

Medical Checks for Children

Medical Report
Woza Moya,

Ufafa Valley South-Africa 2022

“I ALONE CANNOT CHANGE THE
WORLD, BUT I CAN CAST A STONE
ACROSS THE WATERS TO CREATE
MANY RIPPLES”

MOTHER THERESA

Ilse Westerbeek

Veronique Schram

I Introduction

From the 1th to 8th of October 2022, our Medical Checks for Children (MCC) team visited for the first year Woza Moya, in Ixopo, Ufafa valley, Kwazulu Natal, South Africa to conduct a medical health camp. We checked and treated children on the spot, aged between 0 and 12 years, free of cost at above mentioned locations. The main group of children was between 3 and 9 years of age.

The team stayed 8 nights in Mac Nicol's farm, in Ixopo, 2,5hours drive from Durban airport. A beautiful farmhouse

This year's free medical campaign of MCC was a first explorative medical mission, organized in mutual cooperation/collaboration and with financial support of the Dutch NGO Kinderfonds MAMAS and the Sout African NGO Woza Moya, led by the honourable Papa Sphe.

Woza Moya began in 2000 in direct response to the HIV/AIDS pandemic that was ravaging the Ufafa Valley Community. At that time no ARVs or any other help was available. Vision of Woza Moya is for all people of the Ufafa Valley Community to be healthy and productive, living in a safe and clean environment, with good access to services and social justice. Mission of Woza Moya is to facilitate the empowerment of the community to fulfil the vision through community health services, capacity building, education, civic participation, engagement with service providers and other strategic partnerships.

Woza Moya has various interrelated Programs:

- Community health care: To provide access to education, treatment, care and support for those infected and affected by HIV/AIDS/TB and other illnesses
- Early childhood development: To provide psychosocial, physical, spiritual, emotional, material, educational support to orphaned and vulnerable children and their care givers
- Sustainable livelihoods: To support vulnerable women towards self-reliance
- Youth Development: To encourage young people to adopt healthier lifestyles

The children were families from the villages and most children attended the primary schools in the underprivileged rural areas in the Ufafa valley. In the Ufafa children there is a medical clinic for primary care in Ixopo and a hospital for second greater medical problems. Children can be referred to a specialised hospital in Sint Pietermaritzburg. Mobile clinics visit the villages at regular moments. Although there are good medical facilities in the valley, sometimes families do have limited access to medical facilities.

Children born and registered are allocated to regular health and development check-ups directly after birth and receive their "road to health book" organized by the government. Almost all the children are checked and information written in this health book containing neonatal details, HIV status of the mother, vaccinations, growth follow-up, development, and Vitamin A supplementation. Children also receive regular anti-worm treatment. During the COVID pandemic almost none of the children received anti-worm treatment or vaccinations. The government is catching up with immunizations.

The Dutch team of 2022 consisted of Veronique Schram (nurse and mission leader), Ilse Westerbeek (pediatrician and medical mission leader), Eline Hausel (remedial teacher) Jankees de Ridder (general practitioner), Kaj Wage (pediatrician) Kathleen Gillis (children's physiotherapist), Lucan Delemarre (pediatrician), Mariëtte Pullen (theologian) Annette Hoogerbrugge (midwife and care coordinator), Carolijn Engels (general practitioner and youth health care physician).

Technical equipment, toothbrushes, spectacles and gifts for the children and some of the medical supplies were brought from the Netherlands by the team members.

Support from the local Woza Moya organizing committee consisted of the following (amongst others):

- Selection of the check locations
- Selection of the children to be checked, each accompanied by a caregiver.
- Information transmittance to the local communities.
- Organizing all the different stations of the carousel
- Arranging plentiful and competent translators /support volunteers/ nurses
- Arranged a good hotel for all MCC team members
- Transportation of the MCC team to the check locations and from and to the airport
- Providing the drinks and food on the check locations
- Prior announcement of the medical campaign on the locations.
- Giving support in ordering and delivering the medication.
- Giving support to the MCC team during the medical campaign.

