Medical Checks for Children

Medical Rapport Kenya West 2025

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Introduction

From March the 3 th untill March the 10th 2025 a Medical Checks for Children (MCC) team visited locations near Kisumu and Eldoret in western Kenya. Free of cost, the MCC team checked and treated 936 children aged newborn untill 13 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 Tasos and the Sophia 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 Kenia West near the cities of Kisumi at Lake Victoria and near Eldoret. The team visited Kesengei Nusery & Primeray at Kesengei; Kalamai Bay Nursery, Kimerek Nursery at Kimarek; St Peter's Kapkechui at Chipita. We visited the nuns at the new life home and added Beruham Home as did not visit the remand home as there were only older children and we were not allowed to visit the woman's prison this year after a hopefull visit in 2024 but unfortunately management changed again.
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

Locations	**04-03-25**	**05-03-25**	**06-03-25**	**07-03-25**	**08-03-25**	**09-03-25**	**Total**
Beruham	0	0	0	0	109	2	111
Holy Family	0	0	0	0	0	68	68
Kamalabei	0	197	0	0	0	0	197
Kesengei	0	0	151	0	0	0	151
Kimarek	168	0	0	0	0	0	168
New Life	0	0	0	0	1	18	19
St Peters	0	0	0	221	1	0	222
Total	**168**	**197**	**151**	**221**	**111**	**88**	**936**

Table 2: Number. age and gender distribution of the 1010 checked children at the different locations

	Total		**Beruham**		**Holy Family**		**Kamalabei**	
	936		**Total= 111**		**Total= 68**		**Total= 197**	
Age	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<=1 year	79	8%	4	4%	14	21%	10	5%
>1 en <5 years	222	24%	7	6%	22	32%	60	30%
<5 years	291	31%	10	9%	33	49%	70	36%
>=5 en <=10 years	548	59%	37	33%	30	44%	127	64%
>10 years	97	10%	64	58%	5	7%	0	0%
Gender								
Boy	491	52%	73	66%	16	24%	92	47%
Girl	444	47%	38	34%	52	76%	105	53%

	Kesengei		**Kimarek**		**New Life**		**St Peters**	
	Total= 151		**Total= 168**		**Total= 19**		**Total= 222**	
Age	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<=1 year	8	5%	12	7%	18	95%	13	6%
>1 en <5 years	45	30%	53	32%	2	11%	33	15%
<5 years	53	35%	62	37%	19	100%	44	20%
>=5 en <=10 years	95	63%	105	63%	0	0%	154	69%
>10 years	3	2%	1	1%	0	0%	24	11%
Gender								
Boy	79	52%	100	60%	11	58%	120	54%
Girl	72	48%	67	40%	8	42%	102	46%

This year we did try to we tried again to locate the old files of all the children which should have been seen earlier according to the school or according to the caretakers. Ofcourse this is also complicated due to human factors. We only managed to find files in 42% of the kids from previous years although more presumably we're seen.

1: <u>Growth abnormality and malnutrition:</u>

Overall data of growth abnormalities in the last years.

All locations	2022	2023	2024	2025
underweight	9%	16%	13%	11%
stunting	11%	13%	11%	12%
wasting	6%	7 %	9%	8%

Malnutrition has been related to poor cognitive and school performance. There is strong evidence to suggest that malnutrition places children under the age of 5 at increased risk for mortality. Malnutrition is thought to account for one third of all deaths of children under five years of age (UN Millennium Developmental Goals).

