

Medical Checks for Children

# Medical Rapport Kenya West 2017



Nadine van Dijk  
Frank van Tunen

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### Introduction

From March the 12th until March the 18<sup>th</sup> 2017, 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 1068 children aged newborn until 13 years of age.

The team consisted of Nadine van Dijk, mission leader and medical-end-responsible, emergency physician; Frank van Tunen, entrepreneur; Esther Anne Broekhuizen, family doctor; Iris Janssen, family doctor; Janneke Rood, neurologist in training; Lin Smeets, medical doctor; Iris vd Gevel, toxicologist; Jasmijn Huber, medical doctor and Nel Mocking, trainer.



After an explorative mission in 2010, MCC visited Kenya West for the seventh time.

Again, the medical checks were organized in close cooperation with the Sophia Foundation for Children (SFFC) ([www.sophia-foundation.com](http://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 Kenya. Additional local medication was purchased from the main pharmacy in Nairobi and taken with us to Kenya West.

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

### **Medical Checks for Children on location:**

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

1. Registration of the child
2. Measuring height and weight
3. Blood test for haemoglobin
4. Physical examination

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5. Giving medication and education about the correct use of it (pharmacy)
6. Education on hygienics 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 Kenya West near the cities of Kisumu at Lake Victoria and near Eldoret. The team visited Kesengei Nursery & Primary at Kesengei; Kalamai Bay Nursery, Kimarek Nursery at Kimarek; St Peter's Kapkechui at Chipita, Nakuru childrens and reprimand home and Nakuru Womans prison.

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)

For the schools at Kimarek, Kesengei and St. Peters we did a separate analysis for the baby classes. In Kenya children as old as 5 years can still be in babyclass. However, for this analysis all children of age 0-5 year seen at these locations were added to the baby class (e.g. Kesengei baby), in addition all other non-school-going-children of the community were added to this group. The rest of the school children were pooled together (all above 1, e.g. Kesengei).

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

Table 1: Total children per location

Locations / Date	12-03-17	13-03-17	14-03-17	15-03-17	16-03-17	17-03-17	18-03-17	Total
Kamalabei baby	0	27	0	0	0	0	0	27
Kamalabei school	0	137	0	0	0	0	0	137
Kamalabei village	0	38	0	0	0	0	0	38
Kesengei baby	0	0	45	3	0	0	0	48
Kesengei school	0	0	133	93	30	0	0	256
Kesengei village	0	0	5	3	0	0	0	8
Kimarek baby	35	0	0	0	0	0	0	35
Kimarek school	159	1	0	0	0	0	0	160
Kimarek village	36	0	0	0	0	0	0	36
Nakuru Remand home	0	0	0	0	0	0	49	49
Nakuru Womans Prison	0	0	0	0	0	0	16	16
St Peters School	0	0	0	0	121	64	0	185
St Peters village	0	0	0	0	23	17	0	40
(blank)	0	0	0	0	0	0	0	0
<b>Total</b>	<b>230</b>	<b>203</b>	<b>183</b>	<b>99</b>	<b>206</b>	<b>82</b>	<b>65</b>	<b>1068</b>

Table 2: Number, age and gender distribution of the 1068 checked children at the different locations

Age	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
<=1 year	47	4%	0	0%	0	0%	11	29%	0	0%	0	0%	3	38%
>1 en <5 years	200	19%	18	67%	16	12%	25	66%	31	65%	8	3%	4	50%
<5 years	247	23%	18	67%	16	12%	36	95%	31	65%	8	3%	7	88%
>=5 en <=10 years	741	69%	9	33%	119	87%	2	5%	17	35%	245	96%	1	13%
>10 years	80	7%	0	0%	2	1%	0	0%	0	0%	3	1%	0	0%
<b>Gender</b>														
Boy	546	51%	17	63%	70	51%	22	58%	24	50%	126	49%	4	50%
Girl	522	49%	10	37%	67	49%	16	42%	24	50%	130	51%	4	50%

Age	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters School		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<=1 year	0	0%	1	1%	9	25%	0	0%	10	63%	0	0%	13	33%
>1 en <5 years	1	3%	19	12%	20	56%	0	0%	6	38%	30	14%	22	55%
<5 years	1	3%	20	13%	29	81%	0	0%	16	100%	30	14%	35	88%
>=5 en <=10 years	34	97%	131	82%	4	11%	1	2%	0	0%	173	79%	5	13%
>10 years	0	0%	9	6%	3	8%	48	98%	0	0%	15	7%	0	0%
<b>Gender</b>														
Boy	16	46%	73	46%	16	44%	38	78%	8	50%	105	48%	27	68%
Girl	19	54%	87	54%	20	56%	11	22%	8	50%	113	52%	13	33%

