

Medical Checks for Children

Medical Report Nepal SVSI 2025



Nadine van Dijk & Iris van de Gevel
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Introduction

From November 18th to November 24th 2025, Medical Checks for Children (MCC) performed a medical camp in Chitwan and Chepang hills for the fourth time. The MCC team checked and treated free of cost 1002 children in 6 days.

The medical checks were organized in close cooperation with Sapana Village Social Impact (SVSI). SVSI is a non-governmental organization which aims to serve vulnerable communities in Chitwan and Chepang hills through several projects, with a focus on education, health, women empowerment, income generation and environment conservation.

The cooperation with SVSI existed out of the following (amongst others):

- Arranging the medical license
- Announcement of the medical camp in the different villages.
- All contacts with hospital and the medical colleges in Bharatpur.
- Selection of translators/local helpers.
- Ordering medication listed by MCC
- Arrangements for food, drinks and lodging of the MCC team
- Give follow-up for the referred children: arranging hospital visits

The MCC team consisted of ten members from The Netherlands: Nadine van Dijk (medical-end-responsible and mission leader, emergency physician), Iris van de Gevel (organization-end-responsible, toxicologist), Melanie Maas (project leader), Sofieke de Haas (paediatric nurse), Suzanne van de Peppel (nursing teacher), Yvonne Bekker (general practitioner), Pomme Poppelaars (paediatrician in training), Saskia van Daalen (paediatrician) and Daniele de Jongh (youth doctor).

Technical equipment, medical supplies and toothbrushes were brought from the Netherlands by MCC team members. Medication was ordered by SVSI in Chitwan. Transport arrangements were made by Prakash Bhatta.

The aim of the mission is to make an inventory of the health situation of the children in several places in Chitwan and Chepang hills, treat the children if necessary and to advise SVSI on the future steps to take.

Medical Checks for Children on location:

During the free of costs medical checks, the children were checked following the MCC carousel:

1. Registration of the child
2. Measuring height and weight
3. Blood test (haemoglobin) and urine test and/or malaria test when indicated
4. Physical examination by a medical doctor
5. Giving medication (pharmacy)
6. Education on tooth brushing (a toothbrush was given to each child)
7. Enter children's files in data base.

Special attention was given to the transfer of knowledge on hygiene, nutritious food and dental care to the children and parents by use of the information provided by Aisha and Friends (www.aishaandfriends.com).

Results Medical Camp in Oyam District

During the third medical camp in Chitwan and Chepang hills MCC saw in total 1000 children from different locations. Most important findings are described below, and detailed tables of the findings are given in Annex A.

Table 1: Number of checked children per day and geographical location

Location	19-11-25	20-11-25	21-11-25	22-11-25	23-11-25	24-11-25	Total
Siddi	214	162	0	0	0	0	376
Kaule	0	0	132	263	0	0	395
Hattibang	0	0	0	0	182	0	182
Sapana school	0	0	0	0	0	49	49
Total	214	162	132	263	182	49	1002



Children and caretakers of multiple villages visited the medical camp, which were grouped into 4 locations.

In the announcement of the medical children of age below 12 years were invited to come with their caretakers. Of the 1002 children, 32% was below the age of 5 years, 61% of the children was between 5 and 10 years of age, and 7% was above 10 years old. Children below 5 years of age are considered to benefit most from a medical camp, so we were happy to see these young children and their parents visit the MCC medical camp (97% of the children was accompanied by a parent).

Table 2: Summary of checked children per geographical location, age and gender

	Total		Siddi		Kaule		Hattibang		Sapana school	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
Age	N	%	n	%	n	%	n	%	n	%
<=1 year	95	9%	25	7%	50	13%	19	10%	1	2%
>1 and <5 years	223	22%	72	19%	88	22%	45	25%	18	37%
<5 years	318	32%	97	26%	138	35%	64	35%	19	39%
>=5 and <=10 years	612	61%	250	66%	218	55%	116	64%	28	57%
>10 years	72	7%	29	8%	39	10%	2	1%	2	4%
Gender										
Boy	498	50%	186	49%	187	47%	95	52%	30	61%
Girl	504	50%	190	51%	208	53%	87	48%	19	39%

The following findings can be highlighted:

- High prevalence of underweight (low weight for age): 33% for all children and 32% for children under 5, with the highest prevalence of underweight in Kaule (41%) and Hattibang (35%). Overall prevalence of underweight is equivalent to the overall prevalence of underweight in 2023 and 2024 (31%), but is high compared to underweight data for children in Nepal from Unicef of 2022 of 19%.
- High prevalence of stunting (low height for age): 46% for all children with stunting equally distributed between the age groups. The highest prevalence in Kaule and Hattibang (in both villages 55% for all children, and for children under 5 53% in Kaule and 63% in

Hattibang. The prevalence in Kaule is slightly lower than last year (60% for all children and 66% for children under 5). Compared to 25% for children under 5 in Nepal reported by Unicef¹ the prevalence of stunting is still very high.