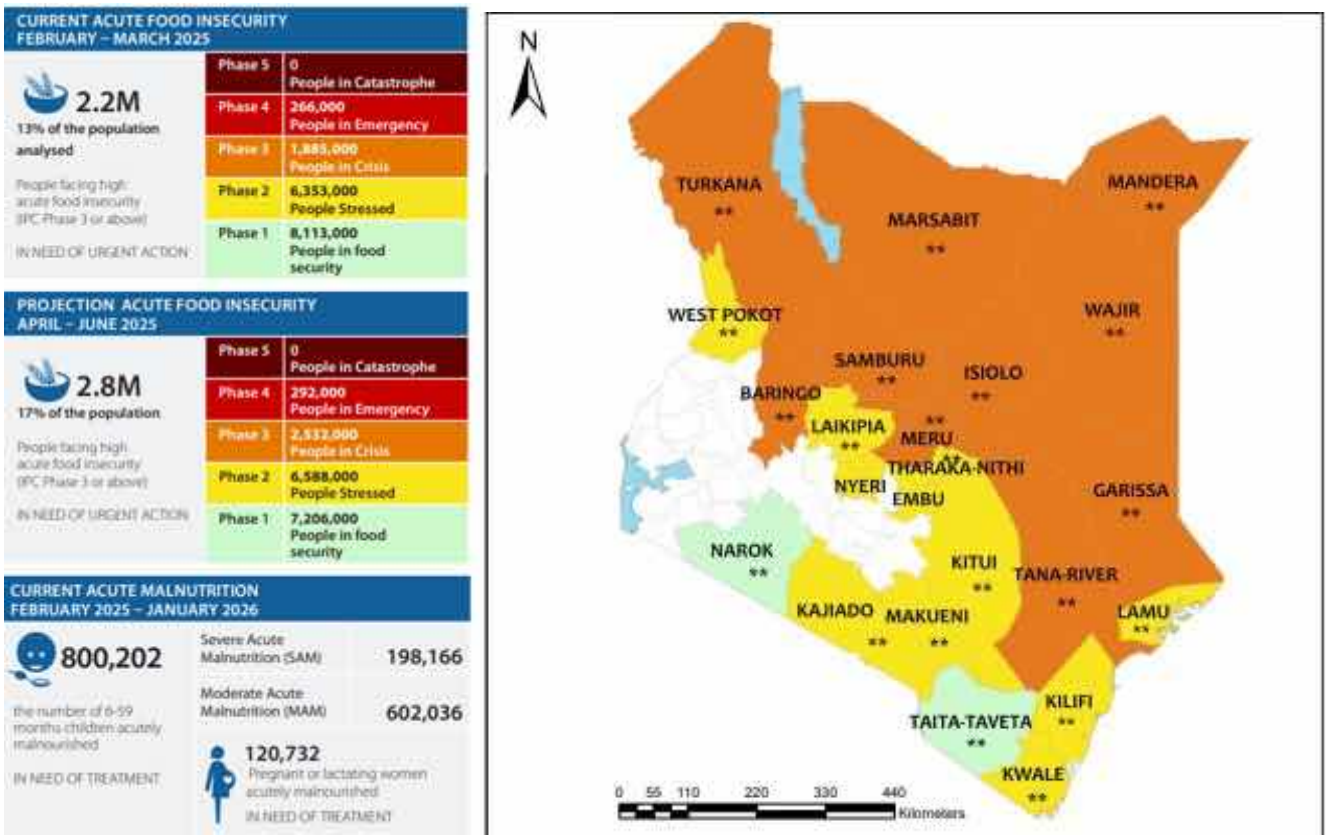
Percentages of growth retardation is correlated with poverty, malnutrition, living conditions, hygiene and the prevalence of chronic diseases.
The major causes of malnutrition are poor feeding practices and or lack of food inadequate childcare. Adequate food intake and education programs addressing nutrious food need to be provided.
Therefore, we assessed growth abnormalities, measuring and weighing all children in a standardized fashion, using the following criteria:

- Underweight = weight for age at or under the third percentile of the reference population (WHO growth curves), only children up to 10 years old. This is an indicator of malnutrition or weight loss because of disease.
- Stunting = height for age at or under the third percentile of the reference population, (WHO growth curves) only children up to 19 years of age. This is an indicator of chronic malnutrition.
- Wasting = weight for height at or under the third percentile of the reference population(WHO growth curves), only children up to 120 cm in height. This is an indicator of acute malnutrition.–Based on available data from Unicef (2017), prevalence of 11% for underweight, < 20% for stunting and < 5% for wasting in the Kisumu region were reported.

Analysis of the nutritional status shows significant differences among the locations visited (see table 4, 5 and six) Within the children assessed, it is unknown how many children have HIV related weight loss (wasting syndrome).

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.

The short rains fron October to December 2024, experienced a predominantly delayed onset, with rainfall beginning in the first dekad of November across several regions of the country. Certain areas in the Rift Valley and Western regions encountered a false onset, characterised by a prolonged dry spell following the initial rains.
The occurrence of flooding and flash floods significantly affected multiple livelihood clusters during the 2024 season. Furthermore, inundated pasturelands forced pastoralists to extend livestock grazing distances, resulting in increased stress within pastoral communities.
Documented conflicts, encompassing both human-wildlife interactions and resource-based disputes, were observed in various counties, predominantly impacting pastoral communities. These conflicts resulted in the loss of livestock and hindered farmers' access to their fields, consequently affecting agricultural production and overall productivity



ACUTE FOOD INSECURITY MAP AND POPULATION TABLE
APRIL – JUNE 2025

This diagramms show how malnutrition spreads. The SRA for Acute Malnutrition (AMN) estimates that 800,200 children aged 6 to 59 months are malnourished and in need of management and treatment The key contributing factors are a high burden of morbidity, suboptimal childcare and feeding practices, reduced access to health services due to limited funding, and low access to adequate and safe drinking water

Table 4 *Prevalence of Weight/age (Underweight) on or below P3 per GEOGRAPHICAL LOCATION by AGE and GENDER*

	Total		**Beruham**		**Holy Family**		**Kamalabei**	
	936		**Total= 111**		**Total= 68**		**Total= 197**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Underweight	99	11%	2	2%	21	31%	23	12%
No underweight	749	80%	54	49%	42	62%	174	88%
Unknown	87	9%	54	49%	5	7%	0	0%
Underweight children per age								
<=1 year	12	15%	WAAR	25%	6	43%	2	20%
>1 en <5 years	29	13%	0	0%	8	36%	4	7%
<5 years	40	14%	1	10%	13	39%	6	9%
>=5 en <=10 years	57	10%	0	0%	8	27%	17	13%
>10 years	2	13%	1	10%	0	0%	0	0%
Underweight children per gender								
Boy	45	45%	2	100%	6	29%	8	35%
Girl	54	55%	0	0%	15	71%	15	65%

