Child Survival and its Determinants

1. General Profile

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

2.1 U5M (per 1000 live births)

Mean U5M per 1000 live births in Kiambu and CEREB every 10 years between 1965 and 2013.

2.2 Trends in U5M and progress towards achieving global targets

USM trends in Kiambu, relative to the national mean, CEREB 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.


3.1 Child Factors


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.


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

Data Sources: * KNBS 2009 & 2019 KNPHC, **World Pop, ***Kenya Meteorological Department
3.2 Maternal factors


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.

3.4 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 3.1
Child_ITN 5.2
Antimalarial 7.1

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.

3.6 Infections

3.6.1 Malaria Prevalence

Malaria prevalence in Kiambu and other CEREB counties.

3.6.2 HIV Prevalence


Key Messages

- In the 1960s/70s, and after 2004 U5M in Kiambu was lower than the regional U5M average, while between 1980 and 2004, the rates were similar. Despite the progress, the U5M rate increased by 9% after 2004. However, the rate of increase was lower than most counties in the CEREB that had >20% and remained lower than the national average. Overall, Kiambu had the third-lowest U5M (49.14 per 1000 live births) after Nyeri by 2014.
- HIV prevalence increased between 1993 and 2003 before decreasing to 3.7% by 2014. Improved use of ITNs by children (from 5% to 45%) between 2003 and 2014 corresponded with a decline in malaria prevalence after 2003.
- Kiambu was one of the counties with the country’s highest proportion of literate and educated mothers. It is also one of the counties with the highest contraceptive usage alongside an increase in the number of mothers with longer birth intervals and low parity.
- The proportion of women receiving at least four antenatal care during pregnancy declined slightly (3%) points although the general rate of health care utilization improved.
- Except for children breastfed within one hour of birth, breastfeeding practices and nutritional status improved.
- Vaccination coverage remained high and with Kiambu among the counties in the country with the highest vaccination coverage.
- There was a slight improvement in access to clean water, with the coverage of piped water for drinking increasing to >50%. Access to sanitation remained above 88%.
- Kiambu is among the counties with the lowest proportions of households classified as poor in the country.