The whole team during the checks consisted of the Woza Moya team, nurses and the 10 Dutch team members accompanied by a daily changing number of Indian support volunteers/ translators and drivers. In total the multidisciplinary team during the check week consisted of roughly 50 members on all the different locations combined, who performed the children's medical health campaign in the Ufala valley.

The MCC team was very happy and great full with the cooperation with the local organizer Woza Moya, and the active, direct support and enthusiasm of the local volunteers and nurses who gave MCC the opportunity to work in the Ufala Valley and to facilitate all aspects of the medical campaign.

II Medical Checks for Children on location, content of the medical camp

During the week, MCC checked 728 children at 5 different locations in the Ufafa Valley. Specifics on number of location are shown in table 1.

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

Rijlabels	03-10-22	04-10-22	05-10-22	06-10-22	07-10-22	Total
Mpofini	0	177	0	0	0	177
Lufafa	0	0	166	0	0	166
Ntakama	0	0	0	134	0	134
Woza Moya	0	0	0	0	126	126
Mashakeni	125	0	0	0	0	125
Total	125	177	166	159	126	728

The children were seen free of cost at the MCC carousel, which consists of the following stations:

1. Registration
2. Parent/ caretaker education
3. Height and weight (saturation occasionally)
4. Blood test (haemoglobin)
5. Physical examination
6. Distribution of medication (pharmacy)
7. Education on hygiene, tooth brushing and hand washing
8. On indication: referral

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

Age	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
<=1 year	31	4%	1	1%	4	2%	8	6%	6	5%	12	10%
>1 en <5 years	102	14%	12	7%	13	8%	35	26%	25	20%	17	14%
<5 years	129	18%	13	7%	16	10%	42	31%	31	25%	27	22%
>=5 en <=10 years	415	57%	113	64%	103	62%	59	44%	74	59%	66	53%
>10 years	183	25%	50	28%	47	28%	33	25%	21	17%	32	26%
Gender												
Boy	342	47%	85	48%	76	46%	58	43%	69	55%	54	43%
Girl	386	53%	92	52%	90	54%	76	57%	57	45%	71	57%

Data collection

The children receive a CRF form at registration (station 1). Anthropometric measurements were recorded (station 3), and a finger prick sample was taken to determine the haemoglobin (Hb) concentration (station 4). A clinical doctor examined each child. History of illnesses in the preceding weeks was recorded. They were also asked if their child had received prior treatment, especially deworming within the last half year, iron or multivitamin supplementation or antibiotics. If the child was also seen by other dokters/ during other check-ups this information was taken into account. At the end of the MCC carousel, the data of the checked children were entered into a database, which made it possible to gain preliminary insights into the health of that day's children population every evening. Furthermore, every day the team had a short evaluation of the day to improve logistics for them next day.

III General diagnoses and categories of ailments/treatment and referrals

In general, the children were in pretty good health. The main alleged causes were worm infections, tinea capitis, ear-nose-throat infections and dental problems. Most of the ailments could be treated on the spot.

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

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Underweight	15	3%	7	5%	1	1%	1	1%	2	2%	4	4%
No underweight	547	97%	122	95%	124	99%	103	99%	103	98%	95	96%
Unknown	166		48		41		30		21		26	
Underweight children per age												
<=1 year	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	2	2%	0	0%	0	0%	0	0%	1	4%	1	6%
<5 years	2	2%	0	0%	0	0%	0	0%	1	3%	1	4%
>=5 en <=10 years	13	3%	7	6%	1	1%	1	2%	1	1%	3	5%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Underweight children per gender												
Boy	12	4%	6	9%	1	2%	1	2%	2	3%	2	5%
Girl	3	1%	1	2%	0	0%	0	0%	0	0%	2	4%

