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Room 1

Establishing a Comfort Room to Enhance Family-Centred Care in the Neonatal Nursery at Prince Mshiyeni Memorial Hospital

Thameshnie Govender

drtngovender@gmail.com

Department of Paediatrics and Child Health, Prince Mshiyeni Memorial Hospital, KZN, SA
Pranesha Appalsamy, Specialist Paediatrician, Department of Paediatrics and Child Health UKZN,
pranesha_appalsamy@yahoo.com (Please include me in correspondence).

Background:

Family-centred care is fundamental in neonatal and paediatric practice. It emphasises the importance of communication, cultural sensitivity and emotional support. We identified a gap within our nursery in providing a private, respectful space for counselling and family discussions. Sensitive conversations often occurred in noisy or shared clinical areas which limited privacy and emotional comfort for parents, caregivers and families.

Objective:

A multidisciplinary team of doctors and nurses collaborated to design and implement the Comfort Room within the nursery. The initiative aimed to promote privacy and dignity of parent and family care discussions. The room was carefully planned to create a calm environment with soothing colours, comfortable furniture and culturally appropriate materials and murals. Feedback from staff and families was collected during the first month through informal interviews to assess and evaluate the experience of care and impact of satisfaction.

Results:

Positive feedback was received both from staff and families highlighting the respect for privacy and improved communication which ultimately results in greater emotional support. Parents and external Palliative Care Counsellors expressed their appreciation for this space where families could process information and receive counselling without interruptions. Doctors and nurses reported greater satisfaction and improved rapport with families. The Comfort Room addressed an important gap which aligns with care delivery and strengthens the relationship of trust between the families and the healthcare team.

Conclusion:

Creating a Comfort Room within the neonatal nursery proved to be a simple, impactful innovation in family-centred care. This initiative enhanced privacy, respect and cultural sensitivity which contributed to improving parent satisfaction and holistic patient management. It serves as a replicable model for our paediatric unit aiming to strengthen compassionate care practices in our department.

The Human Milk Banking Experience at Prince Mshiyeni Memorial Hospital: from inception to inspiration

Pranesha Appalsamy

pranesha_appalsamy@yahoo.com

Department of Paediatrics and Child Health, UKZN, PMMH

Nicole Govender, Dietician, PMMH

Background:

For premature, low birth weight or critically ill infants—breastmilk is essential to protect against life-threatening conditions such as necrotizing enterocolitis (NEC), promotes brain development, better growth and prevents deaths in the neonatal intensive care units (NICU).

Vulnerable babies are often unable to access their own mother's breastmilk due to medical complications or admission into a NICU. Commercial milk formula (CMF) is not an option for these babies as it can increase the risk of infections and other complications. In such cases, Donated Human Milk (DHM), that is breastmilk donated from another mother, can be used. There are currently 18 Human Milk Banks (HMB) in KZN. Prince Mshiyeni Memorial Hospital (PMMH) established its HMB in 2017 despite many hurdles!

Aims:

To establish a HMB in a resource restrained neonatal unit.

Methods:

Innovative strategies employed by the MDT (doctors, nurses, dietitians) to establish a HMB:

1. No trained staff dedicated to a HMB - we trained and empowered existing staff passionate about lactation and milk banking
2. Lack of internal donors due to high HIV and syphilis rates, cultural restrictions, need for remuneration - external donors sourced, links made with local clinic to obtain blood testing for these mothers and transport arranged from our hospital to collect donated milk.
3. Malfunction of freezer for 6 months - fundraising and private sponsorship of new chest freezer.
4. Internal donors increased - Increase in recruitment by nurses and doctors, tokens of appreciation and awards during breastfeeding awareness days.

Results:

To date, 90 donor mothers have generously contributed over 71 litres of breastmilk, helping 86 vulnerable infants to survive and thrive!

Conclusions:

Despite many hurdles and challenges, the PMMH MDT established a fully functional HMB that has expanded over the years.