	Kesengei		**Kimarek**		**New Life**		**St Peters**	
	Total= 151		**Total= 168**		**Total= 19**		**Total= 222**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Underweight	19	13%	19	11%	1	5%	14	7%
No underweight	132	87%	148	88%	18	95%	181	93%
Unknown	0	0%	1	1%	0		27	12%
Underweight children per age								
<=1 year	1	13%	0	0%	1	6%	1	8%
>1 en <5 years	9	20%	5	9%	0	0%	3	9%
<5 years	10	19%	5	8%	1	5%	4	9%
>=5 en <=10 years	9	9%	14	13%	0	0%	9	6%
>10 years	0	0%	0	0%	0	0%	1	50%
Underweight children per gender								
Boy	11	58%	11	58%	1	100%	6	6%
Girl	8	42%	8	42%	0	0%	8	9%

Table 5 Prevalence of Height/age (Stunting) on or below P3 per GEOGRAPHICAL LOCATION by AGE and GENDER

	Total		**Beruham**		**Holy Family**		**Kamalabei**	
	936		**Total= 111**		**Total= 68**		**Total= 197**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Stunting	109	12%	15	14%	25	37%	22	11%
No stunting	817	87%	93	84%	43	63%	175	89%
Unknown	9	1%	2	2%	0	0%	0	0%
Stunting children per age								
<=1 year	19	24%	1	25%	7	50%	2	20%
>1 en <5 years	39	18%	1	14%	12	55%	10	17%
<5 years	57	20%	2	20%	18	55%	12	17%
>=5 en <=10 years	35	6%	0	0%	6	20%	10	8%
>10 years	17	18%	13	21%	1	20%	0	0%
Stunting children per gender								
Boy	57	52%	12	80%	7	28%	10	45%
Girl	52	48%	3	20%	18	72%	12	55%

	Kesengei		Kimarek		New Life		St Peters	
	Total= 151		Total= 168		Total= 19		Total= 222	
	n	%	n	%	n	%	n	%
Stunting	16	11%	13	8%	4	21%	14	6%
No stunting	135	89%	153	91%	15	79%	203	94%
Unknown	0	0%	2	1%	0		5	2%
Stunting children per age								
<=1 year	1	13%	1	9%	4	22%	3	23%
>1 en <5 years	7	16%	5	9%	0	0%	4	12%
<5 years	8	15%	6	10%	4	21%	7	16%
>=5 en <=10 years	7	7%	7	7%	0	0%	5	3%
>10 years	1	33%	0	0%	0	0%	2	8%
Stunting children per gender								
Boy	10	63%	5	38%	4	100%	9	8%
Girl	6	38%	8	62%	0	0%	5	5%

Table 6 Prevalence of Weight/height (Wasting) on or below P3 per GEOGRAPHICAL LOCATION by AGE and GENDER

	Total		Beruham		Holy Family		Kamalabei	
	936		Total= 111		Total= 68		Total= 197	
	N	%	n	%	n	%	n	%
Wasting	77	8%	2	2%	17	25%	29	15%
No wasting	553	59%	24	22%	30	44%	156	79%
Unknown	305	33%	84	76%	21	31%	12	6%
Wasting children per age								
<=1 year	10	13%	0	0%	6	43%	1	10%
>1 en <5 years	16	7%	2	29%	7	32%	0	0%
<5 years	24	8%	2	20%	11	33%	1	1%
>=5 en <=10 years	53	16%	0	0%	6	43%	28	24%
>10 years	0	0%	0	0%	0	0%	0	0%
Wasting children per gender								
Boy	23	30%	1	50%	4	24%	7	24%
Girl	54	70%	1	50%	13	76%	22	76%

	Kesengei		Kimarek		New Life		St Peters	
	Total= 151		Total= 168		Total= 19		Total= 222	
	n	%	n	%	n	%	n	%
Wasting	17	11%	4	2%	0	0%	8	8%
No wasting	115	76%	116	69%	19	100%	93	92%
Unknown	19	13%	48	29%	0	0%	121	55%
Wasting children per age								
<=1 year	1	13%	0	0%	0	0%	2	15%
>1 en <5 years	4	9%	1	2%	0	0%	2	6%
<5 years	5	9%	1	2%	0	0%	4	9%
>=5 en <=10 years	12	16%	3	5%	0	0%	4	7%
>10 years	0	0%	0	0%	0	0%	0	0%
Wasting children per gender								
Boy	7	41%	0	0%	0	0%	4	7%
Girl	10	59%	4	100%	0	0%	4	9%

Over the years there seems to be a positive trend towards less growth disorders as also shown in the comparions table at the beginning of this subset. As always these conclusions must be made with the greatest of care as the population we see differs each year and only half of all children were seen in the previous year.

Of the all the small kids seen in the Holy Mary more than half had severe mulnutrition (37% stunting, 35% stunting in the last year). The reality of growing up in these conditions is harse and we do realize that interventions are problematic due to strict regulations and control.

During the medical check-ups of this year, we paid again attention to issues of hygiene and nutritional advise. For babies, we advised exclusive breastfeeding up to six months and then start with the introduction of additional foods. The Sophia foundation togehter with our team is providing milkpowder to help the smallest ones.

