CONFERENCE BOOKLET

ANNUAL SCIENTIFIC CONFERENCE 2023

Climate Change and Environment: Understanding the Impact on Paediatric Practice to Secure our Children's Future

Pride Inn Paradise Hotel, Shanzu-Mombasa

Tue 25th April - Fri 28th April 2023

KENYA PAEDIATRIC ASSOCIATION

Abbott

HIDRASEC
Racecadotril

- **Racecadotril** is a pure intestinal antisecretory active substance.
- It does not have effects on basal secretory activity.
- **Racecadotril** is a more effective adjuvant than smectite or probiotics for acute diarrhoea in children < 5 years* old.[1]
- **Racecadotril** has proven efficacy with good tolerability.[2-4]
- **Racecadotril** is recommended by international guidelines.[5-8]

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WELCOME NOTE

The Kenya Paediatric Association (KPA) wishes to invite you to its 23rd Annual Scientific Conference, to be held April 25th to 28th, 2023.

Kenya Paediatric Association is a membership organization founded in 1968. KPA's annual scientific conference offers its members and associates, an opportunity to network and keep abreast with the latest in child healthcare provision. This year we join hands with our sister organization: The International Society for Social Pediatrics (ISSOP), in the conference themed: Climate change and the environment: Understanding the impact on paediatric practice to secure our children's future".

The conference will be held over a four-day period. The pre-conference, the first two days, participants will share the latest research findings in Paediatrics, local morbidity and mortality data trends and hold ISSOP's annual meeting. In the main conference speakers, local and international will highlight and tackle aspects of climate change and the environment that affect children and childhood. We hope to create advocacy avenues that will mitigate and reverse the effects of climate change on our children.

Karibuni.

Dr. Catherine Mutinda,
Scientific Committee Chair

SCIENTIFIC COMMITTEE

1. Dr. Angela Migowa
1. Dr. Catherine Mutinda- Chair
2. Dr. Christine Chege
3. Dr. David Githanga
4. Dr. Doreen Mutua
5. Dr. Elizabeth Kiragu
6. Dr. Immaculate Barasa
7. Dr. Justus Simba
8. Dr. Laura Oyiengo
9. Dr. Lawrence Owino
10. Dr. Maina Michuki
11. Dr. Rosemarie Lokopoiyit
12. Dr. Sam Gwer
13. Dr. Supa Tunje
14. Dr. Syeda Ra'ana Hussain
15. Dr. Thomas Ngwiri
16. Dr. Waceke Nganga
17. Prof. Ambrose Agweyu
18. Prof. Grace Irimu

LOCAL ORGARNIZING COMMITTEE

1. Dr. Nasra Adan
2. Dr. Hemed Twahir
3. Dr. Victor Bandika
4. Dr. Jahadmy Aisha Ali
5. Dr. Bakari Mwashambi
6. Dr. Elizabeth Awimbo

PLENARY SPEAKERS

DR. OLUFUNSO SOMORIN

CHIEF GUEST

Dr. Olufunso Somorin is a Regional Principal Officer at the African Development Bank. He leads the Bank's work on climate change and green growth in the 13 countries of the Bank's East African region. This includes supporting countries' access to climate finance for implementing their climate actions, and mainstreaming climate change in all Bank policies and programs. He also leads policy dialogues with national/regional governments on developing policy frameworks for managing local/regional economic and social issues, climate change, renewable energy, resilience, and inclusive growth.Between 2013 and 2017, he coordinated the Bank's work on addressing fragility and building resilience within the Horn of Africa. In the last 12 years in the Bank, he has been directly involved in the design, appraisal, and supervision of more than 200 development projects across multiple sectors, worth about USD 18.5 billion. Prior to joining the Bank in 2011, Somorin was an Associate Professional Officer with the Center for International Forestry Research, supporting climate-informed policies of six Central African countries through research. He has published more than 20 peer-reviewed articles on climate policy, natural resources management and environmental governance in many scientific journals.Somorin holds a PhD in International Environmental Policy from Wageningen University, the Netherlands. He is an alumnus of executive education from Bradford, Cambridge and Oxford Universities in the UK. He gives guest-lectures at King's College London, African Leadership University (Rwanda) and Strathmore University (Kenya). Somorin is currently a Non-Resident Fellow at the Africa Policy Research Institute (Berlin) and a recipient of the Eisenhower Fellowships (US) for his work on climate change in East Africa.

PROF RUTH ETZEL

KET NOTE SPEAKER

Professor Ruth Etzel, from the Milken Institute School of Public Health at the George Washington University in Washington, DC is an internationally recognized pediatrician and preventive medicine specialist and the founding editor of Pediatric Environmental Health, an influential book that has helped thousands of doctors to better recognize, diagnose, treat and prevent illness in children from environmental pollution. From 2009 to 2012 she led the World Health Organization's activities to protect children from environmental hazards. She worked for 12 years at the U.S. Centers for Disease Control and Prevention (CDC) where she founded and directed the Air Pollution and Respiratory Health Branch. She designed and oversaw investigations of the health effects of exposure to serious air pollution in Central and Eastern Europe and Mexico City.

Notably, Professor Etzel performed the first study to document that children with secondhand exposure to tobacco smoke had measurable exposure to nicotine and cotinine. Her pioneering work led to efforts to reduce indoor exposure to tobacco, including the ban on smoking in U.S. airliners. She discovered the link between exposure to water-damaged, moldy homes and fatal infant pulmonary hemorrhage, for which she received the Clinical Society Award from the U.S. Public Health Service Commissioned Officers Association.

For more than 25 years she has worked with international organizations to educate health professionals about environmental health and to build their capacity as change agents.

DR. BERNADETTE DAELMANS

Dr. Bernadette Daelmans is leading the Child Health and Development unit in the World Health Organization, Geneva, Switzerland. Since she joined WHO, she has been engaged with a range of issues related to maternal, newborn and child health including infant and young child feeding, integrated management of childhood illness, newborn health and early childhood development. She coordinated the development of the Nurturing Care Framework and was a member of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era. Her current focus is on primary health care and health and wellbeing of children and adolescents.

DR. LAURA BONARERI O. ANGWENYI

Dr. Laura Bonareri O. Angwenyi is the Health Specialist & Policy Analysis Specialist,Maternal Newborn Health at UNICEF. She is a Consultant Pediatrician and Child health expert having worked at the Ministry of Health as a clinician in various health facilities and later at district, provincial and National level as a public health technical expert.

In her previous role as the head of Paediatric and Adolescent HIV services at National AIDS STI Control Program, she was instrumental in changing the Paediatric and Adolescent HIV landscape in Kenya through innovations in identification, treatment and support for Children and Adolescents Living with HIV. She was part of the global experts team convened by UNICEF to develop a Paediatric HIV service delivery framework.

During the COVID-19 pandemic she took leadership and support in development of the National guidance for continuity of neonatal and paediatric health services; Provision of Home-based care for infants and children infected with COVID-19, Managing COVID-19 infections in Children with special needs and development of COVID-19 guidelines for Health care workers and community health volunteers.
Her goal is to influence policy at National, Regional and Global level through Strategic leadership and ensure access to quality health care for children everywhere.

DR. CAROLINE MWANGI

Dr Caroline Mwangi holds a Masters of Medicine degree in Paediatrics and Child Health, from the University of Nairobi. She is an ECD Champion, a fellow in Global Health, Afya Bora Consortium program and recently completed a Leadership, Management and Governance Course at Strathmore Business School, Strathmore University.

She is the outgoing Head of Neonatal and Child health services at the Ministry of Health. She has been working in close collaboration with Neonatal and Child health partners and stakeholders, in ensuring delivery of quality health services to infants and children amidst the COVID-19 pandemic.

She has previously worked as a consultant paediatrician and hospital lead in the county. She has played an important role in the development of current new-born and child health policies, strategies and guidelines. These will aid in the reduction of morbidity and mortality in new-borns and children. She is a mentor and trains other health care workers on high impact paediatric interventions. Her interests are in strengthening health systems, research and implementation science to aid decision making to improve new-born and child survival.

DR. LAWRENCE OWINO OKONG'O

Dr. Lawrence Owino Okong'o is the national chairman of the Kenya Paediatric Association and a lecturer at, the Department of Paediatrics, University of Nairobi (UoN). He attained his undergraduate (MBChB) and postgraduate (MMed) degrees from UoN. He is also an alumnus of the African Paediatric Fellowship Program (APFP) through which he attained an MPhil. degree (University of Cape Town) and a fellowship certificate from the College of Medicine of South Africa (CMSA) in Paediatric Rheumatology. He is also an alumnus of The University of Witwatersrand African Leadership in Vaccinology Expertise (ALIVE).

He previously served as a pediatrician in Several county hospitals in Kenya: Wau Teaching Hospital South Sudan (2011-13) and Red Cross Children's Hospital (2013-15), Cape Town during his Paediatric Rheumatology training. He is a member of the Paediatric Rheumatology European Society (PReS) and the Paediatric Rheumatology International Trials Organization (PRINTO).

He is passionate about promoting education for economic empowerment and serves on various school boards in Siaya County additionally, he serves on the board of Kenya Paediatrics Research Consortium (KEPRECON). Other than Paediatric Rheumatology, his other interests are in Vaccinology, and he serves on the East and Central Africa Vaccines Institute (ECAVI) board. He is the current alternative to the chairperson representing the division of Paediatrics at the Medical Advisory Committee (MAC), at Gertrude's Children's Hospital.

DR. SWABAHA AHMED

Dr. Swabah Ahmed is the current County Executive Member for Health in Mombasa County, Kenya. She holds a Bachelor of Medicine and Surgery degree from the University of Nairobi and a Master's degree in Public Health from the same institution. With over 20 years of experience in the health sector, Dr. Ahmed has served in various capacities, including as a Medical Officer in the Ministry of Health and as a County Health Director. She has also consulted for several health organizations, including the World Health Organization (WHO). Dr. Ahmed is committed to improving healthcare service delivery in Mombasa County by implementing innovative and sustainable healthcare policies and programs.

MAKENA MUIGAI

Makenna Muigai is a Kenyan student studying at Bentley University in the United States. Her studies fall in line with the influence that media has in shaping perceptions in regard to topics like conservation. She has been exposed to the detrimental impacts of climate change on people's livelihoods and damage to natural ecosystems. In 2020, she started a non-profit, 'Naturally Aware', aimed at raising funds by selling pastries to plant trees in a local primary school.

Her focus is to use media to influence education and policy change to ignite global awareness of our current state. She takes personal responsibility in engaging the youth to solicit for a better future. She appeals to her peers to take on leadership roles to ensure a better, safe and sustainable tomorrow.

She has researched on 'Climate Media Distribution in Kenya', 'Climate Change Mitigation Tactics for The Youth' and the current state of climate change and its impacts on Kenya. From her research, she has been granted opportunities to speak on them at conferences regarding 'Climate Change in Africa' and 'Intergenerational and Intercultural' approaches toward tackling the issue.

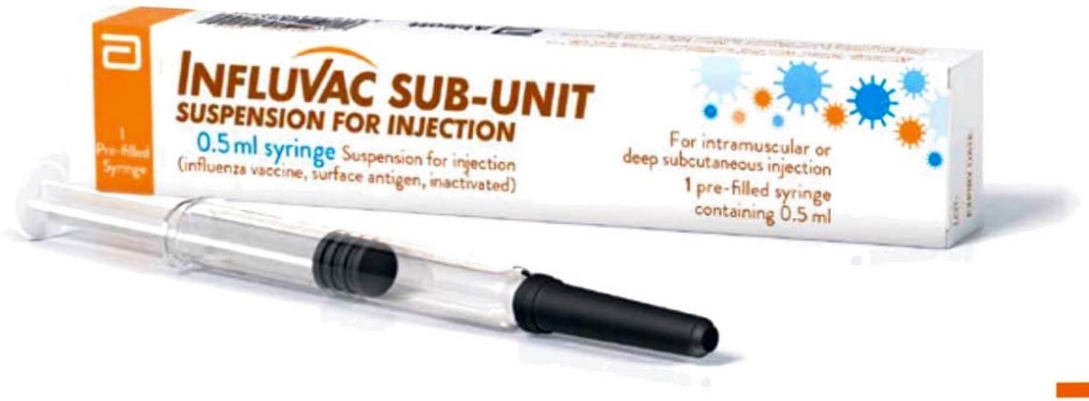
PROF. SUSAN L. PRESCOTT MD

Prof. Susan L. Prescott MD, PhD, is a pediatrician, immunologist, artist, and award-winning author, internationally recognised for her cutting-edge research into the early environmental determinants of health and disease. Her work promotes awareness of the interconnections between personal and planetary health in a way that inspires wiser, creative, integrated approaches, grounded in reciprocity, for social and ecological justice and flourishing futures.

Susan is Professor of Pediatrics at University of Western Australia in Perth where she is founding Director of The ORIGINS project, an intervention birth cohort of 10,000 families aimed at improving all aspects of long-term physical and emotional health. She is also founding Director of the Nova Network (formerly inVIVO Planetary Health), a global trans-transdisciplinary network focused on transforming health of people, places, and planet, based at the Nova Institute for Health in Baltimore, and Editor-in-Chief of Challenges journal which promotes interdisciplinary discourse. She is a Fellow of the Royal Australasian College of Physicians and the prestigious Australian Academy of Health and Medical Sciences. She has been awarded more than $52 million in research grants as chief investigator and received numerous awards.

She was the founding President of the DOHaD Society (Developmental Origins of Health and Disease) of Australia and New Zealand, and a previous Director of the World Allergy Organization. In addition to over 350 scientific publications, Susan is author of several books for the public—The Allergy Epidemic, The Calling, Origins: Early-life solutions to the modern health crisis and gold medal winning book The Secret Life of Your Microbiome. Her inspiration to study medicine came from her grandmother, one of the few women to study medicine in the 1930s.

MORE THAN 30 YEARS OF **GLOBAL FLU PREVENTION**[1]



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TUESDAY 25TH APRIL 2023		
TIME	**TOPIC**	**SPEAKER**
VENUE: ARABUKO 1	**PAFLAR CONGRESS - RECENT ADVANCES AND INNOVATION IN PAEDIATRIC RHEUMATOLOGY** **MODERATORS: OUMA DEVI KOUSSOUGBO & OLAOSEBIKAN HAKEEM**	
8.00AM– 8.30AM	Registration	All
8:30AM– 8.40AM	Welcome address by Scientific Chair	Ayodele (Nigeria)
8:40AM – 9.00AM	Recent Updates and Innovation in SLE	Ekemini Ogbu (Nigeria/USA)
9.00AM– 9.20AM	Recent Updates and Innovation in Vasculitides	Isabelle Kone Paut (France)
9.20AM – 9.40AM	Vaccination Updates in Autoimmune Diseases	Nico Wulfraat (Netherlands)
9.40AM– 10.00AM	Updates on Management of MAS	Angelo Ravelli (Italy)
10.00AM– 10.20AM	Update on Clinical features and management of scleroderma	Tikly (South Africa)
10.20AM– 10.40AM	Recent updates and innovation in Arthropathies	Kempta Fernando (Cameroon)
10.40AM– 11.00AM	Global Lupus Research Updates	Laura Lewandowski (NIH USA)
11.00AM– 11.20AM	Question and Answer Session	
11.20AM -12.00PM	**TEA/COFFEE BREAK**	
12.00PM– 12.20PM	Clinical features of Autoinflammatory conditions	Soad (Libya)
12.20PM– 12.40PM	Management strategies in Autoinflammatory syndromes	Helmutt Wittkowski (Germany)
12.40PM– 1.00PM	Systemic onset juvenile idiopathic arthritis: challenges and perspectives	Kenza (Morocco)
1.00PM– 1.20PM	Recent updates in diagnostics and management of Autoinflammatory diseases	Michael Hofer (Switzerland)
1.20PM– 1.40PM	Cryopyrin-Associated Autoinflammatory syndromes (CAPS)	Sheila (Kenya/UK)
1.40PM– 1.50PM	Questions and answers	
1.50PM– 2.30PM	**LUNCH**	
VENUE: ARABUKO 1	**PAFLAR CONGRESS** **CHALLENGES OF PAEDIATRIC RHEUMATOLOGY IN AFRICA**	
2.30PM– 2.50PM	Paediatric Rheumatology in Africa, Tackling Patient Stigmatization and High Cost of Healthcare	Ayodele (Nigeria)
2.50PM– 3.10PM	Opportunities and Challenges in Management of Multi-system Inflammatory Syndrome in Children Associated with COVID 19, the Kenyan Experience	Angela Migowa (Kenya)
3.10PM– 3.30PM	Bridging the GAP in paediatric rheumatology care Globally	Helen Foster (UK)
3.30PM – 3.50PM	Could we reach more equity in healthcare and research using social media in Africa	Ihsane (Morocco)
3.50PM – 4.10PM	Emerging Infections and Paediatric Rheumatology	Sujata Sawhney (India)
4.10PM – 4.30PM	Where there is no rheumatologist	Sanaa (Tanzania)
4.30PM – 4.50PM	Addressing Workforce Challenges in Paediatric Rheumatology	Michael Henrickson (USA)
4.50PM– 5.10PM	Paediatric Rheumatology, The Past, Present and Future	Angelo Ravelli (Italy)
5.10PM – 5.30PM	Oral Abstract Presentations	Aarat Patel (USA) and Joan Ahimbisibwe (Kenya)