- Prevalence of wasting (low weight for height): 4% for all children and 5% for children under 5, compared to 8% for children under 5 in Nepal reported by Unicef¹. Overall prevalence of wasting is equivalent to the overall prevalence of wasting in 2024 (4%).
- A prevalence of anemia of 29% (overall 27 in 2024 and 25% in 2023) for all children and 35% for children under 5 (27% in 2024), with a higher prevalence in Kaule (36% for all children and 41% for children under 5) and Hattibang (32% for all children and 39% for children under 5). The prevalence of anemia for children under 5 reported by Unicef for anemia in 2022 was 43%.
- Other frequent diagnoses: pneumonia (2%), pathological heart murmur (1%), active worm infections (2%), ear infections (4%), dermatomycosis (2%), impetigo/furunculosis (2%), infected wounds (1%), other skin diseases like lice (25%) and tinea capitis (3%). Compared to earlier years we the skin problems slightly less frequent and needed treatment in a lot of cases, however, prevalence of lice significantly increased. Other findings were comparable to previous years.
- With regard to dental diagnoses: 17% of the children had caries and 2% cariës with pain. Highest prevalences were noted in Sapana (37% cariës and 12% cariës with pain) and in Siddi (22% caries and 2% caries with pain).
- Most frequent treatment given to the children was deworming (28%), iron (14% of the children and 4% of the mothers), multivitamin (52%), antibiotics (5%), various cremes or medication for skin diseases (10%) and treatment for lice (24%).
- 66% of the children received deworming in the last 6 months, this is an increase compared to 2024 and 2023 (35% and 47%).

Table 2 Highest prevalence of disease among all children per geographical location

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Underweight	335	33%	103	27%	161	41%	63	35%	8	16%
Stunting	457	46%	134	36%	217	55%	101	55%	5	10%
Wasting	43	4%	20	5%	10	3%	5	3%	8	16%
Anaemia	292	29%	79	21%	143	36%	58	32%	12	24%
pneumonia (clinical)	20	2%	11	3%	4	1%	4	2%	1	2%
active worm infection	21	2%	9	2%	8	2%	4	2%	0	0%
otitis media acuta	15	1%	5	1%	8	2%	2	1%	0	0%
otitis media with effusion	22	2%	9	2%	11	3%	2	1%	0	0%
otitis externa	14	1%	4	1%	8	2%	1	1%	1	2%
cariës n.o.s.	174	17%	82	22%	41	10%	33	18%	18	37%
caries with pain	17	2%	8	2%	2	1%	1	1%	6	12%
wounds n.o.s.	12	1%	9	2%	3	1%	0	0%	0	0%
dermatomycosis	16	2%	9	2%	6	2%	1	1%	0	0%
Impetigo/furunculosis	22	2%	8	2%	10	3%	4	2%	0	0%
lice	247	25%	59	16%	129	33%	57	31%	2	4%
Tinea Capitis	34	3%	10	3%	17	4%	7	4%	0	0%
wounds infected,	14	1%	9	2%	5	1%	0	0%	0	0%
Skin other (psoriasis etc)	11	1%	3	1%	5	1%	3	2%	0	0%
psychomotoric retardation	8	1%	6	2%	2	1%	0	0%	0	0%
physiological murmur	14	1%	5	1%	4	1%	4	2%	1	2%
pathological murmur	9	1%	4	1%	5	1%	0	0%	0	0%

Further details on disease and treatment can be found in the Annex.

¹ <https://www.unicef.org/nepal/nutrition>

Further explanation of some of the results

Anaemia

29% (292) of the checked children was suffering from anaemia, and 4 children had severe anaemia (Hb < 5 mmol/L).

In the villages in the Chepang hills, the high prevalence of anaemia might be due several factors, such as the occurrence of acute worm infections (2% scored during the medical camp, which might be an underestimation) but mainly to the lack of important vitamins and minerals from fruit and vegetables in the diet.