On the schools that are in the feeding programm of the SFFC, each month dry foods are given. Fruit and vegetables are locally purchased and depend on the availablity and the season. Also we know that if the schools accept more children as was the case in St.Peters the amount of food is divided between more children. Most of the children get their first meal of the day at school, 11 am porridge and somewhere around noon lunch. The amount of food the children receive at home for dinner could vary widely.

It is evident from these data that the children at the nunns and the children in western kenya are the vulnerable ones; at the nunns all of them are orphans with an unknow future after the become adults.

We do realize that our numbers show less severe malnutrition than other medical camps. Ofcourse there are location that we visit durig the years were the feeding programm results in better results. But everyyear in the newcommer classes we identify children, reach new parents and try to make a change. Also we aim to include new locations every year to include in the medical camp to extent the scope of interventions like health care education, deworming and establish a network were the kenyan side of the Sophia foundation can act like a best practise and advice on other topics (seeding, housing, cooking etc).

2: <u>Anaemia:</u>

Overall data of anaemia in the last years.

Overall	2017	2022	2023	2024	2025
Anaemia yes	45%	29%	25%	31%	32%
Hb < 5	1%	2%	1%	1%	1%

Anemia is the most prevalent micronutrient disorder in the world. Approximately one in four Kenyan children aged <15 y were described as anaemic, including 12% with WHO-defined moderate anaemia and 1% who were severely anaemic. Average haemoglobin concentrations increased with age and the risk of having anaemia decreased with age. However, one in five SAC in Kenya were suffering from anaemia; most were either mild (11.4%) or moderately (10.9%) anaemic (Okiro et all 2020). Targeting young children as part of nutritional and disease prevention strategies remains central to attempts to reduce the burden of anaemia.

While iron deficiency is frequently the primary factor contributing to anaemia, it is important to recognise that the control of anaemia requires a multi-faceted approach.
In addition to iron deficiency, infectious diseases such as worm infections, other chronic infections, particularly HIV-AIDS and tuberculosis, as well as other nutritional deficiencies, and as side effects of ART medication in HIV positive children.
It is unknown how many children with abdominal problems have iron deficiency anaemia and a coexisting H. pylori infection. From literature it is known that one should suspect an infection with H. pylori when the iron deficiency anaemia is refractory to iron administration.

This year the prevalence was stable compared to previous years with the highest incidence at the nunns (49%) and at the different locations in the remote areas in western kenya (kimarek 30%, kesengei 44%). This is as expected. As the babies at the nunns are orphans and often found at the garbage collection areas or dropped at the police station. Most babies here have medical problems. The areas in western kenya with the highest incidence are the most remote and poor and are prone to the foodinsecurities descriped earlier. Most children here when to go to school eat only at school.

Table 7: Prevalence of anaemia per geographical location by age and gender

	Total		**Beruham**		**Holy Family**		**Kamalabei**	
	936		**Total= 111**		**Total= 68**		**Total= 197**	
	N	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Anaemia	304	32%	29	26%	33	49%	48	24%
No anaemia	623	67%	80	72%	35	51%	145	74%
Unknown	9	1%	2	2%	0	0%	4	2%
Hb <5,0 mmol	7	1%	0	0%	0	0%	0	0%
Anaemia per age								
<=1 year	30	38%	0	0%	7	50%	5	50%
>1 en <5 years	79	36%	1	14%	9	41%	19	32%
<5 years	105	36%	1	10%	15	45%	24	34%
>=5 en <=10 years	167	30%	9	24%	14	47%	24	19%
>10 years	32	33%	19	30%	4	80%	0	0%
Anaemia per gender								
Boy	160	53%	22	76%	6	18%	22	46%
Girl	143	47%	7	24%	27	82%	26	54%

	Kesengei		**Kimarek**		**New Life**		**St Peters**	
	Total= 151		**Total= 168**		**Total= 19**		**Total= 222**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Anaemia	66	44%	50	30%	5	26%	73	33%
No anaemia	82	54%	118	70%	14	74%	149	67%
Unknown	3	2%	0	0%	0	0%	0	0%
Hb <5,0 mmol	0	0%	0	0%	0	0%	7	3%
Anaemia per age								
<=1 year	1	13%	5	42%	5	28%	7	54%
>1 en <5 years	20	44%	17	32%	1	50%	12	36%
<5 years	21	40%	21	34%	5	26%	18	41%
>=5 en <=10 years	42	44%	29	28%	0	0%	49	32%
>10 years	3	100%	0	0%	0	0%	6	25%
Anaemia per gender								
Boy	40	61%	29	58%	1	20%	40	33%
Girl	26	39%	20	40%	4	80%	33	32%

We treated the children with anaemia (and their mothers if they were breast fed) with supplements for three months. If we suspected a vitamin deficiet and/or a infection we gave multivitamins instead of iron supplements.

3: <u>Worm treatment:</u>

Overall data of profylactic antiwormtreatment for all locations in the last 3 years.

