (nothing is not an option)

The clinical ambiguities surrounding the COVID-19 pandemic create a stark contrast to the confident ways in which we practiced until 2020. Human milk banking does continue as per usual; however, the impact that COVID-19 has had on lactation and mother's own milk (MOM) for hospitalised and exposed babies has been critical, and may undo much of our progress in breastfeeding activism and practice.

Due to the nature of the pandemic, and the consequent confusion around neonatal algorithms and hospital policies to minimise contact (developed rapidly by technical working groups at the NDoH), many hospitalised babies and their mothers have been separated, or limited to one daily visit. COVID-positive mothers with babies in the NICU are kept in isolation for as long as 14 days after birth, until they are no longer infectious. Separating the dyad is also incredibly stressful for the newborn, and biologically unnatural. While hospitals housed Kangaroo Mother Care facilities under lockdown, some sent mothers home amidst the confusion – often hundreds of kilometres away, and limited to one visit per day. Dyads in private hospitals were hardest hit, as these facilities do not offer stay-in options for mothers.

Although mothers of premature babies are generally supported in expressing for the baby, this physical separation is often devastating both emotionally and psychosocially, and also in terms of breastmilk production. Mothers need to see, touch and smell their babies and, where possible, hold them with skin-to-skin contact, in order to stimulate the let-down reflex that signals breastmilk production. No contact means no breastmilk, as well as a higher likelihood of postpartum hormonal depression. Here, we saw the gap and need for larger breastmilk top-ups, and for more hospitals to be included under the human milk banking top-up umbrella. The SABR played a key role in offering unlimited top-ups to all public hospitals during this time of crises.

Despite the negative aspects, this has also demonstrated our growing purpose. Fuelled by the need to provide safe food for premature babies during lockdown, and the separation of mothers and babies, the SABR engaged in an expansion of human milk banking in order to increase the volumes of DBM – with no consideration for funding, hospital SLAs or cost recovery. This is how we grew originally: we brought DBM to the Neonatal Intensive Care Units (NICU) of hospitals in need, and often only recovered the costs months or years later through funding and project opportunities arising from our investment. The guiding ethos is that if we have breastmilk, we must share it far and wide, in order to reach the most vulnerable.

As our vision expanded, and we began adding new facilities to the top-up list, our Reserve nearly doubled in volumes of DBM collected – and we can still cover costs, for the time being. Coupled with our pivot to food banking under the 'Feeding Collective – Disrupting Hunger', we plan to double the human milk banking footprint in order to create a radical impact and stimulus for new hospitals to join in the movement.

We have recently added seven new NICUs to the pro-bono Double or Double Top-up programme: Dr George Mukhari Academic Hospital (Gauteng), Chris Hani Baragwanath Hospital (Gauteng), Pholosong Hospital (Gauteng), Brits Hospital (North West), Witbank Hospital (Mpumalanga) and Bedford Hospital (Eastern Cape).

Top-up refers to DBM sent from the Reserve to the 25 banks or hospitals that are not equipped with a human milk bank, in order to meet the need for breastmilk in the NICU. Top-ups result from high levels of RVD exposure in the mother population; hence, it is difficult to find viable donors. Additionally, in the case of the pandemic, access restrictions have resulted in mothers being unable to meet the daily feeding requirement for hospitalised babies.

We are overwhelmed with gratitude toward our donors and their exceptional commitment during these otherwise challenging times. The SABR has never declined access to DBM on the basis of affordability; we support all infants who meet the inclusion criteria. The plan is to strengthen our network by strategically placing freezers in top-up hospital facilities and transporting DBM and food parcels nationally.

Currently, where we do not have SLAs with the hospital facility, we cover costs using unallocated funds, or funds raised via private donations. The idea is to install low-cost collection corners in 25 NICUs that are currently not equipped with a bank, but associated with a facility that has a bank, thus doubling from 25 existing human milk banking hospitals in public to 50 facilities benefitting from the service. For example, Brits Hospital in the North West only requires a freezer and consumables for the collection of DBM. Job Shimankana Tabane hospital is the existing human milk bank that is equipped with pasteurisation equipment and is driven by a motivated team of dieticians. The same principles will be applied when expanding to new hospital facilities, by pairing them with referral hospital structures that include existing banks.

With the rise in hunger among the poorest South African communities, the SABR funded two feeding programmes: one led by Gateway Health Institute (GHI) and one through Oasis Church. The GHI approach is most promising, as far as meeting the target population is

concerned. The SABR and GHI partnered in the Dare2Care projects in 2019 to increase awareness and health literacy for children under five years of age, and to prevent diarrheal disease during the severe drought in the Western Cape. The same USSD vehicle has been adapted for the distribution of food vouchers.

Having been provided with funding for food parcels and an intelligent network, we escalated the referral system (tertiary to primary) through dieticians with whom we work in human milk banking (tertiary facilities, which are referral hospitals, to clinics and secondary facilities), and who often see severe acute malnutrition (SAM) when it is already too late to save the child.

The USSD system is freely available to the target population, and can send prompts to the known families of stunted and malnourished children (identified by clinic dieticians), allowing them to access a protein-rich food parcel. This disrupts the cycle of hunger, with the aim of preventing SAM – which is often clinically irreversible and results in death. This system gives us the opportunity to target households rather than disperse food through queues, where 'double-dipping' and corruption also present challenges.

To strengthen the messaging and communication around hunger driven by the pandemic, we sponsored the SACSoWACH press release for World Hunger Day on 28 May 2020, and we are now raising funds for the 'Feeding Collective – Disrupting Hunger'.

The SABR has an evolved logistics network and stakeholder base, and we already distribute frozen breastmilk (food) to the most remote parts of the country. The distribution of food parcels that do not require cold chain is logistically simpler. We have a window of opportunity to pivot from being a breastmilk bank, which is a food, to also becoming an 'food bank', using similar distribution models and intelligent structures that will allow us to feed families with children under five years old, as well as breastfeeding women and disabled children.

Lessons learned from COVID-19:

A pandemic of this magnitude has not been seen since the Spanish Flu in 1918. Very few practicing healthcare providers are equipped with the practical know-how and management skills. Globally, virologists have managed smaller and more localised outbreaks such as Ebola in the DRC, with highly specialised teams working to contain the pathogen.

As an organisation working in the management and delivery of healthcare, we initially felt out of our depth, and perhaps underequipped to manage a novel virus of which we know yet very

little. However, at the foundation of our practice, we were ready: the point of departure for human milk banking is the assumption that breastmilk and operators are easily susceptible to pathogens, and therefore, we follow strict procedures involving PPE and quality management systems.

The last six months have demanded quick, agile thinking and problem-solving, coupled with an air of calm professionalism. The strategy of the SABR has been to deal with the pandemic like any other viral outbreak, including social distancing, sanitising, and isolating the team as much as possible – and hoping that the summer months will see the curve flatten, followed by a return to a semblance of normality. The SABR team has been incredibly cooperative during this time. Despite lacking our usual anchors and social support structures, we have become closer as a team, and counsel one another when pandemic fatigue sets in. As an organisation, we had many advantages at the outset – i.e. being constantly aware of contamination and proactive with infection control. To mitigate the added pressures associated with the pandemic, and to take extra precautions, we opted for a four-day week in order to make time for mental recovery and self-care.

As an organisation, we have formulated clear behaviour protocols on places/events that our staff can and cannot attend. Although funeral attendance has always been allowed, we have requested that our staff abstain, if at all possible. What we have learned from viral outbreaks is that funerals are often hotspots for contagion. Thus, attending is not sensible under these conditions. We also check that no new individuals are added to staff households without adequate quarantine and without notifying the Head Office. Additionally, we hold daily talks on the importance of self-isolation, as well as avoiding social gatherings and events, and sharing meals. The team understands that this way of life may last another two years. As a team, we remain courageous, and are motivated by our calling to serve and protect the lives of the most vulnerable.

3. SABR activities 2019 -2020

The Feeding Collective – Disrupting Hunger

Since our launch in 2003, we have supported the healthcare system and the community of breastfeeding mothers in South Africa through programmes involving scientific research, advocacy and awareness. We actively participate in government regulatory programmes and the provision of safe, nutritious DBM. Recently, this has also included the provision of food parcels for lactating women, families with children under five years old, and families with children suffering from disability.

We care for some of the most vulnerable people at the beginning of their life cycle, by ensuring that premature babies receive the benefits of breastmilk when MOM is not available. Many of these babies suffer severe acute complications of prematurity, such as NEC. However, it is the long-term damage and chronic complications of premature birth that cause morbidity and disability in survivors. Additionally, prematurity can lead to learning disabilities, bronchopulmonary dysplasia, cerebral palsy and retinopathy of prematurity, among others.

Breastmilk is the perfect food for premature babies: it aids in preventing NEC and strengthens the immune system, while also improving bonding and providing benefits for maternal health. Because premature babies are at risk of developmental delays and poor school performance, the cognitive benefits of breastmilk are especially important, due to its lasting cognitive and developmental benefits.

Both prematurity and malnutrition have devastating effects on the cognitive and physical development of children in their formative years. Before the onset of the COVID-19 pandemic, South Africa found itself in a precarious situation with regard to food and nutrition, especially for young children. South Africa's child stunting levels – an indication of chronic and long-term food insecurity – increased from 21% in 2008 to 27% in 2016. Now, with the devastation of COVID-19 and the subsequent lockdown in South Africa, child malnutrition rates are expected to increase. Chris Hani Baragwanath Hospital in Johannesburg has recently even seen cases of malnutrition in Gauteng – the country's economic hub. This has not been witnessed for a very long time.

Stunting affects a child's health, making them more susceptible to disease and infection, while also impairing their mental and physical development. This means that children who suffer

from stunting are less likely to achieve their full development and cognitive potential as adults. Even more detrimentally, these children risk succumbing to SAM, which may cost them their lives. Children who do not grow well and start to lose weight are at higher risk of dying. Children who are severely wasted or stunted are 11.6 and 5.5 times more likely to die, respectively, than children with a normal weight and height. Stunting also has a marked impact on the country's economic and developmental potential at large: evidence shows that countries with high stunting rates also display lower GDP growth rates and, in fact, have stunted economies.

South Africa's food security crisis, as well as the risk of children progressing to SAM, spurred us at the SABR to pivot our business from supplying breastmilk to premature babies toward ensuring that children under five years old (especially those with disabilities) receive adequate nutrition.

The SABR is actively raising funds to ensure that unemployed families with insecure income can provide at least two meals a day to children under five years old. The food parcels they receive provide at least 80% of the recommended daily allowance of nutrients required by children, in order to prevent malnutrition and its associated morbidities or mortality. In partnership with Gateway Health Institute (GHI), the SABR ensures that food vouchers are issued to such families, and that these vouchers are redeemed for parcels containing extra full cream milk powder, tinned fish, soy mince, peanut butter and fortified cereal. These food items adhere to the recommendations of qualified dieticians.

The SABR has also donated funds toward the development of a mobile phone platform that uses basic technology to deliver these vouchers directly to the mobile phones of mothers and caregivers. These vouchers can be redeemed locally, within walking distance of their homes – thereby saving transport costs, while also stimulating the local economy by supporting small and informal businesses. Food vouchers also reduce the risk of exposure to COVID-19 by promoting social distancing – they do not require travelling in crowded public transport.

By pivoting our food programme to incorporate the feeding of children and lactating women – not only in terms of our core activities and beneficiary focus, but also in terms of our partners – the SABR is making a notable impact on the food crisis in South Africa, which has been worsened by the COVID-19 pandemic, the subsequent lockdown, and the loss of jobs and income.

As the stark realities of famine unfold in the context of COVID-19, the SABR and GHI have formed 'The Feeding Collective – Disrupting Hunger'. This coalition is driven by civil society leveraging the health system, in order to create collaborative networks that will raise funds for food parcels and the distribution thereof. The partnership aims to leverage the logistics network that currently distributes lifesaving breastmilk, coupled with GHI's USSD technology, to escalate the known nutrition referral structures from tertiary to district level to primary care. The aim is to identify impoverished families and communities suffering due to hunger – especially in the more rural and inaccessible areas of South Africa – and to provide them with food parcels and vouchers. This system endeavours to disrupt the cycle of hunger, in order to prevent SAM in the population of children under five years old, children with disabilities, and lactating women.

Unlike the poorly managed handing out of food parcels in queues, our system would prevent the 'double-dipping' of food parcels, while also circumventing the price inflation that is endemic to procurement through the health system tenders. The direct targeting of the most vulnerable populations via SMS prompts is key to identifying the truly disenfranchised families, and reaching them through existing logistics structures that can access very remote and rural areas. The system further allows us to gather impact data, and requires no data, airtime or funds on the part of the target population.

To date, the SABR has supported GHI and Oasis Church with funds for the development of the USSD system, as well as providing Oasis Church with additional funds for food parcels during the COVID-19 crisis. The objective it to upscale the food programme to reach a growing number of families in the next 12 months.

3.1 Overview of human milk banking operations

While the human milk banks remain an essential service, many of our suppliers have endured great hardship during lockdown alert levels four and five. Our couriers could not ensure same-day deliveries to the Johannesburg and greater Pretoria areas. We rely on this service to deliver DBM ordered by the NICUs by no later than 17h00. This service became overnight due to the permits required to travel between districts and provinces. This raised health and safety concerns around breastmilk consignments in depots, which are often dirty and left unattended overnight. Similarly, collections from donors ordinarily require same-day delivery, and therefore do not necessitate dry ice. Due to the regulations, we now need to manage these collections ourselves.

During lockdown level five, Staša conducted all deliveries and collections in the greater Gauteng area personally, in order to protect the donors from contact and the product from storage risk. Under level four, same-day delivery was available once again; however, due to staff shortages, two consignments were stolen (30 bottles for Rustenburg and 20 for Durban). All shipments are noted in a daily register to follow up on their arrival at the destination. The SABR Dispatch Manager has strengthened the checking system and works closely alongside special operations at The Courier Guy to trace the parcels on route to their destination.

Perhaps one of the biggest unknowns at the outset of lockdown was how this crisis would impact breastmilk donation. However, we were positively overwhelmed by the volumes of DBM that were collected from donors throughout. Our numbers rose from a baseline of 600 units in the Reserve to over 1,000 units – despite having topped up the public sector with 1,000 units alone under lockdown level five. We are deeply grateful to our donors and their exceptional commitment during these challenging times.

It should be placed on record that, for once, the centenary pandemic is not targeting infants and children, who are usually the at-risk populations for viruses such as RVS. These have been present for roughly 50 years with no available vaccine, and are known to ravage NICUs with pulmonary and diarrheal disease. In this sense, COVID-19 is an 'unexpected' pandemic, and a small blessing for those working on the frontlines of perinatal care. We hope that potential viral mutations do not endanger children in the future.

From a general overview, all SABR banks are experiencing high levels of activity – and if they experience any lags, we continuously top them up, so that no baby lacks access to breastmilk. We are also seeing a new generation of healthcare professionals who are passionate, filled with a strong sense of purpose, and want to make a difference – not just clock in and out. This is refreshing, and will hopefully strengthen and improve the healthcare system.