5.30PM – 5.40PM	Question and Answer session	
5.40PM- 6.40PM	PAFLAR AGM and Elections.	
7.30PM	Networking Dinner/Gala Dinner.	
VENUE: SHIMBA	**PROMOTING CHILDREN'S DEVELOPMENT AND CAREGIVER WELL-BEING** **SESSION CHAIR: SUSAN WAMITHI**	
8:00-8:30	Registration	KPA
8:30-8:40	Welcome and overview	Rosemarie Lopokoiyit
8:40-9:40	**Panel 1: Global and regional updates and perspectives on ECD** *Moderator introduces him/herself, session topic and the speakers* (5 min).	Moderator: Dr. Florence Oringe
	Global and regional ECD landscape (15 min) What and why; overview of the NCF; update on relevant materials and initiatives	Bernadette Daelmans
	ECSAPACH: Structure and process for program Delivery **(**15 min)	John Tole
	The role of pediatric societies in supporting early child development (15 min)	Reshma Shah
	Q&A (10 min)	
9:40-10:30	**Panel 2: National efforts to promote nurturing care for early childhood development.** *Moderator introduces him/herself, session topic and the speakers* (5 min)	Moderator: Makeba Shiroya
	Kenya: Policies, governance, and coordination (20 min) Updates on Integrated ECD Policy, intersectoral approach, role of National Council for Children's Services	Caroline Mwangi
	Kenya: Past and current efforts of pediatricians (20 min)	Susan Wamithi
	Q&A (5 min)	
10:30AM -10:45AM	Break	
10:45AM - 11.30AM	**Panel discussion 3: Reaching vulnerable children.** *Moderator introduces him/herself, session topic and the speakers* (5 min). *Panelists each give a 5-minute overview of what they do (20 min) and then 10 minutes for moderated Q&A and 10 minutes for discussion with audience. No slides.*	Moderator: Maureen Kinge
	1. ECD services for Children with Special needs	Evans Munuve
	2. Quality childcare in low-income communities: Mamapreneurs model	Martin Kiyeng
	3. Supporting Children in ECD centers in low-income settings	Fatuma Dume
	4. ECD in emergency settings – CRS experience in draught regions of Kenya	Everlyne Matiri

11:30AM - 12:15PM	**Panel discussion 4: Supporting caregivers.** *Moderator introduces him/herself, session topic and the speakers* (5 min). *Panelists each give a 5-minute overview of what they do (15 min) and then 15 minutes for moderated Q&A and 10 minutes for discussion with audience. No slides.*	Moderator: Lilian Kerubo
	1. Preconception health: Impact on ECD trajectories	Susan Wamithi
	2. Caregivers perspective on family-centered care for optimizing ECD outcomes for children with disabilities	Juliana Muiva
	3. How paediatricians can support caregivers' mental health in the early years	Josephine Omondi
12.15PM - 12.45PM	**Interactive session** Framing – What can YOU do to support optimal ECD in your practice and community? Questions for discussion *15-minute small group discussion + report back (select group reporter)* 1. In what ways are you already supporting caregiver well-being and promoting early childhood development in your practice? 2. What is one thing you have taken away from today's session that you would like to implement or learn more about? 3. What would you like to see KPA do more of to support ECD and you?	Moderator/facilitator: Reshma Shah and Sherri Smith
12:45PM - 13:00PM	**Closing Remarks** How can participants get involved in the work of KPA.	Susan Wamithi
VENUE: DODORI	**UPDATES IN NEONATOLOGY** **SESSION CHAIR: BRIAN MAUGO**	
8:00AM-8:20AM	Registration /Welcome	
8.20AM- 8:40AM	Updates in Neonatal Resuscitation	Heena Hooker
8:40AM-9:00AM	Hemodynamic instability in the critically ill neonate	Brian Maugo
9:00AM- 9:20AM	Parenteral Nutrition in neonates	Eric Ngetich
9:20AM – 9:40AM	Klebsiella Outbreak management: The KNH experience	Florence Murila
9:40AM -10:00AM	Q & A	Co- Chair
10:00AM -10:30AM	**TEA/ COFFEE BREAK**	
10:30AM- 10:50AM	Case Report 1:	Annette Baine
10:50AM -11:10AM	Case Report 2:	Audrey Chepkemoi

11:10AM – 12:25PM	Abstract Session	Co- Chair
	Feasibility of adaptive e-learning to improve provider proficiency in essential and sick newborn care in Tanzania	Hanston Ndosi
	An evaluation of staff social ties and communication in the delivery of neonatal care in Kenya: A case study of 2 public hospitals	Conrad Wanyama
	Caffeine citrate for management of apnoea of prematurity among infants in africa: delphi survey to inform research design	Helen Nabwera
	Postnatal Growth among Very Low Birth Weight Neonates At Kenyatta National Hospital	Priscilla Koech
	Translating WHO recommendations into Practice; Updating Basic Pediatric Protocols to include The Prevention and Management of Apnoea of Prematurity Using Caffeine Citrate in Kenya.	Brian Maugo
	A comparative analysis of APGAR score and the gold standard in the diagnosis of birth asphyxia at Moi Teaching and Referral Hospital Eldoret, Kenya.	Albertine Njie
12:25PM-12:40PM	Session Sponsor	
13:00PM	**END /LUNCH**	
VENUE: ARABUKO 2	**A CHILD BORN TODAY: CLIMATE CHANGE & THE DETERMINANTS OF HEALTH IN AFRICA SESSION CHAIRS: COLLEEN KRAFT & NIGHTINGALE WAKIGERA UCHTMANN**	
8:00AM-8:30AM	Introduction Welcome Karibuni sana Opening blessing from the elders of this land	
8:30AM-8:45AM	Story-telling narrative: A child born today will live a lifetime experiencing climate change	Teresia Wanjiku Wanderi
8:45AM-9:00AM	Social Pediatrics and social determinants of health	Nick Spencer
9:00AM-9:30AM	Climate Change's Present and Future Impacts in Africa	Winnie Mutai
9:30AM-10:00AM	Climate Change and Environmental Degradation	Ruth Etzel
10:00AM -10:30AM	Case studies – Flooding: Nigeria	Minnie Oseji (recent Permanent Secretary for Health in Delta State)
	Pakistan	Naeem Zafar [virtual]
10:30AM-11:00AM	**TEA/COFFEE BREAK**	
11:00AM-11:30AM	WHO Climate Action in Africa	Antonios Kolamenakis [virtual]
12:30PM-1:00PM	Youth leadership in climate advocacy: How can health professionals support and partner with youth voices for change	Children and youth representatives
VENUE: MADUGUNYI	**LUNGS ON FIRE: A MULTIDISCIPLINARY APPROACH** **SESSION CHAIR: JUSTUS SIMBA**	
8.15AM-8.40AM	Arrival and Registration	
8.40AM-9.05AM	Pneumonia Guidelines: Do we have enough Evidence to change?	Ambrose Agweyu
9.05AM-9.30AM	Asthma Care: New Perspectives in Acute Treatment.	Justus Simba
9.30AM-9.55AM	Beyond Tuberculosis Treatment: How do we address Post TB Lung?	Elizabeth Obimbo
9.55AM-10.20AM	When Paediatric Stridor is not Laryngomalacia: Perspectives from ENT	Rachael Gachambi
10.20AM-10.35AM	Sponsor's Session	Cipla
10.35AM-11.05AM	**TEA/COFFEE BREAK**	
11.05AM-11.15PM	Oral Abstract Presentation	Nick Mutisya
11.15AM-12.00PM	Thoracic Imaging I: Chest X-ray	Mary Onyinkwa
12.00PM-12.45PM	Thoracic Imaging II: Chest CT scan	Kevin Ombati
12.45PM-1300PM	Closing Remarks/Wrap up	Justus Simba

VENUE: SHIMBA	**PRACTICAL APPROACH TO PAEDIATRIC MOVEMENT DISORDERS AND CEREBRAL PALSY** **SESSION CHAIR: SAM GWER**	
02.00PM-02.30PM	What Are Movement Disorders and How Do We Define Them?	Ali Shalash
02.30PM- 03.15PM	Genetic investigation of movement disorders: What, When and Why.	Dora Steel - GOSH
03.15PM - 04.00PM	Paediatric Movement Disorders: Miscellaneous (Developmental Movement Disorders, Cerebral Palsy & Wilson Disease – Updates)	Ali Shalash
VENUE: DODORI	**IMPROVING HOSPITAL CARE; REFLECTING ON 10 YEARS OF CIN** **SESSION CHAIRS: JALEMBA ALUVAALA & MIKE ENGLISH**	
2:00PM– 3:30PM	Process Mapping as an Improvement Technique	Jacquie Oliwa
4:00PM– 5:30PM	KWTRP Communications Engagement	Joy Kiptim
VENUE: ARABUKO 2	**COMMUNITY RESILIENCE, ANCESTRAL WISDOM AND THE EARTH** **SESSION CHAIR: ROSIE KYEREMATENG**	
2:00PM-2:15PM	Story telling narrative	Bwalya Lungu
2:15PM-2:30PM	The impact of climate change on indigenous nomadic communities in Kenya	Testimonial - Maasai community representative
2:30PM-3:00PM	How can traditional practices help us respond to this growing crisis?	Panel: Representatives from different local communities and youth representatives
3:00PM-3:30PM	One Health in Rwanda	Phaedra Henley, Andre Ndayambaje, University of Global Health Equity [virtual]
	Case study: Development of community climate action in Rwanda	Hippolyte Bwiza Muhire, Cynthia Mfuranziza, Rwanda Paediatric Association [virtual]
3:30PM-4:00PM	How can existing efforts to promote public health and community resilience be expanded to address climate change?	Discussion
4:00PM-5:00PM	Abstracts	
	A future for our children? The impact of climate change on maternal, newborn, child and adolescent health	Bernadette Daelmans
	Building climate adaptive capacity in Africa's youngest children: A case of Kenya and Gambia [virtual]	Moses Abiero
	Climate Migration: Understanding climate migration with a focus on Latin American children and families [virtual]	Esther Tobarra-Sanchez.
VENUE: KAYA	**CHAMPIONING EVIDENCE BASED ADVOCACY TRAINING WORKSHOP** **SESSION CHAIR: NELLY BOSIRE & CONRAD WANYAMA**	
8.00AM -8.30AM	Arrival and registration of participants	Keprecon
8.30AM -8.45AM	Welcome, introductions, and highlight training objectives	Peter Ngwatu
8.45AM – 9.00AM	Pre-evaluation	Conrad Wanyama
9.00AM – 09.30AM	Project overview: • Project Goal, Activities, Outcomes, Milestones • Highlight the various county-level players (and their roles) involved in the project (champions, influencers, and key decision-makers)	Dan Odallo
09.30AM– 10.30AM	Understanding Advocacy The session will: • Introduce the concept of advocacy and key components • Explore the concept of mapping the policy process • Examine different decision-making processes (formal, informal, and alternative)	Nelly Bosire

10.30AM – 11.00AM	**HEALTH BREAK**	
11.00AM-1.00PM	Session 3: Policy audiences, stakeholder mapping, and engagement This session will focus on: • Identifying, understanding and influencing stakeholders • Stakeholder mapping Identifying key stakeholders at different levels of analysis (champions, influencers and key decision-makers)	Nelly Bosire
1.00PM -2.00PM	**HEALTH BREAK**	
2.00PM – 2.45PM	Group exercise: Identifying a PHC/RMNCAH-N agenda and Stakeholder mapping	Conrad Wanyama
2.45PM-3.15PM	Session 4: Evidence-based advocacy This session will focus on: • Review of the PHC and RMNCAH+N policy brief • Developing a effective policy brief	Conrad Wanyama
3.15PM-3.40PM	Session 2: Understanding advocacy tools and processes for change This session will: • Introduce learners to different advocacy activities that will influence stakeholders • Highlight the barriers to change • Examine how to identify policy change processes and effectively engage advocacy champions using various advocacy tools	Conrad Wanyama
3.40PM – 4.40PM	Media as an advocacy tool This session will: • Highlight various media platforms relevant for advocacy • Examine the benefits and limitations of various media platforms • Introduce learners to tips on how to prepare for and engage the media: Print, Audio, Video and Social media	Nelly Bosire
4.40PM – 4.50PM	Evaluation, Closure	Peter Ngwatu
4.50PM	End of day	
WEDNESDAY 26TH APRIL 2023		
VENUE: ARABUKO 1	**PAFLAR CONGRESS; MANIFESTATIONS AND MULTI-DISCIPLINARY CARE IN PAEDIATRIC RHEUMATOLOGY** **MODERATORS: WAFA HAMDI AND YASMIN TAHA**	
8.40AM – 9.00AM	Pulmonary Manifestations and Management of Complications in Paediatric Rheumatology	Samuel Otido (Kenya)
9.00AM – 9.20AM	Renal Manifestations and Management of Complications in Paediatric Rheumatology	Hermine Brunner (USA)
9.20AM – 9.40AM	Ophthalmology Manifestations and Management of Complications in Paediatric Rheumatology	Saad Leboukhe (Algeria)
9.40AM – 10.00AM	Clinical Features and Management Strategies for Rheumatic Manifestations Among Sickle Cell Patients	Jean Marie Mbuvi Muamba (Democratic Republic of Congo)
10.00AM – 10.20AM	Adult and Paediatric Lupus, What Is the Difference	Dzifa Dey (Ghana)
10.20AM – 10.30AM	Questions and answers	
10.30AM – 11.10AM	**TEA/ COFFEE BREAK**	

11.10AM– 1.10PM	**Workshop 1 - Ultrasound Course**	**Ouma Devi Koussougbo** **Moderator**
		Johannes Roth (Switzerland)
		Yasser El Miedany (Egypt/UK)
		Patricia Vega-Fernandez (USA)
		Kavulani Mutiso (Kenya)
		Bernadette Muthee (Kenya)
	Workshop 2 - Clinical Dilemma Cases (Round Table World Café)	**Joan Chebii** **Moderator**
	1. Aga Khan – University Kenya Residents a. "Tears of blood" A diagnostic dilemma	Angela Migowa
	2. Lagos State University Teaching Hospital – Resident's Presentation a. Brachial aneurysm and gangrenous foot in a Nigerian child	Ayodele Faleye
	3. Tunis el Manar University Tunisia – Resident's presentation a. When the bone disappears! b. Doctor! I have pain everywhere!	Hanene Ferjani
	4. Clinical case from Hospital Central de Maputo Mozambique – Resident's presentation a. Lupus in the brain	Elisa Palalane
	Workshop3 - Spondyloarthropathies/Rare Bone diseases	**Coker** **Moderator**
	Clinical Features of Spondyloarthropathies	Francis Furia (Tanzania)
	Recent Updates in Diagnostics and Management of Spondyloarthropathies	Wafa Hamdi (Tunisia)
	Fibrodysplasia Ossificans Progressive (FOP) and Other Rare Genetic Bone Conditions	Careni Spencer (South Africa)
	Autoinflammatory Diseases of Bone	Chris Scott(South Africa)
	Questions and answers	
VENUE: ARABUKO 1	**PAFLAR CONGRESS; PATIENT REHABILITATION AND SUPPORT GROUPS**	
2.10PM – 2.30PM	Patient Support Groups on Paediatric Rheumatology	Christine Mutena (Kenya)
2.30PM – 2.50PM	Psychosocial Impact of Paediatric Rheumatology Diseases	Khalid Abdalhai (Sudan)
2.50PM – 3.10PM	Role of Physiotherapy in Care of Paediatric Rheumatology Patients	Cedelle Salamat (Ghana)
3.10PM – 3.30PM	Social Talk on Women and Children	Teresa Njoroge of Clean Start (Kenya)
3.30PM – 3.50PM	Oral Abstract Presentations	Mikhail Kostik (Russia) and Ines Cherif (Tunisia)
3.50PM – 4.00PM	Question and Answer Session	
4.00PM-6.00PM	**Workshop 1 - Ultrasound workshop**	**Freddie Coker** **Moderator**
		Johannes Roth (Switzerland)
		Yasser El Miedany (Egypt/UK)
		Patricia Vega-Fernandez (USA)
		Kavulani Mutiso (Kenya)
		Bernadette Muthee (Kenya)