Anaemia is a condition in which the number of red blood cells or the haemoglobin concentration within them is lower than normal. Haemoglobin is needed to carry oxygen and if you have too few or abnormal red blood cells, or not enough haemoglobin, there will be a decreased capacity of the blood to carry oxygen to the body's tissues. This results in symptoms such as fatigue, weakness, dizziness, and shortness of breath, among others. The most common causes of anaemia include nutritional deficiencies, particularly iron deficiency, but also deficiencies in folate, vitamins B12 and A are also important causes. Furthermore, infectious diseases as parasitic infections are common causes.

School performance of children (and work productivity in adults) might be affected due to anaemia, which can have a future impact on

social and economic development of the individual and family.

To reduce anaemia in the population, a multifactorial approach is necessary. This includes improving the nutritional status (more nutritious food) and encouraging deworming programs. Deworming in particular, see paragraph below, is the easiest and cheapest intervention that should be tackled first. As mentioned earlier, following our advice, SVSI has already sought collaboration with the Green Food Foundation to map out and address the nutritional aspects of the problem. In addition, cooperation could also be established with the government, which has programs specifically aimed at this issue, such as the Golden 1000 Days program.

Deworming

Of all children seen during the medical camp, 66% received deworming treatment in the last 6 months which is a significant increase compared to 35% in 2024 and 47% in 2023. SVSI's activities to improve deworming in the Chepang Hills appear to be paying off.

In Nepal a governmental program is available for deworming of children below 5 years of age, which is reflected in a higher percentage receiving deworming treatment of the children between 1 and 5 years of age, 86%.

For only 2% of the children an acute worm infection was noted, but this might be an underestimation, as children or parents just don't know as they do not see the faeces of the elderly children.

The presence of intestinal parasites in a population is indicative of lack of proper sanitation, low economic standards and poor educational background. The parasite consumes the nutrients from the children they infect and worsens malnutrition and retards the physical development. There is a strong relationship between a parasitic worm infection and anaemia. The parasitic infection can also cause abdominal pain, diarrhoea, intestinal obstruction, and various other health problems. Prolonged infection affects growth, development, and educational achievements.

During the medical camp MCC provided deworming treatment to all children above 2 years of age, and who did not receive deworming treatment in the last 6 months. In total deworming treatment was provided to 579 children.

Malnutrition

Like previous years the high prevalence of stunting in Kaule and Hattibang is concerning. Stunting is the result of chronic or recurrent undernutrition, usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care in early life. Stunting holds children back from reaching their physical and cognitive potential.

A multi-strategy approach to target the determinants of stunting is therefore recommended. The WHO (2018)², published a report on how to reduce stunting in children, addressing several aspects, e.g. access to nutritious food, hygiene, clean and sufficient drinking water, proper sanitation, social protection and social safety nets, income generation programs, maternal nutrition status, etc. are given.

Of the children seen in the medical camp 33% showed underweight, 46% stunting (with highest prevalence of 55% in Kaule and Hattibang) and 4% wasting. Especially the prevalence of stunting is high.

Within MCC, growth abnormalities were assessed by 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.
- 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.
- 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.

Malnutrition has been related to poor cognitive and school performance. The main factors contributing to malnutrition are rural poverty, lack of sanitation, poor living conditions and a lack of intake of energy, proteins, iron and multivitamins.

² WHO, 2018 Reducing stunting in children: equity considerations for achieving the Global Nutrition Targets 2025.

<https://apps.who.int/iris/bitstream/handle/10665/260202/9789241513647-eng.pdf>

Referrals to hospital and special needs children

During the medical camp 1 child was immediately brought to the hospital, with a severe infection on the leg for surgery and further treatment.

11 Children were referred to the hospital Barathpur for further diagnosis and care, for cardiologist, urologist, orthopaedic surgeon, etc. (see table 4 below).

Also, we identified 17 children who need special attention due to their home situation, chronic disease or psychomotoric retardation. These children need further assessment by SVSI to monitor them and in case of problems try to decide on available options to ensure the child's best wellbeing.

All information of the children and caretakers was shared with SVSI during the medical camp, and an overview of all referral cases was shared with SVSI after the medical camp.



