Child Survival and its Determinants

1. General Profile

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

2.1 U5M (per 1000 live births)

2.2 Trends in U5M and progress towards achieving global targets


3.1 Child Factors


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

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

Mean U5M per 1000 live births in Garissa and FCDC every 10 years between 1965 and 2013.

USM trends in Garissa, relative to the national mean, FCDC 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.
### 3.2 Maternal factors


- **Birth interval:** 19.82% reduced from 24.08 %
- **Low parity:** 56.06% reduced from 63.68%
- **Female-headed household:** 29.15% increased from 28.01% in 2014
- **Maternal education:** 20.45% increased from 10.89% in 2014
- **Maternal literacy:** 29.86% increased from 27.54% in 2014
- **Contraceptive:** 7.28% increased from 4.93% in 2014

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):** 86.42% increased from 88.85%
- **Antenatal care (ANC) 55.44%:** increased from 54.41 %
- **Health facility delivery (HFD):** 62.93% increased from 62.65%
- **Diarrhea treatment:** 29.20% increased from 28.18%
- **Skilled birth attendance (SBA):** 31.93% increased from 31.85%

### 3.4 Household factors

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 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.

### 3.5 Health Interventions


- **TT2:** 50.56
- **DPT3:** 33.77
- **Bos vaccine:** 78.81
- **ORS:** 30.3
- **IPTp1-2:** 32.4
- **Vitamin A-mothers:** 49.4
- **Vitamin A-children:** 32.2
- **Antimalarial:** 44.7
- **Child ITN:** 37.13
- **IPTp2:** 5.64
- **Child ITN 2:** 7.95
- **Child ITN 3:** 22.3
- **IPTp1-2:** 10.64
- **Antimalarial:** 5.64
- **IPTp1-2:** 7.95
- **Child ITN:** 4.21

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).

### 3.6 Infections

#### 3.6.1 Malaria Prevalence

Malaria prevalence in Garissa and other FCDC counties.

#### 3.6.2 HIV Prevalence


Key Messages

- The USM rate in Garissa has been declining but at a relatively slower pace than other FCDC counties. Progress was more pronounced between 1995 and 2004 at a rate of 29%. This was also the only period when the rate was lower than the national mean. However, after 2007 Garissa was the only county in the region with a USM rate higher than the national mean. By 2014, the rate was at 63.49 per 1000 live births, the highest in the region.
- In the early 90s, there was an increase in HIV prevalence; however, since 1997, HIV prevalence has declined steadily. Malaria transmission rates have also reduced from an average of 20% in the early 1990s to below 1% since 2009. This corresponded with the improvements in ITN coverage.
- Even though maternal literacy and education levels were the second-highest in the region, at the national level Garissa was among the bottom ten counties. This was also the case for contraceptive usage and prevalence for longer birth intervals and low parity.
- Health facility deliveries and antenatal coverage reduced slightly. However, the proportion of deliveries attended to by skilled birth attendants improved noticeably and was the region’s highest.
- Breastfeeding practices and nutritional status have improved. In fact, Garissa had the most significant improvement in reducing prevalence for stunting and wasting children in the region.
- Vaccination coverage was second-lowest in the region and country; however, it had improved by 85% between 1993 and 2014, a tremendous improvement relative to other FCDC counties.
- At 81%, Garissa had the highest access to clean water in the region, with 60% of households having access to piped water by 2014. On the contrary, the proportion of households with access to sanitation and those classified as poor dropped.