The biggest highlight of the first half of 2020 was the renovation and opening of the Philadelphia Hospital bank in Dennilton, Limpopo. In the first two months, it signed up four donors and fed 11 recipient babies.

Donor recruitment SABR Head Office: March 2019 – February 2020

A total of 793 donor sign-ups were recorded, versus 834 in 2018. This is a 5% decline on the previous fiscal year. Of these, viable donors recorded for this period equalled 301, versus 248 in 2018. This equals a 53 (21%) donor member increase in active donors year on year. As a result, DBM stock levels at the SABR Reserve were increased compared to 2018. The

inversion of the sign-up process, whereby we only allocate the successful sign-up upon receipt of the first donation, has resulted in optimised expenditure related to donor sign-up, serology, quality processes and logistics.

Despite losing some regular donors to emigration, the current donor pool remains loyal and committed, and is thankful to the SABR for making the donation process easy. Unlike other human milk banks, the SABR donors in private homes benefit from home-based care – they are not required to leave their homes to engage in the donation process.

Load shedding has also had a positive impact on our stock levels, as we encouraged mothers to donate rather than risk thawing their breastmilk stores in the home freezer.

A common response from new donors is that they were surprised to hear about the SABR, and that they regret not having heard about us sooner. This remains an ongoing marketing challenge, and a topic that often only gains relevance for parents of premature infants.

The COVID-19 pandemic has also had a positive impact on the rate of prematurity. We note that numerous NICUs have seen a decline in premature admissions. While research findings are imminent, the shelter in place as resulted in a decline in prematurity.

Due to access restrictions during the lockdown, babies admitted to NICUs nationwide have been affected – especially babies born to COVID-19 positive mothers. The SABR has played a significant role in supporting COVID-19 positive babies in a number of hospitals nationwide. In Kimberley Hospital, for instance, seven COVID-19 cases received DBM, while mothers in isolation struggled both with supply and the logistics of getting the breastmilk from the isolation sites to the wards.

During the lockdown period, we distributed 1,229 units by means of top-up to a number of public hospital facilities.

GAUTENG	
Hospital	**Number of bottles dispatched**
Baragwanath Hospital	80
Edenvale Hospital	40
Total	**120**
FREE STATE	
Hospital	**Number of bottles dispatched**
Pelonomi Tertiary Hospital	70
Universitas Hospital	30
Boitumelo Regional Hospital	120
Dihlabeng Regional Hospital	100
Mofumahadi Manapo Mopeli Hospital	80
Total	**400**

NORTH WEST	
Hospital	**Number of bottles dispatched**
Job Shimankana Tabane Hospital	170
Potchefstroom Hospital	20
Joe Morolong Memorial Hospital	10
Mafikeng Provincial Hospital	159
Total	**359**
EASTERN CAPE	
Hospital	**Number of bottles dispatched**
Cecilia Makiwane Hospital	50
St Elizabeth Hospital	20
Nelson Mandela Academic Hospital	50
Total	**120**
NORTHERN CAPE	
Hospital	**Number of bottles dispatched**
Kimberly Hospital	50
Dr Harry Surtie Hospital	40
Total	**90**
LIMPOPO	
Hospital	**Number of bottles dispatched**
Philadelphia Hospital	50
Total	**50**
OTHER	
Hospital	**Number of bottles dispatched**
Pholosong Hospital	30
Andries Vosloo Provincial	20
Bedford Hospital	20
Brits District Hospital	20
Total	**90**
TOTAL PUBLIC DISPATCH	**1,229**

Gauteng

Gauteng experienced significant human milk banking activity in 2019 – from the launch of the Kalafong renovation on 14 February, to hosting the Minister of Health, Dr Zweli Mkhize, as well as First Lady, Dr Tshepo Motsepe, for Save the Children's centenary celebration dedicated to human milk banking. This memorable event brought together stakeholders from SACSoWACH and the NDoH during World Breastfeeding Week.

In 2020, we are making progress by bringing human milk banking support to a few new hospitals that accept pro bono top-ups from us, namely Pholosong, Chris Hani Baragwanath

and Dr George Mukhari (DGM) Academic hospitals. DGM has a longstanding swap-out processing relationship with us – supplying as many as 100 units of DBM per month, but only needing 20 at most, as they have exceptionally good breastfeeding rates for a hospital facility. The hospitals display exceptional breastfeeding rates. Lastly, we hope to bring a new bank to Sebokeng Hospital in the near future.

The donor mothers in the province are very generous and support the Reserve, which contributes to meeting a significant amount of the public need in the rest of the country. This year, our objective is 'double or double (there is no nothing)'. We will double our impact because we can.

North West

Our mother province is evolving to assimilate the practice of breastmilk banking into its healthcare system, by tasking the hospital teams with absorbing the human milk banking activity. We are currently collaborating with an excellent team of forward-thinking dieticians at Job Shimankana Tabane Hospital, who are hands-on and passionate, and are also involved at other facilities like Brits Hospital that we are topping up under the 'double or double' initiative. Our four banks are not only supplying DBM, but are also providing breastfeeding support to the mothers in hospitals. No baby goes unfed.

As part of expanding breastfeeding awareness during the COVID-19 pandemic, we conducted training sessions involving district dietitians, nurses and paediatricians at Job Shimankana Tabane Hospital (Rustenburg, North West). The aim of the training was to improve breastfeeding practices in the communities and to bring awareness to the hospital staff, ensuring that everyone is aware of the SOPs for collecting, processing and administering DBM. It was also necessary to highlight the importance for dietitians, nurses, doctors and breastmilk coordinators collectively, to become proactive in breastfeeding promotion both at the hospital level and in the surrounding communities. The support of the SABR to the various institutions is essential in ensuring that they feel confident and equipped to participate in the expansion of breastfeeding.

Limpopo

We are proud to announce our new 'baby bank' at Philadelphia Hospital in Dennilton, with five donors and 11 recipients to date, despite the lockdown. Limpopo sets the standard for investing in state-of-the-art installations, from architecture to technology. Mankweng Hospital milk bank is a shining example of positive banking: four years in, they have fed 81

babies in the last fiscal year alone, and their freezers are fully stocked with breastmilk at all times. Mankweng bank is a centre of excellence, not only as a human milk bank, but as a reflection of commitment to breastfeeding on the whole. A milk bank is only as rich as the maternal lactation in the ward, and is therefore a reflection of the overarching breastfeeding practice and ethos.

Northern Cape

Twelve years into human milk banking, Kimberley Hospital is a veteran facility under the guidance of Gillian Joseph, a passionate lactivist and trainer for the SABR. Kimberley bank's excellence is measured not only in terms of breastmilk collection, but also in breastfeeding and parenting support for all mothers in the NICU. Gillian's commitment and enthusiasm promote lactation in the ward – and where there is MOM, that is where we win. It is not simply about the number of babies receiving DBM; rather, our success is measured by the number of babies receiving MOM. Our primary role is to support lactation for the entire ward, and only then, to collect DBM.

Dr Harry Surti Hospital, our second site in Upington, is also benefitting from Gillian's training, thus expanding the vision and role of coordinator, Shantall Reigert. It has become apparent that our team flourishes when they expand their practice from purely collecting DMB, to a more holistic role of breastfeeding support.

Free State

The SABR has managed six tertiary hospital human milk banks since 2012: Universitas, Pelonomi Academic, Bongani Regional, Boitumelo Regional, Mofumahadi Manapo Mopeli Regional and Dihlabeng hospitals. We partner with coordinators employed by the Free State who have also embraced the broader role of breastfeeding counsellors. What we have learned from our Free State experience is that even the most rural hospitals can run highly productive human milk banks, and that the practice is culturally accepted by local communities.

Mofumahadi Manapo Mopeli Regional Hospital is a shining example of how human milk banking can prevail even in deeply rural areas affected by water restrictions. The SABR has implemented swap-out procedures to support the processing of DBM during times of drought or pasteuriser failure. This system guarantees that all hospitals working with us will never run out of breastmilk, provided that adequate communication is established between the SABR Head Office and the banks, and that we have adequate time for delivery. All human milk banks

under the SABR umbrella have a dedicated WhatsApp group and 24/7 monitoring of the cold chain, in order to detect power failures as well as to order consumables, top-ups and swap-outs for processing. The Free State is our lifeline and financial anchor, and we are grateful for their timely remittance and ongoing support.

Eastern Cape

The Eastern Cape has five human milk banks, namely Dora Nginza Provincial Hospital, Cecilia Makiwane Hospital, Frontier Provincial Hospital, St Elizabeth's Mission Hospital and Mthatha Academic. The SABR employs five coordinators, and the province has fed 324 premature babies with the support of 81 donors. The challenges are ongoing – especially in the procurement of services for two facilities, namely Frontier and Frere Provincial Hospital, where Andre is motivated to achieve results in 2020. We had to write off 2019–20 as the hospital was being investigated; but nevertheless, we serviced the equipment and topped up the hospital as needed, in order to fulfil our duty. We hope that 2020 will see the procurement of the facility with remittance.

Mpumalanga

Witbank Hospital established a human milk bank with the SABR in 2010, but never agreed to cover maintenance costs. Eventually, the equipment became obsolete, and we agreed to support the hospital with the swap-out system (they collect in hospital, and we collect, process and return). Our hopes were answered when Glencore (local mine) offered to sponsor the pasteuriser, giving us the opportunity to re-establish the in-hospital bank. The facility is currently performing at high capacity under the guidance of the dieticians as well as lactation consultants, Leande and Carri, who donate their time and effort to support human milk banking at Witbank Hospital.

3.2 Medical review

The management of this pandemic has, at times, made our risk management strategy feel more like a gambling exercise than one of informed forecasting and risk analysis. The clinical outcome of human milk banking was essentially an unknown, until the World Health Organization (WHO) confirmed that the virus is not found in breastmilk.

DBM is pasteurised, and this procedure deactivates all lipid-enveloped viruses and bacteria. We know from published evidence that SARS-CoV-1, a similar virus, perishes at 62.5 degrees Celsius. Therefore, the clinical impact of SARS-CoV-2 has been minimal, even as far as

inclusion criteria are concerned. The administration of COVID-19 has felt surreal. We locked down our facilities as early as February 2020, and have not allowed access to non-operators. We positioned sanitation and drop-off and collection stations at the front door, and we sanitise all cooler boxes and individual breastmilk containers. In accordance with the law, we drafted a number of policies for the workplace and devised a team system with teams on rotation. We rather err on the side of 'over-sanitising', which has proven to be effective so far, in terms of prevention.

The medical advisory team has held a few Zoom meetings to discuss the management of staff and possible infections, and we have had a number of scares and tests. Karin Pretorius, our corporate governance and HR consultant, follows a weekly schedule of checking in with staff telephonically, and we take temperatures at the door, in line with the requirements.

3.3 Statistical and impact evaluation

Since its inception, the SABR has followed simple monitoring and evaluation guidelines that assess the performance of the human milk banks located in the public sector hospitals on a monthly basis, as well as the number of donors and recipients. The data collected speaks to the number of new donors, recipients, raw breastmilk units collected, and pasteurised units distributed. Due to the linear nature of paperwork and hard copy registers, as well as misinterpretation, the data is sometimes inaccurate. To bridge this gap, we have piloted an online system for donor and recipient sign-up, which is having a positive impact on the quality of the data collected.

The SABR has fed on average 3,000 babies. This number has remained constant over the last five years, as our contracts have remained, and we only added a new facility in the 2019–20 period with the installation of Philadelphia Hospital in Dennilton.

Now that we have consolidated the human milk banking project in the hospitals on SLAs, and with the pandemic increasing both the supply and demand for DBM, we feel ready to extend our support to referral hospitals to the existing human milk banks.

SABR
every drop counts

2019 / 2020 Financial Year
Annual Statistics Summary

Facility / Province	Total DBM Recipients	Race				Gender		New Donors	DBM Raw Received (bottles)	DBM Pasteurised (bottles)	Comments
		African	White	Coloured	Indian	Male	Female				
SABR HO Actual (Gauteng)	524	351	153	7	13	218	306	301	14448	13960	
SABR HO Estimation based on distribution	348	233	101	5	9	145	203	0	0	0	
Kalafong (Gauteng)	**500**	500	0	0	0	0	0	165	2529	2529	Gender not available
George Mukhari (Gauteng)	18	18	0	0	0	12	16	7	598	0	
Chris Hani Bara (Gauteng)	68	68	0	0	0	21	47	0	31	311	
Gauteng Totals	**1458**	**1170**	**254**	**12**	**22**	**396**	**572**	**473**	**17606**	**16800**	
Check	**1458**	**1458**				**968**					
Universitas (FS)	54	50	0	4	0	22	32	23	1804	550	
Pelonomi (FS)	98	92	1	1	4	45	53	38	325	85	
Bongani (FS)	44	41	1	2	0	20	24	26	401	358	
Boitumelo (FS)	29	29	0	0	0	15	14	21	364	451	
Dihlabeng (FS)	201	201	0	0	0	102	99	0	157	68	
Manapo (FS)	92	92	0	0	0	51	41	38	1254	1042	
Free State Totals	**518**	**505**	**2**	**7**	**4**	**255**	**263**	**146**	**4305**	**2554**	
Check	**518**	**518**				**518**					
Job S (NW)	144	141	0	3	0	85	59	28	374	277	
Potch (NW)	58	51	4	3	0	31	27	12	352	352	
Joe Morolong (NW)	22	22	0	0	0	11	11	8	23	27	
Mafikeng (NW)	176	176	0	0	0	87	89	48	98	0	
North West Totals	**400**	**390**	**4**	**6**	**0**	**214**	**186**	**96**	**847**	**656**	
Check	**400**	**400**				**400**					

SABR
every drop counts

Facility / Province	Total DBM Recipients	Race				Gender		New Donors	DBM Raw Received (bottles)	DBM Pasteurised (bottles)	Comments
		African	White	Coloured	Indian	Male	Female				
Dora Ngiza (EC)	79	46	0	33	0	39	40	29	357	298	
Cecelia Makiwane (EC)	134	129	1	2	2	67	67	19	428	402	
St. Elizabeth (EC)	66	66	0	0	0	38	28	31	170	180	
Nelson Mandela (EC)	19	19	0	0	0	13	6	5	54	56	
Frontier (EC)	26	24	1	1	0	14	12	0	0	159	
Eastern Cape Totals	**324**	**284**	**2**	**36**	**2**	**171**	**153**	**84**	**1009**	**1095**	
Check	**324**	**324**				**324**					
Mankweng (Limpopo)	81	80	0	1	0	35	46	28	832	903	
Limpopo Totals	**81**	**80**	**0**	**1**	**0**	**35**	**46**	**28**	**832**	**903**	
Check	**81**	**81**				**81**					
Harry Surtie (NC)	62	23	24	15	0	29	33	10	368	305	
Kimberley (NC)	179	123	2	54	0	76	103	43	1009	769	Gender not available
Northern Cape Totals	**241**	**146**	**26**	**69**	**0**	**105**	**136**	**53**	**1377**	**1074**	
Check	**241**	**241**				**241**					
Totals: 2019/2020	**3022**	**2575**	**288**	**131**	**28**	**1176**	**1356**	**880**	**25976**	**23082**	

3.4 Research and development

The SABRViro1 study is undergoing its second ethics review. The team of co-investigators is a brilliant ensemble of scientists, and it is a privilege to enter the world of research with such an accomplished group. A copy of the protocol is in the Appendices.

