Medical Checks for Children

Medical Rapport Kenya Nairobi 2025

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Introduction

From March the 12 th untill March the 18th 2025 a Medical Checks for Children (MCC) team visited locations near Njeri and Nairobi. Free of cost, the MCC team checked and treated 1061 children aged newborn untill 17 years of age.
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, Tazos and Marina 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).

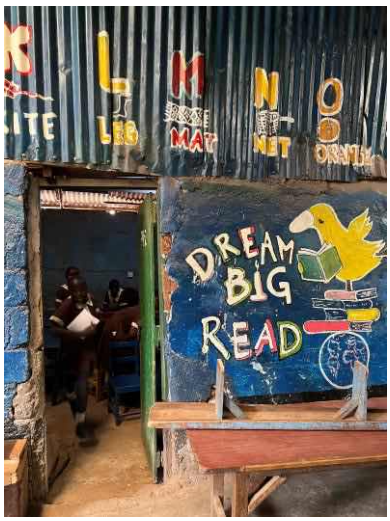
During the years the ratio between girls and boys is stable.

Table 1: Total children per location

Rijlabels	12-03-25	13-03-25	14-03-25	15-03-25	16-03-25	17-03-25	18-03-25	Total
Amani	106	0	0	0	0	0	0	106
Jambo	0	0	0	72	0	0	0	72
Makarios home	0	0	0	0	91	0	0	91
Makarios school	0	0	0	0	137	0	0	137
Muruguru	0	0	0	0	0	0	146	146
Nduduini	0	0	0	0	0	194	0	194
St Clements	0	203	0	0	0	0	0	203
St George	0	0	112	0	0	0	0	112
Total	**106**	**203**	**112**	**72**	**228**	**194**	**146**	**1061**

Children and caretakers of multiple villages visited the medical camp, which were grouped into 8 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 1061 children, only 9% was above the age of 19. In this mission we always have a bit of older age group as well due to the children at the Makarios Home and the Rescue home. As these are both orphanages we check all the children in this location if possible without age limitations.
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 (49% of the children was accompanied by a caretaker). This has to be regarded within the context as the children in the homes are orphans.



The following findings can be highlighted:

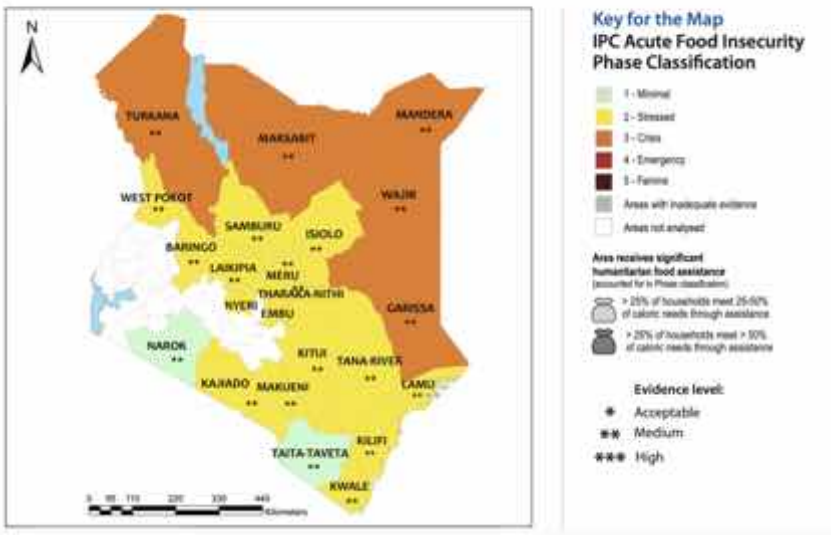
- Intermediate prevalence of anaemia (24% in general and 31% for all children < 5 years), compared to 43% in Kenya (< 5 years) and 15.5% in the Netherlands (< 5 years) (WHO, 2019).
- Prevalance of malnutrion was much lower than previous years but almost all malnutrion was found in the agegroup < 5 year. The reported prevalance is much lower than was earlier know to us and lower than we expected due to previous experiences. This year we did have some problems with our weighing scales and the surfaces. We even bought an new one in Kenya to use. We did notice that unfortunatey a lot of the smaller ones with winter clothes were put on the scale because the caretaker was against taking the clothes of for fear of the cold. We as the medical team feel this numbers might not be accurate.
- Compared to the very low prevalence of preventive antiworm treatment in earlier year in 2024 the numbers wer up due to, distribuation of antiworm pills through the SFFC. However this year we only reported that 1:5 children received it.The schools were there is no fooding programm still have almost no coverage of antiworm pills. We urge the SFFC to investigate if it is possible to distribute anti worm pills to all schools and children that we visited in 2025. Even as a single intervention in the new schools this could make a huge difference for the wellbeing of the children in these locations. We do not quite understand how this number is so low is the team on the spot told us they distributed the pills and the schools received them.
- In 2025 we did not have a dentist in our team. The team told us this was a pitty. But it might also have let to a underscore in dental diagnoses.
- Other frequent diagnoses: pulmonary disease (11 children), cariës (19%), cariës with pain (6%), flurosis (10%) and various skin diseases (tinea capitis (2 %), dermatomycosis (2%), scabies (1%)
- We also found a children with heartmurmurs; these children are being sent to Coptic Hospital in Nairobi for a cardiac ultrasound. We also reexamined children with know heartdisease who are in follow up or treatment and we made the necessary arrangments for them