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4.00PM-5.30PM	**Workshop 2 - Infections and Paediatric Rheumatology**	**Ouma Devi Koussougbo** **Moderator**
	Rheumatic Manifestations in COVID	Mohammed Hassan (Egypt)
	Rheumatic Manifestations in HIV	Kogielambal Chinniah (South Africa)
	Rheumatic Manifestations in TB	Yulia Vyzhga (Ukraine)
	Rheumatic Manifestations in Malaria and Tropical Fever Syndromes	Adeel Shah (Kenya)
4.00PM– 5.30PM	**Workshop 3 (Genetic/Metabolic Diseases/other CTDs in Rheumatology)**	**Joan Chebii** **Moderator**
	Rheumatic Manifestations in Genetic Disorders	Catherine Mutinda (Kenya)
	Primary Immunodeficiencies	Ahmed Seri (Sudan)
	Rheumatic Manifestations in Glycogen Storage Disorders	Raffaella Carlomagno (Switzerland)
	Localized Scleroderma	Ivan Foeldvari (Germany)
5.30PM – 5.50PM	PAFLAR Registry	Wafa Hamdi (Tunisia)
5.50PM– 6.10PM	Launch of PAFLAR JIA Guideline	Djohra Hadef (Algeria)
6.10PM – 6.30PM	Congress Highlights	
6.30PM – 6.50PM	**TEA BREAK AND POSTER VIEWING**	
6.50PM – 7.10PM	PAFLAR Working Group Meetings	
VENUE: SHIMBA	**PRACTICAL APPROACH TO PAEDIATRIC MOVEMENT DISORDERS AND CEREBRAL PALSY** **SESSION CHAIR: YVONNE NYAKERI**	
08:30AM- 9:15AM	Cerebral Palsy- examination and treatment of children with complex motor disorders.	GOSH Team
9:15AM- 10:00AM	Unveilling Dyskinesias Canaries, Zebras and chameleon	Kate Oyieke
10:00AM - 10:30AM	**BREAK**	
11:00AM - 11:30AM	Comprehensive care of paediatric movement disorders	Ali Shalash
11:30AM - 12:30PM	Clinical cases	Yvonne Nyakeri
VENUE: DODORI	**AMR AND INFECTION PREVENTION AND CONTROL (IPC)-WHAT CAN PAEDIATRICIAN DO?** **SESSION CHAIR: SAM AKETCH**	
08.30AM-09.00AM	Status of Implementation of the Kenya National Action Plan on AMR	Emmanual Tanui AMR secretariat, MoH
9.00AM - 9.20AM	When/how to use antibiotics for admitted children	Christine Karanja-Chege
9.20AM - 9.40AM	Patterns of use of antibiotics paediatric wards of Kenya Hospitals	Rachel Otuko
9.40AM - 10.00AM	Bacterial infections in children admitted to Kenya hospitals-initial findings from CINA-MR/ACORN surveillance	Sam Aketch
10.00AM - 10.30AM	**TEA/ COFFEE BREAK**	
11:00AM - 11:30AM	Colonisation with multidrug resistant gram-negative organisms in a Kenyan tertiary neonatal unit	Jalemba Aluvaala
11.30AM - 12.00AM	Neonatal bacteraemia in secondary hospitals in Kenya	Jalemba Aluvaala

12.00PM - 12.30PM	IPC implementation experience in a Kenyan tertiary neonatal unit	Florence Murila
VENUE: ARABUKO 2	**WORKING TOGETHER FOR CREATIVE SOLUTIONS TO CLIMATE CHANGE CONSERVATION AND HEALTH:** **SESSION CHAIRS: RUTH ETZEL & B. OKOEGUALE**	
8:00AM-8:20AM	One Health, Planetary Health, Eco-Health: Ensuring a transdisciplinary approach to climate action.	Nathan Uchtmann
8.20AM-9.20AM	How to organize a movement within countries and across geographic boundaries? How do we raise awareness among child health professionals and other professionals and organizations?	Francoise Nwabufo (Alliance of Nurses for Healthy Environment) [virtual]
		Lori Lake (University of Capetown, Child Gauge) [virtual]
		Susan Pacheco [virtual]
9:20AM-10:00AM	Abstracts • Listening to young children: DOLLS as a right affirming research method • Offshore detention: cross-sectional analysis of the health of children and young people seeking asylum in Australia • Social Paediatrics: What has been happening to children during the pandemic - from the comparison of the nationwide surveys in 2019 and 2021 in Japan [virtual]	Donna Koller
		LahiruAMaransena/ Karen Zwi
		Hajime Takeuchi
10:00AM-10:15AM	**TEA/ COFFEE BREAK**	
10:15AM-10:30AM	Child Rights: The role of child rights and the right to a healthy environment in addressing climate change	Jeff Goldhagen
10.30AM-12.15PM	Organizational responses to the climate crisis. What roles can government and civil society play to optimize climate and health outcomes? Discussion	WHO AFRO (10 minutes)
		Catholic Relief Services, Zambia (10 minutes)
		Save the Children (10 minutes)
		WHO Maternal and Child Health/Climate change (10 minutes)
		UNICEF (10 minutes)
12.15PM-1.00PM	Abstracts	
	Child protection in times of conflict: implementation of child-friendly spaces in South Kivu, Democratic Republic of Congo[virtual]	Geir Gunnlaugsson.
	Psychosocial history as a risk factor for adversity in children enrolled in the parent child assistance program [virtual]	Sarah Gander.
	Why do Ghanaian child migrants claim living rights? [virtual]	Jonina Einarsdóttir.
Venue: Madugunyi	Research Ethics Principles and their application in breastfeeding research and interventions using the EFBRI Session Chairs: Dr. Stephen Muhudhia	
07.45AM - 8.15AM	Registration	KPA
8.20AM - 8.35AM	Introduction of participants and expections	Caroline Kithinji
8.40AM- 9.20AM	Ethical considerations in research and interventions related to breastmilk and breastfeeding.	Violet Naayu
9.25AM- 10.00AM	Conflict of interest in research and interventions related to breastmilk and breastfeeding.	Stephen Muhudhia

10.00 AM - 10.30AM	**TEA/ COFFEE BREAK**	
10.35AM - 11.30AM	Ethical framework informing breastfeeding research and interventions (EFBRI).	Biller Andorno
11.35AM - 12.35 PM	Group work - Case studies	Caroline,Naanyu, Stephen Muhudhia
12.40PM - 01.00 PM	Summary and conclusion.	Biller &Naayu
VENUE: SHIMBA	**FUELING THE FIRE; CLIMATE CHANGE AND THE ALLERGY EPIDEMIC** **SESSION CHAIR: ELIZABETH KIRAGU**	
2.00PM - 2.05PM	Registration	KPA
2.05PM - 2.10PM	Opening Remarks	Elizabeth Kiragu
2.10PM - 2.35PM	Welcoming	Evelyne Nganga
2.35PM - 3.00PM	Friend or foe - climate change and allergy genesis.	Adil Waris
3.00PM - 3.25PM	How clean is my air?	Priya Bowry
3.25PM - 3.50PM	Is it safe to eat?	Winnie Njenga
3.50PM - 4.15PM	Gentler on my skin?	Elizabeth Kiragu
4.15PM - 4.35PM	Where can I hide?	Kanyi
4.35PM - 4.55PM	Is this an Atlas situation?	All Faculty
4.55PM - 5.00PM	Questions and answers	Evelyne Nganga
	Closing session	
VENUE: MADUGUNYI	**NUTRITION TRACK: WHAT IS THE ENVIRONMENT DOING TO OUR FOOD?** **SESSION CHAIR: WACEKE KOMBE**	
2:00PM - 2:10PM	Welcome Address	Waceke Kombe
2:10PM - 2:30PM	Is it an allergy or an intolerance	Ahmed LAVING
2:30PM - 3:00PM	Nutritional strategies to improve health by modulating the “biotics/microbiome/host physiology” triad.	Grompone
3:00PM - 3:20PM	Management of Moderate Malnutrition	Juliana Muiva
3:20PM - 3:40PM	Effect of climate Change on Childhood Nutrition	Rose Kamenwa
3:40PM-4:00PM	Q&A	All Speakers
4:00PM-4:15PM	**TEA/ COFFEE BREAK**	
4:15PM-4:35PM	Effect of the current drought on childhood nutrition	Margaret Oyugi
4:35PM-4:55PM	Use of Plant Based Milks in Children	Waceke Kombe
4:55PM-5:10PM	CASE PRESENTATION	Utpol Chowdhury
5:10PM-5:20PM	SPONSOR’S REMARK	Philips Therapeutics
5:20PM-5:40PM	Q&Q	All Speakers
	END OF SESSION	
VENUE: ARABUKO 2	**RESPONDING TO IMPACT OF CLIMATE CHANGE: A PAN AFRICAN MOVEMENT** **SESSION CHAIR: NATHAN UCHTMANN**	
2:00PM-3.00PM	My Green Doctor. Greening your practice and hospitals	Todd Sack [virtual]
3.00PM-4.15PM	• Developing a Pan-African Response to the Impact of Climate Change on Children • Role of African child health organizations in advancing a Pan-African response to the Climate Crisis • What is missing/necessary to develop a pan-African movement among health professionals to address climate change and the environment? • How can we strengthen existing movements and collaboratively build an effective framework to integrate child health and climate action?	Panel: representation from national paediatric associations including Uganda, Zambia, Ghana,Botswana, Rwanda, Nigeria, Kenya

4.15PM-5.00PM	• Concluding Remarks • Pronounce a Climate Emergency • Declaration on Climate Change	Jeff Goldhagen and Rosie Kyerematenge
VENUE: MADUGUNYI	**STRENGTHENING SKILLS TO COMMUNICATE WITH EMOTIONAL COMPETENCE AND RESPECT FOR PATIENTS AND COLLEAGUES USING PATIENTS' EXPERIENCES AND EXPERIENTIAL LEARNING APPROACHES** **SESSION CHAIR: MICHUKI MAINA**	
2.00PM - 2.30PM	Overview of the RESPECT study, co-design and pilot training and preliminary feedback	Dorothy Oluoch
2.30PM - 3.00PM	• Communication skills training • Discussion on importance of communication in healthcare • Watch a video on poor provider communication with discussion on why this happens and effects on patient care • Watch a video on patient experiences (impact of prematurity on mothers) with discussion to draw insights and learning from mothers' voices.	Mwanamvua Boga
3.00PM - 3:20PM	iCARE Haaland implementation with focus on newborn care	Mwanamvua Boga
3:20PM - 3.50PM	Skills building session: To strengthen knowledge and practice on active listening as key skill to patient care. Knowledge input and skills practice using a role play	Mwanamvua Boga
3.50PM - 4:00PM	Sum up and discussion on scale-up	All
THURSDAY 27TH APRIL 2023		
PLENARY SESSION CHAIR: DR. ERIC NGETICH - CHAIR, KPA NORTH RIFT BRANCH | DR. SUPA TUNJE, KPA BOARD MEMBER		
8.15 AM - 8. 45 AM	Entertainment	
8.45 AM - 9.00 AM	Welcome Address: Dr. Catherine Mutinda, National Secretary, Kenya Paediatric Association	
9.00 AM - 9.20 AM	Ms. Hellen Owiti, Director of Program Development and Quality, Save the Children	
9.20 AM - 9. 40 AM	Dr. Bernadette Daelmans, Unit Head, Child Health and Development, World Health Organisation	
9:40 AM - 10:00 AM	Dr. Laura Oyiengo, Health Specialist, UNICEF	
OPENING SESSION CHAIR: DR. CAROLINE MWANGI, MOH | DR. HEMED TWAHIR, CHAIR, KPA COAST BRANCH		
10:30 AM - 10.40 AM	Dr. Lawrence Owino, National Chairperson, Kenya Paediatric Association	
10.40 AM - 10.55 AM	How climate change impacts the Sexual and reproductive health of adolescents in Kenya Dr. Estelle Waiguru - Head Adolescent Sexual Reproductive Health	
10.55 AM - 11.10 AM	Africa's Next Gen: Where Climate Denial Can Take Us and Bridging The Gap - Makena Muigai, Environmentalist	
11.10 AM - 11.40 AM	Keynote Address: Dr. Ruth Etzel	
11.40 AM - 12.00 AM	Dr. Swabaha Ahmed, County Executive Member for Health, Mombasa County	
12.00 AM - 12. 30 PM	Chief Guest - Dr. Olufunso A. Somorin; Regional Pricipal Officer, Climate Change and Green Growth - African Development Bank	
12. 30 PM - 1. 00 PM	Poster Presentation	
1.00PM - 2.00PM	**LUNCH BREAK**	
VENUE: ARABUKO 1	**POLLUTION TO POLLEN, FLOODS TO FIRES: UNDERSTANDING HOW CLIMATE CHANGE AFFECTS CHILDREN WITH SENSITIVE SKIN** **SESSION CHAIR: MEICHI QUEK**	
2.00PM – 2.35PM	The impact of climate change on skin.	Edel Karau
2.35PM – 3.10PM	Food allergy and eczema.	Meichi Quek
3.10PM – 3.45PM	Latest management of eczema.	Bernard Gichina
3.45PM – 4.00PM	Q &A.	All
VENUE: SHIMBA	**LET ME BREATH: SAFEGUARDING CLEAN AIR FOR OUR CHILDREN** **SESSION CHAIR: IMMACULATE BARASA & DAVID GITHANGA**	
2.00PM - 2.15PM	Assessment of Air Pollution and Related Health Effects in the Densely Populated Communities in Nairobi County, Kenya".	Vincent Kipter
2.15PM - 2.30PM	ABC study: Effects of air pollution to childhood development	Wanini Edemba

2.30PM - 2.45PM	Climate Change crisis & One Health	S. Mohammed
2.45PM - 3.00PM	Vaping: New and emerging tobacco products threatening adolescent health	Dr Njeri Karianjahi
3.00PM - 3.15PM	Climate and its impact on mycotoxins in food	Ruth Etzel & David Githanga
3.15PM - 3.30PM	Climate change & Health: framework for population vulnerability assessments	Emelda Okiro
3.30PM - 4.00PM	Monitoring the links between health and climate change: our children's future at the mercy of fossil fuels	M. Romanello A. Costello
4.00PM - 4.15PM	Q/A SESSION	
VENUE: DODORI	**PANDEMIC PREPAREDNESS AND SURVEILLANCE - WHAT IS YOUR ROLE AS A CHILD HEALTH SPECIALIST** **SESSION CHAIR: AMBROSE AGWEYU**	
2.00PM – 2.05PM	Introduction and overview of session	Ambrose Agweyu
2.05PM – 2.25PM	The current global and African situation regarding pandemics and the importance of preparedness and surveillance in pediatric populations	Ambrose Agweyu
2.25PM – 2.45PM	The current state of pandemic preparedness and surveillance in Africa and the role of health care proffesionals in pandemic preparedness and surveillance	Carlos Navarro
2.45PM – 3.05PM	Using routine data to monitor the burden and effects of pandemics on essential routine child health services in Kenya	Gueye Addou Salam
3.05PM – 3.50PM	Moderated Panel Discussion	Helen Kiarie
3.50PM – 4.00PM	Summary of key points and closing remarks.	Ambrose Agweyu
VENUE: - ARABU-KO 2	**PAEDIATRIC HIV** **SESSION CHAIR: ANNEMARIE MACHARIA**	
2.00PM – 2.35PM	Optimization of paediatric HIV regimens: Where are we?	Winnie Nyanya
2.35PM – 3.10PM	PMTCT updates: Gaps and opportunities	Felicitas Makokha
3.10PM – 3.45PM	Challenges in DTG optimization: Where do we go from here?	AnneMarie Macharia
3.45PM – 4.00PM	Adolescent HIV	James Wagude
VENUE: MADUGUNYI	**INTERVENTIONS FOR IMPROVING SURVIVAL OF PRETERM AND SICK NEWBORNS** **SESSION CHAIR: WILLIAM MACHARIA**	
2.00PM-2.20PM	Improving access and uptime of essential technologies for care of small and sick new-borns	Grace Irimu
2.20PM-2.35PM	Newborn Toolkit Ressources	David Gathara
2.35PM-2.50PM	Bungoma county experience with uptake of KMC. What next?	F Makhoha
2.50PM-3.05PM	KNH Caffeine for Apnea study. Preliminary results	William Macharia
3.20PM-3.35PM	Challenges and opportunities in hypothermia management	M Waiyego
3.35PM - 4.00PM	Q&A	William Macharia
FRIDAY 28TH APRIL 2023		
VENUE: ARABUKO 1	**VACCINES IN PAEDIATRICS** **SESSION CHAIR: OMBEVA MALANDE**	
8.00AM - 8.30AM	Recent changes in the Kenya immunization schedule and vaccines	Lucy Mecca
8.30AM - 9.00AM	Influenza vaccination for infants and travel - Guest speaker from influenza network	Salim Parker
9.00AM - 9.25AM	Ebola Vaccines - Current Vaccines & Lessons from the recent outbreaks in Uganda	Ombeva Malande
9.25AM - 09.50AM	Recent study results and recommendations on vaccination for children with IMIDs	Christine Chege
09.50AM - 10.15AM	COVID-19: Updates on disease, Vaccination recommendations, and Post pandemic priorities for immunization in Kenya & LMICs	Anne-Marie Macharia
10.15AM - 10.35AM	Strategies to increase vaccine acceptance across life span	Rachel Afaayo
10.35AM - 10.45AM	Discussion, Questions and Answer Session	All Speakers
10.45- 11.15AM	**TEA/COFFEE BREAK**	