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

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Stunting	58	8%	23	13%	14	8%	9	7%	6	5%	6	5%
No stunting	668	92%	154	87%	152	92%	125	93%	119	95%	118	95%
Unknown	2		0		0		0		1		1	
Stunting children per age												
<=1 year	6	19%	0	0%	0	0%	3	38%	3	50%	0	0%
>1 en <5 years	8	8%	2	17%	2	15%	2	6%	1	4%	1	6%
<5 years	14	11%	2	15%	2	13%	5	12%	4	13%	1	4%
>=5 en <=10 years	34	8%	15	13%	11	11%	3	5%	2	3%	3	5%
>10 years	10	6%	6	12%	1	2%	1	3%	0	0%	2	6%
Stunting children per gender												
Boy	33	10%	12	14%	8	11%	5	9%	4	6%	4	8%
Girl	25	6%	11	12%	6	7%	4	5%	2	4%	2	3%

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

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Wasting	4	1%	1	2%	0	0%	0	0%	2	3%	1	2%
No wasting	307	99%	58	98%	64	100%	68	100%	56	97%	61	98%
Unknown	417		118		102		66		68		63	
Wasting children per age												
<=1 year	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
>1 en <5 years	2	2%	0	0%	0	0%	0	0%	1	4%	1	6%
<5 years	2	2%	0	0%	0	0%	0	0%	1	3%	1	4%
>=5 en <=10 years	2	1%	1	2%	0	0%	0	0%	1	4%	0	0%
>10 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Wasting children per gender												
Boy	3	2%	1	3%	0	0%	0	0%	1	3%	1	4%
Girl	1	1%	0	0%	0	0%	0	0%	1	4%	0	0%

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

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Anaemia	210	29%	39	22%	57	35%	41	31%	52	41%	21	17%
No anaemia	512	71%	136	77%	108	65%	90	69%	74	59%	104	83%
Unknown	4		0		1		3		0		0	
Hb <5,0 mmol	4	1%	0	0%	1	1%	1	1%	1	1%	1	1%
Anaemia per age												
<=1 year	7	23%	0	0%	1	25%	1	13%	2	33%	3	25%
>1 en <5 years	31	30%	4	33%	9	69%	4	11%	12	48%	2	12%
<5 years	36	28%	4	31%	9	56%	5	12%	14	45%	4	15%
>=5 en <=10 years	125	30%	26	23%	32	31%	22	37%	33	45%	12	18%
>10 years	49	27%	9	18%	16	34%	14	42%	5	24%	5	16%
Anaemia per gender												
Boy	106	31%	20	24%	26	34%	20	34%	28	41%	12	22%
Girl	104	27%	19	21%	31	34%	21	28%	24	42%	9	13%

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

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Anti-worm	63	9%	14	8%	13	8%	23	17%	8	6%	5	4%
No anti-worm	665	91%	163	92%	153	92%	111	83%	118	94%	120	96%
Unknown	0		0		0		0		0		0	
Anti-worm per age												
<=1 year	1	3%	0	0%	0	0%	1	13%	0	0%	0	0%
>1 en <5 years	26	25%	2	17%	3	23%	13	37%	6	24%	2	12%
<5 years	27	21%	2	15%	3	19%	14	33%	6	19%	2	7%
>=5 en <=10 years	24	6%	8	7%	7	7%	7	12%	1	1%	1	2%
>10 years	12	7%	4	8%	3	6%	2	6%	1	5%	2	6%