- Because hospital referalls in general and cardiac referaals specific take up a lot of resources as they need to be accompanied to the hospital and results need follow up and montoring we started a trial this year in performing pocus cardiac ultrasound in children with murmurs who are stable and have normal vital signs to see if we can reduce the ammount of referalls and folluw up next year instead. We used the clarius handheld ultrasound which Clarius Netherlands is providing us with for the duration of the medical camp and us international standard guidelins. This year al children will still undero cardiac ultrasound in Nairobi as a quality control check. All the children that we examined in 2024 on the spot and sent for confirmatory ultrasound to Nairobi did not have any heartdisease. This was the case for 17 children. This year in case of a murmor in a child with no clinical symptoms and a normal pocus ulstrasound we dit not refer but asked them to come back next year for reassement.
- POCUS ultrasound also helped in excluding fractures in painful extremities and excluding abcessen in the children with infected wounds. This was also used in our medical camp to exclude complicated infections in children with infected wounds.
- Most frequent treatment given to the children was deworming (72%), iron (21% of the children), multivitamin (8%) besides antibiotics and various cremes for skin diseases.
- During the medical camps we see a lot of children who are under the care of the Sophia Foundation and live in the home or a being supported in the more remote areas. A lot of these children do have a serious medical problem but we did not diagnose them in our system. This might be due that they are stable at the moment and the caretakers at the home do not see the need to mention it. Or that we as docters thinks that it is not important to register because they are in the picture already. The serious neurological, cardiac and edocrinological kids we have seen in this medical camp are not represented in the numbers. In gereral we seem not to document chidren with disease if the are already on treatment of follow-up.

Kenya is one of the countries were internation organisation gather data to predict food insecurity and malnutrition. Ofcourse not all the regions provide adequate information but the Njeri region where half of our medical camp takes places is in these data. In Njeri we as a team see what the impact of extreme weather is like. We experienced heavy rainfulls which lasted only shortly but washed away an the arid grounds where the day after dust storms hinder our work.

The main crops did grew during the 2024 rain saison were maize,beans, cowpeas,green grams, Irish patatoes and sorghum. But to litle or to much water resulted also in pest infestations and plant disease. The offical bodies expect increase in acute food insecurity compared tot 2024 due to poor harvest prospects and declining pasture ocnditions. Whick will likely raise foodprices even more. Forecast for the 2025 annual rains is below average rainfall.