A review of palliative care provision to patients and their families at the end of life at Red Cross War Memorial Children's Hospital

Stacey Fourie

staceyannefourie@gmail.com

UCT

Michelle Meiring Paedspal and UCT. Lyndal Gibbs UCT

Objective:

This study aimed to describe the demographic and clinical characteristics of children with life-limiting illnesses who died in 2022 at Red Cross War Memorial Children's Hospital (RCWMCH). It further evaluated the integration of palliative care principles—symptom management, ethical decision-making, and psychosocial support—throughout their illness trajectories, identified areas for improvement, and delineated a cohort potentially eligible for hospice care services.

Methods:

A retrospective descriptive review of medical records was conducted for all paediatric deaths at RCWMCH in 2022. Patients older than 18 years and those who died within 72 hours of admission from an acute or potentially curable illness were excluded.

Results:

Of 157 paediatric deaths, 126 met inclusion criteria. Leading causes of death were congenital heart disease (34.9%), oncology (13.5%), and infectious diseases (13.5%), with the highest mortality in infants aged 1 month–1 year (32.5%). Over half of deaths occurred in the ICU (54%). Children spent an average of 38% of their final six months in hospital, with a mean terminal admission of 23.5 days. Palliative care referrals (Paedspal) were made in 42.9% of cases, one-third within the final week of life. Advance care planning was documented in 12 cases, and multidisciplinary meetings in 47. Most families (85%) received counselling, social work, or psychosocial support; 88 families were offered bereavement care. Approximately one-third of patients met hospice eligibility criteria, mainly older children with congenital heart disease or cancer. In the last 24 hours, 69% received intravenous fluids, 64% ventilation, and 56% inotropes; 57% of ICU deaths had DNR orders.

Conclusion:

Earlier palliative care referral, structured advance care planning, and stronger multidisciplinary collaboration are needed to reduce intensive end-of-life interventions and support family-centred care. Expanding access to hospice and community-based services is essential to improve paediatric palliative care quality and equity in resource-limited settings

Oral Health Matters! Ensuring clinicians cover Road To Health Chart section on oral health as a routine norm, referring to dentist, preventing oral health diseases.

Asanda Kuse

asandaxozwa@gmail.com

Paediatrics at Victoria Mxenge Hospital, Durban, South Africa

Background:

Children's Rights are violated as per SA Constitution by neglecting Oral health. Children have human rights including; Best interest of the child, Right to Health, making sure the 'Highest attainable' standard of health is achieved (making this an inclusive right with timely and appropriate prevention, health promotion)¹ amongst many. In SA, there is high burden of oral disease especially dental caries, this impacts on overall wellbeing and quality of life of children and yet still neglected².

Dental caries is the most preventable disease worldwide according to global disease burden study, yet Oral health is not mentioned in the general health sector design due to failure to promote its importance within medical and allied health curricula, thus a Rights based approach could strengthen oral health systems policy, elevating it to inclusion of being a right to health context³.

Aims:

To create awareness by carrying-out a rights-based advocacy project that integrates routine oral-health screening and timely dental referrals by clinicians seeing Paediatric patients as an essential part of professional practice through advocacy⁴.

Methods:

Project was implemented in Eastern Cape, at Frontier Hospital through a multi-modal service innovation campaign including power-point presentations and posters. Quantitative data derived from a regional dental outreach conducted in August 2023, which screened 400 patients, where 40% were children. Qualitative insights were drawn from health workers and caregivers on service uptake and awareness.

Results:

The project led to measurable increase in dental referrals, strengthening interdepartmental teamwork, and enhanced awareness of oral health. Clinicians began prioritizing page 20/28 of RTHC, embedding it into routine checks⁵. Early dental referrals from first tooth became common, reducing stigma and shifting perceptions².

Conclusions:

This advocacy project would ideally needs duplication in multiple districts all over the country as it is practical and a part of what's done everyday as advocates for children, ensuring better quality of life.

Factors associated with severe acute malnutrition in children under five years at Thusong District Hospital, Northwest.