Table 8: Disease prevalence among all children per geographical location

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Underweight	15	2%	7	4%	1	1%	1	1%	2	2%	4	3%
Stunting	58	8%	23	13%	14	8%	9	7%	6	5%	6	5%
Wasting	4	1%	1	1%	0	0%	0	0%	2	2%	1	1%
Anaemia	210	29%	39	22%	57	34%	41	31%	52	41%	21	17%
HIV pos.	2	0%	0	0%	0	0%	0	0%	2	2%	0	0%
Malaria	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
vitamin deficit	5	1%	1	1%	3	2%	1	1%	0	0%	0	0%
Bilharzia	2	0%	0	0%	0	0%	1	1%	0	0%	1	1%
HIV/AIDS (suspected)	2	0%	1	1%	1	1%	0	0%	0	0%	0	0%
Abuse/neglect	6	1%	3	2%	0	0%	2	1%	1	1%	0	0%
pneumonia (clinical)	11	2%	0	0%	3	2%	1	1%	5	4%	2	2%
pneumonia (X-ray confirmed)	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
tuberculosis (clinical)	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
bronchitis	7	1%	1	1%	2	1%	1	1%	3	2%	0	0%
BHR/asthma	10	1%	3	2%	3	2%	0	0%	1	1%	3	2%
dysentery	2	0%	0	0%	1	1%	0	0%	0	0%	1	1%
dehydration : chronic	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
diarrhoea without dehydration	5	1%	1	1%	1	1%	1	1%	2	2%	0	0%
constipation	9	1%	2	1%	1	1%	0	0%	1	1%	5	4%
active worm infection	38	5%	5	3%	11	7%	5	4%	16	13%	1	1%
otitis media acuta	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
otitis media with effusion	4	1%	1	1%	0	0%	0	0%	1	1%	2	2%

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
otitis externa	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%
tympanic perforation	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
mastoiditis	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
(adeno)tonsillitis	2	0%	0	0%	0	0%	1	1%	1	1%	0	0%
sinusitis	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
hearing impairment	2	0%	1	1%	0	0%	1	1%	0	0%	0	0%
other	11	2%	3	2%	2	1%	2	1%	2	2%	2	2%
cariës n.o.s.	182	25%	38	21%	46	28%	35	26%	41	33%	22	18%
pain n.o.s	29	4%	3	2%	10	6%	1	1%	1	1%	14	11%
fluorosis	2	0%	0	0%	2	1%	0	0%	0	0%	0	0%
caries with pain	29	4%	5	3%	5	3%	11	8%	7	6%	1	1%
eczema n.o.s.	11	2%	4	2%	2	1%	2	1%	1	1%	2	2%
dermatomycosis	5	1%	1	1%	2	1%	0	0%	1	1%	1	1%
Impetigo/furunculosis	7	1%	0	0%	2	1%	0	0%	3	2%	2	2%
scabies	4	1%	0	0%	0	0%	4	3%	0	0%	0	0%
Tinea Capitis	75	10%	23	13%	25	15%	8	6%	12	10%	7	6%
other (psoriasis etc)	3	0%	0	0%	0	0%	1	1%	2	2%	0	0%
psychomotoric retardation	5	1%	2	1%	0	0%	1	1%	2	2%	0	0%
epilepsy	2	0%	2	1%	0	0%	0	0%	0	0%	0	0%
migraine/headache	1	0%	0	0%	0	0%	0	0%	1	1%	0	0%
leg kramps	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
physiological murmur	2	0%	2	1%	0	0%	0	0%	0	0%	0	0%
pathological murmur (suspected)	2	0%	0	0%	0	0%	1	1%	1	1%	0	0%
refractory problem	1	0%	0	0%	0	0%	0	0%	1	1%	0	0%
strabismus	4	1%	2	1%	0	0%	2	1%	0	0%	0	0%

Malnutrition

The checked children showed low levels of malnutrition with 3% underweight, 1% wasting and 8% stunting. 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.
- 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 is thought to account for one third of all deaths of children under five (UN Millennium Development Goals). 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 of death. The main factors contributing to malnutrition are rural poverty, lack of sanitation, poor living conditions and a lack of energy, protein intake, iron and multivitamins.

We think that the good nutrition state of the children checked in the Ufafa valley is achieved by the good social and care program of Woza Moya in collaboration with MAMA's alliance. They encourage registration after birth and ascertain to join the governmental health check-ups, attending HIV programs, and attending school. Moreover, they accomplish and encourage to have home and community gardens where a lot a healthy fruit and vegetables are cultivated.