## Percentage of children also checked last year

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
No	472	44%	27	100%	59	43%	38	100%	46	96%	50	20%	7	88%
Yes	592	55%	0	0%	78	57%	0	0%	2	4%	202	79%	1	13%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
No	2	6%	30	19%	32	89%	49	100%	12	75%	80	37%	40	100%
Yes	33	94%	130	81%	4	11%	0	0%	4	25%	138	63%	0	0%

This year we tried to locate the old files of all the children which should have been seen last year according to the school or according to the caretakers. About half of the children we saw were seen in previous years. This seems to be in concordance with other locations.

1: Growth abnormality and malnutrition:

Overall data of growth abnormalities in the last 3 years.

All locations	2015	2016	2017
underweight	17%	10%	9%
stunting	20 %	11%	8%
wasting	6%	5%	5%

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 nutritious 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.

The reported incidence for underweight (Kenya Statistical Factsheet WHO) is 16,5 % and for stunting 36%. These data are still the most recent WHO/Unicef country data from 2013.

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).

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

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Underweight	100	9%	4	15%	10	7%	11	29%	13	27%	26	10%	1	13%
No underweight	963	90%	23	85%	125	93%	27	71%	35	73%	229	90%	7	88%
Unknown	3	0%	0	0%	2	1%	0	0%	0	0%	1	0%	0	0%
<b>Underweight children per age</b>														
<=1 year	4	9%	0	0%	0	0%	3	27%	0	0%	0	0%	0	0%
>1 en <5 years	27	14%	1	6%	1	6%	8	32%	6	19%	2	25%	1	25%
<5 years	31	13%	1	6%	1	6%	11	31%	6	19%	2	25%	1	14%
>=5 en <=10 years	68	9%	3	33%	9	8%	0	0%	7	41%	24	10%	0	0%
>10 years	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Underweight children per gender</b>														
Boy	55	10%	3	18%	3	4%	9	41%	5	21%	15	12%	0	0%
Girl	45	9%	1	10%	7	11%	2	13%	8	33%	11	8%	1	25%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Underweight	6	17%	9	6%	6	17%	1	2%	2	13%	9	4%	2	5%
No underweight	29	83%	151	94%	30	83%	48	98%	14	88%	208	95%	37	93%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Underweight children per age</b>														
<=1 year	0	0%	0	0%	0	0%	0	0%	1	10%	0	0%	0	0%
>1 en <5 years	0	0%	1	5%	4	20%	0	0%	1	17%	0	0%	2	9%
<5 years	0	0%	1	5%	4	14%	0	0%	2	13%	0	0%	2	6%
>=5 en <=10 years	6	18%	8	6%	2	50%	0	0%	0	0%	9	5%	0	0%
>10 years	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%
<b>Underweight children per gender</b>														
Boy	4	25%	5	7%	3	19%	1	3%	1	13%	4	4%	2	7%
Girl	2	11%	4	5%	3	15%	0	0%	1	13%	5	4%	0	0%

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

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Stunting	87	8%	4	15%	3	2%	13	34%	12	25%	17	7%	2	25%
No stunting	979	92%	23	85%	133	98%	25	66%	36	75%	239	93%	6	75%
Unknown	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%
<b>Stunting children per age</b>														
<=1 year	11	23%	0	0%	0	0%	4	36%	0	0%	0	0%	0	0%
>1 en <5 years	31	16%	2	11%	0	0%	9	36%	9	29%	0	0%	1	25%
<5 years	42	17%	2	11%	0	0%	13	36%	9	29%	0	0%	1	14%
>=5 en <=10 years	41	6%	2	22%	3	3%	0	0%	3	18%	16	7%	1	100%
>10 years	4	5%	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%
<b>Stunting children per gender</b>														
Boy	50	9%	2	12%	1	1%	11	50%	4	17%	9	7%	1	25%
Girl	37	7%	2	20%	2	3%	2	13%	8	33%	8	6%	1	25%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Stunting	5	14%	8	5%	11	31%	1	2%	5	31%	4	2%	2	5%
No stunting	30	86%	152	95%	25	69%	48	98%	11	69%	214	98%	37	93%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Stunting children per age</b>														
<=1 year	0	0%	1	100%	1	11%	0	0%	4	40%	0	0%	1	8%
>1 en <5 years	0	0%	1	5%	8	40%	0	0%	1	17%	0	0%	0	0%
<5 years	0	0%	2	10%	9	31%	0	0%	5	31%	0	0%	1	3%
>=5 en <=10 years	5	15%	6	5%	2	50%	0	0%	0	0%	2	1%	1	20%
>10 years	0	0%	0	0%	0	0%	1	2%	0	0%	2	13%	0	0%
<b>Stunting children per gender</b>														
Boy	3	19%	7	10%	5	31%	0	0%	4	50%	2	2%	1	4%
Girl	2	11%	1	1%	6	30%	1	9%	1	13%	2	2%	1	8%