We purchased the second instalment of the breastmilk analyser in January 2020, just before the rand value dropped. All equipment has been insured and serviced as required.

3.5 Strategic partnerships

SACSoWACH Coalition

As indicated in the minutes of the previous meeting, Staša exited the role of Co-chair on 14 February 2020, with a vision to focus exclusively on the implementation space. The strength of any policy process is expressed through implementation as well as strong service delivery, which promotes inclusion, empowers vulnerable groups and champions egalitarian governance.

Output-orientated programmes are the most effective catalysts for change, and guide public administration with tangible and effective solutions to service delivery and societal problems, which are otherwise overlooked by top-down policymaking. It is about pragmatic governance that is context-specific, rather than relying on idealistic policy objectives that do not lead to problem-solving.

Globally, we have seen many intentions being expressed on paper, which have yet to result in implementation and fulfilment of purpose – which in public administration amounts to delivering essential services such as healthcare and refuse removal. Effective policymaking plays a key role in emancipating disenfranchised populations; for example, eradicating societal ills like racism, promoting gender rights and women's empowerment, to name a few.

Human milk banking originally grew from practice, which called for regulation – and 16 years later, this has still not been passed into law. If we had prioritised the regulatory process from the boardroom, we would still have no human milk banks in 2020. The priority is to deliver breastmilk to the baby, not the legislative process around this.

Four years into our work with the Coalition, we have come to the realisation that broad-based advocacy is not effective. Parliamentary committees need to be presented with budget requests which speak to functional programmes that have traction and mobilise resources. This reflects the need to deliver services. The SABR has maintained key advocacy roles in the policymaking space that are relevant to the NDoH's objectives regarding maternal and neonatal health.

We continue to offer support to the Coalition and have diversified our advocacy efforts to support a number of policy spaces, such as health education and disaster management during the drought. Recently, we facilitated the collaboration between the Doppler projects of the South African Medical Research Council (SAMRC), which monitors the umbilical performance during pregnancy. A baby food brand is interested in funding antenatal care awareness. We enjoy the partnerships that we have built since 2016 with CSOs such as Save the Children, UNICEF and partners like the NDoH.

The Coalition has had an invaluable impact on the SABR, where stakeholder engagement gives voice to health messaging and collaboration with laudable institutions like the SAMRC, GHI and Association for Dietetics in South Africa (ADSA), as well as midwifery and lactation bodies and policymakers. We are synergising and growing projects as a Coalition.

Technical working groups (TWGs)

The SABR is a guest at three technical working groups at the NDoH. This year, we were invited to join the TWG guiding the policy for maternal and neonatal health. We continue to participate in the breastfeeding TWG and the sub-group that reviewed the neonatal algorithm for hospitalised COVID-positive infants and children.

While diverse views were put forward, it is our belief that the algorithm in its original form was very pro-breastfeeding, and perhaps misunderstood, as it outlines the workflow for COVID-positive infants and children who are hospitalised. COVID-positive mothers are not allowed to enter the NICU, and similar high-care wards dealing with nosocomial sepsis and infection control at the hospital level are a challenge at best. Being susceptible to contamination, NICUs are delicate and isolated environments. However, mothers are generally supported in expressing breastmilk for their babies in the NICU. The option of isolating the mother together with the baby was discussed; however, the reality is that South African hospitals do not have the necessary capacity. Wards are overpopulated and often operate above their capacity, even under normal circumstances. The TWG for review of the

neonatal algorithm was a collaboration between the NDoH, SAMRC (under Professor Goga), La Leche Legue (LLL) and the SABR. LLL pushed the WHO guidelines, while the majority felt that we have to be context-specific and implement practices that address the reality and requirements of the South African healthcare system.

To support the correct messaging around breastfeeding and COVID-19, the SABR sponsored a press release in partnership with the SAMRC, LLL, ADSA and SACLC (South African Certified Lactation Consultants), with Dr Makua (NDoH Chief Director for Maternal and Child Health) leading the conversation. The press release focused on the importance of continuously promoting exclusive breastfeeding practices where possible and at all cost. We published on World Day of Human Milk Donation on 18 May 20202, and were fortunate to receive excellent coverage by an SABC team.

Pasteurisers

Sostieni was liquidated due to disagreements surrounding the management of the accounting and shares of the organisation. However, the technician who builds and services the machines remains committed to the cause, and business is once again progressing as usual, for the time being. The liquidation agreement is that the IP will be registered under creative commons, in order to contribute to the growing open-source technologies aimed at scaling these resources at low cost and for a good cause, thereby achieving affordability and reaching consumers with limited resources. The silver lining is that we are repurposing the brand and website to suit the 'Feeding Collective – Disrupting Hunger'.

Surgeons for Little Lives

Due to the pandemic, the construction work for the new lactation ward was halted temporarily. The SABR supplies DBM to Chris Hani Baragwanath Academic Hospital pro bono.

3.6 Advocacy and communication strategy

This area is where our strengths lies. In partnership with dotGOOD, we have built a strong communication strategy around breastfeeding promotion. Eight years into talking about breastfeeding, we have amplified the collective messaging and have gained significant traction with the media.

We recently collaborated on a press release with the NDoH, SAMRC, ADSA and SABLC for World Day of Human Milk Donation, drawing attention to the need to promote breastfeeding during the pandemic, with significant public relations (PR) value outputs. We contributed to the key messages for World Breastfeeding Week, putting fathers on the map insofar as supporting breastfeeding women is non-negotiable. Specifically, we wanted to draw attention to the high rates of paternal absenteeism, as well as cycles of domestic abuse, in addition to poverty plaguing our communities. One likely key driver for women returning to work quite early post-partum is the need to provide for their families with absent fathers. Research indicates that 61% of children live in fatherless households and that 81% of convicted rapists are from fatherless homes – which is a relevant indicator in South Africa, where the rates of femicide and gender-based violence are among the highest globally.

Paternal absenteeism also correlates with the hunger indicators for children under five years old, leading to stunting and malnutrition. Supporting breastfeeding extends beyond the dyad, and nutrition is ultimately determined by various complex social dynamics and structures. As a collective, we need to recognise the critical value of teaching *love* as a key component of early childhood development and family planning, in order to save women's lives and promote breastfeeding.

3.7 Human resources (HR) report

The SABR strategy of staff protection and support has, thus far, successfully navigated the COVID-19 pandemic and its associated risks, and we remain fully operational across the country. Three teambuilding activities have also been held for Head Office staff, the supporters of the hospital coordinators.

The SABR staff complement is 100% female and, as such, the 9 July 2020 DoEL report that "employment and labour on most compensation fund claims for contracting Coronavirus COVID-19 at work are from women" is noted with interest.

By necessity, the focus has been on implementing regulatory requirements such as working from home, screening and rostering staff, conducting and implementing risk assessments, emphasising health and safety responsibilities and obligations, and providing employees with emotional support. While the in-hospital coordinators are screened by the hospitals and fall within the hospital health and safety measures, a minimum of one personal telephonic check-in per week has been instituted for all in-hospital coordinator staff members. Where staff members have been rostered, they have been paid in full. TERS was accessed for the month

of April only, when we observed the stricter lockdown measures, while still regarding our service as essential.

In addition to constantly adhering to the SOPs, the Health and Safety policy has been updated, and Health and Safety reminder letters as well as the SABR position on social interaction were circulated to all staff members. They have all been provided with the official data-free government COVID-19 website link, and are encouraged to remain up to date, especially for their municipal areas. The regular risk monitoring also includes urging staff members to report any changes in their home circumstances, as well as any social events (e.g. funerals) that they have decided to attend. Both the Head Office and in-hospital coordinators are screened daily. If ever they were found be unwell, even with regular flu or bronchitis, it was viewed as prudent for them to remain at home until they felt fit and healthy again.

In line with the previously reported strategy to stabilise and upskill the in-hospital milk bank coordinators, the Kimberley Hospital coordinator has taken up the training and mentorship role for the more recently appointed and younger coordinators. She currently has three coordinators whom she is training on systems and procedures, and is mentoring them on at least a weekly basis. This approach alleviates preventable operational pressures for the Executive Director.

The in-hospital coordinators are committed and are playing an active role – for example, by partnering with hospitals to conceptualise awareness campaigns; where mother and baby have been separated, assisting with feeding the babies (even over weekends); and actively seeking donors in the communities. (Refer to Appendix 4)

As the in-hospital milk bank facilities increase in number, the SABR has continued to successfully recruit and staff their facilities. The imminent NDoH Guidelines are used as the required staff profile.

The Protection for Personal Information Act (POPIA) is effective as of 1 July 2020, and the SABR now has 12 months to become fully compliant. The proposed strategy is attached (Refer to Appendix 3). This will be translated into a project plan. The POPIA policy has been approved and is ready for implementation, and the addendum to the employment contract is being implemented with all staff.

The SABR has renewed the liability insurance cover for a further 12 months, and extended the officers and directors liability cover until the end of July 2020. With the implementation of POPIA, it is recommended to review the need for cyber insurance.

4. Financial and fundraising report: Thinking ahead

In 2016, the SABR engaged a change management strategy aimed at solidify the financial standing of the organisation, by engaging a sustainable cost recovery model that would allow the SABR to meet the substantial operating costs involved in running a tissue bank. While we do not offer remuneration for DBM to the donor mother under the amendment to the Health Act, the processes surrounding the donation and underpinning the quality processes are quite substantial. The cost of screening a breastmilk donor averages around R 1,500. In 2018, we realised that the screening process should be inverted; so, we started only testing potential donors who actually donated at least 20 units. This had a great impact on our quality assurance budget, as we stopped testing the 41% of donors who previously would undergo screening but never donate.

Currently, the SABR has a three-prong funding approach:

1. 'Make your Hospital Breastmilk Smart' is the public sector collaboration, where we work closely with six Departments of Health on SLAs to expand human milk banking in the public sector hospitals, where the burden of HIV and stunting lead to prematurity. We run 25 public sector human milk banks and a number of collection corners, supplying the NICUs of the largest tertiary hospital facilities (in number of beds) nationwide. The parent of the recipient does not pay for DBM in this project. The 'Double or Double' initiative aims to double the impact in this vulnerable sector of our target population. The SABR has maintained all provincial contracts and secured extensions, as well as opened a second bank in Limpopo. Remittance remains a challenge, especially over the state's financial year-end.

2. The 'Feed for Life Initiative' is the programme where we supply DBM to all infants who qualify under a universal guideline. We recover costs from private patients and do a lot of pro bono work that is driven by affordability. To date, we have never turned down a reasonable request for breastmilk within the guidelines. The cost recovery for private hospitals was the focus of the 2016 change management strategy where, following a breakeven analysis, we realised the cost of one unit of breastmilk and began recovering that. This project bridges the gap caused by payment delays from the public sector and promotes cash flow.

   We raise funds via the private sector to renovate our public sector milk banks. Discovery has been a great supporter of our work, funding the renovations of

Kimberley, Potchefstroom and Kalafong hospitals over the years, as well as the purchase of technology and equipment for the Reserve.

Operating cost and cash flow

Our operating costs have remained steady at around R 500,000 a month. In preparation for the pandemic, we spent R 104,000 over budget on extra PPE, respirators and jackets for the staff. To prevent the Head Office staff from contracting the virus via public transport, we spent an additional R 40,000 on transporting them between the office and their homes since March. As the pandemic is presenting a long-term problem, we rehoused one of our staff members to live closer, in order to reduce transport costs. We recently also employed our own driver with car, in order to avoid using other transportation suppliers that also transport COVID-positive patients. We are currently owed R 900,000 and have a debt to suppliers of R 100,000.

When the pandemic started, and with an eye for readiness during turbulent financial times, Staša extended her personal credit facilities and loaned the SABR R 210,000 in March, to cover the operational costs and the Limpopo project completion. We completed the Philadelphia installation and received payment by the end of March, which helped our cash flow dramatically.

As we pivot toward food banking, we have applied to the Roddenberry Foundation and for the Children's Prize, in order to expand the food voucher programme as well as the 'Double or Double' initiative. The aim is to grow the footprint and impact of human milk banking from 3,000 to 6,000 recipients in 24 months.

Cash Movement Report as at 30/06/20 for 4 month(s)

Period(s)	March	April	May	June
TOTAL OPENING BANK BALANCE	123477.48	689150.90	680183.75	582088.09
CASH RECEIVED				
Receipts from Customers	715571.92	452042.15	199268.72	76182.44
Donation Income	100.00	100.00	100.00	200.02
Private Receipts	102914.30	107897.60	110089.00	111276.80
UIF TERS	0.00	0.00	67641.00	0.00
Loans from Directors	210000.00	0.00	0.00	0.00
TOTAL RECEIPTS	**1028586.22**	**560241.51**	**377098.72**	**187659.26**
CASH PAID OUT				
Payments to Suppliers	41339.78	196290.83	56024.55	69999.55
Bank Setup & Refurbish Costs	131134.00	0.00	0.00	1715.00
Machine Repair	0.00	0.00	0.00	43835.85
Co-ordination	15000.00	15000.00	15000.00	15000.00
Travel & Accom Delivery	25458.31	23983.04	10374.41	18704.04
Collection Expenses	0.00	4285.30	106777.62	10260.93
Monitoring Expenses	0.00	0.00	10762.56	0.00
Accounting Fees	11402.50	18500.00	2500.00	11250.00
Advertising & Promotions	2624.86	0.00	22221.05	558.54
Bank Charges	3001.73	2126.25	1744.14	2254.10
Computer Expenses	6016.53	6264.43	8539.58	18365.40
Donations	0.00	10000.00	5000.00	0.00
Insurance	3188.56	4149.63	4149.83	4149.83
Motor Vehicle Expenses	4293.53	1076.00	5253.98	1551.38
Rent Paid	32388.21	0.00	29668.53	27647.72
Employee Costs	172356.80	210452.91	167437.57	207178.06
Subscriptions	1350.36	581.00	581.00	671.00
Telephone & Fax	7079.25	7554.20	7363.63	7273.86
Staff Welfare	0.00	3080.28	15430.55	1739.98
Loans from Directors	6278.38	6278.38	6278.38	6278.38
Credit Card	10816.61	14971.46	9046.31	10792.38
Vat / Tax Control Account	0.00	58964.10	0.00	60849.78
TOTAL PAYMENTS	**473729.41**	**584180.12**	**484240.69**	**520075.78**
NET CASH MOVEMENT	554856.81	-23938.61	-107141.97	-332416.52