Nkoliswa Elizabeth Tshegofatso

tshegogirl90@gmail.com

Sefako Makgatho health science university

Background:

Severe acute malnutrition (SAM) is a leading cause of death in children under 5, accounting for 30% to 50% of such deaths, as reported by the WHO. This study aimed to identify factors associated with SAM and its prevalence at Thusong District Hospital, Northwest Province.

Methods:

A descriptive prospective cross-sectional study was conducted with 120 participants, collecting data on demographics, SAM diagnostic features, and maternal characteristics.

Results:

The prevalence of SAM was 35.8%. Most participants were male (58.8%) with a mean age of 21 months. Diagnostic criteria included oedema and wasting measured by MUAC measurements < 11.5 and z-scores < -3 . Comorbidities included diarrhea (51.3%) and respiratory issues (38.7%). Maternal characteristics indicated that 90.7% of mothers were single, 66.1% were unemployed, and 64.1% had an income of less than 2500. Alcohol use (53.4%) was both clinically and statistically significant, impacting children's care. Most mothers had secondary education (71.2%), but those with primary or no education were significant. Families generally had 4-6 members (50%) and access to water (46.6%) and electricity (88.1%).

Conclusion:

The prevalence of SAM is linked to maternal alcohol use and low education levels. Interventions should focus on socio-economic disparities and promoting health education while addressing alcohol consumption. Encouraging mothers to pursue education can enhance employability. These findings can guide healthcare professionals and policymakers in developing targeted interventions to combat malnutrition.

Updated Integrated Management of Acute Malnutrition (IMAM) Guideline _ Implications on prevention and management of acute malnutrition in South Africa

Zandile Kubeka

Zandile.Kubeka@health.gov.za

National Department of Health

Background:

The Integrated Management of Acute Malnutrition (IMAM) guideline was revised in line with emerging global and local evidence. These guidelines are intended for use by health care providers and health workers include among others, (doctors, nurses, dietitians/nutritionists, community health workers and others) who are responsible for the medical, dietary, social and rehabilitative management of children with acute malnutrition.

Aim:

To highlight key updates on the revised guideline and the implications in the prevention and management of acute malnutrition in South Africa

Methods: The National Department of Health, Cluster: Child and Youth Health, in collaboration with the WHO and UNICEF completed an intensive review of current practices and a consultative process to inform the revision of the guideline. The final draft guideline was presented to the National Essential Medicines List in May 2025.

Results:

The guideline has been finalised aligned with the latest World Health Organization (WHO) recommendations from 2013 and 2023. The guideline also includes specific tools and job aids to support implementation.

Conclusion:

The revised IMAM guideline emphasises the need to strengthen primary prevention of acute malnutrition including among children at risk of poor growth and development. It also highlights implications in prioritisation of children in high-risk settings while focusing on key principles of the WHO ten steps, multisectoral actions, health systems strengthening, child health approach, caring for the mother/caregiver pair, access and appropriate quality of care for as long as it is needed.

Doing More with Less: A Low Cost, Rapid Solution for Gastroschisis Management in a Resource Limited Regional Hospital

Bhavani Vandayar

bhavani.vandayar@gmail.com

GJGMRH, KwaDukuza, Department of Health, South Africa

Nicolette Jooste Brown, Neonatal Specialist at GJGMRH

Background:

Gastroschisis is a full thickness, right paraumbilical abdominal wall defect resulting in herniation of abdominal viscera, and is a neonatal emergency with an increasing incidence.

These cases are not uncommon in the Ilembe District as we have experienced at GJGMRH, given the risk factors linked to gastroschisis such as young maternal age; low socio-economic status; cigarette, marijuana and alcohol use.

Due to poor antenatal screening, the majority of cases are diagnosed post delivery, ultimately resulting in delays in bowel coverage and consequently further complications.

Aims:

To decrease mean time-to-bowel coverage in the acute management phase in gastroschisis cases at a regional level, by creating a “Gastroschisis Box” containing equipment required to assemble a low-cost, functional silo bag.

To share this initiative with district facilities in the Ilembe District, who refer outborn cases where there's a poorer prognosis of bowel viability and higher risk of morbidity/mortality.