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

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Wasting	34	5%	0	0%	4	4%	2	5%	2	4%	16	12%	0	0%
No wasting	624	95%	27	100%	95	96%	36	95%	46	96%	116	88%	8	100%
Unknown	409	38%	0	0%	38	28%	0	0%	0	0%	124	48%	0	0%
<b>Wasting children per age</b>														
<=1 year	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	8	4%	0	0%	1	6%	2	8%	1	3%	2	25%	0	0%
<5 years	9	4%	0	0%	1	6%	2	6%	1	3%	2	25%	0	0%
>=5 en <=10 years	25	6%	0	0%	3	4%	0	0%	1	6%	14	11%	0	0%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Wasting children per gender</b>														
Boy	18	6%	0	0%	1	2%	2	9%	2	8%	6	11%	0	0%
Girl	16	5%	0	0%	3	6%	0	0%	0	0%	10	13%	0	0%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Wasting	3	9%	1	1%	2	6%	0	0%	1	6%	3	3%	0	0%
No wasting	32	91%	84	99%	30	94%	0	0%	15	94%	97	97%	38	97%
Unknown	0	0%	75	47%	4	11%	49	100%	0	0%	118	54%	1	3%
<b>Wasting children per age</b>														
<=1 year	0	0%	0	0%	0	0%	0	0%	1	10%	0	0%	0	0%
>1 en <5 years	0	0%	0	0%	2	10%	0	0%	0	0%	0	0%	0	0%
<5 years	0	0%	0	0%	2	7%	0	0%	1	6%	0	0%	0	0%
>=5 en <=10 years	3	9%	1	2%	0	0%	0	0%	0	0%	3	4%	0	0%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Wasting children per gender</b>														
Boy	3	19%	0	0%	1	8%	0	0%	0	0%	3	7%	0	0%
Girl	0	0%	1	2%	1	5%	0	0%	1	13%	0	0%	0	0%

In 2015 the incidence of underweight, stunting and wasting in Kimarek Nursery was 13%, 35% and 1% compared to 15%, 9%, 10% this year. In 2015 the numbers for St Peters overall were 6%, 8% and 2% compared to 4%, 5% and 2%.

Over the years there seems to be a positive trend towards less growth disorders. 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 16 babies seen in the Nakuru woman's prison 5 had severe malnutrition ( 25% stunting). The reality of growing up in these conditions is harsh and we do realize that interventions are problematic due to strict regulations and control. We hope that the SFFC will be able to reach out into the secluded community and provide these vulnerable babies with a bit of extra nutrition to help them grow.



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The overall prevalence for underweight, stunting and wasting showed minimal decrease in 2017. It is difficult to find a cause for this as the parameters are multifactorial and the groups of children we see show a lot of heterogeneity during the years.

In comparison with previous years the reported incidence of malnutrition and growth retardation is stable and the incidence of stunting is again well below the reported WHO incidence in Kenya. Selection bias due to the large population of school going kids may be a factor in underreporting severe malnutrition.

During the medical check-ups of this year, we paid again attention to issues of hygiene and nutritional advice. For babies, we advised exclusive breastfeeding up to six months and then start with the introduction of additional foods.

On the schools that are in the feeding program of the SFFC, each month dry foods are given. Fruit and vegetables are locally purchased and depend on the availability and the season. Also we know that if the schools accept more children as was the case in St. Peter's 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.

We are aware of the financial problems and, because of drought, scarcity of healthy food for many families.



## 2: Anaemia:

Overall data of anaemia in the last 3 years.

