Medical Checks for Children

Medical Rapport Kenya Nairobi 2022

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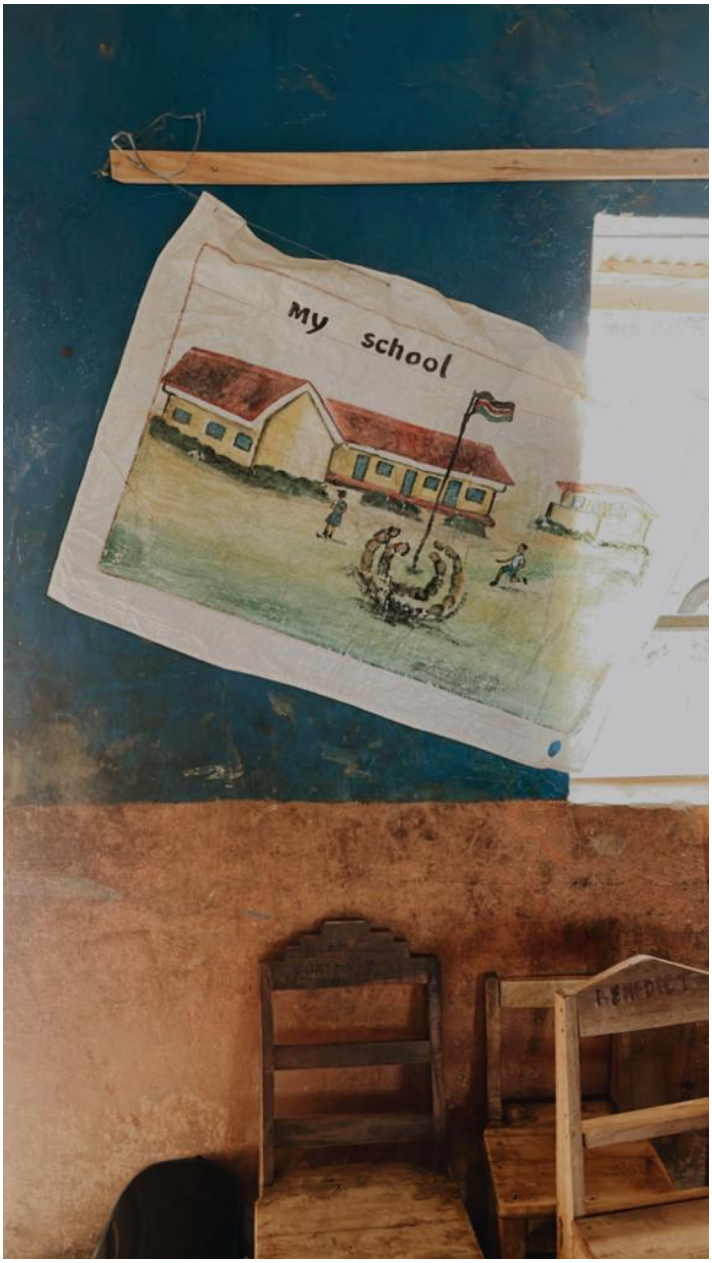
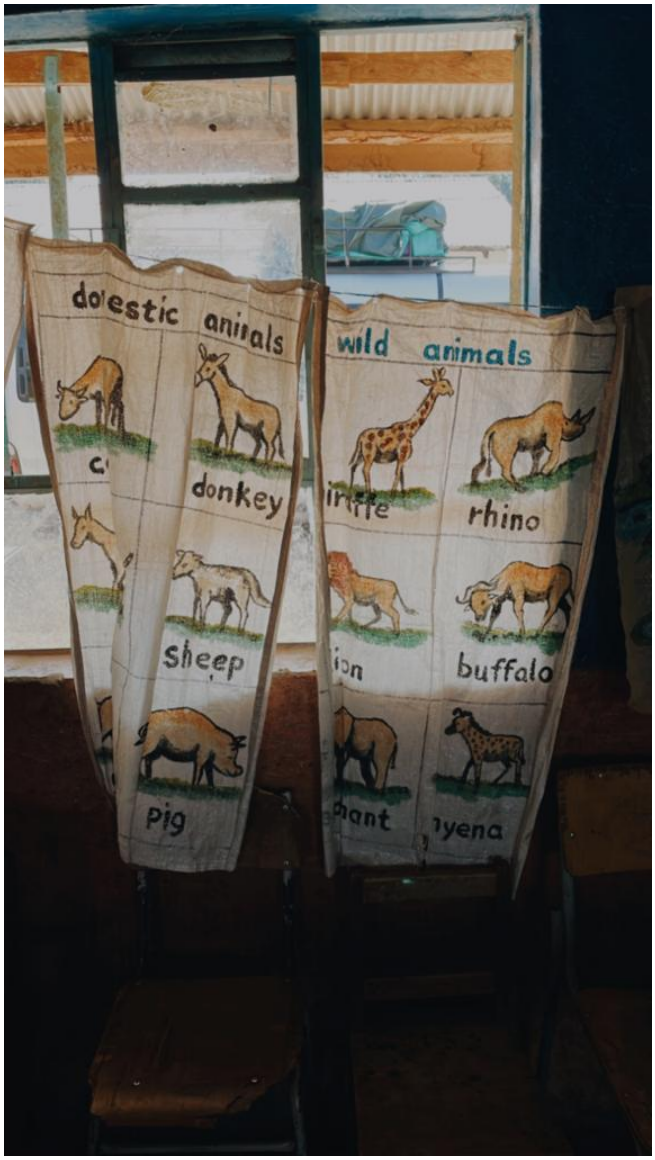
Introduction