CURRENT ACUTE FOOD INSECURITY MAP AND POPULATION TABLE
(FEBRUARY – MARCH 2025)



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. This year most children did not receive an antiworm pill. 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 do not understand why this year the distribution of pills was less than in 2024 as in western is was on the rise!
   will start to distribute the pills in 2023 through the foodprogramm. We will monitor in 2025 the effects.
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. Unfortunalty also this year there were communications about no hear policies from schools that even entered national news. It is not only a cultural but als govermental believe.
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 is in place. The nurse who lives on the premises knows all the children with problems and has a data keeping system. We do believe that a reliable and skilled nurse or health care professional is essential in the home when it is also a place for children with very specific medial needs. As on of the Sophia graduates is studying to become a midwive, he could be an option in the future for further general health eduacation to take over at the home.
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. This year at a lot of schools caretakers were present at the camp.
5. Follow up. After the medical camp … children will need to go to specialist in the hospital, a few will need a follow up bloodtest and for a group children there is a dental need. For the hospital visits arrangements have been already made at the conclusion of the medical camps. All the children also from previous years that still need follow up checks or treatment the details are know to us and discussed with the Sophia for monitoring during our follow up sessions.
6. Nutrition. As stated above the foodsecurity in lots of areas in Kenya is in Danger. Nduidine and the rescue home are 2 locations who because of their geograhical location prone to difficulty with drought, rains and food security. We do realize that the SFFC has also limitied supllies but we would like them to consider ways in which they can structurally help the locations.

7. Programm medical camps. For more caretakers to attend our medical camp (50% in 2025) it might be an option to provide the schools with more detailed information about what we do and why parents are so important. This year again we added a new location in Nairobi were the need is high and stopped going to a school were compliance was an issue. As MCC we do not only want to focus and prevention and cure in the acute situation and the weeks of our medical camp but we need to think about the long term aswell. Which skills are needed in the local situations to be effective? What kind of relationships can be formed with local structures in healtcare (eq local health post, outreach programms, microculture) and foodsecurity to invest in local capacity and focus more on the long-term of the projects? A few af these issues are being adressed in the foodprogramm at the schools which are on the receiving end. But are there ways in which all locations of the medical camp can be helped with these issues? Are there ways in which the local community or the graduates from the SFFC in Kenya can help in partnering up to make the future more sustainable? The Turkana area in Kenya is one of the most underpriviliged regions in Kenya with severe droughst, no rains, water and food shortage and extreme living conditions. For years the Sophia Foundation has been supplying water to certain schools here. As the situation has deteriorated the Sophia has included these schools in the feeding programm. We are exploring if it is logistically possible to do our medical camp there as the need is high and there are no govermental programms. It could mean that we would alter the programm for both the kenya missions if it is logistically possible.

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 medical camp was a success.

Annex A- Detailed results

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

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
Underweight	64	6%	12	11%	3	4%	6	7%	10	7%
No underweight	925	87%	90	85%	37	51%	68	75%	113	82%
Unknown	72	7%	4	4%	32	44%	17	19%	14	10%
Underweight children per age										
<=1 year	1	2%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	16	7%	4	19%	0	0%	1	9%	4	16%
<5 years	18	7%	5	15%	0	0%	1	7%	4	12%
>=5 en <=10 years	46	7%	7	10%	3	12%	5	9%	6	7%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%
Underweight children per gender										
Boy	34	53%	6	50%	1	33%	3	50%	4	40%
Girl	28	44%	5	42%	2	67%	3	50%	6	60%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
Underweight	8	5%	13	7%	11	5%	1	1%
No underweight	137	94%	177	93%	192	95%	111	99%
Unknown	1	1%	4		0	0%	0	0%
Underweight children per age								
<=1 year	0	0%	0	0%	1	14%	0	0%
>1 en <5 years	3	7%	3	17%	1	2%	0	0%
<5 years	3	6%	3	13%	2	4%	0	0%
>=5 en <=10 years	5	5%	10	6%	9	6%	1	2%
>10 years	0	0%	0	0%	0	0%	0	0%
Underweight children per gender								
Boy	4	50%	8	62%	7	7%	1	2%
Girl	3	38%	5	38%	4	4%	0	0%