All acations profylaxis	2020	2022	2023	2024	2025
Worm treatment: yes	2%	65%	3%	67%	83%
Worm treatment: no	98%	35%	97%	33%	17%

A strong relationship exists between a Helminth, an Ascaris Lumbricoides, a Hookworm, a Taenia Trichiura or Saginata (tapeworm) infection and anaemia. In studies Ascaris prevalence percentage is 19.3% and hookworm 7.6%. The incidence/prevalence of Taenia Saginata (tape worm) is not known.
In the last years a de-worming program was established in Kenya where there is a high prevalence of these infections in (school-aged) children yet. Official data show a coverage of this de-worming program of 80%.

If there was a clinical supsicion of an active worm infection or anemnestic clues of a gardia infection, children where treated either with albendazol for na active worm infection or with a course of metronidazol for a suspected gardia infection. We did not treat children below 2 years with profylactic antiwormtreatment following the international guidelines on the subject.

The clinical diagnosis of worm related ilnesses remains a clinical challenge as most children do their need in lantrine pits that are dark and parents usually do not check the stool.

This year the distribution of conducted by the Sophia foundation during there routine visits to the areas which showed results! The half yearly deworming has been adopted bij the Sophia Foundation in all the schools were there is a foodprogramm. We try to deliver it also to the other locations and urge people in charge of the different locations to connect to the offical programm when it is distributed. Unfortunately the goverment officals do not supply it every half year to all locations and remote areas are easily passed by when supplies are low.

Health education on the spot was aimed at increasing awareness of worm transmission, the divers problems caused by intestinal helminth and the importance of bi-annual de-worming every six months. At all the visited schools we tried to explain to the teachers and people in charge why this deworming is so important for the children.

4: Pneumonia: (17/936 1% vs, 2% the year before) (see table appendix)
"Pneumonia", "coughing", "fast/difficult breathing", "chest indrawing" and "inability to suck milk" are the key words used by care-takers indicating a (severe) ARI (fever with tachypnoe).
The children with a acute respiratory infection (ARI) were treated with appropriate antimicrobials and home treatment advice. We saw a few children with astma/bronchitis. If needed these children were treated with ventolin on the spot and were given instructions about the use of inhalers. In most of these cases we arranged a home visit by the Sophia foundation to check the situatione (cooking inside etc) and monitor if the inhaltions are used corretly. Also we saw some children from last year with astma who were put on inhalors and were doing really well!

5: Cardial problems: (19/936, 2%) (see table appendix)
Mitral regurgitation or ventricular atrial septal defects being the most common heart problems in the third world. For this condition no treatment is available although a good dental situation is essential for a healthy live.

The MCC carrousel includes a cardial examination. We suspected 14 children of having a new pathological heart murmur. All the new and old cardiac kids together with their caretakers received extra information about their conditions. The children and their care takers were stressed on teeth brushing procedures. Besides this, they were told to give their child antibiotics when going to a dentist for a teeth extraction. These children were transferred to the Coptic Hospital in Nairobi with a clinical suspicion of severe congenital defect. If necessary we will provide costs for treatment. We did a follow up for all the cardiac children from previous years. One who had cardiac sugery last year is doing really well! We were all happy to see him again at the medical carroussel.

6: Skin diseases: (147/936 16%)(see table 1of the appendix)
This year we saw 116 children with dermatomycoses including tinea capititis. And still this could be underscored as we only treat tinea capitis with systemic treatment in case of severe disease (> 50% of head affected, or severe superinfections or growth disorders). We saw only a few children with active scabies and lice.

We accept a certain degree of underscoring. As tinea capitis is widespread in the schools due to transmission of the fungus bij razorblade and other factors, we only reported and treated the serious cases. Mild forms of any kind of skin disease were not reporterd on the form.

Antifungal cream (eventually in combination with hydrocortison) was given for fungal infections (dermatomycosis) and hydrocortison crème was given for different forms of skin disorders. We did treat the children with severe or infected forms of tinea capitis with griseofulvin.

The reported incidence of skin related problems is on the rise and shows annual fluctation. Ofcourse skindisorders are multifactorial and it's difficult to give a general conclusion. Ofcourse fungal disease due to local practises in shaving is common and difficult to tackle as it is part of schoolpollicies and local believes.

Girls joining Form 1 forced to shave heads at Kereri School, Kisii

The school is said to have a policy requiring all students to shave their hair.

In Summary

- The Star has learnt that learners who had long hair had to be attended to by the standby barbers who were set for the windfall.
- The school is said to have a policy requiring all students to shave their hair.

A barber shaving a Form One student at Kereri Girls in Kisii County on Monday, February 26,2023.

Learners joining Kereri Girls in Kisii have been required to shave their heads before admission

MOST POPU

1 Break When co News

2 Kisumu for wate News

3 Fraud, t arraigne

7: Dental: (caries not otherwise specified: 154 /936, 16%; painful caries: 92/936, 10%)

In general a moderate caries prevalence was found. This year we had again a MCC dentist with us. In general he examined the children in the waiting row if possible for screening and performed preventive dental care in case of serious pain or severe caries with fillings and if necessary extrations. Cosmectic or definitive dental care is not performed. Beside screening and preventive treatment, dental health education was given to all the caretakers and teachers who attended this part of our carroussel.

The dentist also provided 'bedside teaching'in the medical caroussel aimed at identifying serioius dental problems and teaching health care professionals about the oral examination and oral healt. This was highly appreciated

7. Education

At the last station of the medical carroussel local volunteers gave out toothbrushes and educated the children and their caretakers in teethbrushing.