VENUE: SHIMBA	**SHEDDING LIGHT ON MISSED DIAGNOSIS; ENDOCRINOLOGY** **SESSION CHAIR: LUCY MUNGAI**	
8.00AM - 8:30AM	Introduction: The fallback Diagnosis of Mysterious childhood illnesses	Lucy Mungai
8.30AM - 8:40AM	The wheezing child: case presentation	Winnie Saumu
	Discussion	Mariana Mutinda
9.00AM - 09.10AM	The Lazy child: case presentation	Mariana Mutinda.
09:10AM - 9:30AM	Topic Discussion	Lucy Mungai
9:30AM - 9:40AM	The snoring child from the "cursed family" case presentation	Nida Hiwot.
9:40AM - 10:00AM	Discussion	Phoebe Wamalwa
10:00AM - 10:10AM	The untold story: Caregivers' Reflections on Navigating Mysterious Childhood Illnesses	Video
10:10AM - 10:30AM	The journey: Enzyme Replacement Therapy for Lysosomal Storage Diseases	Winnie Saumu
10:30AM - 10:45AM	Questions and Discussion	
VENUE: ARABUKO 2	**KANGAROO MOTHER CARE A PUBLIC HEALTH PERSPECTIVE UNICEF/MOH** **SESSION CHAIR: CAROLINE MWANGI**	
8:00AM – 8.10AM	Status of Newborn Health in Kenya and KDHS 2022 findings	Allan Govoga
8.10AM – 8.20AM	PMTCT/Pediatric HIV package of care, birth testing for HIV updates, prophylaxis, postnatal serial testing	NASCOP/UNICEF
8.20AM – 8.40AM	Science of KMC and Updates on KMC (WHO 2022 guidelines)	Audrey Chepkemoi
8.40AM – 9.00AM	Global perspective on KMC – Experience of KMC in the developed world	Anastasiia Rozhnova
9.00AM – 9.20AM	Presentation on a KMC implementation study	Enock Sigilai
9.20AM – 10.10AM	County experiences on implementation of KMC – best practices, challenges, lessons learnt (Bungoma and Siaya)	Felictas Makokha and Einstein Kibet
10.10AM - 10.30AM	Baby Friendly Hospital and Community Initiative	DND and UNICEF
10.30AM – 10.45AM	Experience of Newborn care Garissa County	Naira
VENUE: MADUGUNYI	**CARDIOLOGY** **SESSION CHAIR: NAOMI GACHARA**	
8.00AM - 8.20AM	Role of history taking in cardiac patient, what are the red flags	Kabui Kaguongo
8.20AM - 8.40AM	Are ECG's indicated in the diagnosis of CHD	Martin Mbiata
8:40AM - 9:00AM	Live debate on radiation exposure: should CXR be done in patient with heart disease	Christine Jowi
9:00AM - 09:20AM	Who needs Sildenafil?	Boniface Osano
9:20AM - 09:40AM	What is Jones Criteria and when to start Monthly Benzathin Penicilli	Sarafina Ekeno
9:40AM - 10:00AM	Should PDA in a neonate be of concern?	Emily Chesire
10:00AM - 10:20AM	Management of Congestive Heart Failure	Gladys Njihia
10:20AM - 10:45AM	Acute Rheumatic Fever	Sarafina Ekeno
VENUE: ARABUKO	**PLEANARY SESSION CHAIR: DR JULIANA OTIENO, CHAIR, KPA LAKE REGION | DR. NASRA ADAN, KPA, COAST BRANCH**	
11.15 am - 11.35 am	NEST 360: Demonstration of new technology for brain oxygen saturation assessment - Vinod Narayanan	
11:35 am- 11:50 am	Championing Evidence Based Advocacy - Prof. Fred Were	
11.50 am - 12:05 pm	The value of syndromic testing in supporting rapid diagnosis and treatment of childhood infections - Dr. Kiplangat Sigei	
12:05 pm - 12:20 pm	Role of Inhaled corticosteroids in Management of Acute Asthma Dr. Francis Ogaro	
12:20 am - 12.35 pm	Dr. Josephine Omondi: Mental health among child health workers	
12.35 pm - 1.20 pm	Dr. Karianjahi | Dr. Nasra - Fellowship Fireside Chat; A conversation about the fellowship experience and how to plug into a suitable pathway of professional development	
1.20 pm - 1.40 pm	Prof. Susan Prescott: "Child Health in a Climate of Change"	
1.40 pm - 2.00 pm	Rapporteurs Summary | Closing Ceremony	
2.00PM-3.00PM	**LUNCH TIME**	


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BOOK OF ABSTRACTS

A COMPARATIVE ANALYSIS OF APGAR SCORE AND THE GOLD STANDARD IN THE DIAGNOSIS OF BIRTH ASPHYXIA AT MOI TEACHING AND REFERRAL HOSPITAL ELDORET, KENYA.

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1. Department of Biostatistics, Epidemiology and Informatics -Perelman School of Medicine, University of Pennsylvania Philadelphia, Pennsylvania – USA.

Background

Birth asphyxia is a consistent key contributor to neonatal morbidity and mortality, particularly in sub-Saharan Africa. The APGAR score, though a globally used diagnostic tool for birth asphyxia, remains largely understudied. We therefore assessed how effectively this score is used to diagnose birth asphyxia in comparison to the gold standard (umbilical cord blood pH <7 with neurologic involvement) at Moi Teaching and Referral Hospital (MTRH), and identifiedhealthcare provider factors that affect ineffective use of the score.

Methods

Using a quantitative cross-sectional hospital-based design, term babies born in MTRH who weighed ≥2500g were systematically sampled; and a census enrolment was done for healthcare providers who assign APGAR scores. Umbilical cord blood was drawn at birth and at 5minutes for pH analysis. APGAR scores assigned by healthcare providers were recorded. Effective use of the APGAR score was determined by sensitivity, specificity, positive and negative predictive values. At a significance level of 0.05, multiple logistic regression analysis
identified independent healthcare provider factors associated with ineffective use of the APGAR score.

Results

We enrolled 102 babies, and 50 (49%) were females. Among the 64 healthcare providers recruited, 40 (63%) were female and the median age was 34.5years [IQR: 31.0, 37.0]. Assigned APGAR scores had a sensitivity of 71% and specificity of 89%, with positive and negative predictive values of 62% and 92% respectively. Provider-associated factors with ineffective APGAR score use included: instrumental delivery (OR: 8.83 [95% CI: 0.79, 199]), lack of access to APGAR scoring charts (OR: 56.0 [95% CI: 12.9, 322.3]), and neonatal resuscitation (OR: 23.83 [95% CI: 6.72, 101.99]).

Conclusions

Assigned APGAR scores had low sensitivity and positive predictive values. Babies who were resuscitated, those born via instrumental delivery, and those scored by healthcare providers without access to APGAR scoring charts were significantly more likely to get incorrect APGAR scores.

EFFECT OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS PNEUMONIA GUIDELINE TRAINING ON HEALTH WORKERS UPTAKE OF ORAL AMOXICILLIN AMONG CHILDREN AGED 2-59 MONTHS AT THREE HEALTH FACILITIES IN NAIROBI COUNTY.

Authors

Mutisya N., Irimu G., Malla L., Maugo B, Emandau C.

Affiliation

University of Nairobi.

Background

In 2014, WHO re-classified childhood pneumonia syndromes to severe pneumonia, pneumonia, and no pneumonia. The class of pneumonia involved both age-specific tachypnea and or lower chest wall indrawing without danger sign and required outpatient management with high-dose amoxicillin. In 2018 Kenya MoH introduced oral high-dose amoxicillin.

Methodology

We conducted in Eastleigh Health Centre, Westlands Health Centre and Huruma Lions Health Centre in Nairobi County, a before and after intervention study. We utilized an interrupted time series approach in analysis with an attempt to evaluate the effect of Integrated Management Childhood Illness (IMCI) pneumonia guidelines training and the introduction of Sick Child Management Form (SCMF) on health workers uptake of correct
assessment, classification and treatment of pneumonia among children aged 2-59 months with cough and or difficulty in breathing reviewed between May 1, 2020 to February, 2022.

Results

Before the training, clinical adherence to IMCI pneumonia guidelines was poor with none of the children reviewed had a documented correct assessment, classification and treatment for pneumonia. After the training there was no change from the poor baseline trend. After the introduction of the SCMF there was a noted improvement of correct assessment by 50% over 2 weeks, correct classification by 50% over 4 weeks, and correct treatment by 60% over 4 weeks period. However, overtime there was a transient decline in the improvement effect though it remained above the baseline.

Conclusion

Training health care workers alone may not improve and sustain uptake of IMCI pneumonia guidelines. The use of SCMF will improve uptake of IMCI pneumonia guidelines.

Abbreviations

IMCI- Integrated Management of Childhood Illnesses
IMNCI- Integrated Management of Newborn and Childhood Illnesses
MoH- Ministry of Health
SCMF- Sick Child Management Form

PREVALENCE AND FACTORS ASSOCIATED WITH IMPAIRED SIX MINUTE WALK TEST IN CHILDREN WITH SICKLE CELL DISEASE AT THE KENYATTA NATIONAL HOSPITAL

Authors
Jahadmy A., Kariuki N., Marangu D

Affiliation

University of Nairobi

Background

Sickle cell disease is associated with decreased functional capability (or exercise intolerance) which has been shown to be an early marker of cardiorespiratory compromise. The six-minute walk test (6MWT) has been defined as one of the most simple and common modalities to monitor, prognosticate and measure functional capacity and has observed growing use as a both reliable and validated tool for the objective quantification of the functional capacity among all age groups in the population.

Methodology

We conducted a cross-sectional study design that recruited 99 children 6-12 years of age, with SCD from the aediatric haematology clinic in KNH by consecutive recruitment. Data was collected by means of a questionnaire, pre and post 6MWT walk vitals form and the 6MWT lap counter worksheet. The 6MWT was conducted as per the American Thoracic Society (ATS) guidelines. Impaired 6MWT was defined as a walk distance less than 80% of the predicted distance based on Tunisian predictive reference equations.

Results

The prevalence of impaired 6MWT was found to be 69.7% (95% CI 60.1 - 77.9%). Age was independently associated with impaired 6MWT when adjusted for gender, haemoglobin level, use of hydroxyurea, age specific heart rate, respiratory rate and body mass index Z-score – (adjusted odds ratio 1.4(1.1-1.9), p value 0.034).

Conclusion

In this study, most children with sickle cell disease had an impaired exercise capacity which is a marker of cardiorespiratory compromise and further follow up by a pulmonologist and cardiologist was suggested to fully evaluate these patients and manage them accordingly. In our setting, the 6MWT is a feasible test which can be used in chronic conditions.

SPECTRUM OF PEDIATRIC ENDOCRINE DISORDERS AS SEEN IN KENYATTA NATIONAL HOSPITAL (KNH), A 14-YEAR RETROSPECTIVE STUDY FROM 2008 TO 2021.

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Pediatric endocrinology is an expanding subspecialty requiring well-equipped hospitals to match the rising needs. A hospital-based retrospective, descriptive study was carried out at KNH between 2008 to 2021 to determine the spectrum of pediatric endocrine disorders among patients aged 25 years and below. A total of 2238 cases were seen. Calcium and phosphate disorders were the leading at 35.2% followed by glucose and lipid metabolism and growth disorders at 17.02%, 14.3% respectively. There was a decline among rickets and growth disorders with an increasing trend in type 1 diabetes and hypothyroidism. Diabetic ketoacidosis was the commonest initial presentation of type 1 diabetes at 90.2%. Patients with hypothyroidism and rickets commonly presented with heart failure at 56.3% and pneumonia at 36.3% respectively. The median age at diagnosis was 5 months for disorders of sexual differentiation (DSD); 8 months for hypothyroidism; 1 year for penile disorders; 3 years for maldescended testes; 9 years for type 1 diabetes and 9 months for rickets. There was a delay in hospital presentation as follows: type 1 diabetes (mean 80 days, median 18 days), DSD (mean 724 days, median 90 days), hypothyroidism (mean 79, median 30 days) and maldescended testes (mean 629 days, median 280 days). Thirty percent got lost to follow up. There is need to sensitize primary care physicians on early identification and referral and allocate more resources towards increasing cases of childhood diabetes. Further studies are required to elucidate reasons for delayed diagnosis and loss to follow up. Hospital based patient tracking systems are advised to reduce loss to follow up cases.

EXPLORATION OF COMPLEMENTARY FEEDING PRACTICES, KNOWLEDGE, AND BARRIERS IN BOMACHOGE BORABU SUB-COUNTY KISII, KENYA.

Authors

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Background

Malnutrition remains a global child health problem with 149 million children stunted and 45.4 million wasted as of 2021. Progress has been made in Kenya's childhood nutrition since 2009, but the prevalence of malnutrition remains high with 22% chronic undernutrition (stunting), 11% underweight, and 4% wasting. Complementary feeding, defined as the introduction of food other than breastmilk for infants 6-24 months, has long-term impacts on growth and development. Unfortunately, complementary feeding has worsened in Kenya with only 22% of children 6-24 months receiving a minimum acceptable diet, down from 39% in 2010.The aim of our study was to describe the community's perspective on complementary feeding in Bomachoge Borabu Sub-County in Kisii, Kenya. Specific objectives were to elucidate the knowledge and practices of complementary feeding, explore flow of information about infant nutrition, and query community-identified barriers and solutions for healthy infant feeding.

Methods

Qualitative data was obtained in multiple community settings including 3 focus group discussions and 9 in-depth interviews. Focus groups were held with 11 caregivers, 10 community health volunteers (CHVs), and 8 traditional healers. Interviews included stakeholders from school, church, hospital, outpatient clinic, and community health settings. Thematic inductive coding and analysis was conducted.

Results

Barriers to appropriate complementary feeds were observed at 5 levels: individual (caregiver knowledge, adolescent mothers), household (lack of time for feeding, alcoholism), community (departure of local NGO resources), and social/environment (land scarcity, climate change). Key themes identified were 1) gaps between caregiver knowledge of healthy feeding with what is practiced (early food introduction despite knowing risks) 2) influence of cultural beliefs on nutrition practices (soups instead of vegetables, belief that feeding eggs cause speech delays) 3) importance of trust in information sources, 4) neglect/de-prioritization of child nutrition, 5) influence of poverty at all levels. Community solutions include empowering CHVs, expansion of kitchen gardens and adapting resiliency to climate change and collective child care.

Conclusions

Current complementary feeding practices in this sub-county are unlikely to provide adequate nutrition to children 6-24 months or support exclusive breastfeeding to 6 months. Structures are in place to provide community education but effectiveness can be strengthened through community partnership, empowering trusted community sources for message delivery, and addressing cultural norms.

INVESTING IN OUR FUTURE: A COMPREHENSIVE AGENDA FOR THE HEALTH AND WELLBEING OF CHILDREN AND ADOLESCENTS

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Background

The Sustainable Development Goals call for all children to survive and thrive. An estimated 7 million preventable deaths still occur in newborns, children, adolescents, and young adults up to 24 years of age. In addition, many children and adolescents are exposed to adversities that prevent them to thrive. WHO has reviewed the evidence and consolidated a comprehensive agenda to strengthen health services, using a life-course approach to reduce inequities and support children and adolescents to realize their potential.