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

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
Stunting	42	4%	11	10%	2	3%	7	8%	8	6%
No stunting	1011	95%	91	86%	69	96%	84	92%	128	93%
Unknown	8	1%	4	4%	1	1%	0	0%	1	1%
Stunting children per age										
<=1 year	6	12%	3	25%	0	0%	1	20%	1	10%
>1 en <5 years	10	4%	3	14%	0	0%	1	9%	1	4%
<5 years	15	6%	6	18%	0	0%	2	13%	2	6%
>=5 en <=10 years	22	3%	5	7%	1	4%	3	5%	5	6%
>10 years	3	3%	0	0%	1	3%	0	0%	1	5%
Stunting children per gender										
Boy	24	57%	6	55%	1	50%	4	57%	4	50%
Girl	17	40%	4	36%	1	50%	3	43%	4	50%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
Stunting	6	4%	3	2%	1	0%	4	4%
No stunting	139	95%	191	98%	202	100%	107	96%
Unknown	1	1%	0	0%	0	0%	1	1%
Stunting children per age								
<=1 year	0	0%	0	0%	0	0%	1	17%

>1 en <5 years	2	5%	0	0%	0	0%	3	6%
<5 years	2	4%	0	0%	0	0%	3	6%
>=5 en <=10 years	4	4%	2	1%	1	1%	1	2%
>10 years	0	0%	1	6%	0	0%	0	0%
Stunting children per gender								
Boy	4	67%	2	67%	0	0%	3	5%
Girl	2	33%	1	33%	1	1%	1	2%

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

	Total		**Amani**		**Jambo**		**Makarios home**		**Makarios school**	
	1061		**Total= 106**		**Total= 72**		**Total= 91**		**Total= 137**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Wasting	25	2%	4	4%	0	0%	4	4%	0	0%
No wasting	591	56%	86	81%	19	26%	40	44%	78	57%
Unknown	445	42%	16	15%	53	74%	47	52%	59	43%
Wasting children per age										
<=1 year	3	6%	1	8%	0	0%	0	0%	0	0%
>1 en <5 years	6	3%	1	5%	0	0%	1	9%	0	0%
<5 years	9	3%	2	6%	0	0%	1	7%	0	0%
>=5 en <=10 years	16	5%	2	4%	0	0%	3	10%	0	0%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%
Wasting children per gender										
Boy	16	64%	2	50%	0	0%	1	25%	0	0%
Girl	8	32%	1	25%	0	0%	3	75%	0	0%

	Muruguru		**Nduduini**		**St Clements**		**St George**	
	Total= 146		**Total= 194**		**Total= 203**		**Total= 112**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Wasting	4	3%	3	4%	9	8%	1	1%
No wasting	101	69%	77	96%	103	92%	87	99%
Unknown	41	28%	114	59%	91	45%	24	21%
Wasting children per age								
<=1 year	0	0%	0	0%	2	29%	0	0%
>1 en <5 years	1	2%	0	0%	2	4%	1	2%
<5 years	1	2%	0	0%	4	8%	1	2%
>=5 en <=10 years	3	5%	3	5%	5	8%	0	0%
>10 years	0	0%	0	0%	0	0%	0	0%
Wasting children per gender								
Boy	2	50%	3	100%	7	11%	1	2%
Girl	2	50%	0	0%	2	4%	0	0%

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

	Total		**Amani**		**Jambo**		**Makarios home**		**Makarios school**	
	1061		**Total= 106**		**Total= 72**		**Total= 91**		**Total= 137**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Anaemia	254	24%	34	32%	21	29%	10	11%	26	19%
No anaemia	801	75%	70	66%	51	71%	81	89%	110	80%
Unknown	3	0%	2	2%	0	0%	0	0%	0	0%
Hb <5,0 mmol	5	0%	0	0%	3	4%	0	0%	0	0%
Anaemia per age										
<=1 year	17	32%	5	36%	1	50%	0	0%	2	20%
>1 en <5 years	66	29%	12	57%	5	56%	1	9%	6	24%
<5 years	83	31%	17	49%	6	60%	1	7%	8	24%
>=5 en <=10 years	153	22%	17	24%	7	28%	4	7%	17	20%
>10 years	18	19%	0	0%	8	22%	5	24%	1	5%