Overall	2015	2016	2017
Anaemia yes	37%	39%	45%
Hb < 5		2%	1%

Anemia is the most prevalent micronutrient disorder in the world. In Kenya, no national policy has been implemented so far to provide iron supplements to pregnant women or young children.

While iron deficiency is frequently the primary factor contributing to anaemia, it is important to recognize 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.

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In 470 (39%) children anaemia was diagnosed (see table 7). In 21 children (2%, 21/1196) the haemoglobin level was less than 5.0 mmol/l; these children were treated and their Hb was checked 3 months later.

This year the prevalence was in concordance with previous years.

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

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anaemia	476	45%	9	33%	42	31%	12	32%	24	50%	118	46%	3	38%
No anaemia	583	55%	18	67%	91	66%	25	66%	24	50%	138	54%	5	63%
Unknown	6	1%	0	0%	4	3%	1	3%	0	0%	0	0%	0	0%
Hb <5,0 mmol	12	1%	0	0%	0	0%	1	3%	4	8%	1	0%	0	0%
<b>Anaemia per age</b>														
<=1 year	24	51%	0	0%	0	0%	2	18%	0	0%	0	0%	1	33%
>1 en <5 years	98	49%	5	28%	5	31%	9	36%	15	48%	5	63%	1	25%
<5 years	122	49%	5	28%	5	31%	11	31%	15	48%	5	63%	2	29%
>=5 en <=10 years	326	44%	4	44%	36	30%	1	50%	9	53%	112	46%	1	100%
>10 years	28	35%	0	0%	1	50%	0	0%	0	0%	1	33%	0	0%
<b>Anaemia per gender</b>														
Boy	242	44%	4	24%	17	24%	8	36%	14	58%	58	46%	2	50%
Girl	234	45%	5	50%	25	37%	4	25%	10	42%	60	46%	1	25%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anaemia	16	46%	71	44%	22	61%	19	39%	11	69%	102	47%	27	68%
No anaemia	19	54%	87	54%	14	39%	30	61%	5	31%	115	53%	12	30%
Unknown	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
Hb <5,0 mmol	0	0%	1	1%	0	0%	1	2%	1	6%	2	1%	1	3%
<b>Anaemia per age</b>														
<=1 year	0	0%	1	100%	5	56%	0	0%	6	60%	0	0%	9	69%
>1 en <5 years	1	100%	10	53%	10	50%	0	0%	5	83%	17	57%	15	68%
<5 years	1	100%	11	55%	15	52%	0	0%	11	69%	17	57%	24	69%
>=5 en <=10 years	15	44%	59	45%	4	100%	0	0%	0	0%	82	47%	3	60%
>10 years	0	0%	1	11%	3	100%	19	40%	0	0%	3	20%	0	0%
<b>Anaemia per gender</b>														
Boy	9	56%	37	51%	10	63%	15	39%	5	63%	45	43%	18	67%
Girl	7	37%	34	39%	12	60%	4	36%	6	75%	57	50%	9	69%

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

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### 3: Worm treatment:

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

All lacaions profylaxis	2015	2016	2017
Worm treatment: yes	81%	72%	67%
Worm treatment: no	19%	28 %	37%

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 suspsicion of an active worm infection or anemnesitic 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.

Dysentery was suspected in 1 children (<1%) who was treated with a course of cotrimoxazol. This year no children were diagnosed with suspected gardia.

Last year we left antiworm tablets to be distributed at the SFFC schools for the twice annual deworming and we see this in the results. We hope the schools and the SFFC will find a way to ensure the twice annual deworming ensure this programm will last wel into the future. The data from the last 3 years show a downward trend in children receiving a twice annual antiworm tablet. A leading rol from schools, teacher and the SFFC is needed more then ever to ensure that governmental programms will keep reaching the vulnerable remote areas we visit during our medical camp.