Table 4: Overview of referrals

Type of referral	Total	
	1002	
	N	%
Cardiologist	4	0.4
Urologist/surgeon	2	0.2
Hb check	1	0.1
Pediatric Surgeon	2	0.2
Orthopedic surgeon	1	0.1
Eye doctor	2	0.2
Social program	17	1.7
Total	29	2.9

Comparison 2025 versus 2024 and 2023

A comparison of some of the data of 2025 with 2024 and 2024 for Kaule and Hattibang was made.

Table 3 Comparison of prevalence of disease among all children in Kaule and Hattibang in 2023 and 2024

	2023				2024				2025			
	Kaule		Hattibang		Kaule		Hattibang		Kaule		Hattibang	
	Total=	274	Total=	159	Total=	350	Total=	191	Total=	395	Total=	182
	n	%	n	%	n	%	n	%	n	%	n	%
Underweight	123	45%	55	35%	133	38%	72	38%	161	41%	63	35%
Stunting	128	47%	92	58%	209	60%	109	57%	217	55%	101	55%
Wasting	27	10%	8	5%	22	6%	5	3%	10	3%	5	3%
Anaemia	59	22%	47	30%	119	34%	64	34%	143	36%	58	32%
pneumonia (clinical)	6	2%	1	1%	8	2%	1	1%	4	1%	4	2%
active worm infection	2	1%	0	0%	1	0%	1	1%	8	2%	4	2%
otitis media acuta	6	2%	1	1%	3	1%	1	1%	8	2%	2	1%
otitis media with effusion	4	1%	5	3%	5	1%	4	2%	11	3%	2	1%
otitis externa	1	0%	0	0%	10	3%	6	3%	8	2%	1	1%
cariës n.o.s.	32	12%	25	16%	64	18%	40	21%	41	10%	33	18%
caries with pain	3	1%	3	2%	2	1%	8	4%	2	1%	1	1%
eczema n.o.s.	3	1%	6	4%	2	1%	2	1%	1	0%	1	1%
dermatomycosis	4	1%	2	1%	7	2%	6	3%	6	2%	1	1%
Impetigo/furunculosis	15	5%	13	8%	15	4%	7	4%	10	3%	4	2%
lice	53	19%	41	26%	67	19%	61	32%	129	33%	57	31%
scabies	5	2%	0	0%	2	1%	2	1%	1	0%	0	0%
Tinea Capitis	3	1%	1	1%	13	4%	8	4%	17	4%	7	4%
wounds infected,	13	5%	1	1%	35	10%	4	2%	5	1%	0	0%
Skin other (psoriasis etc)	3	1%	2	1%	11	3%	24	13%	5	1%	3	1%



Overall, no significant changes are seen. Some slight improvement of wasting might be seen, the parameter for acute malnutrition, however, no real changes are noted in underweight, stunting and anemia. The same is applicable for the other diseases seen in Kaule and Hattibang.

However, to see significant improvement of the prevalences, some more time and attention for specific measures might be needed, not only focused on the quality of food of the school lunch in Kaule, but also on the diet in Hattibang, deworming and hygiene measures in schools, homes and community facilities.

Conclusions and recommendations

Based on the number of children visiting the medical camp and the observations made, it seems that there is certainly a need for accessible and high-quality healthcare for children in Chepang hills. Several recommendations can be made for the future.

1. Malnutrition

Significant malnutrition is observed in the Chepang hills, especially in the Kaule and Hattibang. MCC sees rarely this high prevalence in any of our medical camps. Also compared to more general data from UNICEF on malnutrition in Nepal, the recorded values for weight and height compared to age are very low.

We are very pleased with the actions taken by SVSI together with the Green Food Foundation to improve the quality of the lunch provided in the school in Kaule, with the Day Meal Program. Comparable actions might also be considered for Hattibang. The time between implementation of these changes and the medical camp of 2025 was too short to see an impact on underweight, stunting and wasting parameters, but hopefully with continued attention to good quality nutrition for this vulnerable group of children, the prevalence of underweight, stunting and wasting will decrease in the coming years. We would advise to consider a method of evaluating the interventions that are being installed in the area. In the schools for example where schoollunches are now being provided, SVSI could measure height and weight in specific classes during the year to monitor the effect.

2. Deworming

In Nepal, deworming programs are in place, however, only for the children younger than of 5 years and not all children are reached.

Of all children seen during the medical camp, 66% received deworming treatment in the last 6 months which is a significant increase compared to 35% in 2024 and 47% in 2023. SVSI's activities to improve deworming in the Chepang Hills appear to be paying off.