Anaemia per gender										
Boy	143	56%	19	56%	12	57%	3	30%	15	58%
Girl	110	43%	14	41%	9	43%	7	70%	11	42%

	Muruguru		**Nduduini**		**St Clements**		**St George**	
	Total= 146		**Total= 194**		**Total= 203**		**Total= 112**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Anaemia	33	23%	38	20%	59	29%	33	29%
No anaemia	111	76%	156	80%	143	70%	79	71%
Unknown	0	0%	0	0%	1	0%	0	0%
Hb <5,0 mmol	1	1%	0	0%	0	0%	1	1%
Anaemia per age								
<=1 year	2	67%	3	50%	3	43%	1	17%
>1 en <5 years	8	18%	4	22%	13	28%	17	35%
<5 years	10	21%	7	29%	16	30%	18	35%
>=5 en <=10 years	23	23%	28	18%	42	28%	15	25%
>10 years	0	0%	3	19%	1	50%	0	0%
Anaemia per gender								
Boy	17	52%	26	68%	32	30%	19	33%
Girl	16	48%	12	32%	27	28%	14	26%

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

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
Anti-worm	215	20%	9	8%	0	0%	82	90%	110	80%
No anti-worm	844	80%	97	92%	71	99%	9	10%	27	20%
Anti-worm per age										
>1 en <5 years	28	13%	1	5%	0	0%	6	55%	16	64%
<5 years	31	12%	1	3%	0	0%	8	53%	17	52%
>=5 en <=10 years	144	21%	8	11%	0	0%	53	96%	75	90%
>10 years	40	41%	0	0%	0	0%	21	100%	18	86%
Anti-worm	28	13%	1	5%	0	0%	6	55%	16	64%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
Anti-worm	1	1%	2	1%	8	4%	3	3%
No anti-worm	145	99%	191	98%	195	96%	109	97%
Anti-worm per age								
>1 en <5 years	1	2%	0	0%	2	4%	2	4%
<5 years	1	2%	0	0%	2	4%	2	4%
>=5 en <=10 years	0	0%	1	1%	6	4%	1	2%
>10 years	0	0%	1	6%	0	0%	0	0%
Anti-worm	1	2%	0	0%	2	4%	2	4%

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

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
No	12	1%	2	2%	1	1%	3	3%	3	2%
Yes	521	49%	74	70%	71	99%	88	97%	134	98%
Teacher	528	50%	30	28%	0	0%	0	0%	0	0%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
No	0	0%	1	1%	2	1%	0	0%
Yes	19	13%	20	10%	95	47%	20	18%
Teacher	127	87%	173	89%	106	52%	92	82%

Table 9: Children checked last year?

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
No	554	52%	76	72%	18	25%	16	18%	65	47%
Yes	506	48%	30	28%	54	75%	75	82%	71	52%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
No	146	100%	56	29%	104	51%	73	65%
Yes	0	0%	138	71%	99	49%	39	35%