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

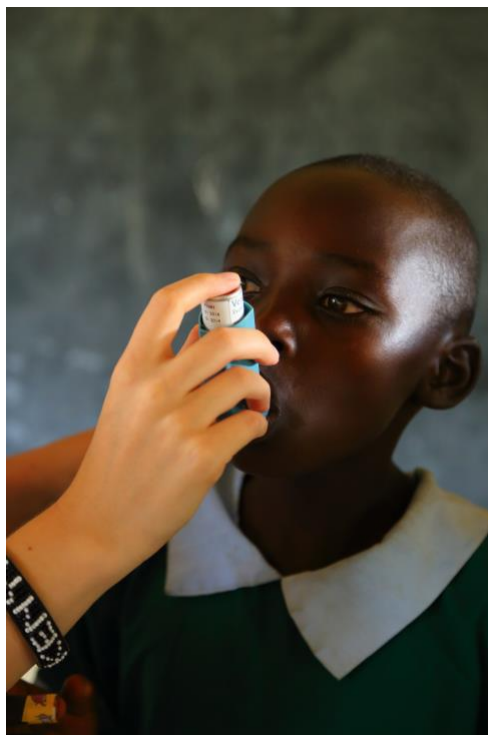
	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anti-worm	670	63%	26	96%	137	100%	4	11%	48	100%	246	96%	1	13%
No anti-worm	398	37%	1	4%	0	0%	34	89%	0	0%	10	4%	7	88%
<b>Anti-worm per age</b>														
<=1 year	2	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	99	50%	18	100%	16	100%	3	12%	31	100%	6	75%	0	0%
<5 years	101	41%	18	100%	16	100%	3	8%	31	100%	6	75%	0	0%
>=5 en <=10 years	552	74%	8	89%	119	100%	1	50%	17	100%	237	97%	1	100%
>10 years	17	21%	0	0%	2	100%	0	0%	0	0%	3	100%	0	0%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Anti-worm	35	100%	158	99%	14	39%	0	0%	0	0%	0	0%	1	3%
No anti-worm	0	0%	2	1%	22	61%	49	100%	16	100%	218	100%	39	98%
<b>Anti-worm per age</b>														
<=1 year	0	0%	0	0%	2	22%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	1	100%	18	95%	6	30%	0	0%	0	0%	0	0%	0	0%

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<5 years	1	100%	18	90%	8	28%	0	0%	0	0%	0	0%	0	0%
>=5 en <=10 years	34	100%	131	100%	3	75%	0	0%	0	0%	0	0%	1	20%
>10 years	0	0%	9	100%	3	100%	0	0%	0	0%	0	0%	0	0%

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: (7/1068, 1%) (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 7 children with a severe acute respiratory infection (ARI) were treated with appropriate antimicrobials and home treatment advice. We saw 4 children with asthma/bronchitis. If needed these children were treated with ventolin on the spot and were given instructions about the use of inhalers. In case of babies the mothers were instructed how to use the babyhaler. The SFFC will provide follow up visits.

#### 5: Cardial problems: (11/1068, 1 %) (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 carousel includes a cardial examination. We suspected 1 girl 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 with the Nleuwendijk Foundation. In follow up we saw the 3 cardiac kids who were referred in the previous years with good results. One child will need further follow up with cardiac ultrasound in 2017. But all 3 can be managed nonoperative with a yearly follow up. All results and data are in possession of the misionleaders and the SFFC.

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6: Skin diseases: (124/1209, 11%)(see table 1 of the appendix)

This year we saw 24 (24/1068, 2%) children with dermatomycoses including tinea capitis; the first time in the last 3 years we see a decline. This could be due to the fact that 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 24 children with scabies (2%) and treated 17 children with ivermectin for scabies (2%). We encountered a broad range of different kind of wounds and skin disorders (51/1068, 4%).

We accept a certain degree of underscoring. As tinea capitis is widespread in the schools due to transmission of the fungus by razorblade and other factors, we only reported and treated the serious cases.

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 stable. We interpreted this as a good sign as we do see a lot on newcomers in our medical camp each year. The awareness at the schools, especially the SFFC schools, for hygiene, sanitation and healthy food could also have an impact here.



7: Dental: (caries not otherwise specified: 77/1068, 7%; painful caries: 44/1068, 4%)

In general a high caries prevalence was found. Our reported incidence of 4 % for painful caries is low. This is due to underscoring. We still see a need for a dental camp and will try to bring our dentist with us next year.

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

After starting the brush at school program in 2015 in Kimarek and St.Peters, we were happy to see that the schools were still brushing the teeth in the classes. The aim of this project is that all children have their own toothbrush at school. And the whole school brushes their teeth at school together with the teachers. Washing hands and hygiene is also part of the program.

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 NIOSH. The SFFC provided the tooth brush holders for each classroom. In these schools we organized a meeting with all the teachers and selected students who were then in charge of training their classes. The SFFC still does follow-up visits in the classrooms during their monthly visits.

8: Other

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### Further recommendations

#### Deworming

This year most children of the SFFC schools did receive the antiworm tablet. These tablets were from the MCC/SFFC stock. Unfortunately, the outreach from the governmental program still appears to differ greatly between locations. If we look at the data from the last 3 years we do see a negative trend.