Methods:

All equipment to construct the silo was gathered and stored in tool box placed in a nursery storeroom, accessible at any time.

The contents include various sizes of vaculitres (200ml, 500ml, 1L), silicone urinary catheters (16 Fr, 18 Fr, 20 Fr), 2-0 suture material, sterile blades, adhesive film dressings, and copy of the instructions on how to construct the silo.

Results:

This is a newly implemented QIP, therefore, we are not yet able to comment on its comparative effect on gastroschisis cases.

We aim to prevent or decrease risk of complications like hypothermia, dehydration, infection and vascular compromise by reducing delays in bowel coverage; and that this process becomes less stressful on staff.

Conclusion:

In resource –constrained settings, a “Gastroschisis Box” can offer preparedness and high quality care without specialised equipment at no additional funding costs- a simple innovation that is reproducible, sustainable and embodies the principle of doing more with less.

Room 2

Acute gastroenteritis mortality among children under 5 years in Soweto, South Africa: insights from minimally invasive tissue sampling, 2017-2025

Palesa Makekeng

Palesa.Makekeng@wits-vida.org

Wits VIDA Research Unit / University of Witwatersrand

Megan Dempster, Kimberleigh Storath, Selamola Tloubatla, Siobhan Johnstone, Ziyaad Dangor, Shabir A. Madhi, Michelle J. Groome (authors are from Wits VIDA Research Unit)

Background

Considerable progress has been made in reducing diarrhoeal deaths, in children <5 years, with interventions such as improved water, sanitation and hygiene, use of oral rehydration therapy and rotavirus vaccination. However, diarrhoeal disease remains a leading cause of mortality, particularly in low- and middle-income countries. The Child Health and Mortality Prevention Surveillance (CHAMPS) Network plays an integral role in determining the causes of death in children, through minimally invasive tissue sampling (MITS) findings.

Methods

Parents/guardians of deceased children were approached and consent obtained to conduct MITS to ascertain cause of death. Within 72 hours of death, samples were collected including rectal and nasal swabs, blood and cerebrospinal fluid, and tissue from liver, lung and brain. These samples underwent molecular and histological testing; and a multidisciplinary expert panel then reviewed findings to determine cause of death.

Results

Of 2074 deaths (excluding stillbirths) in which a MITS was performed, 1163 (56.1%) were neonates, 586 (28.3%) aged 28 days to <12 months and 325 (15.7%) aged 12-59 months. Acute gastroenteritis (AGE) was the condition contributing to death in 94/911 (10.3%) of those aged 28 days to 59 months. Two thirds of these occurred among children 28 days to <12 months (n=63; 67.0%), while 31 (33.0%) occurred in those 12-59 months of age. Rotavirus was detected in the stool of 11.7% (11/94) of those with AGE; 10 of which were aged 28 days to <12 months.

Conclusions

AGE remains an important condition in the causal pathway of death in children in Soweto. Despite the introduction of rotavirus vaccine into the national immunisation programme in 2009, rotavirus is still detected in stools of deceased children. It is essential to educate parents about timely presentation to hospital for treatment of AGE and the importance of vaccination to reduce the residual burden of severe rotavirus disease.

Etiology of Deaths Attributed to Meningitis in Children Under Five in Soweto, South Africa from 2016-2025: Insights from CHAMPS

Sheree Johnstone

sheree.vandermerwe@wits-org.co.za

WITS VIDA

S Johnstone, E Mutsaerts, K Storath, M Dempster, Z Dangor, S Madhi

Meningitis remains a major cause of mortality among children under 5 in sub-Saharan Africa. Data describing the causes and comorbidities associated with meningitis-related deaths in South African children are limited. The Child Health and Mortality Prevention Surveillance (CHAMPS) network provides postmortem data to characterize these deaths and inform prevention strategies.

To describe the mortality rate, pathogens and comorbidities associated with meningitis-attributed deaths in children under 5 years of age in Soweto, South Africa, using postmortem surveillance data from the CHAMPS network.