5. Appendices

5.1 Appendix 1: SABRViro1 – Evaluating the performance of HIV-1 virological screening of breastmilk using the Ultrio Elite assay

RESEARCH PROTOCOL

Title: SABRViro1 – Evaluating the performance of HIV-1 virological screening of breastmilk using the Ultrio Elite assay

Investigators

- Staša Jordan[1] (BSocSci Hons): Principle investigator
- Ahmad Haeri Mazanderani[2] (MBChB): Co-investigator
- Tendesayi Kufa[2,3] (MBChB, PhD): Co-investigator
- Marion Vermeulen[4] (MSc): Co-investigator
- Ameena Goga[5,6,7] (MBChB, DTMH, DCH, MSc MCH, FC(Paeds), MSc Epidemiology, MPhil, PhD, Cert Paed Pulmonology): Co-investigator
- Ute Feucht[7,8] (MBChB, FCPaed(SA), MMed, Dipl HIV Man (SA), CAHM, PhD): Co-principle investigator

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List of abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
CV	Coefficient of variation
DBM	Donated breastmilk
HIV	Human immunodeficiency virus
HTLV	Human T-lymphotropic virus
HTST	High-temperature short-time
LOD	Limit of detection
MOM	Mothers own milk
NAT	Nucleic acid testing
NDoH	National Department of Health
NICD	National Institute for Communicable Diseases
NICU	Neonatal intensive care unit
NHLS	National Health Laboratory Service
SABR	South African Breastmilk Reserve
SABR HO	South African Breastmilk Reserve Head Office
SAMRC	South African Medical Research Council
SANBS	South African National Blood Service
SD	Standard deviation
SOPs	Standard operating procedures
TB	Tuberculosis
WBOTs	Ward based outreach teams

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1. Background and significance

Newborns and infants bear the greatest burden of infectious disease. The World Health Organization has estimated that “10.6 million children under the age of 5 die every year, with the highest mortality rates occurring in the first month of life” (Henrick et al 2017:1). As further highlighted by Henrick et al (2017), 95% of infant morbidity and mortality occur in regions such as sub-Saharan Africa, which contain low and middle-income countries and have high prevalence of both human immunodeficiency virus (HIV) and tuberculosis (TB). The authors posit that 823,000 under-five child mortalities as well as 20,000 breast cancer deaths per annum could be prevented through exclusive breastfeeding. Moreover, annual economic losses of around three billion dollars have been linked to lack of breastfeeding (Henrick et al 2017:1).

South Africa’s health policy, as well as the *Tshwane Declaration of Support for Breastfeeding in South Africa*, provide that all infants are exclusively breastfed for six months and receive complementary feeding for up to 24 months, where possible (Department of Health, 2019). However, maternal lactation – especially in the premature population – is often a challenge where maternal health is failing, particularly as a result of the epidemiological landscape and the high prevalence of HIV.

Furthermore, human milk is indirectly associated with the reduction of healthcare costs, as it alleviates the incidence and/or severity of prematurity-related morbidities during hospitalisation in the neonatal intensive care unit (NICU) (Johnson et al 2014:209). Where mothers own milk (MOM) is not yet available, particularly in the first 72 hours postpartum, donated breastmilk (DBM) plays a key role as a bridging feed that is non-invasive and considered safe. Human milk-banking is among the key strategies that support both early maternal lactation, as well as the nutritional needs of the ever-growing population of premature infants, thus diminishing the burden of mortality and morbidity in the health system.

For the purpose of ensuring safety in human milk banking, the South African Breastmilk Reserve (SABR) has developed a set of standard operating procedures (SOPs) modelled on the National Institute for Health and Care Excellence guidelines for human milk banking. The current viral pathology protocol for donor mothers relies on serological tests for HIV as well as hepatitis B and C. A positive HIV result via serological testing is considered an exclusion criterion for the donation of breastmilk.

The prevalence of HIV is particularly relevant in the South African context, where nearly 8 million people are living with HIV (Woldesenbet 2019:10). Considerable inroads have been made in reducing new HIV infections (31%) and AIDS-related deaths (41%) since 2015; however, according to *The 2017 National Antenatal Sentinel HIV Survey Key Findings, South Africa* published in July 2019, the national prevalence of HIV in the antenatal population is 30.7%, showing only a 0.1% decline from the 2015 data (Woldesenbet 2019: 3–10).

Moreover, the prevalence of HIV in the antenatal population poses a risk of false-negative serological test results, where donors are in the window period of HIV infection. This limits the accuracy of results. As such, potential donor mothers may falsely present as HIV-negative, and their breastmilk may enter the tissue banking system. Although all donated breastmilk (DBM) is pasteurised in order to decrease the risk of communicable disease, the processes around HIV detection should be highly accurate and relevant to a specific batch of DBM, rather than retrospective.

Furthermore, duplication in the sampling and collection of tissues escalates the cost of human milk banking. First, blood tissue must be collected for the purpose of infectious disease screening. Thereafter, the breastmilk tissue is collected in order to expand the reserve of DBM. The objective of this research proposal is to validate assays for the direct virological screening of breastmilk, thereby combining these two processes, and rendering the prior collection of blood tissue unnecessary.

1.1. Problem statement

In order to ensure the safe use of DBM, human milk banks in South Africa require breastmilk donors to undergo serological testing for HIV-1/2 and hepatitis B surface antigen, and in future, possibly syphilis. This process presents numerous challenges. Laboratories often find samples to be either insufficient or inadequate, and the donor will have left the testing facility already, meaning that repeat testing cannot be performed immediately.

The SABR has human milk banks located in 24 public hospitals, and tests specimens via the National Health Laboratory Service (NHLS). The SABR Head Office (SABR HO) utilises private laboratories for private donors. Phlebotomy services come at a great logistical expense. The cost

of dispatching nurses to donor homes for the collection of blood samples escalates the cost of DBM processing substantially, to R 1,000 per donor, for the sole purpose of blood sampling. Concurrently, the SABR collects large quantities of breastmilk from these donors, thereby incurring further costs related to cold chain logistics.

This leads to the question of whether the infectious disease screenings could be performed directly on the breastmilk tissue. If validated successfully, direct virological breastmilk assays have the potential to improve the efficiency of the breastmilk screening programme, lower the cost of human milk banking, and also improve the accuracy of the results. However, few studies have evaluated the performance of nucleic acid and serological viral screening directly on breastmilk.

Validating nucleic acid testing (NAT) for infectious agents – in particular, HIV – directly on breastmilk opens the door to utilising novel hurdle processing technologies, rather than holder pasteurisation. Findings may further inform the treatment of breastmilk sourced from virally suppressed HIV-positive donors in favour of inclusion and pasteurisation. The aim is to progress from using breastmilk pasteurisation (cooking breastmilk at 62.5ºC for 30 minutes) to using novel hurdle processing technologies. These technologies aim to preserve the biological integrity of the breastmilk tissue and its immunological quality, by potentially preserving the immunoglobulins that pasteurisation destroys.

Unlike holder pasteurisation, hurdle technologies leverage a combination of irradiation and high-temperature short-time (HTST) processes, rather than the near sterilisation of breastmilk. Therefore, the direct pathological screening of the tissue can support less aggressive processes, with the potential to improve the immunological quality of donated breastmilk. This would potentially revolutionise how human milk banks engage quality, diagnostics and processing.

1.2. Study aims

The study aims to evaluate the performance of HIV-1, nucleic acid testing on breastmilk.

1.3. Study objectives

Primary objectives

A) To determine the lower limit of detection of HIV-1 using the Procleix Ultro Elite assay (Grifols, Pleasanton, CA) on whole breastmilk and breastmilk supernatant.
B) To describe the sensitivity, specificity, positive predictive value, negative predictive value and accuracy of the Ultrio Elite assay in detecting HIV-1 in breastmilk compared to blood plasma.

Secondary objective

The secondary objective is to collect breastmilk specimens from mothers with high HIV viral load, or to use leftover breastmilk specimens from mothers with high HIV viral load, in order to assess the sensitivity of HIV in breastmilk to broadly neutralising antibodies produced by the National Institute of Health (NIH) vaccine research centre. A standalone protocol will be written for this objective (Neutralisation Study).

2. Methods

2.1. Study population

All breastfeeding women will be offered the opportunity to enrol in the study, regardless of their HIV status. Participants will be recruited when:

(1) They attend outpatient clinics
(2) They care for admitted infants in the paediatric ward
(3) They are themselves admitted in postnatal wards after delivery

The study setting is Kalafong Provincial Tertiary Hospital.

The inclusion criteria for the SABRViro1 study are:

(1) Breastfeeding mothers, regardless of HIV status and antiretroviral treatment (ART) exposure.
(2) Ability to provide written informed consent.

The exclusion criteria are mothers who are (1) not breastfeeding, and (2) unable to provide written informed consent.

Potentially eligible women will be assessed for eligibility and offered enrolment opportunities until the desired sample size of **120** women is achieved.

2.2. Study procedures

Recruitment of donors will commence as soon as ethics approval has been granted. Routine hospital staff working in postnatal wards, as well as in paediatric in-patient and out-patient clinics, will be asked to refer potentially eligible women to the study nurse for an eligibility assessment. Consenting and eligible mothers will be enrolled in the study by a registered nurse trained in HIV pre-test counselling, phlebotomy, and the collection of breastmilk samples.

Following enrolment and informed consent procedures, the study will collect prenatal and postnatal information pertaining to maternal age, obstetric and medical history, HIV status and treatment regimens, using a questionnaire administered by an interviewer. The questionnaire will collect data on the following variables:

- Date of birth, maternal age, parity, obstetric history of current pregnancy, highest level of education, sexual partner(s) age and HIV, Hepatitis B and Hepatitis C infection status
- Health status: chronic medical conditions, including HIV (and date of last tests) as well as HIV disease control if applicable (including last HIV viral load and CD4 results and antiretroviral treatment history)

The questionnaire is included in Appendix B – Maternal information at SABRViro1 one-time sample collection.

2.3. Specimen collection

The study will collect whole blood and breastmilk samples once-off. These will be paired samples of breastmilk (20 ml) and whole blood (10 ml) (Appendix A: Participant information and consent form). Enrolled mothers will provide paired breastmilk and whole blood samples at a single time point. The volume of breastmilk obtained will be up to a maximum of 20 ml, and volume of whole blood obtained will be up to a maximum of 10 ml. Breastmilk samples will be collected in glass bottles (Appendix C), and whole blood samples will be collected by venepuncture in plasma preparation tubes (PPT). Samples will be transported to the SANBS facilities on the day of collection, where they will be stored at –20° Celsius. Testing on plasma and reporting of results will be performed within 14 days of sample collection. Specimens with a high viral load will be stored for use in the neutralisation study.

2.4. Data management

The completed questionnaire will be entered into a REDCap database.

2.5. Laboratory testing methods

Both the breastmilk and plasma samples will be tested for HIV-1 RNA at SANBS using an NAT assay (Procleix Ultrio Elite, Grifols). The Procleix Ultrio Elite is a multiplex test that detects HIV-1, HBV and HCV nucleic acid. Plasma samples will be processed as per the manufacturer's package insert. To evaluate analytical sensitivity, precision and test performance, the tests will use the equivalent volumes of breastmilk and plasma (1ml). The 95% lower limit of detection of the Ultrio Elite assay on a plasma matrix has been described by the SANBS as 10.4 copies/ml (95% CI: 6.9 – 18.2).

2.6. Data analysis methods

2.6.1. Limit of detection (LOD) analysis

To determine the lower limit of detection of the Ultrio Elite assay on breastmilk (Objective A), the breastmilk of study participants whose paired plasma and breastmilk samples tested HIV-negative will be spiked with known concentrations of an HIV-1 standard.

The LOD analysis will be performed at six concentration levels (500, 200, 100, 50, 10 and 5 copies/ml) or similar doubling dilutions, using the 1st International HIV-1 RNA WHO standard HIV-1 subtype B, diluted in HIV-1-negative human breastmilk. Both whole breastmilk and breastmilk supernatant (after centrifuging whole breastmilk at 3,000 g for 10 minutes) will be evaluated with 10 replicates at each concentration, using two different reagent lots. To estimate the LOD concentration, the hit rate profile from all valid replicates will be combined and analysed by applying a 95% probit model, including a 95% confidence interval.

2.6.2. Precision

HIV-negative whole breastmilk samples spiked with 2.5 x LOD will be prepared in 50 aliquots and frozen at –20° Celsius. Five aliquots will be thawed and run as replicates every day for 10 days. Total imprecision will be evaluated using analysis of variance of log10 transformed results. The coefficient of variation (CV) and standard deviation (SD) will be calculated to evaluate within-run and run-to-run imprecision.

2.6.3. Diagnostic performance

To evaluate the performance of the Ultrio Elite assay on breastmilk in comparison to plasma (Objective B), paired plasma and breastmilk samples from a population of breastfeeding women will be analysed. Based on antenatal survey estimates, it is anticipated that 30% of women who enrol in the study will be HIV-positive, and that one-third of these patients will have HIV-1 RNA detectable in plasma, based on maternal virological suppression rates (Moyo et al 2020). It is therefore estimated that approximately 10% of women enrolled in this study will have HIV-1 RNA detectable in plasma. Diagnostic sensitivity, specificity, positive predictive value, negative predictive value and accuracy of the Ultio Elite assay in detecting HIV-1 RNA in whole breastmilk samples compared to paired plasma samples (as the gold standard) will be evaluated using a 2 x 2 table (Table 1).

Table 1: 2 x 2 table to evaluate test performance

		Plasma result (gold standard)	
		Positive	Negative
Breastmilk result (test under evaluation)	Positive	True positive (a)	False positive (b)
	Negative	False negative (c)	True negative (d)

- Diagnostic sensitivity = a/(a + c)
- Diagnostic specificity = d/(b + d)
- Positive predictive value = a/(a + b)
- Negative predictive value = d/(c + d)
- Accuracy = (a + d)/(a + b + c + d)

All plasma samples with a detected Ultrio Elite result will have an HIV-1 viral load test performed. Cases with a discordant plasma and breastmilk Ultrio Elite result where the HIV-1 viral load result is less than the detectable limit of the assay (i.e. target not detected) will have HIV-1/2 serology testing on plasma to confirm HIV status.

All statistical analyses will be performed using STATA version 14.2 (StataCorp, Texas, USA).

2.6.4. Sample size calculation

The study will enrol 120 postpartum women. This sample size is based on the following sample size calculation detailed in Tables 2 and 3. Assuming an α-level of 0.05 and 80% power, and that the prevalence of unsuppressed viral load among all enrolled mothers is 10% regardless of HIV or ART status, a minimum sample size of **120** will be required, in order to determine a sensitivity of 95% +/–3% and a specificity of 98% +/– 2%. At least 12 HIV-positive mothers with unsuppressed viral load will be required in order to measure the sensitivity at these precision levels. Furthermore, at least 100 HIV-negative mothers will be required in order to measure specificity at the stated precision levels.