We need to establish a structure where at least in the SFFC schools the coverage of this prophylactic antiworm programme is 100%!

We still recommend to contact the local health clinics or hospitals responsible for the governmental deworming programme locally and make sure all children of the SFFC schools are reached by this programme.

E.g., is it possible for the teachers to get the albendazole directly from the health clinics for distribution? Or should the SFFC coordinate the twice annual distribution of the antiworm pills?

#### Nutrition

The incidence of growth disorders seems to be stable when we compare the results to the results of the last 3 years. The schools where the SFFC has a feeding programme shows an even lower incidence rate of severe growth abnormalities. The anemia rates are stable also in the schools where the SFFC has a feeding programme. Like discussed during the medical camp the young newcomers in the nursery and baby classes seem to have a poor nutritional state when entering the school. During the years they will benefit the most from the feeding programme.

We would encourage SFFC to proceed with the food programmes at the schools and nurseries.

There is a need for further education about nutrition and healthy living for teachers and health workers.

#### Cardiac problems

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

Heart operations are expensive (KS 100.000) and need extensive follow-up and chronic medication.

In the area of Njeri there is an ngo for heart children Ndugu Zangu who works together with a dutch ngo Heart for a Child's heart. We are trying to find a way to work together.

#### Skin disorders

Fungal infections of the head are still common. Although the reported incidence is dropping through the years. A probable cause could be the governmental decree for school children to shave their head.

Unfortunately the fungus does spread through dirty razors. Is there a role the SFFC can play in this matter? Is it possible to provide clean razor blades?

In general we see a lot of children with dirty skin due to poor hygienic 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.

Is there a role a town nurse or dedicated teacher can play in hygiene and wound matters?

Are there local beliefs about skin and wounds we are not aware of?

#### 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. We need to make a sustainable plan for the dental care in the areas where the SFFC works. At the moment we are only able to refer children with painful caries at an adhoc basis. This means only children with pain are being transported to a dental clinic where we pay the full costs. Is there a way to have a more proactive dental plan in the areas where the SFFC works?

This year we were able to raise enough toothbrushes for the brush programme in 2017.

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There is also a need for further education of teachers and healthcare workers on the importance of this subject and the role it has in the general health of the children.

### Health and Hygiene

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

To change the first step is education. Does the SFFC think there is a need for education about food safety, clean water, cleanliness, fit for school and fit for life subjects?

### Last words:

Thanks to the amazing support from Marina, Matt, Tazos and Noppi 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		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Underweight	100	9%	4	15%	10	7%	11	29%	13	27%	26	10%	1	13%
Stunting	87	8%	4	15%	3	2%	13	34%	12	25%	17	7%	2	25%
Wasting	34	3%	0	0%	4	3%	2	5%	2	4%	16	6%	0	0%
Anaemia	476	45%	9	33%	42	31%	12	32%	24	50%	118	46%	3	38%
HIV pos.	3	0%	0	0%	0	0%	1	3%	0	0%	1	0%	0	0%
Malaria (suspected)	3	0%	0	0%	1	1%	0	0%	0	0%	2	1%	0	0%
vitamin deficit (clinical signs)	12	1%	0	0%	7	5%	1	3%	1	2%	0	0%	0	0%
Bilharzia	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
syndrome n.o.s.	2	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%
pneumonia (clinical)	7	1%	0	0%	1	1%	2	5%	1	2%	0	0%	0	0%
bronchitis	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
BHR/asthma	4	0%	1	4%	1	1%	0	0%	0	0%	0	0%	0	0%
diarrhoea without dehydration	13	1%	0	0%	0	0%	1	3%	0	0%	1	0%	0	0%
active worm infection	31	3%	0	0%	3	2%	1	3%	0	0%	7	3%	0	0%
active lintworm	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%
otitis media acuta	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
otitis media with effusion	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
otitis externa	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
(adeno)tonsillitis	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
other	3	0%	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%
cariës n.o.s.	77	7%	3	11%	9	7%	4	11%	3	6%	11	4%	0	0%
pain n.o.s	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
caries with pain	44	4%	1	4%	4	3%	0	0%	1	2%	20	8%	0	0%
wounds n.o.s.	6	1%	0	0%	0	0%	1	3%	0	0%	1	0%	1	13%
eczema n.o.s.	6	1%	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%
dermatomycosis	24	2%	2	7%	3	2%	1	3%	4	8%	4	2%	0	0%
Impetigo/furunculosis	13	1%	0	0%	2	1%	0	0%	0	0%	3	1%	0	0%
scabies	25	2%	0	0%	4	3%	0	0%	1	2%	6	2%	0	0%
wounds infected,	15	1%	0	0%	3	2%	2	5%	0	0%	1	0%	0	0%
insect bite	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
other (psoriasis etc)	10	1%	0	0%	0	0%	0	0%	0	0%	2	1%	1	13%
psychomotoric retardation	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	13%
epilepsy	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
physiological murmur	8	1%	0	0%	1	1%	0	0%	1	2%	3	1%	0	0%