Decedents under five years of age from defined catchment areas in Soweto were investigated between December 2016 and August 2025 using Minimally Invasive Tissue Sampling (MITS). Blood, cerebrospinal fluid, and organ tissues underwent culture, histopathology, and molecular testing. Findings were reviewed by a multidisciplinary panel using clinical and verbal autopsy data to determine the causal pathway to death.

Among 1,201 decedents investigated, meningitis was identified in the causal pathway in 184 (184/1201; 15.3%) cases. Of these, meningitis contributed as a comorbid condition in 142 (142/184; 77.2%), as the immediate cause of death in 36 (36/184; 19.6%), and as the underlying cause in 6 (6/184; 3.3%). The prevalence of meningitis-related deaths was highest among neonates (119/733; 16.2%), followed by infants aged 1–12 months (49/323; 15.2%) and children aged 1–5 years (16/145; 11.0%). Most meningitis-related deaths (175/184; 95.1%) occurred in healthcare facilities, while 9 (9/184; 4.9%) occurred in the community. The most frequently detected pathogens among meningitis-related deaths were *Acinetobacter baumannii* (71/184; 38.6%), *Klebsiella pneumoniae* (55/184; 29.9%), *Streptococcus pneumoniae* (15/184; 8.2%), Group B *Streptococcus* (*S. agalactiae*; 10/184; 5.4%), and *Escherichia coli* (9/184; 4.9%). Overall, 126 (126/184; 68.5%) meningitis-related deaths were classified as potentially preventable by expert panel review.

Meningitis accounted for 15.3% of under-five deaths investigated through MITS in Soweto, with the highest prevalence among neonates. A high proportion of meningitis-related deaths occurred within healthcare facilities, and two-thirds were deemed preventable, emphasizing the importance of early detection and improved prevention strategies.

Impact of antenatally detected placental function on early neurodevelopment of term infants in Tshwane District

Marna Nel

mnfis@mweb.co.za; babyinterview@gmail.com

Research Centre for Maternal, Fetal, Newborn and Child Health Care Strategies, University of Pretoria, Pretoria, South Africa

Ute Feucht^{1,2,3}, Helen Mulol^{1,2,3}, Carina Eksteen⁴:

1 Research Centre for Maternal, Fetal, Newborn and Child Health Care Strategies, University of Pretoria, Pretoria, South Africa;

2 Maternal and Infant Health Care Strategies Research Unit, South African Medical Research Unit, Pretoria, South Africa;

3 Department of Paediatrics, University of Pretoria, Pretoria, South Africa;

4 Department of Physiotherapy, Sefako Makgatho Health Science University, Ga-Rankuwa, South Africa

Background and Aim:

Placental function is essential for fetal growth and neurological maturation. Antenatal assessment of the umbilical artery resistance index (UmA-RI) provides a non-invasive indicator of placental insufficiency. This study aimed to determine whether antenatally detected abnormal UmA-RI (AbN UmA-RI) affects early neurodevelopment in term infants during the first 18 months.

Methods:

A prospective cohort of 75 term infants in Tshwane District, South Africa, evaluated placental function in the third trimester using the Umbiflow™ device. Infants were classified as N UmA-RI (n = 48) or AbN UmA-RI (n = 27). Neurodevelopment was assessed at 14 weeks, 6, 9, 12, and 18 months using the Hammersmith Infant Neurological Examination (HINE). Median sub-section and total scores were compared using the Mann–Whitney U test.

Results:

HINE sub-section and total scores were generally comparable. However, at 9 months, infants with AbN UmA-RI had significantly lower posture scores (18.0 [16.0–18.0] vs 18.0 [18.0–18.0]; p = 0.028) and total HINE scores (72.0 [69.0–74.0] vs 75.0 [72.5–76.5]; p = 0.012) than N UmA-RI infants. Milestone attainment was broadly similar, with only 'supported standing' at 14 weeks showing a significant difference in the AbN UmA-RI group (p = 0.028). Behavioural scores did not differ at any age.