Methods

Global, regional and country consultations, evidence synthesis, and inter-agency consultations have informed the comprehensive agenda

Results

The global community needs to adopt a multi-track agenda to end preventable mortality and support children's health, growth, and development. Beyond addressing communicable diseases and malnutrition, evidence-based services are needed to address risks of noncommunicable conditions including mental health, injuries and congenital anomalies, and risks associated with climate change and harmful marketing practices. This requires health in all policies and systems that can deliver family-centered care to address social determinants and engage with other sectors. The comprehensive agenda reflects upon pathways for strengthening child and adolescent health services, so they better contribute to building human capital for a more equitable world.

Conclusions

Unless we act now, the future of children and adolescents, and that of future generations, hangs in the balance because of changing epidemiology, new threats, and systems that are not equipped to respond appropriately. Evidence gives direction to appropriate responses and can guide transformation of health systems to adopt a more inclusive and stronger social orientation as a complement to their clinical responsibilities.

A RAPID ASSESSMENT OF FACTORS INFLUENCING THE PHYSICAL AND PSYCHOSOCIAL WELLBEING OF ADOLESCENT MOTHERS AND THEIR CHILDREN IN BOMACHOGE BORABU SUB COUNTY, KISII COUNTY, KENYA.

Authors

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Background

Adolescent pregnancy remains common in Kenya. Despite programs established to promote the wellbeing of adolescents, there continues to be increase in adolescent pregnancies and resultant stigma, disrupted school attendance, and barriers to information and healthcare. While interventions to prevent adolescent pregnancy are critical, many pregnant adolescents and adolescent mothers require support during pregnancy and while raising their children.

Objectives

The study aimed to understand the factors that influence the physical and psychosocial well-being of adolescent mothers and their children in Bomachoge Borabu Sub County and specifically to identify the support systems, challenges, and general life experience faced by pregnant adolescents and adolescent mothers.

Methods

Key informant interviews, focus groups, and semi-structured interviews were among the qualitative research techniques used. Quantitative data were collected from study participants and subcounty epidemiological data.

Results

Adolescent pregnancy constitutes a high percentage of total pregnancies. Many support structures for pregnant adolescents, adolescent mothers, and their children existed within several arms of the government, community, and through guidance and counseling. Challenges faced included poverty, stigma, mental health issues, lack of support from caregivers and the father of the baby, difficulty staying in school, risk-taking behaviors, lack of knowledge, and poor physical health, as well as challenges experienced by the caregivers of adolescent mothers. The diversity of challenges and support systems depend on age, relationships, and socioeconomic status prior to becoming pregnant. Solutions to the challenges included community sensitization against stigma, government initiatives, and actions by caregivers, churches, and schools.

Conclusions

There are many community support structures for adolescents and adult pregnant women and mothers, though few specifically address the needs of pregnant adolescents and adolescent mothers. Solutions should target decreased stigma, improved prosecution of defilement cases, increased support for retention in school, economic support for impoverished families, and increased involvement of male caregivers.

PRO/SYNBIOTICS IMPROVE GUT HEALTH AND REDUCE SYSTEMIC INFLAMMATION AMONG INFANTS IN WESTERN KENYA: AN OPEN-LABEL RCT

Authors

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Background

Malnutrition amongst under-fives is still common in resource-poor countries and resistant to current interventions. Novel approaches are required, like targeting environmental enteric dysfunction.

Methods

We conducted an open-label, randomized, controlled trial at the Homa Bay County Teaching and Referral Hospital, western Kenya. Newborns < 4 days old were enrolled, randomly allocated (1:1:1:1), stratified by HIV exposure, to one of 4 study arms to receive 32 doses of either one of 2 synbiotics, probiotic, or no supplement (control). We measured biomarker concentrations in blood and stool samples collected at 6 weeks, 3, and 6 months to assess systemic inflammation (plasma alpha 1-acid glycoprotein (AGP): primary outcome), gut health and growth (secondary outcomes).

Results

We enrolled 600 new-borns between 28 October, 2020 and 13 January, 2022. Baseline characteristics were similar across all arms. Median plasma AGP concentration increased progressively at 3 and 6 months in the controls but was almost completely abrogated in all the intervention arms. At 6 months; AGP was raised (>1g/L) in 56/134 (41.8%) of the controls but <1.5% in each of the intervention arms (P<0.001), while growth hormones were slightly, but significantly, lower in the controls than in intervention arms. Gut health biomarkers were significantly higher at 3 and/or 6 months in the control arm than in any intervention arm.

Conclusions

Pro/synbiotics offer a novel approach to improving gut health and reducing systemic inflammation in young infants in low-resource settings.

BUILDING CLIMATE ADAPTIVE CAPACITY (CAC) IN AFRICA'S YOUNGEST CHILDREN: A CASE OF KENYA AND THE GAMBIA.

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Background

African countries such as Kenya and The Gambia experience intense climate extremes, exposing children to risks such as infectious diseases and malnutrition. Anticipatory climate adaptation measures such as using Early Childhood Development (ECD) to build CAC are therefore critical. This paper explores how Kenya and The Gambia use Early Years Education (EYE) to enhance young children's CAC. The paper examines stakeholder's views on environmental protection, extent of integration of climate adaptation in the curriculum, preparation of schools and teachers, and innovative approaches used to support children develop CAC.

Methods

Mixed method research design was employed i.e documentary analysis using sequential approach and Key Informants Interviews with selected policy makers and practitioners.

Results

The findings revealed that environmental activities form integral part of EYE curriculum in both countries. Key EYE stakeholders also supported teaching of environment protection during early years. The findings also revealed that while EYE children in both countries were engaged in basic CAC such as preparation of nature corner, nature play, kitchen gardening, and tree planting; limited opportunities existed to upscale teachers' knowledge and skills on CAC. In the Gambia, it was noted that the pre-service training was too short thus, affected teachers' pedagogical skills on curriculum delivery 1.

Conclusions

Though EYE curriculum and experiences in Kenya and The Gambia incorporated basic knowledge and skills on climate adaptation, there is need to retool EYE workforce to enhance teachers' ability to support young children develop CAC.

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A RAPID ASSESSMENT OF THE COMMUNITY PERCEPTIONS OF THE PHYSICAL, DEVELOPMENTAL AND SOCIAL WELL-BEING OF CHILDREN BORN TO ADOLESCENT MOTHERS AND THE RESOURCES AVAILABLE TO THESECHILDREN IN KISII COUNTY.

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Background

The Community Child Health Education Program (CCHEP) is a collaborative project between the University of Washington, Seattle Children's Hospital, University ofNairobi, KEMRI and KTRH, to train pediatric residents on socioeconomic determinants of child health. This study explored the community's perceptions of children born to adolescent mothers by investigating the attitudes towards their wellbeing and the resources available to support these children in Kitutu Chache South and Bomachoge Borabu Sub counties in Kisii County, Kenya.

Methods

Data was collected using Key Informant Interviews (KIIs), Semi Structured Interviews (SSIs), Focused Group discussions (FGDs), Community resource mapping, home visits and a review of medical registries at KTRH and KSCH. Data was analyzed using thematic analysis methodology and Microsoft Excel software.

Results

The overall proportion of adolescent deliveries at both KTRH and KSCH was 21%, similar to the prevalence of adolescent deliveries reported in Kisii County, Kenya. Most adolescent mothers delivered their 1st child between 15 and 19 years old, dropped out of school after giving birth, faced food insecurity and were unemployed. Some families see children born to adolescent mothers as a burden, and there is stigma associated with teenage motherhood, which makes these children victims of many adverse childhood experiences (ACEs). Several community recommendations like supporting exclusive breastfeeding and protecting children's rights could alleviate some of these ACEs.

Conclusion

Adolescent pregnancies are prevalent, suggesting a need to protect both the teenage mothers and their children who face many ACEs. This can be resolved through collaboration between families, society and the government.

A FUTURE FOR OUR CHILDREN? THE IMPACT OF CLIMATE CHANGE ON MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

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Background

Climate change poses a significant challenge to maternal, newborn, child and adolescent health and wellbeing. Globally, nearly half of the world's children live in countries at an 'extremely high risk' due to exposure to multiple climate-related shocks coupled with high vulnerability resulting from a lack of essential services

Methods

Scoping reviews on the impact of climate change on MNCA health and wellbeing and development of a conceptual framework to guide actions.

Results

Climate change is the single biggest health threat facing humanity and is already impacting health in a myriad of ways, including by leading to death and illness. Increasingly frequent extreme weather events, such as heatwaves, storms and floods, cause disruption of food systems, increases in zoonoses and food-, water- and vector-borne diseases, and pose challenges to mental health. Climate change is undermining many of the social determinants for good health, such as livelihoods, equality and access to health care, and social support structures. Climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, including women, children, ethnic minorities, poor communities, migrants or displaced persons, older populations, and those with underlying health conditions. As part of its agenda on climate change and health, WHO is developing a framework to highlight the relationship between climate change and adverse outcomes for women, children and adolescents, the cumulative effects along the lifecourse, and the actions that are needed to mitigate the harmful effects.

Conclusions

Urgent actions are needed to better integrate maternal, newborn, child and adolescent health in strategies to mitigate impacts of climate change, to protect health and wellbeing of current and future generations.

UNDERSTANDING CLIMATE MIGRATION WITH A FOCUS ON LATIN AMERICAN CHILDREN AND FAMILIES

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Background

Consequences of climate change are forcing an increasing number of people around the world to migrate from their climate-stressed countries of origin to countries that offer better access to vital resources and greater security. This trend can significantly impact migrant's health and socioeconomic outlooks, as well as having unanticipated implications for the countries of origin and destination.

Methods

Through review of academic and grey literature, we explore the example of an increasing number of migrants leaving countries in Latin America for neighbouring countries including the United States (US).

Results

Around half of those arriving to the US originate from the Central Dry Corridor of the Northern Triangle, with food insecurity being one of the primary reasons. Many migrants are families with children, who are most vulnerable to the impacts of environmental hazards. Migration can disturb a child's formative years, increasing the risks of physical harm, mental illness, and social vulnerabilities, and, when traveling alone, becoming a target for kidnapping and human trafficking. There is an urgent need to protect the rights of this group of vulnerable children, ensuring their appropriate settlement, with access to healthcare and education. Social Prescribing is an example of a valuable strategy that offers a community- centred framework, favouring integration and personalised care, and taking a holistic approach to health and wellbeing.

Conclusions

Health professionals can play an essential role in identifying risks to migrant children's physical and psychological health, and advocating on their behalf. We also recognize the need for more research and information on optimal strategies to promote migrants' family wellbeing in their new country.

BACTERIAL CONTAMINATION OF SURFACES AND EQUIPMENT AND ANTIMICROBIAL SUSCEPTIBILITY PATTERNS OF POTENTIALLY PATHOGENIC BACTERIA IN THE NEWBORN UNIT AT KENYATTA NATIONAL HOSPITAL

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Abstract

Nosocomial infections have been linked to contaminated surfaces and equipment in neonatal wards. This research aims to investigate the bacterial contamination profile of surfaces and equipment in the newborn unit (NBU) of Kenyatta National Hospital (KNH) and determine the antimicrobial susceptibility pattern of selected potentially pathogenic bacteria. Samples comprising swabs of surfaces and equipment in the NBU were cultured. Colonial morphology, gram staining, and biochemical tests guided phenotypic characterization of colonies.

Antimicrobial susceptibility testing was conducted using the Kirby-Bauer disk method. Out of the 580 swabs collected, 273 (54%) showed growth. Most of the positive bacterial cultures, 137/273 (50.2%), were coagulase-negative staphylococcus (CoNS). Others were: Klebsiella pneumoniae (119/273, 43.6%), Escherichia coli (16/273, 5.9%), and Pseudomonas aeruginosa (1/273, 0.4%). Equipment and surfaces with abundant growth included cots 55/273 (20%), radiant warmers 51/273 (19%), oxygen masks 46/273 (17%), incubators 16/273 (6%), desk surfaces 29/273 (11%), sinks 24/273 (9%), door handles 17/273 (6%) and taps 16/273 (6%). Most of the isolates were highly susceptible to meropenem, amikacin, and imipenem (70-100%) but resistant to penicillin, clindamycin, and vancomycin (45-100%). Thus, newborn environmental surfaces and equipment at the KNH were contaminated with potentially pathogenic bacteria, some of which were antibiotic-resistant. The potentially pathogenic bacteria could be the cause of infections in preterm and sick term neonate infants.

Keywords: newborn, contamination, nosocomial, antimicrobial, resistance

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EVALUATING THE CLINICAL IMPACT AND COST-EFFECTIVENESS OF A WIRELESS VITAL SIGN MONITOR FOR HOSPITALIZED NEWBORNS IN KENYA

Authors

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Background

Mortality rates among newborns are disproportionately high in low-and-middle- income countries. Many of these deaths are preventable if patients are able to receive timely and effective care from qualified health staff. Innovative technologies play a key role in revolutionizing patient monitoring procedures that are time consuming and labor intensive for the under-staffed health practitioners. Our study seeks to evaluate the clinical impacts and cost-effectiveness of an innovative, wireless vital signs monitor (neoGuard) for ill newborns.

Methods

This is an ongoing interrupted time series study conducted at the Moi Teaching and Referral Hospital (MTRH) neonatal ward between April 2022 and June 2023. Our study participants comprise of newborn patients and medical staff. The MTRH neonatal ward is arranged in 8 sub-units which comprise our comparison sub-groups. Newborns admitted from April-November 2022 comprise the pre-intervention arm and are not exposed to neoGuard, but receive existing standard-of-care vital sign monitoring. In December 2022, neoGuard was installed in 4 sub-units (intervention group), while the remaining 4 sub-units (control group) continued to use standard-of-care monitoring. Medical staff who interact with neoGuard will participate in user surveys at the end of the intervention period to capture user experience and perceptions on feasibility and sustainability. The measurement of effectiveness will be performed at two levels: device's ability to detect abnormal physiological signals and provide alerts/alarms that notify the nurses to check on a patient's status and; alarms/alerts from level one that resulted in a necessary intervention being administered to the patient (valid alarms), versus all the alarms/alerts that did not necessitate an intervention (invalid alarms).

Results

Our primary outcomes are nurses' response time to patients in distress and ratio of actionable vital sign alarms to non-actionable vital sign alarms. Secondary outcomes include: incidence of complication rates, treatment success rates, length of admission and in-hospital neonatal mortality.

SUPERIOR TEMPORAL SULCUS AND MIRROR NEURON SYSTEM IN AUTISM THERAPY.

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Background

Observation and actual imitation triggers learning using the mirror neuron system(MNS); inferior parietal lobule, ventral premotor and inferior frontal gyrus. This system is initiated by the posterior superior temporal sulcus (STS) through eye gaze (eye contact). Poor eye contact and imitation is a hallmark of autism. Autism therapy that incorporate the superior temporal sulcus and the mirror neuron system have observable functional improvement in sociocommunication skill gaps that handicap the child.

Methods

Retrospective data mining of parent filled early start denver questionares during initial and autism followup sessions. In between children exposed to family and proffesional autism therapy covering STS skills; eye contact and social skills MNS; imitation, building gesture language and vocal play.

Results

Initial STS skills functional results. Eye contact and social connections; 24% responded when called, 29.8% responded to greeting.19.2 % had a repertoire of 10 social games. Initial MNS functional results. Imitation:15.4% had object imitation, 24.6% to 34.6 % body part song imitation and 17.3% mouth imitation 70 % no gesture language and 25% had expressive index finger pointing 16.3% had verbal interaction It took 6 months for over 75% to get above skills which are all 1 year sociocommunication milestones.

Conclusions

Focussing on the STS and MNS is foundational in Autism therapy. Autism therapy should address social interaction, imitation, understanding gestures for optimal results.

LISTENING TO YOUNG CHILDREN: DOLLS AS A RIGHTS-AFFIRMING RESEARCH METHOD

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Background

In honouring children's rights to expression and participation in the world around them, child-friendly, play-based research methods for young children provides an avenue for accessing their perspectives. For example, the popular use of dolls with young children constitutes an important method for data collection. Therefore, 'how do researchers use dolls to elicit young children's perspectives?"

Methods

Following an exhaustive search using established methods for evaluating empirical research, 28 studies were reviewed. Patterns, advances, and gaps in the literature indicated the benefits of doll use, as well as guidance and future directions for researchers.

Results

Dolls have been used to elicit children's perspectives in a range of places such as medical centres, homes, laboratory playrooms, a museum, and in schools or early childhood education and care settings.

Conclusions

Dolls offer a practical and universal approach for exploring perspectives across a range of topics and settings, giving voice to diverse young children whose perspectives are often overlooked.