We as MCC provided education, instruction folders, brush posters and tooth brushes for the schools. The folders and posters were based on the program developed by NOSH.

Further recommendations

Deworming

This year most children of the SSFC schools did receive the antiworm tablet and in september the tablets wil be distributed again! Unfortunately, the outreach from the govermental programm still appears to differ greatly between locations and in time. This resulted in a 67% rate of coverage in the cecked children; we wil still aim to reach the maximum in all the locations we vitis!

We are gratefull for the Sophia Foundation for taking the lead.
In the locations that are not included, we left tablet for after 6 months and will provide more in 2024.
We will monitor the effect and try to establish a cost effective buying programm and hope to include the govermental programm if possible.

Nutrition

The incidence of growth disorders seems to be on the rise due to factors discussed earlier when we compare the results to the results of the last years. Like discussed during the medical camp the young

newcommers in the nursery and baby classes seem to have a poor nutrutional state when entering the school. During the years they will benefit the most from the feeding programm.
We would encourange SFFC to proceed with the food programmes at the schools and nurseries. The new locations we visited have the hightest incidence of malnutrion. As the caretakers there also told us during our visit there is a constant need for funds and foods. Ofcourse we do understand the Sophia Foundation can not start foodprogrammes easily but if these locations are a stable partner also next year and we do want to help them to make a change for their vulnarable children their needs are bigger than a medical camp.

There is a need for further education about nutrition and healthy living for teachers and health workers. At the moment the Sophia Foundation has children who finished highschool and are training for nurses, healtcare workers, midwive and even medicine. We urged them ot use the specific knowledge if these former home residents to in educating the locations that we visit. And if possible see if there could be a way they can make a living in also giving something back. The children in the medical camps do respect the local staff of the Sophia and we are sure the can be a big asset in futher health education and empowerment.

Cardiac problems

Every year we see children with suspected pathological heartproblems. In Kenya there is not any govermental programm for these needy children and the cost of medication and operations fall to their parents.

This year we did see an uprise in expected pathological murmurs. In the Nairobi missien 2024 we used pocus ultrasound which reduced the number of necessary referalls. We will monitor in 2025.

For all the children with possible chronic problems we should explore if insurance will pay for the need medication, hospital visits etc.

Skin disorders
Fungal infections of the head are still common. In general we see a lot of children with dirty skin due to poor hygenic conditions. This poses a risk for getting skin infections. We do know that water is a problem but should stress that children should clean dirty wounds with water to prevent more serious infections.

Teeth

During the years we've seen a lot of children with dental problems. The last dental camp in Western Kenya has been some years ago. This year we did not have a dentist with us and might have underscored dental problems as a result. Of all the children we checked we only scored caries in 1/4tht of them. Caries with pain was almost not scored at all. We did spent in dental education also using our new promotion material from Aisha & friends which was very well received!

Health and Hygiene

In general we notice that knowledge about what is good health and hygiene among children, caretakes and sometimes even teachers is little.

We are gratefull for all the new education material that we can use that resonates with the children.

Last words:

Thanks to the amazing support from the Sophia Foundation we were able to give a lot of children their share of medical care and personal attention. We all felt to be part of one big team and all teammembers expressed the wish to come back again next year.