From July the 10 th untill July the 17th 2022 a Medical Checks for Children (MCC) team visited locations near Njeri and Nairobi. Free of cost, the MCC team checked and treated 947 children aged newborn untill 13 years of age.

After a explorative mission in 2010, MCC visited Kenia West for the tenth time.
Again, the medical checks were organized in close cooperation with the Sophia Foundation for Children (SFFC) (www.sophia-foundation.com).

Technical equipment and some of the supplies were brought from Europe by the MCC team members. Most of the medication was ordered through SFFC in Kenia. Additional local medication was purchased from the main pharmacy in Nairobi and taken with us to Kenia West.

Our special thanks go to Nopi and Tazos for their direct support during our medical camp and their help in all the necessary preparations during the year. Special thanks go to the translators and teachers.

The aim of the mission is to provide basic healthcare on locations of underprivileged children in difficult circumstances with diagnosis and treatment and acute care on the spot and referral with hospital

diagnostics and treatments if necessary for the future health of the children. We monitor the hospitals referrals and the treatment in close cooperation with the Sophia Foundation in the year ahead.

Medical Checks for Children on location:

During the medical checks, the children were checked following the MCC carrousel:

1. Registration of the child
2. Measuring height and weight
3. Blood test for haemoglobin
4. Physical examination
5. Giving medication and education about the correct use of it (pharmacy)
6. Education on hyginics and tooth brushing (a tooth brush was given to each child)

Anthropometric measurements were recorded, and a finger prick sample was taken for determination of the haemoglobin (Hb) concentration. Each child was examined by a Medical Doctor. History of illnesses in the preceding four weeks was recorded. Specifically, caretakers were asked if the child had diarrhoea, an upper respiratory infection, vomiting, eating soil (pica), decreased appetite and weight loss.
They were also asked if their child received treatment for any of these, and if so, from where. The data of the children were analysed through the MCC data base.

The medical checks were performed on six days at different locations in Nairobi and in the area around Njeri.
At the different locations we checked beside the schoolchildren some young non-schoolgoing children from the villages.
We analysed the data to make a comparison as a group but we did not make a computer analysis on individual basis (table 1).

During the years the ratio between girls and boys is stable.

Table 1: Total children per location

Check locations	**11-07-22**	**12-07-22**	**13-07-22**	**14-07-22**	**15-07-22**	**16-07-22**	**Total**
Jambo	0	0	0	0	0	29	29
Makarios	0	0	0	0	219	0	219
Milimani	0	0	116	0	0	0	116
Nduduini	0	0	0	211	0	0	211
St Clement	0	178	0	0	0	0	178
St George	193	0	0	0	0	0	193
Total	**193**	**178**	**116**	**212**	**219**	**29**	**947**

Children and caretakers of multiple villages visited the medical camp, which were grouped into 6 locations (details on names of the villages and allocation in groups is given in Annex B).

In the announcement of the medical children of age below 12 years were invited to come with their caretakers. Of the 947 children, 16% was below the age of 5 years, 68% of the children was between 5 and 10 years of age, and 16% was above 10 years old. Children below 5 year of age are considered to benefit most from a medical camp, so we try to make an efferort that parents or caretakers come with their child (98% of the children was accompanied by a caretaker).