MULTISYSTEMIC INFLAMMATORY SYNDROME IN CHILDREN WITH PECULIAR OTHER SYSTEMIC AND ORGAN SPECIFIC IMMUNE RELATED MANIFESTATIONS

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Background

Immune related manifestations are increasingly recognized conditions in patients with COVID-19 in both adults and children. Muti-systemic inflammatory syndrome in children (MIS-C) is well known entity in children. Literature among adults have reported various other systemic immune related manifestations in patients with COVID 19 infections including hemophagocytic syndrome, Vasculitis, myositis, arthritis and presence of antiphospholipid antibodies. Pediatric data on the same is lacking. We present a 9-year-old presenting with MIS-C with presence of antiphospholipid antibodies and tendency towards hemophagocytic syndrome requiring long term follow up.

Methods

A case report

Results

A 9-year-old, previously well, female child presented with intermittent high-grade fever, persistent headaches, malaise, decreased appetite and on and off abdominal pain. She was admitted with tonsillopharyngitis a year prior to the current admission. Systemic examination was unremarkable. She was treated by intravenous antibiotics and analgesics. On day 5 developed generalized rash associated with high grade fever and strawberry tongue. The antibiotics were revised after a positive urine culture but developed episodes of hypotension in the ward and thus was admitted to the intensive care unit. She fulfilled all 5 criteria of WHO definition for MIS-C and had raised inflammatory markers, high D-dimer levels and elevated troponin levels with no other obvious contributing microbial cause and tested positive for SARS-COV-2 Ig G levels. She responded well to intravenous immunoglobulins and steroid therapy. The work-up for other plausible infections and connective tissue disorders like ANA, Anticardiolipin antibodies, β-2 glycoprotein 1 antibody and extractable nuclear antibody were negative with normal complement levels. She however had high ferritin levels of >2000 ng/ml associated with high lupus anticoagulant levels but did not fulfill the criteria for either macrophage activation syndrome or antiphospholipid syndrome.

Conclusions

Multiple immune related manifestations are known in adults with Covid-19.High index of suspicion is required in pediatric age group as well and may warrant long term follow up in most of the cases.

Abbreviations

COVID 19- Coronavirus disease 2019
WHO- World health organization
ANA-Antinuclear antibodies
SARS-COV-2 Ig G- Severe acute respiratory syndrome coronavirus 2 immunoglobulin

EXTREMELY EARLY ONSET TRANTHYRETIN FAMILIAL AMYLOID POLYNEUROPATHY (TTR-FAP)- A CASE REPORT

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Background

Transthyretin familial amyloid polyneuropathy (TTR-FAP) is a life threatening autosomal dominant disease caused by the deposition of amyloid fibrils composed of TTR proteins characterized by a slowly progressive peripheral sensorimotor and/or autonomic neuropathy as well as non-neuropathic changes of cardiomyopathy, nephropathy, vitreous opacities and CNS amyloidosis. The disease usually begins in the third to fifth decade. We present an extremely early onset TTR-FAP.

Methods

A case report

Results

A 9 months old male child born out of nonconsanguineous marriage and a significant family history of neurological diseases on the maternal side and many cases of hyperthyroid state on the paternal side, presented with features of pneumonia with acute respiratory distress syndrome requiring invasive mechanical support. On general examination the child seemed floppy with delayed motor milestones. The neurological examination revealed generalized hypotonia with reduced reflexes, tongue fasciculations and dysautonomia. The other systems including cardiac evaluation appeared normal on examination. He required prolonged mechanical ventilation and was noted to have significant gastroesophageal reflux disease and thus required tracheostomy together with fundoplication and gastrostomy insertion to prevent aspiration. He responded well to intravenous immunoglobulin therapy and pulse methylprednisolone. Most of the neurological tests including spinomuscular atrophy genetic studies were negative and hence a broader genetic analysis was undertaken which confirmed autosomal dominant Transthretin Amyloidosis affecting a founder gene unique to Africa. Due to persistent hypoventilation because of the neurologic condition, the child was discharged home on home ventilation with scheduled regular follow up.

Conclusions

Transthyretin Amyloidosis in infancy is a rare condition. We are presenting an extremely early onset of this condition ever known in literature. The condition is progressive and has poor prognosis. A multidisciplinary team approach can aid in early diagnosis and support. Extended genetic testing for the family may be helpful in predicting affection in future pregnancies.

Abbrevations

CNS- central nervous system
TTR-FAP- Transthyretin familial amyloid polyneuropathy

PEDIATRIC HASHIMOTO'S ENCEPHALOPATHY PRESENTING AS A SUPER REFRACTORY SEIZURE - A CASE REPORT

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Background

Pediatric Hashimoto's encephalopathy (HE) is a rare, poorly understood, progressive and relapsing steroid-responsive autoimmune encephalitis. Children usually present with subacute cognitive dysfunction, psychiatric symptoms, seizures, and movement disorders associated with elevated thyroid antibodies, specifically thyroid peroxidase (TPO)antibodies. We present a rare pediatric Hashimoto encephalopathy with super refractory status epilepticus.

Methods

A case report

Results

A 13-year-old male child, resident of America, visited Somalia on a holiday with parents where he developed a febrile illness which was treated with antimalarials. A week later he was excessively sleepy with intermittent episodes of confusion and short-term memory loss followed by new onset generalized tonic clonic seizures which were difficult to control with first and second line antiseizure medications. No past history or family history of seizures. Developmental history was appropriate for age. He was intubated and mechanically ventilated and started on anesthetic medications together with multiple other antiseizure medications to manage the seizures. As the clinical suspicion of autoimmune encephalitis was very high, he was also started on Intravenous immunoglobulins with no significant improvement. The investigations done to rule out various neuro-infections, autoimmune encephalitis panel, workup for other autoimmune conditions were negative. The brain imaging in the form of MRI showed hyperintensities in the medial temporal lobes, cortical and subcortical white matter on the T2 weighted and FLAIR imaging. The thyroid ultrasound scan however showed bilateral multicystic nodules and thyroid antibodies including anti TPO antibody and anti-thyroglobulin antibody were elevated with normal thyroid function tests. He started showing good response to pulse methylprednisolone therapy.

Conclusions

Hashimoto's encephalopathy is an underdiagnosed condition which can cause super refractory seizures in children. A high index of suspicion will aid in the diagnosis, management and to have better outcomes.

Abbrevations

HE- Hashimoto's encephalopathy
TPO- Thyroid peroxidase
MRI- Magnetic resonance imaging
FLAIR- Fluid attenuated inversion recovery

CHILD PROTECTION IN TIMES OF CONFLICT: IMPLEMENTATION OF CHILD-FRIENDLY SPACES IN SOUTH KIVU, DEMOCRATIC REPUBLIC OF CONGO

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Background

Save the Children International (SC) has worked in the Democratic Republic of Congo (DRC) for over two decades. Child-Friendly Spaces (CFS) are one of the tools it has developed inand implemented to attend to the needs of children in times of crisis. Since 2020, SC has collaborated with SC Iceland to provide CFS services for children living in South Kivu, one of the most conflict-affected areas in eastern DRC. Here the aim was to describe and analyse the implementation of CFS in six villages with CFS in South Kivu.

Methods

Semi-structured qualitative interviews were conducted in February-March 2022 in three of the six villages; three were not accessible because of conflict and bad roads. Seventy- four people involved in the CFS work were interviewed, e.g., managers, social workers, village volunteers and community members, and about 40-50 children who attended the CFS.

Results

The child protection activities addressed the needs of children and families in the three visited CFS. They were operational with a mix of activities for both vulnerable children and children seeking activities for play and enjoyment. The children and parents expressed great satisfaction with the activities at their respective CFS; they wanted more of the same and had suggestions for improvement.

Conclusions

Child protection is difficult in any setting, not the least in the complex background of eastern DRC. Such activities, as implemented in the three villages visited, can provide short- and medium-term benefits for the beneficiaries, their immediate family, and community members.

Keywords

Child Protection; Sub-Saharan Africa; Humanitarian Assistance

PREVALENCE OF SMOKING CIGARETTES AMONG SCHOOL-ATTENDING ADOLESCENTS IN BISSAU, GUINEA-BISSAU

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Background

There is a wealth of evidence suggesting we are in the midst of a tobacco epidemic and the consequences of which threaten to place an immense strain on world healthcare resources. While the prevalence rates are lower in sub-Saharan Africa compared to other parts of the world, the usage of cigarettes is on the rise, and tobacco companies target this emerging market. The study aimed to describe and analyse cigarette smoking of school attending adolescents in the capital Bissau, Guinea-Bissau.

Methods

In June 2017, a survey was implemented in Bissau with a locally adapted 'Planet Youth' questionnaire. In total, 2,039 students aged 14-19 years completed the questionnaire(52% girls). The Chi-square test was used (p<0.05), and odds ratios (OR) were calculated with 95% confidence intervals (CI) to evaluate statistical significance. Potential explanatory variables for the dependent variables were introduced into a multinomial logistic regression model, and p-values transformed to LogWorth values.

Results

Out of 1,845 adolescents who responded, 1,573 (85%) had never smoked cigarettes during their lifetime. The prevalence of the experience of smoking cigarettes among boys, lifetime and daily, was 19,1% and 4,0%, respectively, compared to 10,6% and 1,0%, respectively, among girls (OR 0.50, 95% CI 0.39-0.66; p<0.0001). Among significant determinants for lifetime smoking experience were having friends who smoked, attending private school, usage of alcohol and cannabis, fitting into the peer group, and experience in the use of social media.

Conclusions

Overall, compared to other countries, both within the continent as well as elsewhere, the prevalence rates of smoking cigarettes are at the lower end, i.e., 15% for lifetime experience of smoking and about 2% for smoking at least one cigarette daily. The low prevalence of daily smoking gives a unique opportunity to initiate preventive activities among adolescents in Bissau, with particular attention given to gender differences.

A REVIEW OF THE RISKS AND TOXICANTS OF SMOKELESS TOBACCO, ARECA NUT AND KHAT PRODUCTS AVAILABLE IN KENYA

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Background

Chewing tobacco, snuff, areca nut products (pan, gutkha), and khat (miraa) are the major legal Smokeless Psychopharmacologically-active Products (SPPs) used in Kenya. The majority of SPPs consumed in Kenya are locally produced, unregulated, and unbranded with little or no quality control in terms of levels of toxicants or psychoactive ingredients. There is a lack of studies demonstrating either the carcinogenicity of SPPs in controlled trials or their toxicant contents. There are some branded smokeless tobacco and areca nut products on the Kenyan market imported from India, and there are epidemiological and toxicant data for some of these. This report aims to consolidate the limited information available on the types of SPPs used in Kenya and make recommendations for future work to clarify the toxicant levels and, hence, the health risks of Kenyan SPPs.

Methodology

Qualitative systematic review.

Results

There are potentially high risks to the physical health of consumers from using traditional chewing tobaccos and snuff and products containing areca nut. In comparison, there are products available, including snus and modern oral nicotine products, that have been demonstrated to have potentially lower risk profiles. However, they are not at present being adopted to any great extent by users of SPPs.

Conclusion

SPPs Globally, risks for oral cancer range from extremely low or negligible for Swedish snus, through very low for chewing tobacco and moist snuff, to high for some Indian products such as khaini and gutkha, and Pakistani naswar, and to very high for Sudanese toombak. These risks correlate approximately with the levels of carcinogens, particularly the tobacco Specific Nitrosamines (TSNAs), in the product.

Abbreviation

SPPs -Smokeless Psychopharmacologically active-Products
STPs- Smokeless Tobacco Products

SEASONAL CHILD MIGRATION: EVALUATION OF URBAN CHILDREN'S STAYS ON FARMS IN ICELAND

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Background

In the 20 th century, it was a widespread Icelandic custom to send urban children to stay on farms during the summertime without the company of a parent. Reasons for this seasonal migration of children were multifaceted and related to the children's circumstances or ideas about the importance of learning to work, get to know nature and attend to animals in the cradle of Icelandic culture. The study aimed to examine how adult Icelanders who stayed on farms in childhood evaluated their experience.

Methods

Qualitative data is based on interviews with almost sixty individuals who had stayed in the countryside in childhood. A survey with a stratified random sample of individuals (n=2,000) aged 18 and over from the National Register was conducted from November 2015 to January 2016 (response rate 66%).

Results

Almost nine out of ten survey respondents had "many good memories from the countryside" and answered affirmatively to the statement that "the stay in the countryside positively changed me and my life". About every tenth respondent was dissatisfied with their stay; significant factors for dissatisfaction were the farm family's negative attitudes, homesickness, and the poor economy of the child's family. Most interviewees emphasized the positive aspects; They had become more independent, matured rapidly, learnt to work, experienced trust and responsibility, and enjoyed nature and company with animals. At the same time, many admitted that life was not always easy.

Conclusions

Most of those who stayed at a farm in childhood were happy with the stay and learnt a lot, though it was not always easy. About 10% were unhappy, a far too large group. The custom of sending children to the countryside is declining. The well-being and safety of children on the move without a parent need to be secured.

PSYCHOSOCIAL HISTORY AS A RISK FACTOR FOR ADVERSITY IN CHILDREN ENROLLED IN THE PARENT CHILD ASSISTANCE PROGRAM

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Background

The Parent Child Assistance Program (PCAP) is a three-year intervention advocacy program for mothers who used alcohol or substances during pregnancy. It was implemented to disrupt the cycle of generational poverty. Addiction challenges in a home with children increase the risk for adverse childhood experiences (ACEs) and can be an infringement on the child's rights. It can also interfere with attachment and positive relationship building which mitigate the ACEs.

Methods

Clients enrolled in PCAP (n=71) complete and extensive Addiction Severity Index Intake which explores their psychosocial history. Further history is often obtained during the course of the frequent connections with clients over the three year program.

RESULTS

Clients reported 85-96% of parents and grandparents had a history of alcohol, substance, and/or psychiatric issues and 33-51% of siblings. Clients reported of the fathers of their children, 36%, 67%, and 63% had alcohol, substances, or psychiatric problems, respectively. In clients themselves, 100% and 92% report issue with alcohol and/or poly-

substances and/or psychiatric issues, respectively. The average ACE score of PCAP clients is 6/10. Seventy two percent of clients reported involvement of Child Protection Services (CPS), foster care, and/or adoption services as children and CPS is involved in 62% of client families at timepoint 6 months. Seventy-five percent of clients first used substances by the age of 14. Only 58 and 41% clients felt that they had ever had close, long-lasting relationship with their mother or father, respectively, 69% with a sibling. Upon intake, 35% of clients report that they have no close friends.

Conclusion

The childhood psychosocial history of PCAP clients and their own present alcohol, substance use and psychiatric problems demonstrate the need for strong interventions and support for mothers who use during pregnancy. Positive childhood experiences (PCEs) can help to mitigate the long-term impacts of ACEs.

DETERMINANTS OF APPROPRIATE CHILD FEEDING PRACTICES AMONGST CHILDREN UNDER TWO YEARS IN KENYA.

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Background

This study explores the factors that account for appropriate child feeding in the first 1,000 days of life. Food consumption patterns in children contribute to growth, future productivity, and future human capital. Poor feeding practices disrupt this chain leading to non-attainment of development goals. Reviewed literature shows that growth faltering is most sever at 6-23 months coinciding with the period that complementary begins. Appropriate child feeding in the early years averts mortality and brain damage. Kenya has policies on appropriate child feeding but the feeding practices among children remain poor and their diets don't meet the acceptable threshold for catalyzing growth and development. This study analyzed the regional feeding patterns among children under 2 years, the socioeconomic factors influencing the child feeding patters and suggests policy recommendations for feeding in the first 1,000 days of life.

Methods

This paper used countrywide household-level data (KDHS 2014) to examine the determinants of appropriate child feeding and applied both probit and logit, regression models. Unintended bias was checked using multicollinearity and heteroscedasticity techniques. The study population of mother-baby pairs < 2 years who practiced appropriate child feeding (n=3199) was derived from a total sample of 153, 840 people in 36, 340 households.

Results

Only 29.1% (SD 0.45) of children below 2 years adhered to the recommended guidelines. In this cohort, children in rural areas 5.2%(p=0.038) were less likely to adhere to guidelines compared to their urban counterparts. Maternal employment and rich wealth quintiles increased the chances of appropriate child feeding by 6.9% (p=0.002) and 9.2% (p=0.002) respectively. A child below 6 months had an increased chance of adhering to the age-appropriate practice. Nonadherence peaked among children 6-8 months where there was a 45.7%(p=<0.0001) chance of poor feeding.