Conclusion:

Term infants with antenatally detected AbN UmA-RI exhibited subtle, transient neurodevelopmental differences, particularly in posture and overall neurological performance. These findings suggest that impaired placental function may influence early motor control trajectories even in term-born infants. Early identification and longitudinal follow-up remain critical in resource-constrained settings to optimise outcomes for infants exposed to placental insufficiency.

Transitioning to a flexible, tiered, developmentally informed same-day screening model for preschoolers in low-resource settings

Robyn Smith

SmithRobyn@ufs.ac.za

Support School of Health and Rehabilitation Sciences, University of the Free State, Bloemfontein, South Africa

Carmen Bonafede (Support School of Health and Rehabilitation Sciences, UFS); Monique de Milander (Department of Exercise and Sport Sciences, UFS); Minette Devenier (Department of Optometry, UFS); Xany Hansen van Vuuren (Department of Linguistics and Language Practice, UFS); Marizeth Jordaan (Department of Nutrition and Dietetics, UFS); Annelize Kruger (Department of Occupational Therapy, UFS); Marshe Louw (Department of Physiotherapy, UFS); Thembi Nkomo (Department of Occupational Therapy, UFS); Dorothy Russell (Department of Paediatrics and Child Health, UFS), Innocentia Sivhugwana (Department of Physiotherapy, UFS); Minzke van der Merwe (Department of Optometry, UFS) and Marlie van Rooyen (Department of Linguistics and Language Practice, UFS)

Background

The preschool years (ages 3–5) represent a critical window for promoting development and lifelong health. Yet, in many low-resource settings, developmental delays, sensory impairments, and emerging health risks often go undetected. Although early, integrated screening improves outcomes, early childhood care and education (ECCE) platforms in low- and middle-income countries (LMICs) are underutilised for delivering preventive services. Implementation is hindered by limited resources, poor intersectoral coordination, logistical constraints, and low caregiver engagement. This study describes the iterative refinement of an initial screening protocol into a proposed flexible, tiered screening model, embedded within a guiding framework tailored to ECCE settings in LMICs.

Methods

An observational, descriptive study was conducted in low-resource urban, peri-urban, and rural communities in a central South African province to collect baseline data on preschoolers' development, sensory functioning (vision and hearing), nutrition, and health (including blood pressure). The initial multi-indicator protocol was implemented and refined using a Participatory Action Learning and Action Research (PALAR) approach. Feedback from caregivers, ECCE facilitators, interpreters, student fieldworkers, and healthcare professionals guided adaptations.

Results

Stakeholders identified key barriers, including fragmented caregiver–child scheduling, long assessment sessions, limited interpreter resources, caregiver disengagement, and difficulty engaging children with developmental and behavioural challenges. In response, a proposed model was developed to consolidate visits, reduce session duration, enhance interpreter support, and streamline screening tools. The flexible, tiered structure of this proposed model allows assessors to tailor screening based on observed functional capacity, improving feasibility, accuracy, and cultural responsiveness. It supports scalable application across similar low-resource ECCE contexts.

Conclusions

This developmentally informed, proposed screening model, operating within a flexible framework, offers a context-sensitive, scalable approach to improving early identification and referral in LMIC ECCE settings. Its adaptable structure supports broader implementation, enhances alignment with children's developmental needs, and informs future policy and integrated service planning.

An Army of Eyes: Advancing paediatric musculoskeletal primary health care

Waheba Slamang

waheba@tinsoldiers.org

Tin Soldiers Global NPO

Prof. Christiaan Scott - Children's Hospital of Eastern Ontario, University of Ottawa, Mrs. Odette

Schwegler - Tin Soldiers Global

Background

Paediatric musculoskeletal (MSK) conditions are among the most common causes of pain and disability in children, yet remain under-recognised across paediatric settings. To address this gap, the Tin Soldiers 'Army of Eyes' initiative, in partnership with the Unjani Clinics Network, aims to strengthen primary healthcare capacity for MSK screening through nurse education.

Aims

To assess paediatric MSK education and training needs among primary healthcare nurses, and evaluate the impact of a targeted training programme on MSK knowledge and clinical care.