Table 2: Sample sizes for different precision levels at 95% sensitivity

Expected sensitivity of 95%		
Precision	Sample size	Number of cases for 10% prevalence
1%	994	100
2%	259	26
3%	**118**	**12**
4%	65	7
5%	39	4

Table 3: Sample sizes for different precision levels at 98% specificity

Expected specificity of 98%		
Precision	Sample size	Number of cases for 90% prevalence of

		negative HIV viremia
1%	437	43.7
2%	**111**	**100**
3%	74	7.4
4%	61	6.1
5%	52	5.2

3. Ethical considerations

The research nurse will recruit mothers who are attending the paediatric ward and postnatal visits at Kalafong Provincial Tertiary Hospital. Study participants will be informed about the SABRViro1 study and be given the necessary time to ask questions and discuss the study with the enrolling nurse. If potential participants agree to participate in the study, informed consent will be obtained (Appendix A). All study participants will receive pre-test counselling for HIV, Hepatitis B and Hepatitis C by the enrolling study nurse. Informed consent will be obtained to perform HIV, Hepatitis B and Hepatitis C testing. Furthermore, informed consent will be obtained to contact the patient telephonically and referred to Kalafong Hospital Immunology Out Patient Department (IOPD) clinic for further counselling, testing and management if results require clinical follow-up. In cases were the study participant indicates that they are HIV infected but not on ART, they will be referred to the Kalafong Hospital Immunology Out Patient Department (IOPD) clinic for further management. In cases where the study participant indicated that they were uninfected or status unknown for HIV, Hepatitis B and Hepatitis C but where blood samples subsequently test HIV, HBV and/or HCV positive on nucleic acid testing, as well as HIV positive cases with a viral load >50 RNA cps/ml, the study participant will be contacted telephonically by a member of the study team and referred to Kalafong Hospital Immunology Out Patient Department (IOPD) clinic where they will receive post-testing counselling as well as further diagnostic workup and clinical management. All nucleic acid testing for HIV, Hepatitis B, and Hepatitis C (including HIV viral load testing) will be performed and reported within two weeks of sample collection. Study participants who require clinical follow-up based on these results will be contacted once results are reported. This process will be coordinated by a member of the study team.

3.1. Potential risks

The risks relating to participation in this study are very low. The procedure of breastmilk and blood collection pose neither immediate nor long-term physical risks. Minor discomfort may be experienced during the collection of blood samples. Some emotional discomfort or distress may arise in response to some of the questions asked in the questionnaires. Study participants are free to refuse to answer any questions, and are encouraged to contact the study team at any time. As samples are only collected once, no long-term commitment is required from the participants. If mothers are found to be clinically at risk due to undiagnosed chronic conditions, the referral doctor will be informed, and the results will be shared with the mother.

The privacy of the study population will take precedence. Information and samples collected from subjects will be handled accordingly. Clinical data extracted from medical and questionnaire data will not contain any personal identifiers. Data and biospecimens will be identified only with a study ID number. It is possible that the microbial nucleic acid specimens isolated from the breastmilk may contain very small amounts of human RNA or DNA. Every effort will be made to remove any traces of human RNA or DNA (through laboratory methods during microbial isolation) and human RNA or DNA sequence data (by computational means).

3.2. Potential benefits

Knowledge gained from this study will provide a better understanding of how the management of DBM and premature infants in the NICU can be optimised. Whilst not being quantifiable at the outset, the potential benefits will inform and improve the human milk banking practice and overall quality of processed DBM. The findings will contribute to both the existing body of human milk banking knowledge and future research. Study participants will also benefit from the hepatitis screening, which is not part of routine care.

3.3. Voluntary participation

Participants will be recruited by trained research staff and without manipulation or coercion. The research staff will explain the study thoroughly and will give potential participants time to consider

their participation and to ask any questions. Participation in the study is voluntary, and participants have the right to refuse participation in any aspect of the study, and to withdraw from participation at any time. Refusal to participate will not have any negative consequences for the mother or the infant.

Informed consent will be obtained from the mothers in writing before enrolment in the study. This consent will include study participation, storage of breastmilk and blood samples, and permission to test stored samples for future research, including HIV-1 RNA viral load testing of plasma and breastmilk samples that test positive for HIV-1 RNA via the Ultrio Elite assay. No samples will be utilised for future research without prior approval from a human research ethics committee.

Individuals enrolled in the study will be managed as per standard of care in terms of routine HIV testing, virological monitoring and ART. All nucleic acid testing for HIV, Hepatitis B, and Hepatitis C (including HIV viral load testing) will be performed and reported within two weeks of sample collection. Study participants who require clinical follow-up based on these results will be contacted once results are reported. This process will be coordinated by a member of the study team.

3.4. Permissions

Permission to conduct the study will be obtained from the CEO of Kalafong Provincial Tertiary Hospital. The SAMRC has issued a letter of collaboration for the study (Appendix D). The study protocol will be submitted to the University of Pretoria Research Ethics Committee, and the study will not commence without prior approval.

4. Collaboration with other institutions

The study team consists of the following co-investigators:

- Ute Feucht (PhD) – Paediatrician in the Tshwane District Clinical Specialist Team
- Ahmad Haeri Mazanderani (MBChB) – Clinical Virologist at NICD
- Marion Vermeulen (MSc) – National Manager of Donation Testing at SANBS
- Ameena Goga (PhD) – Chief Specialist Scientist at SAMRC

- Tendesayi Kufa (PhD) – Senior Epidemiologist at NICD

The principal investigator, Staša Jordan (BSocSci Hons), is driving the research through funding from Discovery and the SABR. The research team has collaborated with the Research Centre for Maternal, Fetal, Newborn and Child Health Care Strategies, which is a collaboration between the SAMRC and the University of Pretoria. The SANBS will participate in the study and will provide access to the Panther NAT Multimarker test. The study team will provide logistical support for the project. Statisticians who are familiar with virology will be accessed via the NICD. Research assistants who have been trained in the processing of breastmilk and blood samples will be employed on a three- to six-month contract, in order to support the processing of samples.

5. Timeline

- Protocol development: January- August 2020
- Ethics submission 3: August 2020
- Participant recruitment: September 2020 – February 2021
- Laboratory work: September 2020 – February 2021
- Statistical analysis: February 2021 – March 2021
- Publications: Findings will be submitted to a peer-reviewed medical journal for publication

6. Dissemination of results

The study will provide validation of the NAT testing protocol for breastmilk through comparing viral loads in breastmilk and blood plasma.

7. Facilities

A specialised team of virologists and experienced researchers will support this study initiative, which is funded largely by Discovery as well as the SABR. A multidisciplinary team is already in place at the onsite Research Centre for Maternal, Fetal, Newborn and Child Health Care Strategies at the University of Pretoria, and has experience in biospecimen collection from the local population of mothers attending the facility through the Siyakhula study. This offers great potential for further expansion in terms of nutrition-related and child-health-related research.

The hospital serves clinics that are situated in the south-western part of the Tshwane District Health Services in Gauteng, South Africa. The selected communities have previously participated in research studies. These communities are also served by ward based outreach teams (WBOTs), which is an initiative of South Africa's National Department of Health (NDoH), whereby community healthcare workers conduct home visits.

Furthermore, the hospital hosts the first SABR human milk bank established in 2008, which feeds an average of 500 infants per annum, both onsite and in surrounding district hospitals. The facility has recently been renovated to state-of-the-art standards. The hospital staff and research team have extensive experience with the use of DBM and the recruitment of donors. Study participants will be recruited through the NICU, paediatric ward and clinic, thus representing the prospective donor population.

Additionally, the research team has access to the SAMRC research centre and its facilities. This building is presently the site of other research projects, and has adequate space for offices and conference rooms, as well as facilities to store the breastmilk and blood samples. The investigators will have access to the resources of the University of Pretoria's library system, which includes access to online journals.

Laboratory tests will be conducted at the SANBS facilities, which are fully equipped for this purpose. Specimens will be collected on a daily basis and driven from Kalafong Provincial Tertiary Hospital to the SANBS for processing.

The SANBS and NIDC house the Panther instrument that will be utilised to derive results.
The research unit is housed in a three-storey building on the grounds of Kalafong Provincial Tertiary Hospital. Research administrators and assistants, telephones, fax machines, computers and printers are available for use by project staff. The SABR has a Head Office with a cleanroom, laboratory storage for breastmilk products, as well as offices with printing, computer and Internet-access facilities.

The University of Pretoria will provide support in the form of time and capacity of the investigators, as well as a storage facility for biospecimen samples.

8. Study budget

Cost category	Quantity	Unit cost	Total
Personnel			
Research nurse	6	8,000	48,000
Testing transport and academic costs			
Testing costs	500	310	155,000
Transport costs	72	800	57,600
Academic cost	1	30,000	30,000
Sub total			290,600
Consumables			
Latex examination gloves (N/S) – powder-free Small – box of 100s	4	52.95	211.8
Cotton gauze rolls, sterile	10	43.48	434.8
Non-woven (Microporous paper tape)	1	23	23
Alcohol swabs – pack of 200s	2	18.25	36.5
Sanitouch	4	45.54	182.16
Bioscrub	4	53.45	213.8
21 gauge blood collection needles – box of 100	3	184.21	552.63
Tourniquet elastic with clip	10	13.65	136.5
Subtotal			1,791
Total			292,391

8.1. Personnel

The study will be funded largely by the SABR, with the objective of keeping the cost of research contained. As the SABR currently employs the research nurse for the Siyakhula study, she will also be responsible for the recruitment of participants for the SABRViro1 study.

8.2. Consultant cost

None. The research team has the necessary expertise to conduct the research, and no outside consultation is planned or expected.

8.3. Equipment

The SANBS will provide access to the Panther NAT Multimarker analyser at cost.

8.4. Supplies

A detailed breakdown of the laboratory supplies required for this study is included in the budget and appendices. Expenses will comprise material and supplies for participant recruitment (files and stationery), sample collection equipment (gloves, tubes, disposable syringes, glass vials for breastmilk, and breast pumps) and specimen processing (gloves, tips, tubes, pipettes and labels).

8.5. Travel

Specimens will be collected at Kalafong Provincial Tertiary Hospital on a daily basis and driven from Pretoria to Johannesburg. The travel and courier costs will be covered by Staša Jordan in her personal capacity.

8.6. Patient care

There will be no costs for patient care, since the study has no interventional component that will impact routine patient care.

8.7. Other direct expenses

None.

8.8. Indirect costs

Institutional costs (Faculty of Health Sciences of the University of Pretoria).

9. References

Bruhn, R., Lelie, N., Busch, M., Kleinman, S. and International NAT Study Group, 2015. Relative efficacy of nucleic acid amplification testing and serologic screening in preventing hepatitis C virus transmission risk in seven international regions. *Transfusion*, 55(6), 1195–205.

Busch, M.P., Glynn, S.A., Stramer, S.L., Strong, D.M., Caglioti, S., Wright, D.J., Pappalardo, B., Kleinman, S.H. and NHLBI-REDS NAT Study Group, 2005. A new strategy for estimating risks of transfusion-transmitted viral infections based on rates of detection of recently infected donors. *Transfusion*, 45(2), 254–64.

El Ekiaby, M., Moftah, F., Goubran, H., van Drimmelen, H., LaPerche, S., Kleinman, S., Busch, M. and Lelie, N., 2015. Viremia levels in hepatitis C infection among Egyptian blood donors and implications for transmission risk with different screening scenarios. *Transfusion*, 55(6), 1186–94.

Grabarczyk, P., van Drimmelen, H., Kopacz, A., Gdowska, J., Liszewski, G., Piotrowski, D., Górska, J., Kuśmierczyk, J., Candotti, D., Lętowska, M., Lelie, N. and Brojer, E., 2013. Head-to-head comparison of two transcription-mediated amplification assay versions for detection of hepatitis B virus, hepatitis C virus, and human immunodeficiency virus Type 1 in blood donors.*Transfusion*, 53(10), 2512–24.

Henrick, B.M., Yao, X.D., Nasser, L., Roozrogousheh, A. and Rosenthal, K.L., 2017. Breastfeeding Behaviors and the Innate Immune System of Human Milk: Working Together to Protect Infants against Inflammation, HIV-1, and Other Infections. *Front Immunol*, 29(8),1631.

Johnson, T.J., Patel, A.L., Bigger, H.R., Engstrom, J.L. and Meler, P., 2014.
Economic Benefits and Costs of Human Milk Feedings: A Strategy to Reduce the Risk of Prematurity-Related Morbidities in Very-Low-Birth-Weight Infants. *Advances in Nutrition*, 5(2), 207–212.

Kleinman, S.H., Leliie, N. and Busch, M.P., 2009. Infectivity of human immunodeficiency virus-1, hepatitis C virus, and hepatitis B virus and risk of transmission by transfusion. *Transfusion*, 49(11).

Lelie, N., Bruhn, R., Busch, M., Vermeulen, M., Tsoi, W.C., Kleinman, S. and International NAT Study Group, 2017. Detection of different categories of hepatitis B virus (HBV) infection in a multi-regional study comparing the clinical sensitivity of hepatitis B surface antigen and HBV-DNA testing. *Transfusion*, 57(1), 24–35.

Moyo, F., Mazanderani, A.H., Murray, T., Technau, K.G., Carmona, S., Kufa, T. and Sherman, G.G., 2020. Characterizing viral load burden among HIV-infected women around the time of delivery: Findings from four tertiary obstetric units in Gauteng, South Africa. *J Acquir Immune Defic Syndr*, Jan 6.

National Institute of Health Care and Clinical Excellence 'Donors Breastmilk Banks: The operation of donors milk-bank services' 2010.

Editorial Office, Department of Health, 2011. The Tshwane Declaration of Support for Breastfeeding in South Africa. *South African Journal of Clinical Nutrition*, 24(4), 214.

South African Breastmilk Reserve (SABR), 2018. Standard Operating Procedures.

Vermeulen, M., Coleman, C., Mitchel, J., Reddy, R., van Drimmelen, H., Ficket, T. and Lelie, N., 2013. Sensitivity of individual-donation and minipool nucleic acid amplification test options in detecting window period and occult hepatitis B virus infections. *Transfusion*, 53(10), 2459–66.

Vermeulen, M., Lelie, N., Coleman, C., Sykes, W., Jacobs, G., Swanevelder, R., Busch, M., van Zyl, G., Grebe, E., Welte, A. and Reddy, R., 2019. Assessment of HIV transfusion transmission risk in South Africa: a 10-year analysis following implementation of individual donation nucleic acid amplification technology testing and donor demographics eligibility changes. *Transfusion*, 59(1), 267–276.

Vermeulen, M., Coleman, C., Mitchel, J., Reddy, R., van Drimmelen, H., Fickett, T., Busch, M. and Lelie N., 2013. Comparison of human immunodeficiency virus assays in window phase and elite controller samples: viral load distribution and implications for transmission risk. *Transfusion*, 53(10), 2384–98.

.