We would again like to emphasize the importance of the deworming, which should be continued in the coming years and especially needs a bit more attention in Siddi, where only 41% of the children received deworming treatment in the last 6 months. SVSI might consider taking further action to increase the general deworming status of the children in this area. All children above 2 years of age should be treated every 6 months. Several actions can be considered, such as connecting with health authorities to emphasize the needs to provide deworming treatment in this area every 6 months. If government is not providing deworming treatment, a project might be started to provide deworming treatment at the schools, together with sharing information on hygiene and sanitation. In our experience antiworm tablets are easy to buy in Chitwan at minimal expense and it should be a standard part of any SVSI program in their working areas, when the governmental program is insufficiently covering the population.

3. Anemia

In addition to the growth abnormalities observed, additional attention should be paid to reduce the prevalence of anemia which has the highest incidence in the Chepang villagers (In Kaule 36% and in Hattibang 32% of the children were suffering from anaemia). Anemia is an indicator of both poor nutrition and poor health. With anemia the blood will have a reduced capacity to bring sufficient oxygen through the body and can make a person feel tired or weak and as a result, lower school performance in children and reduced work productivity.

The underlying cause for anemia can be different, it can either be due to a lack of sufficient and nutritious (fruits and vegetables) food, but also on the occurrence of worm infections (hygiene and deworming related). Reducing anemia can be done by addressing the topics as given above on deworming and malnutrition.

4. Hygiene and dental care

The prevalence of caries and hygiene related diseases (worm infections, skin diseases) can be prevented by providing information about dental care and hygiene. This year we noticed a

equivalent prevalence of caries and skin related diseases, and a significant rise in the prevalence of lice. Head lice infest the hair and scalp. The infestation is spread by close personal contact and possibly by shared combs, brushes, hats, and other personal items. Lice infestation usually causes severe itching in the infested area. Together with reduced hygiene, long hair and no means to wash the hair, this can result in infected wounds on the head. Besides that, contact with the cattle and poultry farm plays a major role in spreading fungal infections. Like all other health issues in these areas also skin infections are multifactorial. But starting with hygiene and living conditions is also the first step. Teaching children and parents no hygiene topics is considered of importance, eg for instance with a hand-washing station in the schools where also soap is available.

The high prevalence of caries and carries with pain is especially in Siddi and Sapana needs further attention, with further education on good dental care but also some specialized dental care. Partnering up with dental NGO's could be a strategy that was implemented in the past already. Also providing schools with information and education material to implement toothbrush/toothcare projects at schools are feasible.

5. Sapana area

Sapana school is located in a region central to all the needs and vices of modern lives. For us it is a different way of medical care than in the remote areas. Children are looked after, are clean and have caring parents who in a lot of cases have enough means to provide for them.

But the burden of dental caries among children is increasing here due to consumption of sugary substances, poor oral care practices, and inadequate health service utilization not the absence of health care. At the Sapana school 37% of the children suffered from caries, 12% caries with pain.

As a developing country undergoing rapid urbanization, Nepal is in a transitional phase where undernutrition coexists with obesity. This is also visible in the Chitwan area where along main streets children who go to school can buy a lot of food options also the sugar and fat containing options.

This means that the Sapana/Chitwan area is facing modern world health problems associated with a different kind of malnutrition. Sugar-sweetened beverage consumption is on the rise in and the sales of total per capita volumes of packaged food – which are usually processed which in most cases increases the content of added or free sugars, saturated and trans-fat, salt and diet energy density, while decreasing protein, dietary fiber, and micronutrients. Preventing obesity requires a comprehensive approach that addresses cultural norms, raises awareness of associated health risks, and promotes the production, availability, and affordability of healthy foods. SVSI might consider to pay specific attention to dental care and eating habits in the Sapana school to bring more awareness to these topics, not only for the children, but also for the parents. The Nepali government also provides projects on these more Western world problems in their Multi-Sector Nutrition Plan (MSNP)

Next medical camp

MCC concludes that there is still a need to improve the health conditions of the children in the Chepang hills and Sapana school. However, the biggest steps can be made by implementation of the recommendations made by MCC for several years: a fully embedded deworming program, a qualitative improved school lunch, education on nutrition foods, education and training on hygiene topics, and dental programs at school. We advise SVSI to take further steps to implement these recommendations in order to take sustainable steps to improve the health situation of the children in the Chepang hills. In the following years we will discuss and evaluate how the implementation is achieved, and if necessary SVSI can request MCC to do a follow-up medical camp within 2 years, to investigate the impact of the measures taken. If it is indicated by SVSI that they would like to continue these medical camps

independently, with the medical college, in the region in the future, MCC can have an advisory role.