We due think that with registration sometimes a teacher was marked as a caretaker so the 98% is an overestimate. But overall we did see much more parents this year in our medical camp! We hope this will continue in the future!

The following findings can be highlighted:

- High prevalence of anaemia (34% both for all children and children < 5 years), compared to 43% in Kenya (< 5 years) and 15.5% in the Netherlands (< 5 years) (WHO, 2019).
- Prevalance of malnutrion was lower than previous years but almost ¼ of all malnutrion was found in the agegroup < 1 year. If we compare these numbers with the previous years with the knowledge of drought and Corona, it almost seems to got to be true. Possible confounders are that we did not

see that many baby's with mothers from the village. Also due to Corona and the ecomic situations children migth not be sent to school.

All locations	2015	2016	2017	2018	2019	2020	2022
underweight	17%	10%	9%	9%	8%	10%	4%
stunting	20 %	11%	8%	6%	5%	13%	5%
wasting	6%	5%	5%	13%	7%	8%	3%

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- High prevalence of preventive antiworm treatment. Of the checked children 60% did receive an anitworm tablet in the 6 month before our visit.
- High prevalence of caries (21%) and caries with pain (12%). All children with caries with pain or dental problems deemed serious were seen by our dentist during the medical camp. 74 teeth were filled (8%). If necessary extraction were performed on the spot.
- Other frequent diagnoses: pneumonia (4 children), cariës (21%), cariës with pain (12%) and various skin diseases (tinea capitis (5 %), dermatomycosis (2%), scabies (1%).
- Three children with severe hearing impearment were referred and are being fitted hearing aids with specialized programms through the Makarios Home. We try to discuss the best treatment for these children with the Sophia Foundation. Coclear implants are also available in Kenya but this will establisch the need for a totally different follow-up and sociological programm. These children need long term monitoring and guidance to find their way in a world suddenly full of noise and chaos.
- Most frequent treatment given to the children was deworming (37%), iron (27% of the children), multivitamin (10%), scabies treatment (1%) antibiotics (1%), various cremes for skin diseases (16%).

Table 2: Disaese prevalence among all children per geographical location

	Total		**Jambo**		**Makarios**		**Milimani**		**Nduduini**		**St Clement**		**St George**	
	947		**Total=29**		**Total=219**		**Total=116**		**Total=211**		**Total=178**		**Total=193**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Underweight	34	4%	0	0%	7	3%	8	7%	9	4%	7	4%	3	2%
Stunting	50	5%	0	0%	17	8%	9	8%	9	4%	4	2%	11	6%
Wasting	29	3%	0	0%	9	4%	6	5%	6	3%	6	3%	2	1%
Anaemia	324	34%	10	34%	63	29%	57	49%	62	29%	59	33%	73	38%
HIV pos.	7	1%	0	0%	4	2%	0	0%	2	1%	0	0%	1	1%
Malaria (confirmed)	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
syndrome n.o.s.	2	0%	0	0%	0	0%	0	0%	0	0%	1	1%	1	1%
pneumonia (clinical)	4	0%	0	0%	0	0%	0	0%	0	0%	3	2%	1	1%
tuberculosis (clinical)	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
diarrhoea without dehydration	2	0%	0	0%	0	0%	1	1%	1	0%	0	0%	0	0%
constipation	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
active worm infection	3	0%	0	0%	1	0%	0	0%	0	0%	1	1%	1	1%
otitis media acuta	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
otitis externa	3	0%	1	3%	2	1%	0	0%	0	0%	0	0%	0	0%
candida stomatitis	4	0%	0	0%	0	0%	3	3%	0	0%	0	0%	1	1%
hearing impairment	3	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%
other	3	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%
cariës n.o.s.	201	21%	6	21%	55	25%	22	19%	46	22%	45	25%	27	14%
pain n.o.s	18	2%	0	0%	0	0%	1	1%	11	5%	2	1%	4	2%
fluorosis	27	3%	1	3%	7	3%	10	9%	4	2%	5	3%	0	0%
filling temporary teeth	74	8%	3	10%	15	7%	7	6%	21	10%	15	8%	13	7%
Teeth inspection	64	7%	1	3%	14	6%	6	5%	22	10%	13	7%	8	4%
caries with pain	109	12%	4	14%	25	11%	13	11%	25	12%	24	13%	18	9%
Inspection	17	2%	3	10%	3	1%	2	2%	2	1%	4	2%	3	2%
wounds n.o.s.	1	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%
eczema n.o.s.	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%
dermatomycosis	21	2%	2	7%	7	3%	2	2%	4	2%	4	2%	2	1%
Impetigo/furunculosis	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
lice	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
scabies	11	1%	0	0%	6	3%	2	2%	1	0%	2	1%	0	0%
Tinea Capitis	48	5%	5	17%	13	6%	10	9%	6	3%	2	1%	12	6%
wounds infected,	2	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%
Burn wound fresh	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%
Skin other (psoriasis	20	2%	2	7%	3	1%	7	6%	4	2%	0	0%	4	2%