Vermeulen, M., Swanevelder, R., Chowdhury, C., Ingram, C., Reddy, R., Bloch, E.M., Custer, B.S. and Murphy, E.L., 2017. Use of Blood Donor Screening to Monitor Prevalence of HIV and Hepatitis B and C Viruses, South Africa. *Emerging Infectious Diseases*, 23(9), 1560–1563.

Vermeulen, M., Dickens, C., Lelie, N., Walker, E., Coleman, C., Keyter, M., Reddy, R., Crookes, R. and Kramvis, A., 2013. Hepatitis B virus transmission by blood transfusion during 4 years of individual-donation nucleic acid testing in South Africa: estimated and observed window period risk. *Transfusion*, 52(4), 880–92.

Vermeulen, M., van Drimmelen, H., Coleman, C., Mitchel, J., Reddy, R. and Lelie, N., 2014. A mathematical approach to estimate the efficacy of individual-donation and minipool nucleic acid amplification test options in preventing transmission risk by window period and occult hepatitis B virus infections. *Transfusion*, 54(10), 2496–504.

Weusten, J., Vermeulen, M., van Drimmelen, H. and Lelie, N., 2011. Refinement of a viral transmission risk model for blood donations in seroconversion window phase screened by nucleic acid testing in different pool sizes and repeat test algorithms. *Transfusion*, 51(1), 203–15.

Woldesenbet, S.A., Kufa, T., Lombard, C., Manda, S., Ayalew, K., Cheyip, M. and Puren, A., 2019. The 2017 National Antenatal Sentinel HIV Survey, South Africa, National Department of Health.

List of appendices

Appendix A: Participant information and consent form
Appendix B: Maternal questionnaire form
Appendix C: Breastmilk collection chart
Appendix D: UP-SAMRC letter of support

5.2 Appendix 2: Letter of Motivation

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TO: Stasha Jordan, South African Breastmilk Reserve
FROM: Tarin Ross, Bedford Hospital
DATE: 03 July 2020

RE: Motivation for breastmilk bank

Breast is best and that is a fact. Even more so for premature, very low birth weight and sick infants. However, access to breastmilk is not always available to these high risk children, which leads them to miss out on the crucial and lifesaving benefits that breastmilk offers. We want to be able to assist in saving the lives of these vulnerable children, by ensuring that they can still receive breastmilk no matter the circumstances.

We have a highly motivated and passionate group of dietitians and doctors, who want to go the extra mile to provide our babies access to breastmilk during their most critical phases, where a mother's milk may not yet be available. Having this breastmilk available will help to drastically reduce the pressure and anxiety for these moms whilst her milk supply may still be establishing, which in turn will further promote successful feeding. It is of even greater importance in the current era of HIV, that we are able to bridge the gap in feeding for HIV positive mothers in scenarios were their breastmilk supply is insufficient, or they are temporarily unable to feed. In these situations, access to the donated milk will help to reduce risk of transmission by avoiding mixed feeding, as well as providing the moms with an opportunity to establish long lasting and safe breastfeeding. We service small rural communities in the Eastern Cape, where access to these resources are usually hard to come by. We have a great need for this service, and we want to put ourselves on the map, establishing a breastmilk bank and making our area a center for a milk banking network.

We are based at four hospitals within an hour's radius of each other (Bedford, Adelaide, Andries Vosloo and Cradock Provincial Hospital). Each institution has got behind this initiative, with passionate individuals who want to support, promote and grow this cause. We are able to assist by

advocating for breastfeeding and breastmilk donations, actively pursuing community involvement, understanding and acceptance. Whilst also reaping the reward of easy access to donated milk, and thus most importantly, saving many precious little lives.

Looking forward to working together.

Kind regards

Tarin Ross, Dietitian Bedford Hospital
Dr Angela Hartwig, Doctor, Adelaide Hospital
Jessica Fourie, Dietitian Andries Vosloo
Velile Buyaphi, Dietitian Cradock Provincial Hospital

5.3 Appendix 3: Communication and Press Releases

MEDIA RELEASE

Food security for children starts at the breast – support breastfeeding

IMMEDIATE RELEASE XX July 2020

South Africa has one of the lowest breastfeeding rates in the world. Not because women do not understand the importance of breastfeeding for their children but because women face a hostile environment to care for their children. This World Breastfeeding Week, observed from 01 to 07 August, the South African Civil Society for Women's, Adolescents' and Children's Health (SACSoWACH) are focusing on creating an environment that enables and supports women to breastfeed successfully.

Due to our current global crises, with the engulfing COVID-19 pandemic and the subsequent economic crash, women are bearing the brunt of job losses. Female-headed households, especially, are experiencing a financial shock,[1] adding to the burden of finding food for their families and caring for their children. In South Africa, nearly one in two households are headed by females, skewing the need to provide unfairly on mothers.

South Africa is known as 'the fatherless nation' as it has one of the highest numbers of absent fathers in the world. It is estimated that nine million children in South Africa grow up without fathers.[2,3] In a recent media report, even our Springbok captain has had to call on men to support and eradicate the scourge of abuse and violence against women.[4]

Breastfeeding is excellent for infants and young children as a food source, for immunity and for neurocognitive development, and emotional self-regulation.[5] "The first step to creating a supportive and safe environment for women and children is the essential provision of food for pregnant women and breastfeeding mothers. safety and protection for moms, as the life-carrier and carer of children, is non-negotiable," explains Dr Tshepo Motsepe, First Lady of South Africa, patron of the Coalition, passionate breastfeeding activist and humanitarian.

The high rates of violence in South Africa cannot be ignored. Breastfeeding is associated with less violence in societies.[5] Research also shows that 80% of rapists are the product of absent fathers.[3] Young men who grow up without involved fathers are more likely to develop 'hyper-masculine' behaviours such as aggression and emotional instabilities. In contrast, young women are more likely to develop lower self-esteem and become victims of violence.[3] Many hungry and stunted children live in fatherless homes[1] where suicide is more likely in these individuals.[3]

Caption: Empowered men step up and invest in the future of our society by supporting breastfeeding woman and children emotionally and financially as far as possible. Pictured above: Tayo George, entrepreneur, with his daughter, Titi.

“We need fathers and empowered men to step up and invest in the future of our society. Children are our future; the outcomes we want for tomorrow begins with what we do today. We call on all men to set an example and provide emotional and financial support, as far as possible, for the family and breastfeeding partners. This will help women to breastfeed exclusively and relieve them of the pressure to return to work too early,” explains Patrick Shivuri, Maternal and Child Health Programme Manager from Save the Children and a father himself.

“Food security for infants and young children starts at the breast. Breastmilk is a living food; it protects against many infections that include COVID-19. If we want to protect children’s health, we need to protect and support their mothers,” adds Dr Chantell Witten, nutrition lead for SACSoWACH and lecturer at the University of the Free State.

This has never been more relevant in a time when food is scarce and financial resources constrained. “Reducing Gender-Based Violence starts with protecting, promoting and supporting breastfeeding mothers at all cost. Paternal presence both emotionally and financially is a long-term investment for a healthy and less violent South Africa,” ends Precious Robinson, SACSOWACH chairperson and health advocate from Right to Care.

In celebration of World Breastfeeding Week, SACSoWACH will host a breastfeeding dialogue on Thursday, 06 August 2020. The discussion will be live-streamed on their website; please visit www.sacsowach.org.za to find out more and sign up.

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References:

1. van den Berg et al. (2020) https://cramsurvey.org/wp-content/uploads/2020/07/Van-der-Berg-Coronavirus-Lockdown-and-Children-1.pdf
2. Fazel, F. (2017) Responding to the challenge of father absence and fatherlessness in the South African context
3. Salami, I. and Okeke, C. (2018) Absent fathers' socio-economic status and perceptions of fatherhood as related to developmental challenges faced by children in South Africa
4. Gallan, D. (2020) https://www.theguardian.com/sport/2020/jul/18/siya-kolisi-if-we-educate-our-sons-we-wont-have-to-protect-our-daughters
5. Mientka, M. (2013) Breastfeeding Provides Social Advantages Later In Life,.
6. Smith, G. (2020) Over 5 million children are still going hungry in SA,

ABOUT SASCoWACH

In South Africa, there are a number of civil society organisations (CSOs), institutions and individuals working within child, adolescent and maternal and women's health who have the potential to positively influence policies and programs to address Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) and to raise awareness amongst key target audiences, including the community.
For this reason a CSO coalition was formed in 2015 called the South African Civil Society for Women's Adolescents' and Children's Health (SACSoWACH). SACSoWACH has a very important function, to strengthen the link with government and the community, to mobilise the community to increase demand for essential services they are entitled to, and to enforce the accountability of the Department of Health in its commitment to improve access to quality reproductive healthcare. These actions are essential for the achievement of the Sustainable Development Goals (SDGs) 2016 onwards.

ABOUT SOUTH AFRICAN BREASTMILK RESERVE

The South African Breastmilk Reserve (SABR) is a not-for-profit, human milk-banking organisation, founded in 2003. While we are primarily an altruistic human milk-banking network, we also focus on breastfeeding advocacy and promotion, in order to grow breastfeeding in South Africa. For more about SABR visit: https://www.sabr.org.za.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

South African Breastmilk Reserve
Bringing milk to babies, safely

MEDIA RELEASE

Maternal and neonatal health at risk during pandemic

IMMEDIATE RELEASE 18 May 2020

It is easy to lose focus of lifesaving services such as sexual, reproductive, maternal, newborn and child healthcare when readying our healthcare system for the peak of the COVID-19 pandemic in South Africa. As we observe World Breastmilk Donation Day on Tuesday, 19 May, maternal and neonatal health partners call for greater focus on their sector.

A key component in the management of any infectious disease outbreak includes care of the most-at-risk and vulnerable populations. Although the clinical course and effect of COVID-19 amongst mothers and their newborns in South Africa remains to be described, pregnant women, breastfeeding mothers, newborns and young children have been affected by the COVID-19 lockdown and regulations issued when COVID-19 was declared a national disaster.

Last month, the National Department of Health (NDoH) released the COVID-19 Maternal & Newborn Care Guidelines, which clearly outline how mothers and their infants can be supported during this pandemic. The Association for Dietetics in South Africa (ADSA), South African Certified Lactation Consultants (SACLC) and South African Breastmilk Reserve (SABR) urge stakeholders in healthcare to train staff and implement the guidelines with specific attention to the uninterrupted access of babies to their mothers and breastmilk.

“There needs to be a prioritisation of essential and quality sexual, reproductive, maternal, newborn and child health services during the current global crisis. COVID-19 preparedness plans and interventions should not disrupt or compromise these,” says Professor Ameena Goga, PhD, a paediatrician and researcher at the South African Medical Research Council, with Masters degrees in Mother and Child Health, and Epidemiology.

According to Professor Goga: “Many hospitals now have limited lodger facilities for mothers with hospitalised babies. To limit the risk of exposure to the virus, many facilities have confined the visiting times for mothers to once a day or less, and family visits for hospitalised mother-baby pairs are also restricted,” she says.

Staša Jordan, Executive Director at the SABR, explains that if mothers are not able to establish breast milk production for themselves, considerable pressure is exerted on human milk banking facilities to compensate for the shortage of Mother’s Own Milk

(MOM) during this time. The support of breastfeeding, particularly, is critical for infant and child survival. Essential maternal and neonatal services have been developed through great effort over the last two decades, and the gains of these efforts should not be lost in the context of COVID-19.

Direct breastfeeding and MOM, as well as skin-to-skin contact, have innumerable lifesaving benefits for hospitalised and non-hospitalised babies. “Breastfeeding is particularly effective against infectious diseases because it strengthens the immune system by directly transferring antibodies from the mother. There is no evidence to show that COVID-19 is transmitted through breastmilk even if the mother has tested positive for the virus,” Says Carey Haupt, ADSA and SACLC representative.

“It is only through the continued commitment to lactation support for all mothers that human milk banks can assist infants who do not have access to MOM. Human milk banks are not a replacement for maternal lactation. They are an emergency intervention that offers support in the first few critical days of the life of an infant. World Breastmilk Donation Day, observed this Tuesday, 19 May, reminds us of the critical role that breastfeeding plays in promoting maternal and neonatal health,” adds Jordan.

“Initiatives run by the NDoH and its stakeholders ensure the best start for mothers and babies. Over the last two decades, great inroads have been made in upscaling and improving maternal and neonatal health. We cannot allow the COVID-19 pandemic to undo the lifesaving gains that we’ve achieved. The uninterrupted access of mothers to their babies and health services such as immunisations are vital and should be promoted,” concludes Dr Manala Makua, Chief Director of Maternal and Reproductive Health at the NDoH.

For more information on SABR and breastmilk donation, please visit www.sabr.org.za or contact 011 482 1920 | info@sabr.org.za.

For more about the South African Medical Research Council (SAMRC) visit: https://www.samrc.ac.za.

###

MEDIA CONTACT

Lara de Stadler

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Lara@dotgood.co.za

SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

The South African Medical Research Council (SAMRC) is dedicated to improving the health of people in South Africa, through research, innovation, development and technology transfer. The scope of the SAMRC's research includes laboratory investigations, clinical research, and public health studies. For more about the SAMRC visit: https://www.samrc.ac.za/

ABOUT SOUTH AFRICAN BREASTMILK RESERVE

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ABOUT ASSOCIATION FOR DIETETICS IN SOUTH AFRICA

The Association for Dietetics in South Africa (ADSA) is the professional organisation for Registered Dietitians. The primary aims of the Association are to serve the interests of Dietitians in South Africa and promote the nutritional well-being of the community.

MEDIA RELEASE

Debacle over child malnutrition rates belittles the suffering

IMMEDIATE RELEASE 28 May 2020

Recently, our country's leaders and medical representatives have publicly debated the effect of the COVID-19 lockdown on the malnutrition rates of our most vulnerable populations. Before COVID-19, a significant number of South Africans did not have access to sufficient food and were going hungry on a daily basis. Today, the Human Sciences Research Council[1] reports an upward trajectory in hunger experienced by these populations, particularly children.

Child malnutrition is well documented in South Africa and, unfortunately, is progressively getting worse. Reflecting this deteriorating situation, stunting rates – an indicator for chronic undernutrition and lack of food – have increased from 21% in 2008 to 27% in 2016[2] according to the Demographic and Health Survey (DHS), a report compiled by the National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF.

"The intensity and visibility of hunger has been catapulted into the spotlight during COVID-19. Long winding queues for food parcels will be a feature of the pandemic that will stay with us for years to come. What is not in the eye of the public, however, are the malnutrition rates that underlie child deaths in South Africa," says Chantell Witten from the South African Civil Society for Women's, Adolescents' and Children's Health (SACSoWACH).

Caption: Since the announcement of the COVID-19 pandemic and the subsequent lockdown, there has been an upsurge of organisations and individuals engaged in providing food to affected households.

“While this is heartening to witness, many of the household food packs have, unfortunately, not been tailored for the nutritional needs of children,” says Witten. Severe acute malnutrition remains a significant underlying cause of child mortality. It is still associated with one-third of all child in-hospital deaths according to the 2018 interim report from the Committee for the Morbidity and Mortality of Children (COMMiC). More worrisome, and possibly a factor under-estimating this figure, is that just under 50% of under-five-year-old deaths occurred *outside* the health sector.