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pathological murmur (suspected)	11	1%	0	0%	1	1%	0	0%	1	2%	1	0%	0	0%
refractory problem	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
keratoconjunctivitis	3	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%
hernia(umbilical etc)	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total = 35		Total = 160		Total = 36		Total = 49		Total = 16		Total = 218		Total = 40	
	n	%	n	%	n	%	n	%	n	%	N	%	n	%
Underweight	6	17%	9	6%	6	17%	1	2%	2	13%	9	4%	2	5%
Stunting	5	14%	8	5%	11	31%	1	2%	5	31%	4	2%	2	5%
Wasting	3	9%	1	1%	2	6%	0	0%	1	6%	3	1%	0	0%
Anaemia	16	46%	71	44%	22	61%	19	39%	11	69%	102	47%	27	68%
HIV pos.	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%
Malaria (suspected)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
vitamin deficit (clinical signs)	0	0%	0	0%	0	0%	1	2%	0	0%	1	0%	1	3%
Bilharzia	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
syndrome n.o.s.	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
pneumonia (clinical)	0	0%	0	0%	0	0%	0	0%	2	13%	0	0%	1	3%
bronchitis	0	0%	1	1%	0	0%	0	0%	1	6%	0	0%	0	0%
BHR/asthma	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%
diarrhoea without dehydration	0	0%	0	0%	2	6%	0	0%	0	0%	5	2%	4	10%
active worm infection	0	0%	1	1%	2	6%	3	6%	1	6%	10	5%	3	8%
active lintworm	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
otitis media acuta	0	0%	0	0%	0	0%	1	2%	0	0%	1	0%	0	0%
otitis media with effusion	0	0%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%
otitis externa	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	1	3%
(adeno)tonsillitis	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%
other	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
cariës n.o.s.	3	9%	8	5%	1	3%	8	16%	0	0%	25	11%	2	5%
pain n.o.s	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
caries with pain	1	3%	6	4%	0	0%	3	6%	0	0%	8	4%	0	0%
wounds n.o.s.	1	3%	1	1%	0	0%	0	0%	0	0%	1	0%	0	0%
eczema n.o.s.	0	0%	0	0%	0	0%	1	2%	1	6%	1	0%	1	3%
dermatomycosis	1	3%	2	1%	1	3%	0	0%	0	0%	4	2%	2	5%
Impetigo/furunculosis	0	0%	3	2%	2	6%	1	2%	0	0%	1	0%	1	3%
scabies	0	0%	1	1%	1	3%	5	10%	3	19%	2	1%	2	5%
wounds infected,	0	0%	2	1%	2	6%	0	0%	0	0%	3	1%	2	5%
insect bite	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
other (psoriasis etc)	0	0%	1	1%	0	0%	3	6%	0	0%	3	1%	0	0%

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psychomotoric retardation	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
epilepsy	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
physiological murmur	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	2	5%
pathological murmur (suspected)	0	0%	4	3%	3	8%	0	0%	0	0%	0	0%	1	3%
refractory problem	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
keratoconjunctivitis	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	1	3%
hernia(umbilical etc)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