Appendix A Disease prevalence among all children per geographical location

	Total		Beruham		Holy Family		Kamalabei	
	936		Total= 111		Total= 68		Total= 197	
	N	%	n	%	n	%	n	%
Underweight	99	11%	2	2%	21	31%	23	12%
Stunting	109	12%	15	14%	25	37%	22	11%
Wasting	77	8%	2	2%	17	25%	29	15%
Anaemia	304	32%	29	26%	33	49%	48	24%
HIV pos.	7	1%	2	2%	0	0%	0	0%
AIDS	2	0%	0	0%	0	0%	1	1%
Malaria (suspected)	1	0%	0	0%	0	0%	0	0%
vitamin deficit (clinical signs)	1	0%	0	0%	0	0%	0	0%
Bilharzia	1	0%	0	0%	0	0%	0	0%
pneumonia (clinical)	14	1%	0	0%	0	0%	8	4%
bronchitis	2	0%	0	0%	0	0%	0	0%
BHR/asthma	1	0%	0	0%	0	0%	0	0%
gardia (suspected)	1	0%	0	0%	0	0%	0	0%
dysenteria	1	0%	0	0%	0	0%	0	0%
diarrhoea without dehydration	4	0%	1	1%	0	0%	1	1%
active worm infection	1	0%	0	0%	0	0%	0	0%
GI other	2	0%	1	1%	1	1%	0	0%
otitis media with effusion	1	0%	0	0%	0	0%	0	0%
otitis externa	3	0%	0	0%	0	0%	0	0%
candida stomatitis	4	0%	1	1%	0	0%	0	0%
cariës n.o.s.	154	16%	15	14%	14	21%	30	15%
pain n.o.s	6	1%	3	3%	0	0%	0	0%
fluorosis	13	1%	3	3%	1	1%	0	0%
filling	68	7%	9	8%	5	7%	10	5%
extraction	26	3%	6	5%	0	0%	3	2%
caries with pain	92	10%	15	14%	8	12%	15	8%
Inspection	23	2%	2	2%	10	15%	0	0%
wounds n.o.s.	6	1%	1	1%	0	0%	1	1%
eczema n.o.s.	2	0%	0	0%	0	0%	0	0%
dermatomycosis	25	3%	1	1%	0	0%	12	6%
Impetigo/furunculosis	6	1%	2	2%	0	0%	0	0%
scabies	10	1%	0	0%	0	0%	7	4%
Tinea Capitis	85	9%	11	10%	12	18%	23	12%
wounds infected,	4	0%	1	1%	0	0%	0	0%
Skin other (psoriasis etc)	9	1%	3	3%	1	1%	1	1%
psychomotoric retardation	9	1%	0	0%	1	1%	1	1%
epilepsy / convulsions	1	0%	0	0%	0	0%	0	0%
physiological murmer	14	1%	3	3%	2	3%	0	0%
pathological murmur (suspected)	4	0%	0	0%	0	0%	1	1%
Cardio other	1	0%	0	0%	0	0%	1	1%
refractory problem	2	0%	1	1%	0	0%	1	1%
keratoconjunctivitis	12	1%	4	4%	0	0%	1	1%
amblyopia	1	0%	0	0%	0	0%	1	1%
eye other	4	0%	1	1%	0	0%	3	2%
cryptorchism	2	0%	1	1%	0	0%	1	1%
inguinal hernia	1	0%	0	0%	0	0%	1	1%
urogen other	1	0%	0	0%	0	0%	0	0%
chronic kidney path.	1	0%	1	1%	0	0%	0	0%
old fracture	1	0%	0	0%	0	0%	1	1%
skeletal other	1	0%	1	1%	0	0%	0	0%
hernia(umbilical etc)	3	0%	0	0%	0	0%	0	0%

	Kesengei		Kimarek		New Life		St Peters	
	Total= 151		Total= 168		Total= 19		Total= 222	
	n	%	n	%	n	%	n	%
Underweight	19	13%	19	11%	1	5%	14	6%
Stunting	16	11%	13	8%	4	21%	14	6%
Wasting	17	11%	4	2%	0	0%	8	4%
Anaemia	66	44%	50	30%	5	26%	73	33%
HIV pos.	3	2%	2	1%	0	0%	0	0%
AIDS	0	0%	0	0%	0	0%	1	0%
Malaria (suspected)	0	0%	1	1%	0	0%	0	0%
vitamin deficit (clinical signs)	1	1%	0	0%	0	0%	0	0%
Bilharzia	0	0%	0	0%	0	0%	1	0%
pneumonia (clinical)	4	3%	1	1%	0	0%	1	0%
bronchitis	0	0%	1	1%	1	5%	0	0%
BHR/asthma	0	0%	0	0%	0	0%	1	0%
gardia (suspected)	0	0%	0	0%	0	0%	1	0%
dysenteria	0	0%	0	0%	0	0%	1	0%
diarrhoea without dehydration	0	0%	0	0%	0	0%	2	1%
active worm infection	0	0%	1	1%	0	0%	0	0%
GI other	0	0%						
otitis media with effusion	0	0%	0	0%	0	0%	1	0%
otitis externa	0	0%	1	1%	0	0%	2	1%
candida stomatitis	1	1%	1	1%	0	0%	1	0%
cariës n.o.s.	28	19%	30	18%	0	0%	37	17%
pain n.o.s	0	0%	2	1%	0	0%	1	0%
fluorosis	0	0%	4	2%	1	5%	4	2%
filling temporary teeth	16	11%	18	11%	0	0%	10	5%
Teeth inspection	1	1%	6	4%	0	0%	10	5%
caries with pain	15	10%	10	6%	0	0%	29	13%
Inspection	0	0%	0	0%	0	0%	11	5%
wounds n.o.s.	2	1%	2	1%	0	0%	0	0%
eczema n.o.s.	0	0%	0	0%	1	5%	1	0%
dermatomycosis	8	5%	4	2%	0	0%	0	0%
Impetigo/furunculosis	0	0%	1	1%	1	5%	2	1%
scabies	2	1%	0	0%	0	0%	1	0%
Tinea Capitis	8	5%	6	4%	0	0%	25	11%
wounds infected,	1	1%	1	1%	1	5%	0	0%
Skin other (psoriasis etc)	1	1%	2	1%	0	0%	1	0%
psychomotoric retardation	4	3%	2	1%	1	5%	0	0%
epilepsy / convulsions	1	1%	0	0%	0	0%	0	0%
physiological murmer	4	3%	1	1%	0	0%	4	2%
pathological murmur (suspected)	0	0%	1	1%	0	0%	2	1%
Cardio other								
refractory problem	0	0%	0	0%	0	0%	0	0%
keratoconjunctivitis	0	0%	0	0%	0	0%	7	3%
amblyopia	0	0%	0	0%	0	0%	0	0%
eye other	0	0%	0	0%	0	0%	0	0%
cryptorchism	0	0%	0	0%	0	0%	0	0%
inguinal hernia	0	0%	0	0%	0	0%	0	0%
urogen other	0	0%	1	1%	0	0%	0	0%
chronic kidney path.	0	0%	0	0%	0	0%	0	0%
old fracture	0	0%	0	0%	0	0%	0	0%
skeletal other	0	0%	0	0%	0	0%	0	0%
hernia(umbilical etc)	1	1%	0	0%	0	0%	2	1%