Words of appreciation

We are very grateful for all work performed by Sujan, Dhruva and all others of the SVSI team and all translators of the Chitwan Medical College during the medical camp in Chitwan and Chepang hills. We could not have performed our work without their presence and hard work.

Nadine van Dijk & Iris van de Gevel



Annex A- Detailed results

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

	Total		Siddi		Kaule		Hattibang		Sapana school	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Underweight	335	33%	103	27%	161	41%	63	35%	8	16%
No underweight	599	60%	245	65%	198	50%	117	64%	39	80%
Unknown	68	7%	28	7%	36	9%	2	1%	2	4%
Underweight children per age										
<=1 year	14	15%	0	0%	11	22%	3	16%	0	0%
>1 and <5 years	85	38%	19	26%	44	50%	20	44%	2	11%
<5 years	103	32%	23	24%	55	40%	23	36%	2	11%
>=5 and <=10 years	230	38%	79	32%	105	48%	40	34%	6	21%
>10 years	2	50%	1	100%	1	33%	0	0%	0	0%
Underweight children per gender										
Boy	162	48%	55	53%	71	44%	33	52%	3	38%
Girl	173	52%	48	47%	90	56%	30	48%	5	63%

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

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Stunting	457	46%	134	36%	217	55%	101	55%	5	10%
No stunting	545	54%	242	64%	178	45%	81	45%	44	90%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Stunting children per age										
<=1 year	39	41%	10	40%	20	40%	9	47%	0	0%
>1 and <5 years	110	49%	25	35%	53	60%	31	69%	1	6%
<5 years	149	47%	35	36%	73	53%	40	63%	1	5%
>=5 and <=10 years	272	44%	90	36%	120	55%	59	51%	3	11%
>10 years	34	47%	9	31%	24	62%	0	0%	1	50%
Stunting children per gender										
Boy	226	49%	65	49%	104	48%	54	53%	3	60%
Girl	231	51%	69	51%	113	52%	47	47%	2	40%

Table 6: Prevalence of weight/length at or under P3 (wasting) per geographical location by age and gender

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Wasting	43	4%	20	5%	10	3%	5	3%	8	16%
No wasting	713	71%	245	65%	303	77%	132	73%	33	67%
Unknown	246	25%	111	30%	82	21%	45	25%	8	16%
Wasting children per age										
<=1 year	9	9%	4	16%	3	6%	2	11%	0	0%
>1 and <5 years	8	4%	2	3%	3	3%	2	4%	1	6%
<5 years	17	5%	6	6%	6	4%	4	6%	1	5%
>=5 and <=10 years	25	6%	13	8%	4	2%	1	1%	7	32%
>10 years	1	25%	1	100%	0	0%	0	0%	0	0%
Wasting children per gender										
Boy	25	58%	12	60%	5	50%	4	80%	4	50%
Girl	18	42%	8	40%	5	50%	1	20%	4	50%

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

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Anemia	292	29%	79	21%	143	36%	58	32%	12	24%
No anemia	701	70%	294	78%	249	63%	122	67%	36	73%
Unknown	9	1%	3	1%	3	1%	2	1%	1	2%
Hb <5,0 mmol	4	0%	0	0%	4	1%	0	0%	0	0%
Anemia per age										
<=1 year	37	39%	8	32%	24	48%	5	26%	0	0%
>1 and <5 years	73	33%	18	25%	32	36%	20	44%	3	17%
<5 years	110	35%	26	27%	56	41%	25	39%	3	16%
>=5 and <=10 years	167	27%	52	21%	75	34%	33	28%	7	25%
>10 years	15	21%	1	3%	12	31%	0	0%	2	100%
Anemia per gender										
Boy	148	51%	38	48%	70	49%	32	55%	8	67%
Girl	144	49%	41	52%	73	51%	26	45%	4	33%

Table 8 Prevalence preventive anti-worm treatment in the last half-year per geographical location by age and gender

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Anti-worm	659	66%	154	41%	326	83%	142	78%	37	76%
No anti-worm	343	34%	222	59%	69	17%	40	22%	12	24%
Anti-worm per age										
>1 and <5 years	192	86%	57	79%	77	88%	41	91%	17	94%
<5 years	249	78%	76	78%	102	74%	53	83%	18	95%
>=5 and <=10 years	362	59%	67	27%	190	87%	87	75%	18	64%
>10 years	48	67%	11	38%	34	87%	2	100%	1	50%
Anti-worm	192	86%	57	79%	77	88%	41	91%	17	94%

Table 9 Child with care taker at the day of the check?