Table 10: Disaese prevalence among all children per geographical location

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
Underweight	64	6%	12	11%	3	4%	6	7%	10	7%
Stunting	42	4%	11	10%	2	3%	7	8%	8	6%
Wasting	25	2%	4	4%	0	0%	4	4%	0	0%
Anaemia	254	24%	34	32%	21	29%	10	11%	26	19%
HIV pos.	2	0%	0	0%	0	0%	1	1%	1	1%
Malaria (suspected)	3	0%	1	1%	1	1%	0	0%	0	0%
vitamin deficit (clinical signs)	1	0%	0	0%	0	0%	0	0%	0	0%
Malaria (confirmed)	2	0%	1	1%	0	0%	0	0%	0	0%
syndrome n.o.s.	1	0%	1	1%	0	0%	0	0%	0	0%
pneumonia (clinical)	4	0%	1	1%	0	0%	0	0%	1	1%
pneumonia (X-ray confirmed)	1	0%	0	0%	0	0%	1	1%	0	0%
bronchitis	2	0%	0	0%	0	0%	0	0%	0	0%
BHR/asthma	5	0%	0	0%	0	0%	2	2%	0	0%
gardia (suspected)	1	0%	0	0%	0	0%	0	0%	0	0%
dysenteria	3	0%	0	0%	1	1%	0	0%	1	1%
dehydration : acute diarrhoea	1	0%	0	0%	0	0%	0	0%	0	0%
dehydration : chronic diarrhoea	2	0%	0	0%	0	0%	0	0%	0	0%
diarrhoea without dehydration	4	0%	3	3%	0	0%	0	0%	0	0%
constipation	6	1%	1	1%	0	0%	0	0%	1	1%
active worm infection	11	1%	0	0%	0	0%	0	0%	2	1%
GI other	1	0%	1	1%	0	0%	0	0%	0	0%
otitis media acuta	2	0%	0	0%	1	1%	0	0%	0	0%
otitis media with effusion	3	0%	2	2%	0	0%	0	0%	0	0%
otitis externa	12	1%	1	1%	0	0%	0	0%	0	0%
(adeno)tonsillitis	3	0%	0	0%	0	0%	0	0%	2	1%
hearing impairment	2	0%	0	0%	0	0%	1	1%	1	1%
other	7	1%	0	0%	0	0%	4	4%	3	2%
cariës n.o.s.	198	19%	5	5%	13	18%	30	33%	31	23%
pain n.o.s	8	1%	1	1%	0	0%	2	2%	2	1%
fluorosis	111	10%	9	8%	12	17%	4	4%	6	4%
Teeth inspection	1	0%	0	0%	0	0%	0	0%	0	0%
caries with pain	63	6%	8	8%	1	1%	3	3%	8	6%
wounds n.o.s.	7	1%	0	0%	0	0%	1	1%	0	0%
eczema n.o.s.	15	1%	3	3%	1	1%	3	3%	3	2%
dermatomycosis	25	2%	2	2%	5	7%	0	0%	4	3%
Impetigo/furunculosis	3	0%	0	0%	1	1%	0	0%	0	0%
scabies	6	1%	0	0%	0	0%	1	1%	1	1%
Tinea Capitis	26	2%	2	2%	1	1%	1	1%	4	3%
wounds infected,	3	0%	1	1%	1	1%	0	0%	0	0%
Burn wound fresh	1	0%	0	0%	0	0%	0	0%	0	0%
Skin other (psoriasis etc)	17	2%	2	2%	3	4%	0	0%	2	1%
psychomotoric retardation	2	0%	1	1%	0	0%	0	0%	0	0%
hypertonia	1	0%	0	0%	0	0%	0	0%	0	0%
epilepsy / convulsions	2	0%	0	0%	0	0%	1	1%	0	0%
migraine/headache	8	1%	0	0%	1	1%	0	0%	3	2%
Neuromusc other	1	0%	0	0%	0	0%	1	1%	0	0%
physiological murmer	3	0%	0	0%	0	0%	0	0%	0	0%
pathological murmur (suspected)	1	0%	0	0%	0	0%	1	1%	0	0%
Cardio other	0	0%	0	0%	0	0%	0	0%		
refractory problem	7	1%	0	0%	1	1%	2	2%	3	2%
strabismus	2	0%	1	1%	0	0%	0	0%	0	0%
keratoconjunctivitis	12	1%	0	0%	2	3%	4	4%	2	1%
eye other	10	1%	0	0%	0	0%	1	1%	2	1%
Sickle Cell	1	0%	0	0%	0	0%	0	0%	0	0%
Obesitas	4	0%	0	0%	0	0%	0	0%	0	0%