“COVID-19 is a threat to health and a major global disrupter; however, hunger has shown itself to be a more tangible threat. We need to ensure sufficient and sustainable food supplies are made available to vulnerable communities. At this time, demand still exceeds supply despite the multiple systems put in place to address our country’s hunger problems. If South Africa is to survive COVID-19 and its ensuing hunger pandemic, government, civil society, and the private sector will need to work together,” concludes, Precious Robinson, Chairperson of SACSoWACH.

SACSoWACH calls on government for a coordinated approach at the national, provincial and local level (ward level) that is communicated to all sectors and stakeholders, especially ground-level service providers. SACSoWACH understands that there is a Food & Nutrition Security Coordination Committee/ Technical Working Group under the leadership of the Presidency and calls on this coordinating structure to:

- Secure a funding mechanism for the procurement of food supplies (from the National School Nutrition Programme, Department of Social Development social relief programmes, retailers, and the Solidarity Fund).

- Provide a standardised household food package with adequate nutrition (containing 80% of the Recommended Daily Allowance) for children and adults.
- Include mid-upper arm (MUAC) screening of all children under five years old in the COVID-19 household screening operations.
- Target the most in need to ensure they are serviced first – efficiently drawing on local ward councillors, ward committees and municipalities to guarantee food reaches those most in need.
- Directly monitor and verify food collection with beneficiaries via a USSD platform that can be mapped with GPS location.
- Package, sanitise and distribute food parcels via retailers or existing service providers currently providing food supplies to schools across the country. Schools could also serve as points for food collection.

This press release is issued by SACSoWACH. For further information, please contact Precious Robinson, Chairperson for SASCoWACH (Precious.Robbinson@righttocare.org) or Chantell Witten, SACSoWACH Nutrition Lead (WittenCB@ufs.ac.za).

###

References

[1] HSRC 2020 http://www.hsrc.ac.za/en/news/media-and-covid19/hunger-millions-need-food

[2] South Africa Demographic and Health Survey 2016 https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf

MEDIA CONTACT
Lara de Stadler
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ABOUT SASCoWACH

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[dot]GOOD
MARKETING & PUBLIC RELATIONS

South African Breastmilk Reserve
Bringing milk to babies, safely

SABR: Media Outputs - May 2020							
	TV	**STATION**	**PROGRAMME**	**COST**	**TAMS**	**SUMMARY**	**TIME**
1	22-May-20	SABC	News @ 19:00 - (Xhosa/Zulu)	R405 000	4 570 704	Breastfeeding for new mothers is a problem	19:17
2	22-May-20	SABC	The Full View	R40 367	115 492	Mothers raise breast-feeding concerns	20:29
3	24-May-20	SABC	On Point	R23 467	175 876	New mothers want unlimited access to breastfeed their babies in hospitals	14;13
	RADIO	**STATION**	**PROGRAMME**	**COST**	**RAMS**	**SUMMARY**	**TIME**
1	22-May-20	SA FM	News Extra @ 14:00	R4 347,00	193 000	Covid19 impacting on crucial bonding time between mother and child	14:00
2	22-May-20	Metro FM	New @ 14h00	23 855,00	4 277 000	Covid19 impacts on crucial bonding time between mother and child	14:00
3	22-May-20	Radio 2000	New @ 14h00	R5 015,00	735 000	Covid19 impacting on crucial bonding time between mother and child	14:00
4	22-May-20	Lotus	New @ 14h00	R4 173,00	188 000	Covid19 impacts on crucial bonding time between mother and child	14:00
5	22-May-20	Apha naPhaya	Umhlobo Wenene	R30 929,00	5 861 000	COVID-19 robs her of crucial time to bond with her baby	18;25
6	23-May-20	Lotus	News Break	R3 800,00	188 000	COVID-19 robs her of crucial time to bond with her baby	12:23
	PRINT	**MEDIA**	**PAGE**	**COST**	**CIRCULATION**	**SUMMARY**	
1	22-May-20	Cape Times (First Edition)	p.2	R14 465,22	25 376	Focus on neonatal after newborn dies	
2	27-May-20	The Star	p.19	R 82 687,52	55 889	Support for breast feeding moms remains critical	
		WEBSITE	**LINK**	**COST**		**SUMMARY**	
1	19-May-20	All4Women	Click Here for Original Page	R138 386,55	488 639	Healthcare for moms and newborns during the pandemic	
2	22-May-20	IOL	Click Here for Original Page	R22 625,90	6 214 818	Call for greater focus on neonatal services after newborn dies from Covid-19	
3	24-May-20	Tums 2 Tots	Click Here for Original Page	R32 961,76		Maternal and Neonatal Health at risk during pandemic	
4	26-May-20	Good Things Guy	Click Here for Original Page	R13 971,43		The pandemic has seen many other medical essentials take a side-step; the South African Breastmilk Reserve (SABR) is working to educate mothers and medical staff.	
5	29-May-20	Parent 24	Click Here for Original Page	R42 119,20	1 569 121	Maternal and neonatal health at risk during pandemic	

TOTAL AVE*: **R 888 169,92**

TOTAL PRV:** **R 3 552 679,68**

Circulation figure*** **24 657 915**

* AVE = Advertising Value Estimate, this is the amount that would have been paid had the space been booked for advertising purposes

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*** CIRCULATION = This is the amount of people exposed to the specific media channel. Unfortunately not all online media channels are currently monitored.

[dot]GOOD
MARKETING & PUBLIC RELATIONS

SOUTH AFRICAN CIVIL SOCIETY FOR WOMEN'S, ADOLESCENTS' AND CHILDREN'S HEALTH COALITION

SacsoWACH: Media Outputs - May 2020							
	TV	**STATION**	**PROGRAMME**	**COST**	**TAMS**	**SUMMARY**	**TIME**
	RADIO	**STATION**	**PROGRAMME**	**COST**	**RAMS**	**SUMMARY**	**TIME**
	PRINT	**MEDIA**	**PAGE**	**COST**	**CIRCULATION**	**SUMMARY**	
1	03-Jun-20	The Star	p.19	R67 431,52	55 889	Hunger worsening by the day	
		WEBSITE	**LINK**	**COST**		**SUMMARY**	
1	05-Jun-20	Daily Maverick	Click Here for Original Page	R277 701,60	1 727 267	The horror of child hunger stalks our land	
2	30-May-20	Moja News	Click Here for Original Page	R8 652,27		Child malnutrition may be worsening under lockdown, food parcels inadequate – health NGO	
3	30-May-20	Voice of the Cape	Click Here for Original Page	R42 860,76		'Inadequate' nutrition in food parcels may worsen child malnutrition – NGO	
4	30-May-20	The Citizen	Click Here for Original Page	R40 977,20	3 651 376	Child malnutrition may be worsening under lockdown, food parcels inadequate – health NGO	
5	30-May-20	Head Topics	Click Here for Original Page	R9 757,55		Child malnutrition may be worsening under lockdown, food parcels inadequate – health NGO	
6	28-May-20	Good Things Guy	Click Here for Original Page	R13 436,06		SACSoWACH highlights the need for nutrient-dense meals for children in South Africa on World Hunger Day by guiding government to do more.	
7	28-May-20	Social TV	Click Here for Original Page	R7 322,48		Debacle over child malnutrition rates belittles the suffering	
8	28-May-20	BizCommunity	Click Here for Original Page	R171 923,04	578 078	Debacle over child malnutrition rates belittles suffering	

TOTAL AVE*: **R 640 062,48**

TOTAL PRV:** **R 2 560 249,92**

Circulation figure* **6 012 610**

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MARKETING & PUBLIC RELATIONS

SOUTH AFRICAN CIVIL SOCIETY FOR WOMEN'S, ADOLESCENTS' AND CHILDREN'S HEALTH COALITION

SacsoWACH: Media Outputs - August 2020							
	TV	**STATION**	**PROGRAMME**	**COST**	**TAMS**	**SUMMARY**	**TIME**
1	4-Aug-20	SABC News	Full View	R93,800.00	44518	World breastfeeding week	0:06:42
2	5-Aug-20	ENCA	Morning News	R208,500.00		Mothers Urged to Breastfeed	0:06:49
	RADIO	**STATION**	**PROGRAMME**	**COST**	**RAMS**	**SUMMARY**	**TIME**
1	5-Aug-20	Smile FM	Main News @ 17:00	R7,420.00	189000	World Breastfeeding Week	0:00:53
2	5-Aug-20	Smile FM	News @ 14:00	R6,120.00	189000	World Breastfeeding Week	0:00:51
3	5-Aug-20	Channel Africa	Africa Rise & Shine	R14,112.00	14000	Health Department promotes breastfeeding	0:03:16
4	5-Aug-20	Channel Africa	Africa Rise & Shine	R14,544.00	14000	Health Department promotes breastfeeding	0:03:22
5	5-Aug-20	Channel Africa	Africa Rise & Shine	R18,144.00	14000	Health Department promotes breastfeeding	0:03:09
6	4-Aug-20	Kaya FM 95.9	News @ 11:00	R22,681.00	777000	Mkhize launches campaign	0:01:14
7	7-Aug-20	Radio 2000	Queens of Grace wit Carol Ofori	R52,857.00	751000	World Breastfeeding Week	0:13:59
8	7-Aug-20	Radio 2000	Queens of Grace wit Carol Ofori	R11,340.00	751000	Show Line Up - Queens of Grace wit Carol Ofori	0:03
9	6-Aug-20	Kaya FM 95.9	Sidebar with Sindi	R130,963.50	777 000	South African Breastmilk Reserve	0:16:21
10	6-Aug-20	Capricorn FM	The Tailored Experience	R15,677.40	173000	Breastfeeding during the covid-19 pandemic	0:02:33
11	6-Aug-20	Smile FM	News @ 08:00	R9,720.00	189000	Breastfeeding plays a critical role in infant survival	0:00:54
12	6-Aug-20	Smile FM	News @ 10:00	R8,400.00	189000	Breastfeeding plays a critical role in infant survival	0:01
	PRINT	**MEDIA**	**PAGE**	**COST**	**CIRCULATION**	**SUMMARY**	
1	5-Aug-20	Cape Times (First Edition)	P.g 4	R25,975.18	25592	Breast-feeding vital for babies' health, surviva	
2	5-Aug-20	The Star	P.g 3	R26,240.32	57019	BREAST FEEDING VITAL FOR BABIES' HEALTH	
3	5-Aug-20	Cape Argus (AM Edition)	P.g 3	R36,454.32	23766	Mothers with Covid 19 encouraged to breastfeed	
4	5-Aug-20	Cape Argus (AM Edition)	P.g 6	R24,206.44	23766	Let's all embrace breast feeding	

5	5-Aug-20	Express	P.g 4	R13,784.91	38749	Hunger more devastating than coronavirus itself	
6	9-Aug-20	Sunday Tribune (Final)	P.g 4	R17,930.34	37970	Virus not found in breastmilk	
7	19-Aug-20	Express	P.g 4	R8,231.48	38749	Breastfeeding has countless benefits	
8	25-Aug-20	The Star	P.g 6	R45,920.56	57 019	Feed babies your best	
		WEBSITE	**LINK**	**COST**		**SUMMARY**	
1	5-Aug-20	IOL	Click Here for Original Page	R38,692.50	9584949	Let's all embrace breast-feeding	
2	6-Aug-20	Parent24	Click Here for Original Page	R32,365.28	1175380	OPINION | 'Breastfeeding best for babies, best for the planet'	
3	5-Aug-20	IOL	Click Here for Original Page	R35,670.80	9584949	Mothers with Covid-19 encouraged to breastfeed	
4	5-Aug-20	Media Xpose	Click Here for Original Page	R46,102.92		Food security for children starts at the breast – support breastfeeding	
5	3-Aug-20	94.7 (Highveld Stereo)	Click Here for Original Page	R39,585.78	238693	There is no evidence that COVID-19 is transmitted through breast milk – Expert	
6	5-Aug-20	News24	Click Here for Original Page	R72,815.60	14968249	Hunger more devastating than coronavirus itself	
7	4-Aug-20	Daily Maverick	Click Here for Original Page	R66,919.60	3887216	Breastfeeding is key to a healthier population and a healthier planet	
8	2-Aug-20	We Can Change Our World	Click Here for Original Page	R48,834.26		Food security for children starts at the breast – support breastfeeding	
9	31-Jul-20	Parenting Hub	Click Here for Original Page	R35,302.24		Food security for children starts at the breast – support breastfeeding	
10	31-Jul-20	Social TV	Click Here for Original Page	R10,880.10		Food security for children starts at the breast – support breastfeeding	
11	7-Aug-20	OFM	Click Here for Original Page	R34,799.10	239793	#FamilyFocus: World Breastfeeding Week - The greatest gift of love between two moms	
12	5-Aug-20	Good Things Guy	Click Here for Original Page	R15,335.76		SACSoWACH link food security, gender-based violence and breastfeeding rates for World Breastfeeding Week in the hopes to action change in South Africa.	
13	5-Aug-20	OFM	Click Here for Original Page	R12,826.10	239793	#FamilyFocus: World Breastfeeding Week - Breastfeeding Dialogue hosted by SA Breastmilk Reserve	
14	6-Aug-20	Parent24	Click Here for Original Page	R31,811.08	1175380	It carries no risk': Local dietician dispels Covid-19 myths around breastfeeding	
15	7-Aug-20	Tums 2 Tots	Click Here for Original Page	R41,202.20		Food security for children starts at the breast	
16	9-Aug-20	Celeb Gossip	Click Here for Original Page	R14,945.70		Dear men, coronavirus cannot live in your wife or girlfriend's breast milk: Minister Mhkize assures	
17	8-Aug-20	Kaboutjie	Click Here for Original Page	R14,103.32		Food Security For Children Starts At The Breast – Support Breastfeeding	
18	7-Aug-20	4AKid	Click Here for Original Page	R11,967.34		Food Security For Children Starts At The Breast – Support Breastfeeding	
19	19-Aug-20	Parent24	Click Here for Original Page	R48,991.28	1159165	When I am hungry, I even breastfeed her my hunger': Hostile environments among barriers to successful breastfeeding in SA	
20	19-Aug-20	News24	Click Here for Original Page	R37,144.80	16352261	Breastfeeding has countless benefits	

TOTAL AVE*:	**R1,503,318.21**
TOTAL PRV:**	**R6,013,272.84**
Circulation figure***	**62145957**

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Monte Casino (Parkers)
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Fourways, Sandton, Jhb
2021
E-mail: *info@oasischurch.co.za*

VISION: *To win souls and disciple them*

22 May 2020

Dear Ms Stasha Jordan,

We hope that this letter finds you well and the Board of South African Breast Milk Reserve.

This letter serves to pass our greatest gratitude for the donation you made on the 18th May 2020 towards our Solidarity Fund programme to assist those who in desperate need of the basic necessities such as food, hygiene products and toiletries. Thank you for your partnership to assist us with the mandate taught by our Lord to love and care for one another.