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
No	2	0%	2	1%	0	0%	0	0%	0	0%
Yes	973	97%	350	93%	394	100%	180	99%	49	100%
Teacher	27	3%	24	6%	1	0%	2	1%	0	0%

Table 10 Children checked last year?

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
No	332	33%	107	28%	77	19%	130	71%	18	37%
Yes	670	67%	269	72%	318	81%	52	29%	31	63%

Table 11 Disease prevalence among all children per geographical location

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Underweight	335	33%	103	27%	161	41%	63	35%	8	16%
Stunting	457	46%	134	36%	217	55%	101	55%	5	10%
Wasting	43	4%	20	5%	10	3%	5	3%	8	16%
Anaemia	292	29%	79	21%	143	36%	58	32%	12	24%
vitamin deficit (clinical signs)	4	0%	0	0%	2	1%	2	1%	0	0%
syndrome n.o.s.	1	0%	1	0%	0	0%	0	0%	0	0%
pneumonia (clinical)	20	2%	11	3%	4	1%	4	2%	1	2%
BHR/asthma	7	1%	2	1%	2	1%	1	1%	2	4%
Respir. Other	4	0%	2	1%	1	0%	1	1%	0	0%
gardia (suspected)	2	0%	2	1%	0	0%	0	0%	0	0%
dysentery	1	0%	0	0%	1	0%	0	0%	0	0%
dehydration : acute diarrhoea	3	0%	1	0%	1	0%	1	1%	0	0%
diarrhoea without dehydration	1	0%	1	0%	0	0%	0	0%	0	0%
constipation	3	0%	1	0%	0	0%	0	0%	2	4%
active worm infection	21	2%	9	2%	8	2%	4	2%	0	0%
GI other	4	0%	1	0%	2	1%	0	0%	1	2%
otitis media acuta	15	1%	5	1%	8	2%	2	1%	0	0%
otitis media with effusion	22	2%	9	2%	11	3%	2	1%	0	0%
otitis externa	14	1%	4	1%	8	2%	1	1%	1	2%
tympanic perforation	4	0%	2	1%	2	1%	0	0%	0	0%
(adeno)tonsillitis	2	0%	1	0%	0	0%	1	1%	0	0%
candida stomatitis	1	0%	1	0%	0	0%	0	0%	0	0%
hearing impairment	6	1%	2	1%	1	0%	3	2%	0	0%
other	2	0%	2	1%	0	0%	0	0%	0	0%
cariës n.o.s.	174	17%	82	22%	41	10%	33	18%	18	37%
fluorosis	4	0%	1	0%	0	0%	3	2%	0	0%
caries with pain	17	2%	8	2%	2	1%	1	1%	6	12%
wounds n.o.s.	12	1%	9	2%	3	1%	0	0%	0	0%
eczema n.o.s.	3	0%	1	0%	1	0%	1	1%	0	0%
dermatomycosis	16	2%	9	2%	6	2%	1	1%	0	0%
Impetigo/furunculosis	22	2%	8	2%	10	3%	4	2%	0	0%
lice	247	25%	59	16%	129	33%	57	31%	2	4%
scabies	1	0%	0	0%	1	0%	0	0%	0	0%
Tinea Capitis	34	3%	10	3%	17	4%	7	4%	0	0%
wounds infected,	14	1%	9	2%	5	1%	0	0%	0	0%