etc)														
psychomotoric retardation	3	0%	0	0%	2	1%	1	1%	0	0%	0	0%	0	0%
hypertonia	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
epilepsy	2	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
migraine/headache	15	2%	0	0%	4	2%	0	0%	9	4%	0	0%	2	1%
physiological murmer	5	1%	0	0%	0	0%	0	0%	4	2%	0	0%	1	1%
pathological murmur (suspected)	2	0%	0	0%	0	0%	0	0%	1	0%	0	0%	1	1%
strabismus	1	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%
urinary infection	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
urogen other														
artralgia n.o.s.	2	0%	0	0%	1	0%	0	0%	0	0%	0	0%	1	1%
hernia(umbilical etc)	4	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	2%
abdomen other	1	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%

Corona has had a defestating effect on children and girls especially in low income countries. A whole generation has been lost for future eduction as they had to stay at home for corona, got pregnant or needed to find jobs to support themselves and their familiy. In Kenya not only corona has been a challenge but the enviroment proved maybe a even more challenging factor as the rains did not come and kenya as well as other regions in Eastern Africa are experiencing the worst drought in centuries.
In some areas, over 90 per cent of water sources have dried up and, as crops fail, and families lose their livestock – which, for many, is their only source of income – more than four million people are grappling with acute hunger. An estimated 134,000 women are currently pregnant or breastfeeding in drought-affected regions of Kenya; many are now malnourished and anaemic, conditions which can be life-threatening.

It is usually women and girls who are sent to fetch water; because of the drought, they have to walk even further, and wait for hours at boreholes.
This puts them at greater risk of violence, at a time when hostilities among communities desperate to secure scarce resources, are mounting.
With hundreds of thousands of Kenyans forced to move in search of survival, vulnerable women and girls have little to no access to critical health facilities or protection and support services – at the very time they need them the most.
There is evidence that gender-based violence, female genital mutilation, and child marriage have risen since the drought, as families marry off their girls to pay for food or cattle.

Even in july 2022 we could already see the need in children for food and water and we expect to are more needed the next years than ever before.

Conclusions and recommendations

1. Deworming. Over the years the prevalence of the preventive antiworm treatment showed lots of fluctations. In 2019 only 40 % of the checked children received antiworm treatment compared to 60 % in 2022. In Kenya govermental school based deworming programms are available. Unfortunately local goverments due not always give priority in providing them to the schools and the schools of the beaten track are most likely in being forgotten. Even wenn including the spillover benefits of treatment, the cost per additional year of school participation was US$2.92, making deworming considerably more cost-effective than alternative methods of increasing school participation, such as school subsidies. At a cost of less than US$0.60 per child per year, school-based deworming reduced serious worm infections by 61 percent and reduced school absenteeism by 25 percent. We still believe the Sophia Foundation could have a bigger impact here in guiding the schools to these programms and/or providing the antiwormpills in case of goverent failure.
2. Hygiene and dental care. The prevalence of caries and skin diseases can be prevented by providing information about dental care and hygiene (clean blades when shaving the heads of the children). These topics should be on the agenda especialy in the schools were the Sophia Foundation is running a foodprogramm. We still see a large number of children with tinea capitis in schools were most children have their heads shaved. Basic health education should be made just as important as the foodprogramme for the teachers and the schools. It still is hard to believe that in schools were there is water for example teachers seem unable te let their students drink even a few cups of water while in

school. The amount of children we saw with headaches only stresses the importance of these kind of small interventions.

