1. General Profile

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

2.1 U5M (per 1000 live births)

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

2.2 Trends in U5M and progress towards achieving global targets

U5M trends in Kisii, 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.


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.

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


- Maternal literacy 78.0%
- Birth interval 72.18%
- Low parity 61.88%
- Maternal education 42.49%
- Contraceptive 20.6%

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) 92.88%
- Skilled birth attendance 95.34%
- 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

Factors that were either not monitored or had not been rolled out by 1993 (IPTp1, IPTp2, Iron Supplements, Vitamin A-mothers, Antimalarial and Child-ITN)

IPTp2 6.79
Child_ITN 9.19
Antimalarial 12.43
IPTp1 11.05
VitaminA-mother 13.21

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

3.5 Health Interventions


Dark green indicates high coverage and red low coverage.

Factors that were either not monitored or had not been rolled out by 1993 (IPTp1, IPTp2, Iron Supplements, Vitamin A-mothers, Antimalarial and Child-ITN)

IPTp2 6.79
Child_ITN 9.19
Antimalarial 12.43
IPTp1 11.05
VitaminA-mother 13.21

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 Kisii and other LREB counties.

1993
2003
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.

3.6.2 HIV Prevalence


1993
2003
2014

Key Messages

- The USM rate in Kisii has been lower than the regional average across time. However, the trend has been variable relative to the national mean, comprising periods when the rate was higher or lower. Kisii had the greatest USM reduction in LREB of up to 32% between 1995 and 2004. By 2014, the rate was 3.55% higher than the national mean and was fourth lowest in LREB at 53.88 per 1000 live births after Nyamira.

- There was slow progress in reducing HIV prevalence between 1993 and 2003. However, Malaria prevalence declined steadily, though the coverage of malaria interventions (except the usage of treated bed nets) was much lower (<30%) than in other LREB counties.

- The proportion of educated mothers and contraceptive usage significantly improved. By 2014, Kisii was among the counties with the highest coverage in maternal literacy in LREB and the country.

- No change was observed in the proportion of children breast fed continually after six months. However, other breast feeding practices and nutritional status improved.

- Though the proportion of women receiving at least four antenatal care decreased, there was a notable improvement in the proportion of women attended by skilled personnel at birth or who utilized health facilities for delivery.

- Vaccination coverage dropped between 1993 and 2003 but improved by 2014, though the coverage was much lower than most counties in other regions.

- While, more than 88% of households in Kisii have access to sanitation, less than 25% have access to clean water; this is the lowest coverage in LREB, thus the need to further access progress. On the other hand, the proportion of least poor households had minimal changes (3%).