Methods

A CPD-accredited paediatric MSK education programme was developed from an online self-assessment survey. The survey used a 0–7 Likert scale to rate confidence and experience in paediatric MSK conditions, with free-text responses for additional needs. Post-training surveys assessed changes in knowledge, confidence and clinical practice. Descriptive statistics and t-tests were applied using STATA-13.

Results

Ninety-three primary healthcare nurses participated in the needs assessment: clinical nurse practitioners (n=32), professional nurses (n=29), and registered nurses (n=12) from across South Africa. Most (80.6%) reported no prior paediatric MSK training. Mean confidence ratings (\pm SD) were: MSK history 3.9 ± 1.8 , red flags 3.6 ± 2.1 , MSK examination 4.4 ± 1.8 , and recognition of juvenile arthritis 3.6 ± 1.9 . Nearly half (48%) were unaware of the paediatric Gait, Arms, Legs, and Spine (pGALS) screening examination.

Nineteen nurses completed training and 16 submitted post-training evaluations. Mean confidence ratings (\pm SD) were significantly improved for: red flags 5.6 ± 1.4 ($p = 0.0001$) and MSK examination 5.8 ± 1.1 ($p = 0.0001$).

One-hundred-and-twelve children have been screened and 16% presenting with MSK abnormalities were referred.

Conclusion

Targeted education effectively improved nurses' confidence and clinical ability in paediatric MSK screening. Embedding MSK competencies in primary healthcare training offers a sustainable strategy for early detection, referral and treatment to improve outcomes for children with MSK conditions.

Advocating Against Genocide in Gaza as a Healthcare Worker in South Africa

Samah El-Boraei

sa-eeda.chippendale@westerncape.gov.za; samah.elb@gmail.com

Paediatric Specialist, Paarl Provincial Hospital, Cape Town

Sa-eeda Chippendale: Paediatric Specialist, New Somerset Hospital. Shetil Nana: Paediatric Intensivist; Mowbray Maternity Hospital. Lori Lake: Communications and Education Specialist; Children's Institute, University of Cape Town. Phethego Kgatla: Paediatric Medical Officer; New Somerset Hospital. Louis Reynolds: Associate Professor; Red Cross War Memorial Children's Hospital, UCT Department of Paediatrics and Child Health.

Background:

An integral part of our role as healthcare workers is as health advocates: to stand up for the voiceless and silenced. Overwhelming consensus among human rights organisations and holocaust and genocide scholars is that Israel is committing genocide in Gaza. Child health advocates therefore have a crucial role in responding; through advocacy, documentation, early warning, political pressure and humanitarian support.

Aim:

To describe the experiences of South African child health professionals advocating for

- respect, protection, promotion and fulfilment of the rights of the Palestinian people in the context of genocide, and
- active participation and support by the broader child health community.

Methods:

A descriptive, qualitative analysis of experiences of pro-Palestinian paediatric healthcare workers in the Western Cape.

Results:

Our actions involved presentations at departmental academic meetings and webinars, including by lawyers and humanitarians; and a "Children in Conflict" Symposium, in collaboration with international activists. We led solidarity demonstrations at health facilities, and participated in media engagement and public education, in our personal spaces and organisations. Palestinian students were assisted to complete their medical studies. We supported University resolutions to censure antisemitism while emphasizing targeted academic boycotts and the BDS campaign. Social awareness drives funded food, toiletries and children shoe donations through local hospitals to families in need. Some professional bodies, including CHPA, issued statements condemning the genocide and human rights abuses. Opposition included personal intimidation, threats against career progression and disciplinary actions, court challenges and potential loss of funding. Some facilities curtailed freedom of speech and the right to protest.

Positive outcomes comprised new safe spaces for open debate, informed and robust conversations around human rights, and identification of institutional barriers to decolonization and inclusivity. Networking has been beneficial, and the need for further boycotts recognized.

Conclusions:

Advocating for oppressed people is a difficult but necessary step in shaping the world for future generations.