3. Makarios home. At the home we saw a broad range of children with special needs who came into the care of the Sophia Foundation. From mooddisorders to Marfan and all kinds of neglect and development disordes alongside with somatic problems. A lot of children receive special drugs for various diseases. A simple follow up system for the children should be in place. Files, active medication, future need for hospital visits or yearly follow up for each of these children should be available at arms length or with one simple click. Futhermore there should be some kind of quality control system to make sure that children do not get full medical check upps with all kinds of diagnostics for minor aides (unfortunately healthcare in lower income countries is also a way of making profits) and the simple question of WHY a child needs this or that should be a standard operating procedure.
4. Caretakers. As the Sophia Foundation has a focus on schoolchildren a big effort should be made to have caretakers present at the medical camp as an important part of the medical camp is the transfer and exchange of medical and healthcare information, from the parents to the doctors and vice versa. Health education to young children < 5 years is almost impossible if the parent is not there. Also we do qeustion if parents really use the medication for their children if it is given to them by the teachers. This might mean that vulnerable children might get suboptimal treatment.

We are very grateful for all the hard work performed by the members of the Sophia Foundation in Cyprus and in Kenya in making sure this first medical camp after Corona could take place again. Even now 6 months after this medical we feel very gratefull for being able to go back to Kenya again.

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Annex A- Detailed results

Table 3: Prevalence of weight/age at or under P3 (underweight) per geographical location by age and gender

	Total		**Jambo**		**Makarios**		**Milimani**		**Nduduini**		**St Clement**		**St George**	
	947		**Total= 29**		**Total= 219**		**Total= 116**		**Total= 211**		**Total= 178**		**Total= 193**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Underweight	34	4%	0	0%	7	5%	8	7%	9	5%	7	4%	3	2%
No underweight	765	96%	13	100%	139	95%	107	93%	174	95%	157	96%	175	98%
Unknown	147		16		73		1		28		14		15	
Underweight children per age														
<=1 year	3	12%	0	0%	2	25%	0	0%	0	0%	1	33%	0	0%
>1 en <5 years	6	5%	0	0%	1	3%	2	15%	0	0%	1	10%	2	4%
<5 years	7	5%	0	0%	2	5%	2	15%	0	0%	1	9%	2	3%
>=5 en <=10 years	27	4%	0	0%	5	5%	6	6%	9	6%	6	4%	1	1%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Underweight children per gender														
Boy	29	58%	0	0%	12	71%	3	33%	5	56%	3	75%	6	55%
Girl	21	42%	0	0%	5	29%	6	67%	4	44%	1	25%	5	45%

Table 4: Prevalence of length/age at or under P3 (stunting) per geographical location by age and gender

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total= 29		Total= 219		Total= 116		Total= 211		Total= 178		Total= 193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Stunting	50	5%	0	0%	17	8%	9	8%	9	4%	4	2%	11	6%
No stunting	895	95%	29	100%	201	92%	107	92%	202	96%	174	98%	182	94%
Unknown	1		0		1		0		0		0		0	
Stunting children per age														
<=1 year	6	24%	0	0%	3	38%	0	0%	0	0%	1	33%	2	18%
>1 en <5 years	9	7%	0	0%	2	6%	1	8%	0	0%	1	10%	5	11%
<5 years	12	8%	0	0%	4	11%	1	8%	0	0%	1	9%	6	10%
>=5 en <=10 years	25	4%	0	0%	6	6%	7	7%	8	5%	2	1%	2	2%
>10 years	13	8%	0	0%	7	9%	1	100%	1	3%	1	6%	3	17%
Stunting children per gender														
Boy	29	58%	0	0%	12	71%	3	33%	5	56%	3	75%	6	55%
Girl	21	42%	0	0%	5	29%	6	67%	4	44%	1	25%	5	45%

Table 5: Prevalence of weight/length at or under P3 (wasting) per geographical location by age and gender

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total= 29		Total= 219		Total= 116		Total= 211		Total= 178		Total= 193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Wasting	50	5%	0	0%	17	8%	9	8%	9	4%	4	2%	11	6%
No wasting	895	95%	29	100%	201	92%	107	92%	202	96%	174	98%	182	94%
Unknown	1		0		1		0		0		0		0	
Wasting children per age														
<=1 year	6	24%	0	0%	3	38%	0	0%	0	0%	1	33%	2	18%
>1 en <5 years	9	7%	0	0%	2	6%	1	8%	0	0%	1	10%	5	11%
<5 years	12	8%	0	0%	4	11%	1	8%	0	0%	1	9%	6	10%
>=5 en <=10 years	25	4%	0	0%	6	6%	7	7%	8	5%	2	1%	2	2%
>10 years	13	8%	0	0%	7	9%	1	100%	1	3%	1	6%	3	17%
Wasting children per gender														
Boy	29	58%	0	0%	12	71%	3	33%	5	56%	3	75%	6	55%
Girl	21	42%	0	0%	5	29%	6	67%	4	44%	1	25%	5	45%