Conclusion

This study recommends workplace family friendly policies for women in the informal sector. It further recommends region specific guidelines that target poor households as a strategy to reduce the inequalities in childhood feeding in the early years. Further engagement of the regional economic blocks is critical in ensuring policy adherence.

WHAT HAS BEEN HAPPENING TO CHILDREN DURING THE PANDEMIC - FROM THE COMPARISON OF THE NATIONWIDE SURVEYS IN 2019 AND 2021 IN JAPAN –

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Background

The number of positive cases under 20 is about 30 per cent of the population. And the death in these ages is only 0.001 % in positive cases in Japan. Aims: to clarify the indirect impact on children during the pandemic Materials and Method: We used the method to ask families with children who use medical institutions across the country to answer the questionnaire through QR codes on their smartphones. This presentation compares nationwide surveys held in 2019 before the pandemic and 2021. Results: Among single-mother families, the proportion of regular workers decreased by two-thirds, and that of part-time workers increased by 1.5 times. The children during the pandemic are deprived of their daily life except for internet environments. The children from relatively poor were more deprived of good opportunities for eating habits, study environment, outdoor leisure equipment, internet connection and special birthdays in 2021. These children could not choose any other way to connect with friends except via smartphones or game equipment. With it, they spent a long time until midnight. Many facts of difficulty in families in relative poverty were clarified.

Conclusions

The Japanese government ratified the UN Convention on the Rights of the Child in 1994. All children have their capabilities. They have the right to envision freely what they want to do and to be with the possibility of releasing them. Capability is the totality of these possibilities. And it is our responsibility to optimise their capability. Children's voices from the 2021 survey; "Even though asked about the future, I don't know." (12 years old), "The prime minister only thinks about adults." (13 years old), "I can't go to school because of bullying in the past. I want school teachers to understand me better" (age 14), "I think society is unfair" (age 14). Children see through the contradictions of adult society.

References

The official data of COVID-19, COI: There is no conflict of interest, Funding: Japan Society for the Promotion of Science, Bukkyo University Grant and Pfizer Health Research Foundation

DETERMINANTS OF SUPPLEMENTAL OXYGEN THERAPY COMPETENCIES AMONG NURSES WORKING IN PAEDIATRIC WARDS IN KAJIADO COUNTY, KENYA

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Background

Hypoxaemia is common in paediatric patients and increases the risk of mortality fivefold in patients with varied diagnoses. Oxygen in the right dose has been recognised as the main treatment for hypoxaemia. Patients get inappropriate oxygen therapy due to a deficit of clinical knowledge and skills on supplemental oxygen therapy among nurses. This study aimed at determining the competence of nurses in oxygen therapy.

Methodology

The research was a cross-sectional hospital-based survey. The study was carried out in the four main public hospitals in Kajiado county Kenya, involving the 81 nurses who work in the paediatric wards. Purposive sampling was used and 73 nurses consented and filled the self- administered questionnaires which was used to collect data.

Results

In the study 75.3% (n=55) of the nurses working in Kajiado county paediatric department, demonstrated competence in oxygen therapy while 24.7% (n=18) of the nurses working in paediatric wards in Kajiado county demonstrated less competence in oxygen therapy. Only 26% of the nurses were able to identify grunting as a clinical sign that is an absolute indication for oxygen therapy with 48% of the nurses were able to identify the correct oxygen saturation to be targeted during oxygen therapy with 47% were able to match the correct oxygen delivery equipment with the FiO2 it delivers.

Conclusion

There were gaps in knowledge and practice on oxygen therapy, not all nurses were able to make the correct diagnosis of hypoxaemia and hypoxia and selecting the right oxygen dosage. This indicates the need for continued in-service training of all cadres of nurses on oxygen therapy.

CAFFEINE CITRATE FOR MANAGEMENT OF APNOEA OF PREMATURITY AMONG INFANTS IN AFRICA: DELPHI SURVEY TO INFORM RESEARCH DESIGN

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Background

Caffeine Citrate (CC) is now recommended by WHO for the prevention or treatment of apnoea of prematurity. Robust data from high-income countries show that CC does not affect mortality but improves short-term hospital and longer-term neuro-developmental outcomes. However, there are no adequately powered randomised controlled trials (RCTs) from low- or middle-income countries (LMICs) where aminophylline is more widely used - cheaper and may have similar efficacy but more adverse effects. We aimed to determine the clinician attitudes towards the importance, ethics and feasibility of further trials in Africa to generate context-relevant evidence.

Methods

We invited clinicians caring for preterm infants across Africa to complete a 15-minute online survey. It sought their opinions on four possible research study designs (RCTs and observational). The survey was initially emailed to members of the African Neonatal Association by their research committee. Thereafter, by snowball sampling, the survey was disseminated through national paediatric/neonatal associations and networks in Africa.

Results

We received replies from 92 clinicians based in > 20 African countries. Only 1/3 worked in a unit with invasive ventilation. 39% admitted more than 200 very preterm infants (<32 weeks, or <1500g) per year, and 27% admitted 100-200 very preterm infants. 44% reported regular use of CC, 47% reported no regular use and many respondents cited cost as the major limiting factor. Most respondents did not favour a placebo controlled RCT but were willing to support step-wedged or other observational study designs. Many cited a lack of availability of CC as the major challenge preventing wider use.

Conclusions

Very high numbers of preterm infants are unable to access an essential and potentially cheap drug with the potential to improve mortality and reduce costs and morbidity in Africa. Ensuring affordable access is a high priority for healthcare systems and a pre- requisite to future research.

POSTNATAL GROWTH AMONG VERY LOW BIRTH WEIGHT NEONATES AT KENYATTA NATIONAL HOSPITAL

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Study Background

Very Low birth weights (VLBW) are neonates with birth weight between 1000 grams(g) and 1499 g. They are predominantly premature having been born before attaining 37 weeks of gestation. Their postnatal growth is associated with short term and long-term effects. Little is known about postnatal growth and enteral feeding of VLBW in Low- and Middle-Income Countries (LMICs)

Broad objective

To determine the in-patient postnatal growth patterns and nutrition among VLBW at Kenyatta National Hospital (KNH).

Study design and site

This was a six-month prospective cohort study at KNH.

Participants and methods

The study population consisted of seventy-nine VLBW in KNH New Born Unit (NBU) enrolled through consecutive sampling after fulfilling inclusion criteria. A structured data collection tool was used to collect data on the socio-demographic characteristics, anthropometric measures and comorbid factors after consent has been obtained. Data management: Data was entered and analyzed in (Statistical Package for the Social Sciences) SPSS .The population was described by summarizing variables into percentages and means or medians. Postnatal growth was measured by analyzing the proportion of VLBW regaining birthweight at 14 days of life and median time in days to achieving full enteral feeds. Statistical significance was interpreted at 95% confidence level.

Results and Interpretation

49% regained birth weight by 14 days of life. The postnatal growth rate was weight gain of 14.4 g/ kg/day, length 0.48 cm/ week and head circumference 0. 43cm/ week. The comorbid factors were respiratory distress syndrome, neonatal jaundice and sepsis.

Conclusion and recommendation

The current study showed that feeding practice and postnatal growth rate is approaching the recommended growth rates of VLBW. The standard of care practices and quality improvement to be upheld.

BETTER THAN EXPECTED GROWTH AMONG INFANTS PARTICIPATING IN PROSYNK; A RANDOMIZED CONTROL TRIAL IN HOMA BAY COUNTY, WESTERN KENYA

Authors

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Background

Malnutrition among under-5s is common in poor resource countries, with stunting and wasting implicated in almost 45% of their deaths. The 2022 KDHS reported that 13% of children in Homa Bay County, western Kenya, were stunted and 1.8% were wasted, indicating poor growth in this region.

Methods

In an open-label, randomized, controlled trial in western Kenya, we assessed whether dietary supplementation from 0-6 months with pro/synbiotics improved gut health and growth. Newborns <4 days old were enrolled, and randomly allocated (1:1:1:1), stratified by HIV exposure, to one of 4 study arms to receive 32 doses of either one of 2 synbiotics, a probiotic, or no intervention (controls). Control infants received the same follow-up as those receiving supplements. Anthropometric indices were measured at enrolment, 6 weeks, 3, 6, and 12months.

Results

Six hundred children were enrolled between October 2020 and January 2022, with 107 (18%) being HIV-exposed. Of 544 children who attended the 12-month visit, 41 (7.5%) [95% CI:5.46-10.08] were stunted, 30 (5.5%) [3.75-7.78] were underweight and 21 (3.9%) [2.41- 5.84] were wasted. The proportion of stunting and wasting at 12 months was similar in all arms (χ^2: p=0.794 and p=0.902 respectively).

Conclusions

Growth was better than expected in all the study arms including the controls. Given the close contact between participants and the research team, we consider that participation in the study enhanced infant growth.

CHRONIC NON-INFECTIOUS LUNG CONDITIONS IN HIV-INFECTED CHILDREN AT CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

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Background

The immune suppression and dysregulation in HIV-infected patients predisposes them to chronic non-infectious lung conditions.

Methods

A retrospective descriptive study of HIV-infected children (10 to 16 years) diagnosed with chronic non-infectious lung conditions at Chris Hani Baragwanath Academic Hospital from 01 April 2011 to 31 March 2019. The databases at the pediatric HIV and pulmonology clinics were screened for the patients who met the inclusion criteria and files retrieved. RESULTS: Data were analyzed for 276 participants of whom 139 (50.4%) were female. The median (inter quartile range (IQR)) age at censure was 14 years (12-15) and the absolute CD4 count was 720 cell/ml. The majority of the participants were diagnosed with HIV at age of 6 years (n=82 (58.2%)). (IQR 0-15) Bronchiectasis was the most common non-infectious condition (n=172 (41%)), followed by LIP (n=146 (37%)). Seventy percent of the participants had ever received treatment for tuberculosis (n= 140 (70.7%)). A total of 21 (15.6%) children had more than one chronic non-infectious lung condition. History of ever being treated for pulmonary tuberculosis was associated with having multiple chronic non-infectious lung conditions (p=0.014).

Conclusion

HIV-infected children have a very high prevalence of chronic non- infectious pulmonary disease, of which bronchiectasis and LIP are the most common. There was a high likelihood of having more than one non-infectious lung conditions in HIV-infected children with history of TB treatment.

FEASIBILITY OF ADAPTIVE E-LEARNING TO IMPROVE PROVIDER PROFICIENCY IN ESSENTIAL AND SICK NEWBORN CARE IN TANZANIA.

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Background

Pediatric Acute Care Education (PACE) is an adaptive e-learning environment developed to improve healthcare provider knowledge of Tanzanian guidelines for the management of acutely-ill children. We evaluated the feasibility of implementing a subset of PACE modules entitled adaptive Essential and Sick Newborn Care (aESNC) in Mwanza region,Tanzania.

Methods

We undertook a 6-month cohort feasibility trial in 4 health facilities. Providers were defined as any healthcare worker who administers care to pediatric patients. aESNC was accessed by any electronic device with internet connectivity. PACE providers with > 1 month participation were eligible. Providers were stratified, active or inactive, defined as > 2 weeks without activity. We defined feasibility using the RE-AIM implementation science framework a-priori as: 1) Reach: >75% of eligible providers, 2) Efficacy: >30% increase in conscious competence from baseline, or average progress for initial learning > 60%; 3) Adoption: all facilities 4) Implementation: median days to initiation < 3, median reminders per provider < 4; 5) Maintenance: > 70% average progress for refresh assignments.

Results

We enrolled 195/231 (85%) eligible providers. A total of 135/195 (69%) were active or completed all initial learning, with average progress of 93% and increase in conscious competence of 41% [IQR 39%, 46%]. Among participants who became inactive before completing all initial learning 60/195 (31%), average progress was 46%, and conscious competence increased by 34% [IQR 17, 42%]. All facilities adopted aESNC. Median days to initiation was 1 [IQR 0, 5], and median reminders were 3 [IQR 1, 9]. Among 37/195 (19%) participants were active in refreshing assignments, average progress of 3% for refreshers.

Conclusion

aESNC met feasibility criteria for reach, efficacy, adoption, and implementation,but not maintenance. PACE increased the reach of newborn acute care training to a heterogeneous workforce. Increasing support to providers during refresher assignments is needed for feasibility.

ASSESSING CHALLENGES TO PAEDIATRIC ART PROVISION: A QUALITATIVE STUDY

Authors

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Background

Current formulations of pediatric antiretroviral therapy (ART) for patients with HIV present significant barriers to adherence, leading to drug resistance, ART ineffectiveness, and preventable child morbidity and mortality. Understanding these challenges and how they contribute to suboptimal adherence is an important step in improving outcomes. The objective of this study was to identify regimen-related challenges to pediatric ART and describe how they create barriers to adherence, in order to inform the development of more user-friendly formulations.

Methods

We conducted key informant interviews (KIIs) with 30 healthcare providers and 9 focus group discussions (FGDs) with a total of 72 caregivers, across three hospitals in Kenya. The KIIs and FGDs were audio recorded, translated, and transcribed verbatim. The transcripts were hand coded based on emergent and a-priori themes.

Results

Major regimen-related challenges to adherence included poor palatability of current formulations, complex preparation, and administration process, complex drug storage, and frequent refill appointments. These regimen-related challenges contributed to individual barriers to adherence. Providers and caregivers discussed how poor taste leads to child anxiety, refusal of medications, and the need for caregivers to add bribes or threats during administration. Complex preparation led to concerns and challenges about maintaining privacy and confidentiality, especially during times of travel. The frequency of refills interrupted work and school schedules, risked unwanted disclosure to peers, required use of financial resources for travel, and ultimately added unnecessary burden to families with HIV.

Conclusion

The findings highlight the need for newer and improved formulations for pediatric ART to ease the daily burden on caregivers and children to increase adherence, improve child health, and overall quality of life of families.

FACTORS INFLUENCING UPTAKE OF HUMAN PAPILLOMA VIRUS (HPV) VACCINE AMONG PARENTS OF ADOLESCENT GIRLS

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Background

Cervical cancer is one of the most common preventable cancers causing morbidity and mortality in women especially in Sub-Saharan Africa. Three HPV vaccines have been approved for vaccination against HPV globally with Cervarix and Gardasil currently available in Kenya. Despite availability of free HPV vaccination and increased media campaigns the proportion of adolescent girls vaccinated against HPV remains low. Our aim was to identify the determinants of HPV vaccine uptake at Aga Khan University Hospital, Nairobi. Our secondary objective was to determine the impact of providing additional information to parents and guardians of adolescent girls regarding cervical cancer and HPV vaccine.

Methods

A cross- sectional study was undertaken among parents/guardians of adolescent girls aged 9-18 years attending Aga Khan University Hospital Nairobi (AKUH, N). Data was collected using a questionnaire which included demographic data, knowledge of cervical cancer, knowledge of the HPV vaccine, vaccination status of their daughters and reasons for non-vaccination. Parents and guardians of adolescent girls who had not taken the HPV vaccine were provided with standardized written information regarding cervical cancer, HPV vaccine availability and utility. These parents/guardians were then contacted three months later through telephone calls to evaluate subsequent HPV vaccine uptake. Data was analyzed using frequencies and percentages for categorical data while means and medians were used for continuous data. Tests of association of the different variables with vaccine uptake were determined using Chi square test or Fishers' test.

Results

A total of 432 parents/caregivers participated in the study. Majority of them (94.7%) had heard about cervical cancer, 84.9% of them had heard about the HPV vaccine and 48% had heard about the free vaccination campaign. The main sources of information included health care workers (41.1%), television (39.6%), social media (30.5%), and radio (20.2%). Only 13.2%(n=57) of the participants reported their daughters had been vaccinated prior to this study with 86% of those vaccinated initiating vaccination following the sensitization campaign. Among those not vaccinated, 46% were not sure, 42% were planning to get vaccinated while 12% were not planning to take the vaccine. Factors associated with vaccine uptake included level of knowledge (p=< 0.001) and age of the parents (p=0.030). Reasons commonly cited for not taking the vaccine included lack of information (72.8%), lack of awareness (45.7%), safety concerns (13.2%) and concerns about affordability (6.9%). A total of 306 participants were followed up three months later and 9.2% (n=28) of them reported their daughters had been vaccinated.

Conclusion

The uptake of HPV vaccine is low in this study population and parental level of education and age was associated with increased uptake of the vaccine. Majority of the population cited inadequate information regarding the HPV vaccine as a reason for non-uptake.

AN EVALUATION OF STAFF SOCIAL TIES AND COMMUNICATION IN THE DELIVERY OF NEONATAL CARE IN KENYA: A CASE STUDY OF 2 PUBLIC HOSPITALS.

