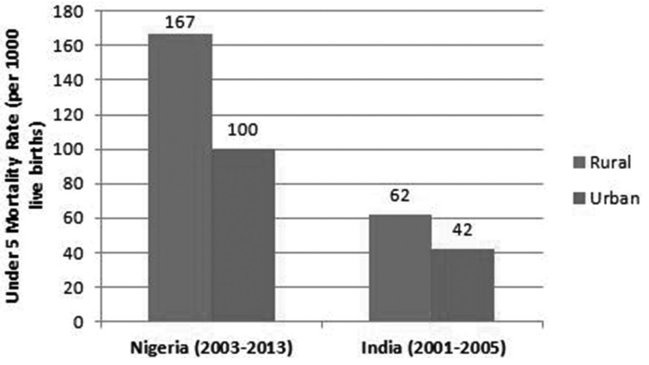
	Urban Population (Thousands)	% Urban	Annual Urban Growth Rate	Urban Slum Growth Rate	Predicted Urban Population 2020 (Thousands)	Predicted Annual Urban Growth Rate (2015-2020)
World	3,632,457	52.1	2.24	2.22	4,289,818	1.77
South Asia	562,971	32.6	2.89	2.20	699,281	2.38
SSA	309,463	36.7	4.58	4.53	426,522	3.53

Abstract G249 Figure 2 Regional urban and urban slum growth rates



Abstract G249 Figure 3 Average under-5 mortality rates in rural and urban Nigeria and India

G251 CHILDHOOD PNEUMONIA – LESSONS LEARNED FROM AN AUDIT OF THREE KENYAN HOSPITALS

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Background Globally 1.2 million children die every year from pneumonia and it remains amongst the leading causes of under 5 childhood mortality. Auditing current practice is an essential step in reducing the morbidity and mortality associated with childhood pneumonia and helping to achieve Millennium Development Goal 4. The Kenyan Paediatric Association (KPA) has evidence based guidelines on the management of pneumonia. The aim of this study was to compare the management of children with pneumonia to this standard.

Method A retrospective audit was carried out in two government hospitals and one missionary hospital in Kenya over a 1 month period in 2013. The study population included all patients admitted with a clinical diagnosis of pneumonia and data was collected directly from patient notes.

Results - 148 children admitted with pneumonia were included with a median age of 21 months and a 5% mortality.

- 69% of patients were classified correctly and 55% of patients were given the correct antibiotics.

- 37% of patients across all three hospitals had their observations checked 24 hly or less than 24 hly.

- 35% of patients who had not improved after 5 days of treatment had their HIV status checked.

Conclusion Clearly displayed guidelines and the distribution of Kenyan Paediatric Handbooks would support medical staff in classifying and managing children with pneumonia correctly.

Regular observations are crucial in recognising clinical deterioration to enable early intervention to reduce mortality.

As healthcare providers we are failing to check the HIV status of high risk children. All children should have their HIV status checked as good practice.

While great progress has been made in the management of pneumonia, we have demonstrated the need to further improve practice, to limit the morbidity and mortality associated with pneumonia in Kenyan children.

The future Our plan to improve care for children with pneumonia involves delivering the following interventions at each of the hospitals:

- A targeted teaching session on childhood pneumonia to all healthcare professionals;

- Ensuring each acute area has the KPA pneumonia protocol clearly displayed;

- Meeting with nursing staff regarding observations of acutely unwell children;

- To re-audit and complete the audit cycle.

G252 IMPROVING NEONATAL CARE IN THE FIRST 24 H OF ADMISSION: A COMPLETED AUDIT CYCLE

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Aims Neonatal death accounts for 24% of under 5 mortality inUganda, making it the largest cause. In a community hospital in ruralUganda, we aimed to review the care provided in the first 24 h of admission on the neonatal unit and identify areas to improve. We looked at history taken, treatment given, observations performed and outcomes. We used standards from World Health Organisation guidelines and hospital protocols.

Method A retrospective case note review was performed on all admissions to the neonatal unit in August 2014. Interventions