### 1. General Profile

#### Year 2009 2019

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population*</td>
<td>1,630,934</td>
<td>1,670,570</td>
</tr>
<tr>
<td>Female of childbearing age (15-49)**</td>
<td>281,645</td>
<td>345,538</td>
</tr>
<tr>
<td>Population under five years**</td>
<td>272,825</td>
<td>290,260</td>
</tr>
<tr>
<td>Urban population*</td>
<td>-</td>
<td>163,807</td>
</tr>
<tr>
<td>Population with primary school education*</td>
<td>-</td>
<td>750,369</td>
</tr>
<tr>
<td>Average rainfall (mm)**</td>
<td>1,632</td>
<td>1,865</td>
</tr>
</tbody>
</table>

* KNBS 2009 & 2019 KNPHC, **World Pop, ***Kenya Meteorological Department

### 2. Under-five mortality (U5M), 1965-2015

#### 2.1 U5M (per 1000 live births)

- **U5M trends in Bungoma, relative to the national mean, LREB mean and progress in meeting global U5M reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.**

- **Mean U5M per 1000 live births in Bungoma and LREB every 10 years between 1965 and 2013.**

#### 2.2 Trends in U5M and progress towards achieving global targets

- **USM trends in Bungoma, relative to the national mean, LREB mean and progress in meeting global USM reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.**


**3.1 Child Factors**

- **Breastfeeding indicators:** 1993 and 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Continued breastfeeding</th>
<th>Exclusive breastfeeding</th>
<th>Breastfed within one hour of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>100%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>2014</td>
<td>86%</td>
<td>64%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**% Change**

- Continued breastfeeding: -14%
- Exclusive breastfeeding: +4%
- Breastfed within one hour of birth: -23%

Coverage of breast feeding indicators, and the percentage change between 1993 and 2014. Green indicates an improvement and red a decline. The darker the green the greater the improvement.

**3.2 Malnutrition indicators:** 1993 and 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Low birth weight</th>
<th>Stunted</th>
<th>Underweight</th>
<th>Wasted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>100%</td>
<td>50%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>2014</td>
<td>50%</td>
<td>30%</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**% Change**

- Low birth weight: -50%
- Stunted: -20%
- Underweight: -10%
- Wasted: -5%

Coverage of malnutrition indicators, and the percentage change between 1993 and 2014. Red indicates deterioration in the indicator and green an improvement.
3.2 Maternal factors


- Maternal literacy 77.31%
- Birth interval 64.35%
- Low parity 60.74%
- Maternal education 45.37%
- Female-headed household 27.34%
- Contraceptive 14.71%
- 38.71% Contraceptive
- 38.94% Female-headed household

Note: Birth interval - the proportion of children with a preceding or succeeding birth interval > 24 months.
Low parity - the proportion of women aged <30 years with less than 3 or aged >29 years with less than 5 children.
Maternal education - the proportion of mothers (15-49 years) who had greater than primary education at the time of the survey.

3.3 Health Care Utilization


- Antenatal care (ANC) 1993: 74.68%
- Antenatal care (ANC) 2014: 73.20%

Note: Improved sanitation - proportion of households who have access to flush toilet facilities.
Improved and intermediate sanitation have access to any form of a toilet facility.
Improved water is the proportion of households who have access to piped water for drinking.
Improved and intermediate water have access to either piped or boreholes/wells water for drinking.
Least poor households - proportion of households considered not poor comprising of the 1st, 2nd and 3rd quintiles of the wealth index.

3.4 Household factors

Factors that were either not monitored or had not been rolled out by 1993 (IPTp1, IPTp2, iron supplements, vitamin A-mothers, vitamin A-children, Antimalarial and Child-ITN).

IPTp2  9.79
Child_ITN 8.19
VitaminA-mother 12.64

3.5 Health Interventions


Note: TT2 - Two doses of tetanus toxoid injection
IPTp- Intermittent preventive treatment in pregnancy
ORS - Oral rehydration salts use
DPT3-3rd dose of diphtheria–tetanus–pertussis vaccine
Polio3 - 3rd dose of polio vaccine
Child_ITN - Insecticide treated bed nets use by children

3.6 Infections

3.6.1 Malaria Prevalence

Malaria prevalence in Bungoma and other LREB counties.

3.6.2 HIV Prevalence


Key Messages

- The U5M rate in Bungoma remained higher than the national average across most years. However, the rate has been declining with the greatest reduction (26%) observed between 1995 and 2003. Within this period, the rate went lower than the national mean before exceeding it in 2003. Conversely, relative to the regional average, the rate remained lower across the years. By 2014, the rate was 27.41% higher than the national average and fifth-lowest (66.29 per 1000 live births) in LREB after Kisii.
- HIV prevalence reduced across the years. On the contrary, Malaria prevalence remained high despite substantial progress in improving malaria interventions and having higher coverage than most counties across different malaria interventions.
- The proportion of children continually breastfed after six months decreased slightly by 1.4%, however, other breastfeeding practices and nutritional status improved ranging between 10% to 165%.
- Maternal education alongside contraceptive usage had significant improvements.
- In addition to being the only county in LREB with less than 50% of women delivering at a health facility or attended to by skilled personnel at birth by 2014, Bungoma had the greatest drop (by 19%) points in the proportion of pregnant women receiving at least four antenatal care.
- Vaccination coverage significantly dropped (from 65% to 44%) in 2003 before rebounding in 2014 but remained lower than most counties.
- At least >50% of households in Bungoma had access to clean water for drinking, unlike most counties where the coverage was below 50%. Access to sanitation remained high (>88%) and households classified as least poor improved by about 10%./..