Anaemia

29% of the checked children was suffering from anaemia) and only 1% had severe anaemia.

It is estimated that globally 60,2% of children in the African Region are anaemic (WHO 2019). 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, though deficiencies in folate, vitamins B12 and A are also important causes; haemoglobinopathies; and infectious diseases, such as malaria, tuberculosis, HIV and parasitic infections. Iron deficiency anaemia has also been shown to affect cognitive and physical development in children and reduce productivity in adults.

Anaemia is an indicator of both poor nutrition and poor health. It is problematic on its own, but it can also impact other global nutritional concerns such as stunting and wasting, low birth weight and childhood overweight and obesity due to lack of energy to exercise. School performance in children and reduced work productivity in adults due to anaemia can have further social and economic impacts for the individual and family.

As micronutrients and malnutrition play an important role in the control of anaemia. We think that the general decline of anaemia compared with other African regions is an effect of the good care of Woza Moya in the Ufafa valley and in special of the home and community gardens. An additional

intervention good be make sure children join a 6 months deworm program. On the spot dewormed all children who did not receive anti-worm treatment the last 3 months and we treated the children with anaemia multivitamin and severe anaemia with iron supplements for three months

Of all the children we checked 91% had not been given anti-worm prophylaxes within the last 6 months by the community health centre.

Table 9: Treatment among all children per geographical location

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
ferro	18	2%	2	1%	8	5%	3	2%	3	2%	2	2%
mother iron	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
multivitamins	154	21%	28	16%	46	28%	28	21%	37	29%	15	12%
anti-worm	621	85%	160	90%	138	83%	107	80%	97	77%	119	95%
acute worm	41	6%	5	3%	11	7%	6	4%	17	13%	2	2%
anti-lice	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
amoxicillin	20	3%	2	1%	6	4%	1	1%	8	6%	3	2%
augmentin	6	1%	1	1%	1	1%	0	0%	3	2%	1	1%
2e lijns antibiotica	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
Ivermectine for lice	4	1%	0	0%	0	0%	4	3%	0	0%	0	0%
AB urine infection	2	0%	0	0%	1	1%	0	0%	1	1%	0	0%
paracetamol	19	3%	2	1%	5	3%	2	1%	9	7%	1	1%
Vitamine C	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
mupirocine	3	0%	0	0%	2	1%	0	0%	1	1%	0	0%
hydrocortisone cr	4	1%	2	1%	0	0%	1	1%	1	1%	0	0%
dactarin cream	31	4%	5	3%	5	3%	7	5%	10	8%	4	3%
fusidin cream	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%
neutral cream	6	1%	1	1%	2	1%	2	1%	1	1%	0	0%
iodine	12	2%	6	3%	0	0%	1	1%	5	4%	0	0%
griseofulvin	41	6%	14	8%	21	13%	4	3%	1	1%	1	1%
eyedrops	18	2%	4	2%	7	4%	1	1%	5	4%	1	1%

Table 10: Follow-up of all children per geographical location

	Total		Mpofini		Lufafa		Ntakama		Woza Moya		Mashakeni	
	728		Total= 177		Total= 166		Total= 134		Total= 126		Total= 125	
	N	%	n	%	n	%	n	%	n	%	n	%
Dentist	63	9%	15	8%	10	6%	12	9%	10	8%	16	13%
Specialist in hospital	22	3%	6	3%	3	2%	5	4%	3	2%	5	4%
Revisit	21	3%	5	3%	8	5%	1	1%	5	4%	2	2%

Social program	11	2%	2	1%	2	1%	5	4%	2	2%	0	0%
Diagnostics	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%
Bloodtest after 3 mon	4	1%	0	0%	1	1%	0	0%	2	2%	1	1%
Other...	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%