Table 6: Prevalence of anaemia per geographical location by age and gender

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total= 29		Total= 219		Total= 116		Total= 211		Total= 178		Total= 193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anaemia	324	34%	10	34%	63	29%	57	49%	62	30%	59	33%	73	38%
No anaemia	613	65%	19	66%	153	71%	57	49%	145	70%	119	67%	120	62%
Unknown	7		0		3		0		4		0		0	
Hb <5,0 mmol	3	0%	1	3%	0	0%	0	0%	0	0%	0	0%	2	1%
Anaemia per age														
<=1 year	13	52%	0	0%	4	50%	0	0%	0	0%	1	33%	8	73%
>1 en <5 years	47	36%	1	33%	13	36%	3	23%	4	17%	4	40%	22	48%
<5 years	56	37%	1	20%	14	37%	3	23%	4	16%	4	36%	30	52%
>=5 en <=10 years	220	34%	4	50%	29	27%	53	52%	45	29%	50	33%	39	33%
>10 years	48	31%	5	31%	20	27%	1	100%	13	45%	5	31%	4	22%
Anaemia per gender														
Boy	29	58%	0	0%	12	71%	3	33%	5	56%	3	75%	6	55%
Girl	21	42%	0	0%	5	29%	6	67%	4	44%	1	25%	5	45%

Table 7: Prevalence preventive anti-worm treatment in the last half-year per geographical location by age and gender

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total= 29		Total= 219		Total= 116		Total= 211		Total= 178		Total= 193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anti-worm	565	60%	28	97%	207	95%	115	99%	208	99%	5	3%	2	1%
No anti-worm	381	40%	1	3%	12	5%	1	1%	3	1%	173	97%	191	99%
Anaemia per age														
<=1 year	6	24%	1	50%	5	63%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	68	52%	3	100%	27	75%	13	100%	22	92%	1	10%	2	4%
<5 years	70	47%	4	80%	28	74%	13	100%	22	88%	1	9%	2	3%
>=5 en <=10 years	376	59%	8	100%	106	100%	101	99%	157	100%	4	3%	0	0%
>10 years	119	77%	16	100%	73	97%	1	100%	29	100%	0	0%	0	0%

Table 8: Child with care taker at the day of the check?

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total= 29		Total= 219		Total= 116		Total= 211		Total= 178		Total= 193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
No	12	1%	0	0%	2	1%	0	0%	2	1%	3	2%	5	3%
Yes	931	98%	26	90%	217	99%	116	100%	209	99%	175	98%	188	97%
Teacher	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Table 9: Disaese prevalence among all children per geographical location