Authors

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Introduction

Initiatives to improve the quality of neonatal care in low- and middle-income countries are vital to meet the SDG Goal 3 of reducing up to 12 neonatal deaths per 1,000 by the year 2030. These initiatives have included enhancing human resources for health (HRH).
However, understanding of the 'software' aspects of the workforce (e.g. relationships, norms, power) has been neglected in health systems research. These software aspects such as informal social ties that health workers form with their colleagues influence knowledge, skills and individual and group behaviours and norms in the workplace. A rich understanding of workforce social ties is likely to be valuable to inform behavioural change initiatives seeking to improve the quality of neonatal healthcare. In this study, we aim to better understand the relational components among health workers in Kenyan neonatal care areas, and how such understanding might inform the design and implementation of quality improvement interventions targeting health workers' behaviours.

Methods and analysis

Data collection is in two phases: Phase One (ongoing) involves non-participant observation of hospital staff during patient care and hospital meetings, a social network questionnaire with staff, in-depth interviews, key informant interviews, and focus group discussions at 2 large public hospitals in Kenya. Data will be collected purposively and analysed using realist evaluation, interim analyses including thematic analysis of qualitative data and quantitative analysis of social network metrics. Phase Two will involve a stakeholder workshop to discuss and refine phase one findings.

Results

Study findings will help refine an evolving programme theory with recommendations used to develop theory-informed interventions targeted at enhancing quality improvement efforts in Kenyan hospitals. We will share preliminary findings of work done so far (November 2022 to January 2023).

Ethics and dissemination

The study has been approved by Kenya Medical Research Institute's Scientific and Ethics Review Unit, Oxford University's Tropical Research Ethics Committee (OxTREC 519-22) and KNH-UON Ethics Review Committee.

EVALUATION OF FACILITY BASED KANGAROO MOTHER CARE PRACTICES AT BUNGOMA COUNTY REFERRAL HOSPITAL, KENYA.

Authors

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2. Dr. Florence Murila
3. Dr. Brian Maugo
4. Dr. Martin Jalemba Aluvaala

Background

Kangaroo Mother Care (KMC) is a low-cost, easy to adopt intervention recommended by World Health Organization to improve health outcomes and survival rates of pre-term and low birthweight infants. In Kenya, even though the implementation guidelines are available and facility based KMC has been practised for over ten years, the extent to which the implementation process conforms to the required standards and the proportion of eligible infants accessing this service has not been widely evaluated. The aim of this study was to evaluate implementation of KMC practices at a level 4 facility in Kenya.

Methodology

A cross-sectional study design was used to evaluate KMC practices at Bungoma County referral hospital newborn unit. Health care worker and mother were involved in the survey to assess aspects of KMC including availability of policy documents, infrastructure, human resource, the actual skin-to-skin practice, nutrition, documentation and reporting, strengths and challenges. Available three years data was analyzed to assess the utilization of KMC.

Results

The implementation of KMC began in October 2014. The facility had a newborn unit with a room designated for KMC with 12 nurses who supported mothers to practise continuous KMC. All the 10 KMC beds were occupied during the survey. Mothers had good knowledge on benefits of KMC and they all reported having been taught about KMC during their admission to the NBU. Facility based follow of KMC babies was happening using a longitudinal register even though community based tracing of those who did not return was lacking.
The strong stakeholder involvement at the inception of KMC, presence of nurse champions and availability of a KMC room with beds were their strengths whereas poor documentation of intermittent KMC, staff shortage and lack of comprehensive KMC training were the main challenges to the implementation of KMC.
A review of three years data revealed that a total of 3738 infants were admitted to the new born unit out of whom 1572 (42%) had low birth weight. A total of 1094 (29.3%) babies had birth weight less than 2000g, of whom 1083 (99%) were reported to have been managed with KMC. The crude mortality rate for infants with birth weight less than 2000g admitted to the newborn unit over the last three years was 36% (n=454) whereas the mortality for infants with birth weight more than 2000g was 16% (n=384).

Table 1: Infants admitted to the newborn unit for the last three years.

Indicator	N	%
Total admissions	3738	
Birth weight <1000g	102	3
Birth weight 1000-1499g	402	11
Birth weight 1500-2499g	1065	29
Birth weight >2500g	2065	57
Missing birth weight	99	3
Eligible for KMC (<2000g)	1094	29
Received KMC	**1083**	**99**

Conclusion

There was a ninety nine percent utilization of facility based Kangaroo mother care at Bungoma county hospital. However, documentation of intermittent KMC was lacking; staff shortage, lack of health care worker training and community follow up were the main challenges to the implementation of facility based KMC.

A COMPARISON OF SINGLE ORAL AND SINGLE INTRAMUSCULAR DOSE OF VITAMIN D IN THE TREATMENT OF VITAMIN D DEFICIENCY IN CHILDREN

Background

Vitamin D deficiency is a global health concern and plays an important role in bone health and many chronic non-communicable diseases. The prevalence of vitamin D deficiency in Kenya among children is high. This study was designed to compare the effect of a single high dose of vitamin D 3 administered orally versus a single high dose of Vitamin D 3 administered intramuscularly in the treatment of vitamin D deficiency in children attending Aga Khan University Hospital, Nairobi.

Methods

This was a single blind two-arm randomized controlled trial in children aged three months to twelve years attending the paediatric ambulatory clinics or admitted to the children's ward at Aga Khan University Hospital Nairobi. Children with laboratory-confirmed sub-optimal serum vitamin D levels (<30ng/ml) in the above-named age categories, with parental or guardian consent, were recruited into the study. Children with sub-optimal serum vitamin D levels were randomized into two groups to receive either oral or intramuscular (IM) Vitamin D 3 . Calcium supplementation was done for four weeks. Vitamin D levels, parathyroid hormone (PTH) and calcium levels were measured at the end of three months and analysis performed.

Results

Out of the 106 children with Vitamin D deficiency enrolled into the study, 54 were randomly assigned to the intramuscular (IM) group while 52 to the oral group. Overall baseline vitamin D levels were 22.1 ng/ml (IQR:18.1 – 26.2). Between the IM and oral groups, the baseline vitamin D levels were not significantly different (P-value 0.38). Overall Vitamin D levels at three months were 43 ng/ml (IQR: 39-53) with no significant differences between the IM and oral groups (P-value 0.45).

Conclusion

There was a significant increase in the levels of Vitamin D between baseline and day ninety in both groups, supporting the currently recommended dosing. Both oral and IM methods of vitamin D administration therapy were thus effective in the correction of vitamin D deficiency in the age group studied.

THEME: CLIMATE CHANGE AND THE ENVIRONMENT: UNDERSTANDING THE IMPACT ON PEDIATRIC PRACTICE TO SECURE OUR CHILDREN'S FUTURE. A POINT PREVALENCE SURVEY OF USE OF ANTIMICROBIALS IN A PRIVATE HEALTH ORGANIZATION - MAY 2022

Authors

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Appreciation

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2. USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program

Background

Antimicrobial resistance (AMR) is a threat to global health and sustainable development, with immense adverse health and economic effects. The World Health Organization (WHO) estimates that annually, drug resistant infections contribute to nearly 5 million deaths. Overuse and misuse of antimicrobials are recognized as contributing factors to the emergence of AMR and there is need for an evidence-based approach to prevent further spread and emergence of AMR.
Gertrude's Children's Hospital (GCH), a 100-bed paediatric healthcare facility, established an Antimicrobial Stewardship (AMS) Program in March 2014. The program is overseen by a multidisciplinary committee chaired by an Infectious Disease Specialist.
In collaboration with the USAID Medicines, Technologies, and Pharmaceutical Services(MTaPS) Program, GCH carried out its first Point Prevalence Survey (PPS) on antimicrobial usein May 2022.

Methodology

Details of the antimicrobials prescribed for the in-patients were extracted from the hospital electronic medical records and antimicrobial reports reviewed where required.

Results

Out of the 56 patients included, 61% (n=34) had at least one antimicrobial prescribed. Of the 52 antimicrobial agents prescribed, 80% (n=41) were from the Anatomical Therapeutic Class (ATC) J01 i.e., antibacterials for systemic use, except antimycobacterials, with 75% being administered via intravenous route. On the basis of WHO AWaRe (Access, Watch, Reserve) categorization, 49% were Access, 51% Watch. No Reserve antimicrobial was identified. The indication for prescribing antimicrobials was recorded for 94% of prescriptions. 50% of prescriptions were compliant with guidelines.

Conclusion

The baseline AMU trends derived from this PPS provides unique insights for the GCH AMS program, which will support the formulation of policies, guidelines and protocols in the facility with the aim of stemming the emergence of AMR.

OFFSHORE DETENTION: CROSS-SECTIONAL ANALYSIS OF THE HEALTH OF CHILDREN AND YOUNG PEOPLE SEEKING ASYLUM IN AUSTRALIA

Objective

To describe the health and well-being of children and young people (CYP) seeking asylum subjected to Australia's immigration policy of indefinite mandatory detention on Nauru.

Design

Cross-sectional analysis of a cohort of CYP seeking asylum. Setting: Australian paediatric clinicians from 10 health services completed detailed health assessments around the time of transfer from Nauru, mostly to Australia.

Participants

Sixty-two CYP who were ≤18 years on entry into offshore immigration detention on Nauru between 2013 and 2019. Mean age at health assessment was 9 years. Main measures: Health outcomes were categorised as physical, mental or neurodevelopmental concerns/conditions. Risk and protective factor data were collected using the adverse childhood experiences and refugee-specific adverse childhood experiences tools.

Results

Over half of the CYP (n=32, 52%) were held on Nauru for ≥4 years. The vast majority of CYP had physical health (n=55, 89%) and mental health (n=49, 79%) concerns including self-harm or suicidal ideation/attempt (n=28, 45%). Mental health concerns were more likely in CYP who were school-aged (p=0.001), had been held on Nauru for ≥1 year(p=0.01); originated from the Eastern Mediterranean region (p<0.05); witnessed trauma(p<0.05) or had exposure to ≥4 refugee-specific adverse childhood experiences (p<0.05). Neurodevelopmental concerns were seen in eight children (13%).

Conclusions

This study highlights the almost universal physical and mental health difficulties in a sample of CYP who experienced forced migration and were subjected to Australia's offshore immigration detention policy. Immigration detention in recipient countries, a known adverse childhood experience, may contribute to or exacerbate harmful outcomes in CYP seeking asylum.

INCLUSION OF STAKEHOLDERS FROM LOW- AND MIDDLE-INCOME COUNTRIES IN CORE OUTCOME SET DEVELOPMENT AND USE

Introduction

Only a fifth of core outcome sets (COS) have included low- and middle-income countries (LMIC) stakeholders in their development. We explored views on inclusion of LMIC stakeholders in COS development and use.

Methods

We conducted two online surveys, the first targeted researchers from high income countries (HIC) who had led COS work that included LMIC stakeholders (identified from the COMET database) while the second targeted LMIC stakeholders (through a newsletter invitation to Global Health Network members).
Questions included asking for views on how to improve the use of COS in LMICs. In the second survey, three existing COS (Pre-eclampsia, COVID-19 and Palliative care) were presented as case scenarios, and respondents asked to state [with reason(s)] if they would/would not use the COS if they were working in that area.
Both surveys were delivered using JISC Online Surveys software.

Results

We received 37 (49%) responses from 75 researchers in the first survey. Of the 81 respondents to the second survey, 26 had COS experience, 9 of whom had been involved in COS development. Common findings across both surveys were that personal research interests are a key driver for initiation/participation in a given a COS, and determination of 'what to measure' was the most common stage of COS development process where LMIC stakeholders were involved.
From the second survey, a majority of respondents would use the COS for pre-eclampsia (18/26) and COVID 19 (19/26) since the development process included key stakeholders. More than half of the respondents were not sure or would not use the palliative care COS as they felt stakeholders' engagement was limited and it was developed for a different setting.
Common issues that can impact on the use of COS in LMICs: (i) feasibility of measuring the outcomes in the COS, (ii) knowledge on the usefulness and availability of COS and (iii) wide stakeholder engagement in the COS development process including having patients and carers in the development process.
Endorsements of COS use by professional associations or by funders and regulatory agencies was not a major enabler for usage of a COS by LMIC stakeholders despite it being highlighted by HIC researchers as a potential enabler.

Discussion

There is need to provide guidance on how outcomes will be measured and how to involve key stakeholders in the development process. Sensitization of LMIC stakeholders on COS utility is needed, with professional associations being a potential influential route for this.

DATA STRENGTHENING ON BIRTH WEIGHT MEASUREMENT AND RECORDING PRACTICES ACROSS 14 EMOTIVE STUDY SITES.

Authors

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Background

Currently, 80% of births are in facilities, yet birthweight data are lacking in most Low and Middle Income Countries and if available, they are of poor quality. E- Motive study which supports 14 health facilities in Kenya, 7 intervention sites and 7 control sites undertook the initiative to strengthen that aspect of the data across the intervention sites as part of also improving neonatal care and outcomes.

Methods

Emotive study supported 14 health facilities in a bid to strengthen birth weight measurements and recordings for all the new-borns through the following: provision of high-quality digital scales, training of providers on accurate birth weight measurement, recording and scale calibration practices, and quality maintenance support that consisted of enhanced supervision and feedback.

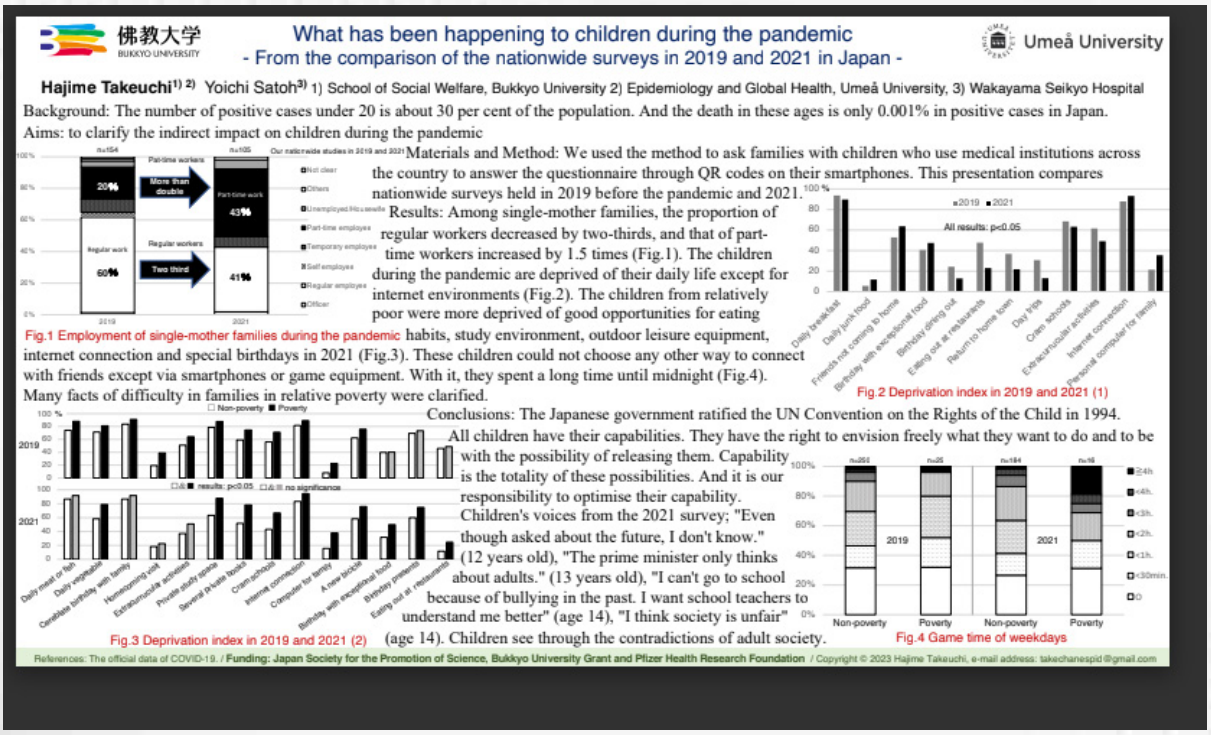
Results

During the intervention phase, the sites registered an improvement in the measurement of birth weights for all the new-borns and this led to enhanced care for them as it became easier to categorize the low birth weight babies and the normal weight babies. There was an improvement in completion of the maternity register (MOH

333) at the birth weight section. The providers had an easy time reading the birth weights as they were digitally displayed and this led to reduction in errors during recording of the same.

Conclusion

The quality of birth-weight data can be improved by a simple intervention consisting of provision of digital scales and supportive training.



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