Appendix C: Treatment among all children per geographical location

	Total		Beruham		Holy Family		Kamalabei	
	936		Total= 111		Total= 68		Total= 197	
	N	%	n	%	n	%	n	%
ferro	188	20%	23	21%	18	26%	23	12%
mother iron	10	1%	0	0%	0	0%	4	2%
multivitamins	213	23%	16	14%	30	44%	58	29%
anti-worm	54	6%	1	1%	0	0%	8	4%
acute worm	2	0%	0	0%	0	0%	0	0%
anti-scabies	8	1%	0	0%	0	0%	7	4%
praziquantel	1	0%	0	0%	0	0%	0	0%
scabies soap	5	1%	0	0%	0	0%	2	1%
amoxicillin	14	1%	0	0%	0	0%	4	2%
augmentin	1	0%	0	0%	0	0%	1	1%
2e lijns antibiotica	5	1%	0	0%	0	0%	5	3%
malaria treatment	1	0%	0	0%	0	0%	0	0%
paracetamol	2	0%	0	0%	0	0%	0	0%
metranidazol	2	0%	0	0%	0	0%	0	0%
co-trimoxazol	1	0%	0	0%	0	0%	0	0%
eardrops	5	1%	0	0%	0	0%	1	1%
nystatine	6	1%	1	1%	0	0%	1	1%
hydrocortisone cream	7	1%	0	0%	0	0%	6	3%
dactarin cream	10	1%	1	1%	0	0%	2	1%
dactacort cream	1	0%	0	0%	0	0%	1	1%
iodine	2	0%	1	1%	0	0%	1	1%
fusidin cream	13	1%	3	3%	0	0%	1	1%
neutral cream	8	1%	2	2%	2	3%	1	1%
griseofulvine	4	0%	0	0%	0	0%	0	0%
eyedrops	11	1%	4	4%	0	0%	1	1%

	Kesengei		Kimarek		New Life		St Peters	
	Total= 151		Total= 168		Total= 19		Total= 222	
	n	%	n	%	n	%	n	%
ferro	35	23%	33	20%	5	26%	51	23%
mother iron	0	0%	3	2%	0	0%	3	1%
multivitamins	40	26%	31	18%	1	5%	37	17%
anti-worm	16	11%	8	5%	1	5%	20	9%
acute worm	0	0%	0	0%	0	0%	2	1%
anti-scabies	1	1%	0	0%	0	0%	0	0%
praziquantel	0	0%	0	0%	0	0%	1	0%
scabies soap	2	1%	0	0%	0	0%	1	0%
amoxicillin	4	3%	2	1%	1	5%	3	1%
augmentin	0	0%	0	0%	0	0%	0	0%
2e lijns antibiotica	0	0%	0	0%	0	0%	0	0%
malaria treatment	0	0%	0	0%	0	0%	1	0%
paracetamol	0	0%	0	0%	0	0%	2	1%
metranidazol	0	0%	1	1%	0	0%	1	0%
co-trimoxazol	0	0%	1	1%	0	0%	0	0%
eardrops	0	0%	1	1%	0	0%	3	1%
nystatine	1	1%	2	1%	0	0%	1	0%
hydrocortisone cream	0	0%	0	0%	0	0%	1	0%
dactarin cream	4	3%	3	2%	0	0%	0	0%
dactacort cream	0	0%	0	0%	0	0%	0	0%
iodine	0	0%	0	0%	0	0%	0	0%
fusidin cream	3	2%	2	1%	1	5%	3	1%
neutral cream	0	0%	0	0%	1	5%	2	1%
griseofulvine	0	0%	0	0%	0	0%	4	2%
eyedrops	0	0%	0	0%	0	0%	6	3%

Appendix D Follow up

	Total		Beruham		Holy Family		Kamalabei	
	936		Tota l= 111		Total= 68		Total= 197	
	N	%	n	%	n	%	n	%
Dentist	190	20%	37	33%	15	22%	38	19 %
Specialist in hospital	5	1%	1	1%	0	0%	1	1%
Revisit	20	2%	3	3%	0	0%	3	2%
Social program	11	1%	0	0%	0	0%	1	1%
Bloodtest after 3 months	16	2%	0	0%	0	0%	1	1%
Other…	1	0%	0	0%	0	0%	0	0%

	Kesengei		Kimarek		New Life		St Peters	
	Total= 151		Total= 168		Total= 19		Total= 222	
	n	%	n	%	n	%	n	%
Dentist	26	17%	35	21%	0	0%	39	18%
Specialist in hospital	0	0%	2	1%	0	0%	1	0%
Revisit	4	3%	8	5%	0	0%	2	1%
Social program	3	2%	4	2%	0	0%	3	1%
Bloodtest after 3 months	2	1%	2	1%	0	0%	11	5%
Other…	1	1%	0	0%	0	0%	0	0%