KEMRI-Wellcome Trust
Severe Malaria Dr Philip Ayieko

Objective:
• To describe in patient childhood malaria case management practices in 5 Kenyan hospitals.
• March 2014- February 2016.

Study Period
• 19,419 cases of acute medical admission with Dx Malaria. Aged between 2 and 60 months.

Findings
• Documentation of clinical signs is good.
• High rates of presumptive treatment for test negative children.
CIN Assessment of nutritional status Prof. Grace Irimu

• **Assessment of SAM:**
  - MUAC,
  - WHZ score,
  - +/- edema of kwashiokor

**Objective:**

• To describe the effect of provision of MUAC tapes and audit feedback on documentation of nutritional status for children aged 2-59 months.
Findings:
✓ Variable performance across time and hospitals.
✓ Variable time of adoption.
✓ Need to understand the context to interpret the data and plan for implementation: Leadership, New Interns

Recommendations:
• Inculcate the culture of best practices in the clinical work.
• Create a supportive structure- pediatric admission forms
Monitoring, audit, quality improvement and their oversight. Prof Mike English

**Individuals**
- Weight gain
- Blood glucose

**Team**
- Interns’ competence with procedures

**System**
- Post-operative infection rate
- Wait for surgery
- Mortality

**KENYA**
- PMTCT coverage rate
- EPI coverage rate
- Malaria testing rate
- Stillbirth rate
- Neonatal mortality rate
Summary:

• We need to make more local and national use of information to improve care.

• It is not enough to measure once – the aim is to improve.

• We need to get better at distinguishing research from quality improvement and service evaluation.
Cough Mixture Prescriptions among children with respiratory tract infections: Dr Michuki Maina

Why:
Cough causes anxiety and causes decrease in the quality of life.

Objectives:
• To describe the common prescribed cough medications among children hospitalized with resp illness.

Who:
• Children btn 1 month to 12 years admitted with symptoms of cough or URTI.
Findings:
• Marked reduction in the use of cough syrups.
• Most prescribed are oral bronchodilators and antihistamines.

Recommendations:
• Data lacking on outpatient and over the counter prescriptions.
• Health care training for providers.