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total=29		Total=219		Total=116		Total=211		Total=178		Total=193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Underweight	34	4%	0	0%	7	3%	8	7%	9	4%	7	4%	3	2%
Stunting	50	5%	0	0%	17	8%	9	8%	9	4%	4	2%	11	6%
Wasting	29	3%	0	0%	9	4%	6	5%	6	3%	6	3%	2	1%
Anaemia	324	34%	10	34%	63	29%	57	49%	62	29%	59	33%	73	38%
HIV pos.	7	1%	0	0%	4	2%	0	0%	2	1%	0	0%	1	1%
Malaria (confirmed)	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
syndrome n.o.s.	2	0%	0	0%	0	0%	0	0%	0	0%	1	1%	1	1%
pneumonia (clinical)	4	0%	0	0%	0	0%	0	0%	0	0%	3	2%	1	1%
tuberculosis (clinical)	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
diarrhoea without dehydration	2	0%	0	0%	0	0%	1	1%	1	0%	0	0%	0	0%
constipation	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
active worm infection	3	0%	0	0%	1	0%	0	0%	0	0%	1	1%	1	1%
otitis media acuta	1	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
otitis externa	3	0%	1	3%	2	1%	0	0%	0	0%	0	0%	0	0%
candida stomatitis	4	0%	0	0%	0	0%	3	3%	0	0%	0	0%	1	1%
hearing impairment	3	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%
other	3	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%
cariës n.o.s.	201	21%	6	21%	55	25%	22	19%	46	22%	45	25%	27	14%
pain n.o.s	18	2%	0	0%	0	0%	1	1%	11	5%	2	1%	4	2%
fluorosis	27	3%	1	3%	7	3%	10	9%	4	2%	5	3%	0	0%
filling temporary teeth	74	8%	3	10%	15	7%	7	6%	21	10%	15	8%	13	7%
Teeth inspection	64	7%	1	3%	14	6%	6	5%	22	10%	13	7%	8	4%
caries with pain	109	12%	4	14%	25	11%	13	11%	25	12%	24	13%	18	9%
Inspection	17	2%	3	10%	3	1%	2	2%	2	1%	4	2%	3	2%
wounds n.o.s.	1	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%
eczema n.o.s.	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%
dermatomycosis	21	2%	2	7%	7	3%	2	2%	4	2%	4	2%	2	1%
Impetigo/furunculosis	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
lice	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
scabies	11	1%	0	0%	6	3%	2	2%	1	0%	2	1%	0	0%
Tinea Capitis	48	5%	5	17%	13	6%	10	9%	6	3%	2	1%	12	6%
wounds infected,	2	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%
Burn wound fresh	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%
Skin other (psoriasis etc)	20	2%	2	7%	3	1%	7	6%	4	2%	0	0%	4	2%
psychomotoric retardation	3	0%	0	0%	2	1%	1	1%	0	0%	0	0%	0	0%
hypertonia	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
epilepsy	2	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
migraine/headache	15	2%	0	0%	4	2%	0	0%	9	4%	0	0%	2	1%
physiological murmer	5	1%	0	0%	0	0%	0	0%	4	2%	0	0%	1	1%
pathological murmur (suspected)	2	0%	0	0%	0	0%	0	0%	1	0%	0	0%	1	1%
strabismus	1	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%
urinary infection	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
urogen other														
artralgia n.o.s.	2	0%	0	0%	1	0%	0	0%	0	0%	0	0%	1	1%
hernia(umbilical etc)	4	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	2%
abdomen other	1	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%

Table 10: Treatment among all children per geographical location

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total=29		Total=219		Total=116		Total=211		Total=178		Total=193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
ferro	254	27%	10	34%	55	25%	49	42%	54	26%	51	29%	35	18%
mother iron	3	0%	0	0%	0	0%	0	0%	0	0%	2	1%	1	1%
multivitamins	97	10%	1	3%	33	15%	9	8%	17	8%	11	6%	26	13%
anti-worm	351	37%	0	0%	12	5%	1	1%	2	1%	163	92%	173	90%
acute worm	5	1%	0	0%	1	0%	0	0%	0	0%	3	2%	1	1%
scabies soap	11	1%	0	0%	6	3%	2	2%	1	0%	2	1%	0	0%
amoxicillin	3	0%	0	0%	0	0%	1	1%	0	0%	2	1%	0	0%
augmentin	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%
2e lijns antibiotica	2	0%	0	0%	0	0%	0	0%	0	0%	1	1%	1	1%
paracetamol	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
AB urine infection	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
eardrops	3	0%	1	3%	2	1%	0	0%	0	0%	0	0%	0	0%
nystatine	4	0%	0	0%	0	0%	2	2%	1	0%	0	0%	1	1%
hydrocortisone cream	4	0%	0	0%	1	0%	0	0%	0	0%	0	0%	3	2%
dactarin cream	31	3%	3	10%	9	4%	9	8%	5	2%	3	2%	2	1%
dactacort cream	11	1%	2	7%	3	1%	2	2%	1	0%	0	0%	3	2%
iodine	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%
fusidin cream	2	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%
sudo cream	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
neutral cream	6	1%	0	0%	0	0%	3	3%	1	0%	0	0%	2	1%
griseofulvine	2	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%
AB urine infection	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%

Table 11: Follow-up of all children per geographical location

	Total		Jambo		Makarios		Milimani		Nduduini		St Clement		St George	
	947		Total=29		Total=219		Total=116		Total=211		Total=178		Total=193	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Dentist	170	18%	11	38%	38	17%	21	18%	40	19%	38	21%	22	11%
Specialist in hospital	11	1%	0	0%	7	3%	1	1%	1	0%	0	0%	2	1%
Revisit	8	1%	0	0%	3	1%	3	3%	0	0%	1	1%	1	1%
Social program	1	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%
Bloodtest after 3 mnts	11	1%	1	3%	2	1%	5	4%	0	0%	0	0%	3	2%