## Appendix C: Treatment among all children per geographical location

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Ferro	313	29%	4	15%	24	18%	6	16%	13	27%	77	30%	1	13%
mother iron	9	1%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%
multivitamins	164	15%	3	11%	19	14%	14	37%	17	35%	37	14%	3	38%
anti-worm	315	29%	1	4%	0	0%	14	37%	0	0%	30	12%	1	13%
acute worm	39	4%	0	0%	3	2%	2	5%	0	0%	13	5%	0	0%
anti-lice	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
anti-scabies	17	2%	0	0%	1	1%	0	0%	1	2%	3	1%	0	0%
niclosamide	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%
amoxicillin	11	1%	0	0%	1	1%	0	0%	1	2%	0	0%	0	0%
augmentin	2	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%
2e lijns antibiotica	2	0%	0	0%	0	0%	1	3%	1	2%	0	0%	0	0%
ORS	6	1%	0	0%	0	0%	2	5%	0	0%	0	0%	0	0%
eardrops	5	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
mupirocine=Bactroban	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
hydrocortisone cream	9	1%	0	0%	1	1%	0	0%	1	2%	2	1%	0	0%
dactarin cream	6	1%	0	0%	0	0%	1	3%	0	0%	1	0%	0	0%
dactacort cream	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
fusidin cream	24	2%	0	0%	3	2%	4	11%	0	0%	3	1%	0	0%
sudo cream	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
neutral cream	8	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Selsun	3	0%	0	0%	1	1%	0	0%	0	0%	1	0%	0	0%
Eyedrops	6	1%	0	0%	2	1%	1	3%	0	0%	0	0%	0	0%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Ferro	12	34%	64	40%	15	42%	15	31%	4	25%	67	31%	11	28%
mother iron	0	0%	0	0%	0	0%	0	0%	5	31%	0	0%	3	8%
multivitamins	6	17%	15	9%	11	31%	4	8%	8	50%	16	7%	11	28%
anti-worm	1	3%	2	1%	11	31%	46	94%	4	25%	181	83%	24	60%
acute worm	1	3%	2	1%	2	6%	3	6%	1	6%	10	5%	2	5%
anti-lice	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%

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anti-scabies	0	0%	1	1%	1	3%	5	10%	0	0%	3	1%	2	5%
niclosamide	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
amoxicillin	0	0%	1	1%	1	3%	1	2%	3	19%	1	0%	2	5%
augmentin	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%
2e lijns antibiotica	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
ORS	0	0%	0	0%	2	6%	0	0%	0	0%	1	0%	1	3%
eardrops	0	0%	2	1%	1	3%	0	0%	0	0%	1	0%	1	3%
mupirocine=Bactroban	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
hydrocortisone cream	0	0%	0	0%	0	0%	1	2%	1	6%	2	1%	1	3%
dactarin cream	1	3%	0	0%	1	3%	0	0%	0	0%	1	0%	1	3%
dactacort cream	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	1	3%
fusidin cream	0	0%	4	3%	3	8%	1	2%	0	0%	3	1%	3	8%
sudo cream	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
neutral cream	0	0%	0	0%	0	0%	2	4%	2	13%	2	1%	2	5%
Selsun	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
Eyedrops	1	3%	0	0%	1	3%	0	0%	0	0%	0	0%	1	3%

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Appendix D Follow up

	Total		Kamalabei baby		Kamalabei school		Kamalabei village		Kesengei baby		Kesengei school		Kesengei village	
	1068		Total= 27		Total= 137		Total= 38		Total= 48		Total= 256		Total= 8	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Dentist	27	3%	1	4%	2	1%	0	0%	1	2%	16	6%	0	0%
Specialist in hospital	8	1%	0	0%	0	0%	1	3%	0	0%	1	0%	0	0%
Revisit	14	1%	0	0%	2	1%	1	3%	0	0%	3	1%	1	13%
X-thorax	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
ECG	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
Urine + Kidney function	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Bloodtest after 3 months	9	1%	0	0%	0	0%	0	0%	4	8%	3	1%	0	0%
International organisation	9	1%	0	0%	0	0%	1	3%	0	0%	2	1%	0	0%
Other...	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%

	Kimarek baby		Kimarek school		Kimarek village		Nakuru Remand home		Nakuru Womans Prison		St Peters school		St Peters village	
	Total= 35		Total= 160		Total= 36		Total= 49		Total= 16		Total= 218		Total= 40	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Dentist	0	0%	2	1%	0	0%	0	0%	0	0%	5	2%	0	0%
Specialist in hospital	0	0%	3	2%	0	0%	0	0%	0	0%	3	1%	0	0%
Revisit	0	0%	1	1%	2	6%	0	0%	0	0%	3	1%	1	3%
X-thorax	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
ECG	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Urine + Kidney function	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Bloodtest after 3 months	0	0%	1	1%	0	0%	0	0%	0	0%	1	0%	0	0%
International organisation	0	0%	1	1%	0	0%	2	4%	0	0%	1	0%	2	5%
Other...	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

