Aims The numbers of children living ‘on’ or ‘of’ the street, Street Children and Youth (SCY), could be as high as 150 million. SCY are a particularly vulnerable and under-researched group who face unique challenges. This research uses qualitative methodology to build on current research with SCY in Kenya. It aimed to provide an opportunity for these children to share their experiences and make recommendations for how their health may be improved.

Methods Males aged between 10 and 19 accessing Hope for Victoria Children, HOVIC’s (a non-governmental organisation (NGO) working in Kisumu, Kenya) night shelter or ‘drop in’ programme were eligible for inclusion. Children were invited to take part through a ‘Baraza’, a traditional community meeting and their Comprehension of Assent given in Swahili. Focus group discussions (FGDs) and semi-structured interviews were conducted, using a Guide of Thematic Topics, transcribed verbatim and thematic analysis carried out. Ethical approval was given by the University of Bristol Health Sciences Ethics Committee. Approval was given from HOVIC and Child.org (the respective NGO partners) and the District Children’s Officer for Kisumu County.

Results A total of 37 SCY, all male, aged between 10 and 17 were invited to take part, including ‘shelter’ and ‘drop-in’ boys. Three FGDs and six semi-structured interviews with boys as well as four interviews with HOVIC staff were conducted. A total of five key themes were identified. What makes street children vulnerable included the reasons children came to the street, the physical environment and abuse. Substance use, mental health, sexual and reproductive health, unintentional injuries and violence made up the Health Burden of SCY. Health Services were concentrated at shelter, the physical environment and abuse. Subsequent care for many children was undertaken at underground. This study aimed to provide national data on healthcare outcomes (previously lacking) to support advocacy and health education.

Methods A multicentre prospective observational study carried out across 4 healthcare facilities in the Gambia between May and September 2016.

Inclusion criteria: Consenting women aged 18 and over presenting in early labour (singleton foetus) with or without FGM/C

Data collection: Demographics, type of FGM/C (WHO classification) and outcomes of labour.

Neonatal outcomes: Perinatal death, neonatal resuscitation, low-birth-weight (table 1 and 2).

Results 1569 women were recruited. Mean age was 26.5 and parity 2.1. 77% had FGM/C.