To give feedback on our programme, we managed to collect and hand out hampers to a total number of 32 families on the 16th May. The cost per parcel was R600.00 and would be able to feed a family for a month.

Thank you once again for your assistance and may the Lord continue to bless the work of your hands, your families and enlarge the territory of SABR.

Yours Faithfully,

Pastors Scelo and Siphokazi Majali

Senior Pastors

5.4 Appendix 4: Employment and Labour on most Compensation Fund claims for contracting Coronavirus COVID-19 at work are from women

Employment and Labour on most Compensation Fund claims for contracting Coronavirus COVID-19 at work are from women

9 Jul 2020

Women are the most affected with contracting COVID-19 at work, Compensation Fund claims reveal

Women seem to be bearing the biggest brunt of contracting COVID-19 at work.

This is according to the claims lodged with the Compensation Fund which indicate that, more than 80 percent of the cases received so far involve women and this is consistent in all provinces.

As the coronavirus continues to make its devastating presence felt, the Department of Employment and Labour finds itself at the centre of not only having to support workers through relief payments, but also now has to deal with the ever-rising number of claims as people get sick at work.

The Compensation Fund has received a total of 941 claims to date with the highest number coming from the Western Cape that has recorded 657 claims. Of that total, 533 are women; The Fund has accepted liability for 356, repudiated 69 and 233 are pending adjudication. In the Eastern Cape, 99 claimants are women out of a total of 127 claims received. The Fund has accepted liability for 26 while 3 have been repudiated and 98 await adjudication.

Kwa-Zulu Natal has seen 98 claims of which 67 have been accepted, 5 repudiated and 26 await adjudication. The total number of women who are affected in that province is 92. Gauteng province has recorded 54 claims of which 46 affect women, 31 have been accepted, 7 repudiated and 16 are pending adjudication. Limpopo and North West have recorded two claims each with one accepted in Limpopo, one repudiated and both claimants are women while in North West one claimant is a woman.

Mpumalanga has one case which has been accepted and again, a woman is a claimant. To date, the Fund has paid R202 172.35 in medical aid costs.

Other claims have been received through Rand Mutual which has recorded 474 claims while Federated Employers have 20 claims. This means that in total, 1435 claims have been received.

“We are aware that our frontline workers like nurses and other medical staff have been affected by the pandemic. We will like to send the appeal for employers to ensure that workers are adequately protected and are given the necessary protective gear to do their jobs. Our figures show that most affected employees are nurses who are paying the ultimate price so that we get a second chance and survive the pandemic,” said Minister Thulas Nxesi.

The Minister add that Inspection and Enforcement Services of the department have upped their in loco inspections to ensure that workers are protected and that the letter and spirit of the Covid-19 safety regulations are followed.
“Unfortunately, we continue to see low levels of compliance with compliance rates hovering at 57% for the private sector and 47% for the public sector.

Since the start of the lockdown, we have served 385 prohibition notices and overall, 2475 notices were served,” said Minister Nxesi who added that all employers have a duty of care to their employees and had a responsibility for their safety.

“Equally, workers should refuse to work under dangerous conditions. Just this week, a company that flouted labour laws and did not adhere to lockdown regulations was found guilty and fined. It was the workers in that company who blew the whistle and both employer and employee have a responsibility for health and safety, albeit with differing roles,” said Minister Nxesi.

The public sector has been served with a total of 88 prohibitions (shutdown), 363 contraventions and 87 improvement notices while the private sector has seen 45 prohibitions, 339 improvement notices and 1210 contraventions.

For media enquiries contact:

Teboho Thejane
Departmental Spokesperson
Cell: 082 697 0694

Issued by:

Department of Employment and Labour

5.5 Appendix 5: COVID-19 Risk Assessment

South African Breastmilk Reserve

Bringing milk to babies, safely

17 April 2020

Staff Member Name

Milkhandler

Reminder notice to all employees – health and safety in the workplace

Dear Staff Member Name

Thank you, we really appreciate your dedication and the vital role you are playing in enabling the SABR to continue to meet its responsibilities during this unprecedented time of COVID-19.

We wish to remind you that:

1. The SABR has a full set of standard operating procedures (SOPs). These are updated as necessary. In addition, your place of work has further health and safety procedures that are intended to keep you safe during this COVID-19 outbreak.

2. Furthermore, to keep you up to date, you are required to attend the in-hospital meetings on infection control, COVID-19, and other health and safety matters. Please also note the National Department of Health "*Coronavirus Info*" site: http://www.health.gov.za/index.php/component/phocadownload/category/599-corona-virus-outbreak

   Please save the data-free CORONA VIRUS (COVID-19) WhatsApp Number (0600 12 3456) to your Contacts on your cell phone. Send the word "Hi" to connect and start chatting. Please do so regularly to remain up to date.

   The CORONAVIRUS (COVID-19) 24-HOUR HOTLINE NUMBER: 0800 029 999

3. Your working facilities have water and soap for regular handwashing and you have been provided with personal protective equipment (PPE) – including apron, masks, gloves, hand sanitiser, hairnet, shoe covers. As per your daily practice has been you are required to strictly follow the standard operating procedures (SOPs) in that regard. Should any of the facilities or PPE not be available please contact the Executive Director, Ms Staša Jordan before commencing duties.

4. You are required to follow the National Department of Health (NDoH) guidelines including social distancing and participate in the screening process as instituted in your place of work – i.e. the hospital or office – and report any COVID-19 symptoms you may have to the Executive Director, Ms Staša Jordan, before you come to work.

5. The SABR has numerous channels of communication available to you. For your convenience, they are again listed below. Please use them for any queries, reports of incidences, and information you have. The contact details are:

Contact	Email address	Telephone number
Karin Pretorius	Karin@sabr.org.za	021 556 4320 084 610 4660
Staša Jordan	stasha@sabr.org.za	011 482 1920 082 700 0409

As you know, Health and safety in the workplace is the responsibility of both the employer and the employee. Therefore, you are required as always to ensure the following:

1. Work areas are kept safe and free from hazardous conditions, and your milk bank is well stocked with all PPE and all other consumables. As you know, couriers and other supplier services are not working to full capacity during the COVID-19 outbreak; therefore, it is your responsibility to strictly order every Monday, or on the first working day of the week should Monday be a public holiday, so that you never run out of stock.

2. When you work, you are alert to and conscientious of workplace safety which include the practice of track and trace procedures, completing registers at all times and following all the SOP's completely;

3. Any potential hazards are immediately reported to Ms Staša Jordan; alternatively, to Ms Karin Pretorius.

4. You comply with safe work practices, with the intention of avoiding injury to yourself and others. This includes following all COVID-19 safety precautions as listed on the National Department of Health website and also communicated through the meetings. These procedures include handwashing, social distancing, the wearing of a mask and sanitising your shoes especially the soles of your shoes. Do not share any items such as cutlery and pens and remember as per standard practice you are required you keep all ward hygiene standards including short, clean and unpolished fingernails and not wearing any jewellery to work, including wedding rings.

5. All premises and equipment are taken care of as outlined in the SOPs Manual. These must be followed in detail.

6. When working on client premises, you will ensure that you have familiarised yourself with the health and safety requirements of those premises, follow them, and take reasonable and practical care of the health and safety of yourself and others.

7. Wear personal protective equipment and clothing, where necessary.

8. Comply with any direction given by management and by Infection Control for health and safety purposes.

9. You will not misuse or interfere with anything provided for health and safety purposes.

10. **It is important to strictly adhere to all lockdown procedures and we request that and should for some reason the number of people in my house change, or anyone living in the house have been exposed to a COVID19 risk Human Resources Consultant, Karin Pretorius**

We trust that you and your family remain safe and in good health. We are deeply grateful for your dedication to keeping this essential service functioning, for the benefit of both babies and mothers.

With all my best wishes,

Staša Jordan
Executive Director

Please confirm that you have received this letter and understand the contents by signing below and return the copy to Karin Pretorius

Signed at _____ on this _____ day of _____2020

_____ _____
Gillian Joseph Employee signature

5.6 Appendix 6: Staff Health and Safety Reminder Letter

South African Breastmilk Reserve

Bringing milk to babies, safely

29 May 2020

To : All SABR staff

Statement and appeal on social interaction during the COVID-19 Pandemic

The SABR welcomes the President's announcement of moving to level three including the recent affirmation of the importance of religious worship to the spiritual and emotional wellbeing of millions of South Africans and wholeheartedly supports the call to a national day of prayer on Sunday 31 May 2020.

Whilst opening the economy is an important step, the lifting of the lockdown will doubtless increase the risk of infections outside of our homes and places of work, therefore the SABR wishes to once again reinforce the importance of remaining safe through limiting social interaction outside of the home and workplace.

The SABR has put many costly measures in place to as far as is practicable, keep the workplace hazardous free and safe and ensuring your travel arrangements do not unnecessarily increase the risk of exposure. And, for your own safety, has encouraged you to strictly adhere to only coming to work and remaining at home during this past lockdown period so as to avoid even one colleague needing to go into self-isolation as that could severely affect the uninterrupted provision of vital DBM to premature babies.

Information you already know however needs to be emphasised again:

- The virus is spread by people interaction which is why wearing masks and sanitising hands is required by law and maintaining social distance of approximately two meters is essential in remaining safe.
- According to the calculations and projections the infections will still be rising and peak in the coming two to three months.
- During the winter months general influenza will also potentially increase resulting in increased coughing and sneezing.
- There is a concern that the proper hygiene methods and social distancing protocols required, even with the best of intentions, may not always be practical or possible in public places.
- There is growing evidence globally of COVID-19 transmission during religious gatherings where a few infected individuals transmit the virus to large numbers of attendees.

Various religious bodies including Christian denominations and the Muslim Judicial Council have advised that such public gatherings would hold too high a risk for their congregations and therefore have advised their congregations against holding public services for now. **The SABR is fully in support of this perspective and therefore strongly and seriously advises all their employees to not attend gatherings of any kind during this pandemic including church services and funerals.**

Please remember, to keep up to date, by attending meetings on infection control, COVID-19, and other health and safety matters. Please remember to regularly visit the National Department of Health "*Coronavirus Info*" site:

http://www.health.gov.za/index.php/component/phocadownload/category/599-corona-virus-outbreak and the data-free CORONA VIRUS (COVID-19) WhatsApp Number (**0600 12 3456**).

Also please remember The CORONAVIRUS (COVID-19) 24-HOUR HOTLINE NUMBER: 0800 029 999

The SABR has instituted regular screening and check-ins with either Staša Jordan or me. Thank you for complying with these. Should you for whatever reason not be able to abide by this strong and serious request, please consider your fellow colleagues and report that you have attended a social gathering before returning to work so that the SABR can consider any risk adjusted measures as deemed appropriate.

As you know, health and safety in the workplace is the responsibility of both the employer and the employee. The Health and Safety policy has been updated to explain this more clearly. Please read it carefully and file it in a safe place. Also please refer to the health and safety reminder letter sent in April 2020.

We trust that you and your family remain safe and in good health. We are deeply grateful for your dedication to keeping this essential service functioning, for the benefit of both babies and mothers.

With all our best wishes,

Karin Pretorius
Sent on behalf of Staša Jordan, Executive Director

5.7 Appendix 7: POPIA Compliance Strategy

Protection of personal information Act (POPIA)

Action steps to become compliant include:

1. **Establishing the gap** between the legislated requirements and the current SABR practice: An audit is conducted by means of a detailed and extensive checklist aligned to the legislated requirements. This audit of (both staff and external party) personal data that SABR keeps will classify and understand what data is stored, why it is stored, where and in what format it is stored, how long it is kept for, why it is kept and who can access the data. This initial assessment serves to establish the extent of personal information kept, unnecessary duplications and excessive retention.

2. **Developing a compliance strategy and implementation plan**: Designing a project implementation plan and managing the project to be compliant within the required timeframe.

3. **Reviewing currently used forms and other data gathering mechanisms:** To establish essential information requirements and eradicate unneeded record keeping. Streamlining forms, processes and record retention inevitably also improves efficiencies.

4. **Appointing the Responsible Person who is ultimately liable to the Information Regulator is mandatory**. The Responsible Person is by default the Executive Director and will be held liable for any breach of POPIA. Employees processing information would be appointed as information controllers and information processors and amending employment contracts accordingly.

5. **Developing the PAIA/POPIA manual and aligning policies and data handling practices,** standard terms and conditions of service and organizational practices: All employees are responsible for conforming to the regulations regarding clients', employees and organisation personal information. Therefore, organisation-wide policies, responsibilities and roles for data handling, will be aligned to legislation and the prerequisite of proper consent established.

6. **Reviewing working arrangements with third party service providers:** The SABR as information controller, is responsible for who stores and processes SABR personal information data and for establishing and implementing contractual liability agreements to protect the SABR.

7. **Transparency and inclusion** are POPIA essentials: Bringing staff along through communication and **change management processes** locates consent within the POPIA definition of informed consent. POPIA defines consent to be *"any voluntary, specific and informed expression of will in terms of which permission is given for the processing of personal information". This is the measure or test that companies must meet, where consent is needed.*

5.8 Appendix 8: Hospital activities

GIVE

BREASTMILK

SAVE LIVES

MILK BANK STOCKS ARE RUNNING LOW.
WE NEED YOUR HELP TO SAVE LIVES.

THE NEED FOR DONATED BREASTMILK DOESN'T STOP WITH A PANDEMIC

BREASTMILK DONATION AND COVID-19

Healthy breastfeeding women are encouraged to donate breastmilk to maintain a constant milk supply.

PLEASE MOTHERS IN CHILDBIRTH, SICK AND VULNRABLEPREMATURE BABIES DESPERATELY NEED YOUR HELP.

JOE MOROLONG MEMORIAL HOSPITAL,VRYBURG

For more information about giving donation of breastmilk, contact
Kamogelo 067 729 3609 OR Jurina 079 070 2885


NELSON MANDELA DAY
2020 JULY, 16th
#SAVING LIVES 1 BOTTLE AT A TIME
Stand a chance to WIN some amazing baby/mommy packs by participating in our raffle and also join in our health Talk & Q&A sessions.
For more information on how you can contribute towards this amazing intiative.
Contact Information:
Jurina: 079 070 2885
Kamogelo: 067 729 3609
67 MINUTES FOR
Mandela Day
"What counts in life is not the mere fact that we have lived. It is what difference we have made in the lives of others that will determine the significance of the life we lead."
- Nelson Mandela
Give 67 minutes of your time this Nelson Mandela Day by supporting the South African Breast Milk Reserve Milk Bank Drive at Joe Morolong Memorial Hospital by donating breastmilk.
Date: Thursday, 16th July 2020
Time: 10:00 - 16:00
Venue: Joe Morolong Memorial Hospital
Your breastmilk is critical in saving the lives of the most ill and vulnerable premature babies
2030 NDP
South African Breastmilk Reserve
Healthy Living for All
SABR