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
gyn other	1	0%	0	0%	0	0%	0	0%	0	0%
hernia(umbilical etc)	3	0%	1	1%	0	0%	2	2%	0	0%
abdomen other	2	0%	0	0%	1	1%	1	1%	0	0%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
Underweight	8	5%	13	7%	11	5%	1	1%
Stunting	6	4%	3	2%	1	0%	4	4%
Wasting	4	3%	3	2%	9	4%	1	1%
Anaemia	33	23%	38	20%	59	29%	33	29%
HIV pos.	0	0%	0	0%	0	0%	0	0%
Malaria (suspected)	0	0%	0	0%	1	0%	0	0%
vitamin deficit (clinical signs)	0	0%	0	0%	1	0%	0	0%
Malaria (confirmed)	0	0%	0	0%	1	0%	0	0%
syndrome n.o.s.	0	0%	0	0%	0	0%	0	0%
pneumonia (clinical)	0	0%	2	1%	0	0%	0	0%
pneumonia (X-ray confirmed)	0	0%	0	0%	0	0%	0	0%
bronchitis	0	0%	1	1%	1	0%	0	0%
BHR/asthma	0	0%	1	1%	2	1%	0	0%
gardia (suspected)	1	1%	0	0%	0	0%	0	0%
dysenteria	0	0%	0	0%	0	0%	1	1%
dehydration : acute diarrhoea	0	0%	1	1%	0	0%	0	0%
dehydration : chronic diarrhoea	2	1%	0	0%	0	0%	0	0%
diarrhoea without dehydration	1	1%	0	0%	0	0%	0	0%
constipation	0	0%	2	1%	1	0%	1	1%
active worm infection	3	2%	1	1%	1	0%	4	4%
GI other								
otitis media acuta	0	0%	0	0%	0	0%	1	1%
otitis media with effusion	0	0%	0	0%	1	0%	0	0%
otitis externa	1	1%	1	1%	9	4%	0	0%
(adeno)tonsillitis	1	1%	0	0%	0	0%	0	0%
hearing impairment	0	0%	0	0%	0	0%	0	0%
other	0	0%	0	0%	0	0%	0	0%
cariës n.o.s.	19	13%	28	14%	48	24%	24	21%
pain n.o.s	0	0%	2	1%	1	0%	0	0%
fluorosis	19	13%	19	10%	41	20%	1	1%
Teeth inspection	0	0%	0	0%	1	0%	0	0%
caries with pain	5	3%	11	6%	12	6%	15	13%
wounds n.o.s.	2	1%	2	1%	1	0%	1	1%
eczema n.o.s.	0	0%	0	0%	4	2%	1	1%
dermatomycosis	1	1%	7	4%	5	2%	1	1%
Impetigo/furunculosis	1	1%	1	1%	0	0%	0	0%
scabies	1	1%	2	1%	1	0%	0	0%
Tinea Capitis	7	5%	2	1%	8	4%	1	1%
wounds infected,	0	0%	0	0%	1	0%	0	0%
Burn wound fresh	0	0%	1	1%	0	0%	0	0%
Skin other (psoriasis etc)	4	3%	6	3%	0	0%	0	0%
psychomotoric retardation	0	0%	1	1%	0	0%	0	0%
hypertonia	0	0%	0	0%	0	0%	1	1%
epilepsy / convulsions	0	0%	0	0%	0	0%	1	1%
migraine/headache	0	0%	4	2%	0	0%	0	0%
Neuromusc other								
physiological murmer	0	0%	0	0%	1	0%	2	2%
pathological murmur (suspected)	0	0%	0	0%	0	0%	0	0%
Cardio other								
refractory problem	1	1%	0	0%	0	0%	0	0%
strabismus	1	1%	0	0%	0	0%	0	0%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
keratoconjunctivitis	1	1%	0	0%	3	1%	0	0%
eye other	2	1%	4	2%	1	0%	0	0%
Sickle Cell	0	0%	0	0%	0	0%	1	1%
Obesitas	0	0%	1	1%	2	1%	1	1%
gyn other	0	0%	0	0%	1	0%	0	0%
hernia(umbilical etc)	0	0%	0	0%	0	0%	0	0%
abdomen other	0	0%	0	0%	0	0%	0	0%