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
Burn wound fresh	4	0%	1	0%	1	0%	2	1%	0	0%
Skin other (psoriasis etc)	11	1%	3	1%	5	1%	3	2%	0	0%
psychomotoric retardation	8	1%	6	2%	2	1%	0	0%	0	0%
epilepsy / convulsions	1	0%	0	0%	1	0%	0	0%	0	0%
Neuromusc other	1	0%	0	0%	0	0%	1	1%	0	0%
physiological murmur	14	1%	5	1%	4	1%	4	2%	1	2%
pathological murmur (suspected)	9	1%	4	1%	5	1%	0	0%	0	0%
refractory problem	1	0%	1	0%	0	0%	0	0%	0	0%
keratoconjunctivitis	2	0%	1	0%	1	0%	0	0%	0	0%
eye other	4	0%	1	0%	3	1%	0	0%	0	0%
Sickle Cell	1	0%	1	0%	0	0%	0	0%	0	0%
gyn other	1	0%	1	0%	0	0%	0	0%	0	0%
inguinal hernia	1	0%	1	0%	0	0%	0	0%	0	0%
old fracture	3	0%	0	0%	3	1%	0	0%	0	0%
skeletal other	5	0%	3	1%	2	1%	0	0%	0	0%
hernia(umbilical etc)	1	0%	1	0%	0	0%	0	0%	0	0%

Table 12 Treatment among all children per geographical location

	Total		Siddi		Kaule		Hattibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
ferro	142	14%	44	12%	58	15%	29	16%	11	22%
mother iron	42	4%	6	2%	26	7%	10	5%	0	0%
multivitamins	526	52%	164	44%	246	62%	103	57%	13	27%
anti-worm	285	28%	209	56%	31	8%	35	19%	10	20%
acute worm	22	2%	9	2%	9	2%	4	2%	0	0%
anti-lice	236	24%	56	15%	125	32%	53	29%	2	4%
anti-scabies	2	0%	0	0%	1	0%	1	1%	0	0%
niclosamide	0	0%	0	0%	0	0%	0	0%	0	0%
praziquantel	0	0%	0	0%	0	0%	0	0%	0	0%
scabies soap	0	0%	0	0%	0	0%	0	0%	0	0%
amoxicillin	28	3%	11	3%	10	3%	6	3%	1	2%
augmentin	17	2%	9	2%	7	2%	1	1%	0	0%
2e lijns antibiotica	5	0%	4	1%	1	0%	0	0%	0	0%
malaria treatment	0	0%	0	0%	0	0%	0	0%	0	0%
ivermectine for lice	0	0%	0	0%	0	0%	0	0%	0	0%
paracetamol	11	1%	6	2%	1	0%	4	2%	0	0%
inhaler	7	1%	2	1%	2	1%	1	1%	2	4%
metranidazol	3	0%	1	0%	2	1%	0	0%	0	0%
co-trimoxazol	2	0%	1	0%	1	0%	0	0%	0	0%
ceftriaxon	0	0%	0	0%	0	0%	0	0%	0	0%
AB urine infection	0	0%	0	0%	0	0%	0	0%	0	0%
ORS	5	0%	2	1%	2	1%	1	1%	0	0%
eardrops	19	2%	4	1%	11	3%	3	2%	1	2%
nystatine	1	0%	0	0%	0	0%	1	1%	0	0%
mupirocine=Bactroban	1	0%	0	0%	0	0%	1	1%	0	0%
hydrocortisone cream	2	0%	1	0%	0	0%	1	1%	0	0%
dactarin cream	12	1%	8	2%	4	1%	0	0%	0	0%
dactacort cream	1	0%	1	0%	0	0%	0	0%	0	0%
iodine	2	0%	2	1%	0	0%	0	0%	0	0%
fusidin cream	38	4%	18	5%	17	4%	3	2%	0	0%
sudo cream	2	0%	0	0%	1	0%	1	1%	0	0%
neutral cream	16	2%	3	1%	7	2%	6	3%	0	0%

	Total		Siddi		Kaule		Hatibang		Sapana School	
	1002		Total= 376		Total= 395		Total= 182		Total= 49	
	N	%	n	%	n	%	n	%	n	%
griseofulvine	33	3%	6	2%	19	5%	8	4%	0	0%
eyedrops	3	0%	2	1%	1	0%	0	0%	0	0%
AB urine infection	0	0%	0	0%	0	0%	0	0%	0	0%

Table 13 Treatment among all children per geographical location

	Total		Siddi		Kaule		Hatibang		Sapana School	
	1000		Total= 390		Total= 350		Total= 191		Total= 69	
	N	%	n	%	n	%	n	%	n	%
Dentist	4	0%	4	1%	0	0%	0	0%	0	0%
Specialist in hospital	2	0%	1	0%	0	0%	1	1%	0	0%
Revisit	7	1%	3	1%	2	1%	2	1%	0	0%
Social program	18	2%	7	2%	6	2%	3	2%	2	3%
Other...	1	0%	1	0%	0	0%	0	0%	0	0%