Social problems

Although table 10 shows that “only” 11 children were referred to the social program we identified and were also informed by the team of Woza Moya that due to the harsh living conditions there are many children who do not live with their parents. The parents died, they abandoned their children or are working far from the village. These children are raised by grandparents, aunts or neighbours. Due to this poor living conditions, many children are somehow neglected or abused. We are impressed by the very well-designed social program of Woza Moya. Community Health Care is at the heart of Woza Moya’s activities. Through a team of well-trained Community Care Givers (CCGs), the most vulnerable families are identified. The first step is to identify a primary care giver in the home, who the CCG works closely with, transferring skills and information and providing ongoing support and advice. The CCGs receive training in Primary Health Care, Palliative Care, First Aid, HIV and AIDS, including TB and ARV treatment, General Counselling and VCT, basic home care nursing, and Early Childhood Development, with a particular focus on children 0-5years.

IV Education and prevention

One of the most important tasks of MCC is to encourage the continuation of health education of the village children. Nutritious foods, deworming, as well as hygiene, should be key components of structural health promotion in the village. Based on WHO estimates, 25% of the global burden of disease is due to preventable environmental exposures, with the greatest burden to children in low-income and developing countries. For this reason, it was MCC's task to help create sustainable health knowledge in the communities visited.

Ways of improving personal hygiene and sanitation through hand washing, nail trimming, wearing of shoes/boots and use of a latrine and clean water supplies were encouraged, with bearing the deplorable housing conditions of many families and the environmental hazards in mind. Woza Moya already has a social team with a health promoting program visiting the villages doing homevisits. Woza Moya's 35 CCGs support the family or the primary caregivers in households to care for themselves at home. They monitor and support patients on medications, in particular ARVs and TB, making referrals if side effects or defaulting is found. They teach basic skills such as infection control, improved hygiene, in relation to water, sanitation and waste disposal. They educate families on how to access government services. They refer to the relevant authorities or to the Woza Moya Programme Managers when necessary. CCGs are local villagers who are trained by Woza Moya. They are supplied with shoes, uniforms, basic medical supplies and taxi fares, and receive a stipend which enables them to visit approximately 30 families each - in total some 1 140 families - a month. They are monitored to ensure services are professional and standards maintained. Jane Nxasane, Community Health Care Programme Manager supports the care workers and is responsible for distributing supplies such as condoms, rubber gloves, and basic medicines. Jane collates all the CCGs monthly home visit sheets and submits Woza Moya's home-based care statistics to the local clinic in town. Woza Moya data captures the data from the Home Visit Sheets into

the database. From that information accurate reports can be drawn. This is useful for reporting to donors as well as for managing the programme.

Dental problems

We identified 33% of the children with dental problems. This underlies the need for good dental programs. Gladly Woza Moya already implemented toothbrush program within their social programs.

V Summary and future

During this explorative mission we saw that Woza Moya is a very well-organized organization who already done a lot of work in the Ufafa Valley and we saw a tremendous compassion for the community with already a great awareness of health problems. Woza Moya already incorporated various health, social and preventive programs through Community health care, Early childhood development, Sustainable livelihoods and Youth Development programs.

A major concern is the enormous increase of eating candies, junkfood and waste food. First of all, because of these children have a poor appetite for healthy food such as fruit and vegetables. This will cause malnutrition and obesity. The incidence of children with obesity is increasing. Furthermore, the increased use of unhealthy food, together with not or inadequate tooth brushing increase the incidence of dental problems. We found an large amount of children with tooth decay.

Recommendations

- We recommend deworming of all the children every 6 months.
- We recommend dental checkups once a year.
- We recommend eye check-ups once a year

The MCC team is very impressed about the work Woza Moya is doing. As the children are in general in good health and most problems are already covered by Woza Moya itself we think that MCC does not need to continue the medical mission next years. We think that the next couple of years Woza Moya is able to deal with the main health problems by themselves and there is enough knowledge and accessibility to seek medical care. We hope that MCC just a brought a sparkle to encourage the wonderful work Woza Moya is doing. Thank you.

We would like to thank the Woza Moya team and MAMA's alliance for the great collaboration.