Table 11: Treatment among all children per geographical location

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
ferro	221	21%	24	23%	19	26%	10	11%	22	16%
mother iron	14	1%	4	4%	1	1%	0	0%	1	1%
multivitamins	81	8%	14	13%	2	3%	9	10%	14	10%
anti-worm	765	72%	79	75%	66	92%	7	8%	20	15%
acute worm	16	2%	1	1%	0	0%	0	0%	2	1%
anti-scabies	3	0%	1	1%	0	0%	0	0%	1	1%
scabies soap	1	0%	1	1%	0	0%	0	0%	0	0%
amoxicillin	11	1%	2	2%	1	1%	0	0%	2	1%
augmentin	1	0%	0	0%	0	0%	0	0%	1	1%
paracetamol	9	1%	2	2%	1	1%	1	1%	4	3%
metranidazol	5	0%	0	0%	0	0%	0	0%	0	0%
co-trimoxazol	3	0%	0	0%	1	1%	0	0%	1	1%
ORS	2	0%	0	0%	1	1%	0	0%	0	0%
eardrops	13	1%	2	2%	0	0%	1	1%	0	0%
hydrocortisone cream	3	0%	0	0%	0	0%	0	0%	2	1%
dactarin cream	21	2%	3	3%	4	6%	0	0%	3	2%
dactacort cream	3	0%	1	1%	0	0%	0	0%	1	1%
fusidin cream	7	1%	1	1%	2	3%	0	0%	0	0%
neutral cream	19	2%	5	5%	2	3%	3	3%	3	2%
griseofulvine	9	1%	0	0%	1	1%	0	0%	2	1%
eyedrops	14	1%	0	0%	2	3%	3	3%	2	1%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
ferro	28	19%	36	19%	51	25%	31	28%
mother iron	2	1%	2	1%	3	1%	1	1%
multivitamins	11	8%	4	2%	19	9%	8	7%
anti-worm	132	90%	181	93%	180	89%	100	89%
acute worm	5	3%	1	1%	4	2%	3	3%
anti-scabies	0	0%	0	0%	1	0%	0	0%
scabies soap	0	0%	0	0%	0	0%	0	0%
amoxicillin	1	1%	3	2%	1	0%	1	1%
augmentin	0	0%	0	0%	0	0%	0	0%
paracetamol	1	1%	0	0%	0	0%	0	0%
metranidazol	5	3%	0	0%	0	0%	0	0%
co-trimoxazol	0	0%	0	0%	0	0%	1	1%
ORS	0	0%	1	1%	0	0%	0	0%
eardrops	1	1%	1	1%	8	4%	0	0%
hydrocortisone cream	0	0%	0	0%	1	0%	0	0%
dactarin cream	1	1%	4	2%	5	2%	1	1%
dactacort cream	0	0%	1	1%	0	0%	0	0%
fusidin cream	2	1%	1	1%	1	0%	0	0%
neutral cream	1	1%	1	1%	3	1%	1	1%
griseofulvine	4	3%	1	1%	1	0%	0	0%
eyedrops	1	1%	2	1%	4	2%	0	0%

Table 12: Follow-up of all children per geographical location

	Total		Amani		Jambo		Makarios home		Makarios school	
	1061		Total= 106		Total= 72		Total= 91		Total= 137	
	N	%	n	%	n	%	n	%	n	%
Dentist	57	5%	3	3%	1	1%	3	3%	10	7%
Specialist in hospital	1	0%	1	1%	0	0%	0	0%	0	0%
Revisit	5	0%	0	0%	2	3%	0	0%	0	0%
Social program	4	0%	1	1%	0	0%	0	0%	1	1%
Diagnostics (HIV/Malaria)	4	0%	0	0%	3	4%	0	0%	0	0%

	Muruguru		Nduduini		St Clements		St George	
	Total= 146		Total= 194		Total= 203		Total= 112	
	n	%	n	%	n	%	n	%
Dentist	4	3%	8	4%	12	6%	16	14%
Specialist in hospital	0	0%	0	0%	0	0%	0	0%
Revisit	0	0%	1	1%	2	1%	0	0%
Social program	0	0%	0	0%	1	0%	1	1%
Diagnostics (HIV/Malaria)	0	0%	0	0%	0	0%	1	1%