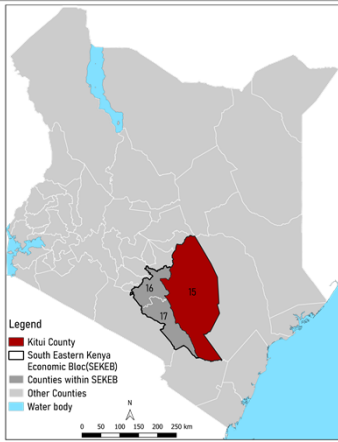


1. General Profile

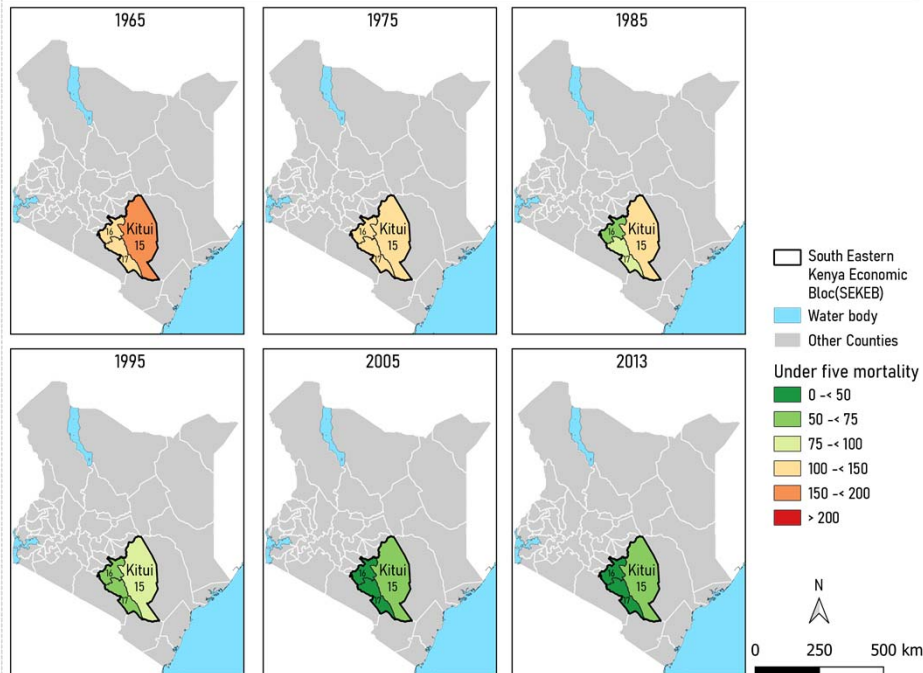


Year	2009	2019
Total population*	1,012,709	1,136,187
Female of childbearing age (15-49)**	216,443	248,694
Population under five years**	183,994	183,172
Urban population*	-	45,165
Population with primary school education*	-	554,768
Average rainfall (mm)***	477	913

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

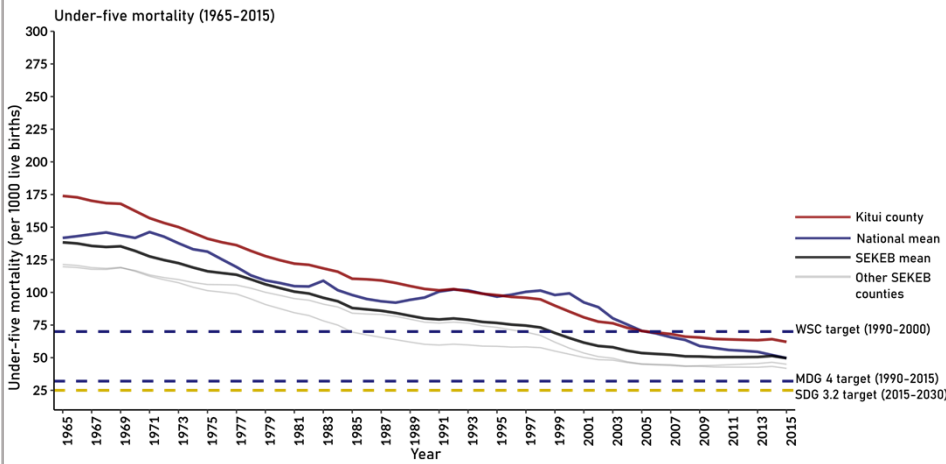
2. Under-five mortality (U5M), 1965-2015

2.1 U5M (per 1000 live births)

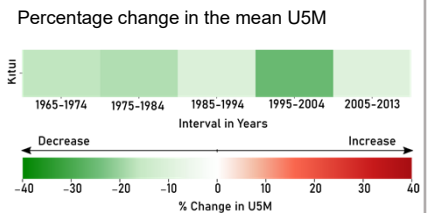


Mean U5M per 1000 live births in Kitui and SEKEB every 10 years between 1965 and 2013.

2.2 Trends in U5M and progress towards achieving global targets



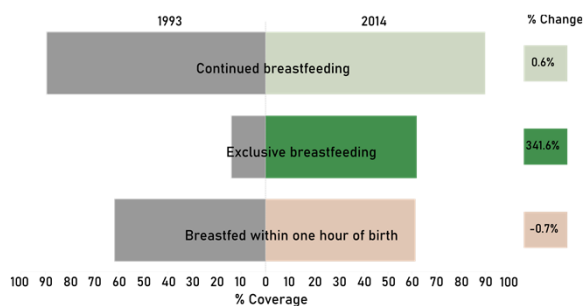
U5M trends in Kitui, relative to the national mean, SEKEB mean and progress in meeting global U5M reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.



3. Determinants of Child Survival, 1993-2014

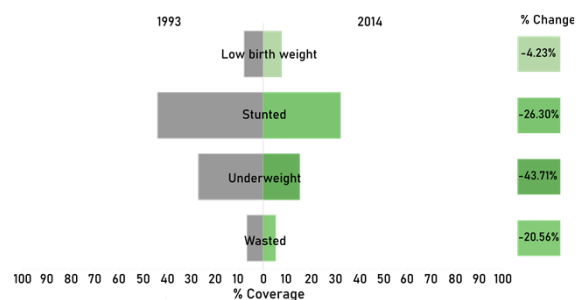
3.1 Child Factors

a). Breast feeding indicators: 1993 and 2014



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.

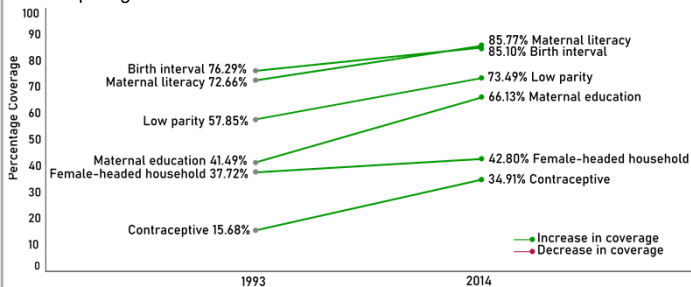
b). Malnutrition indicators: 1993 and 2014



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

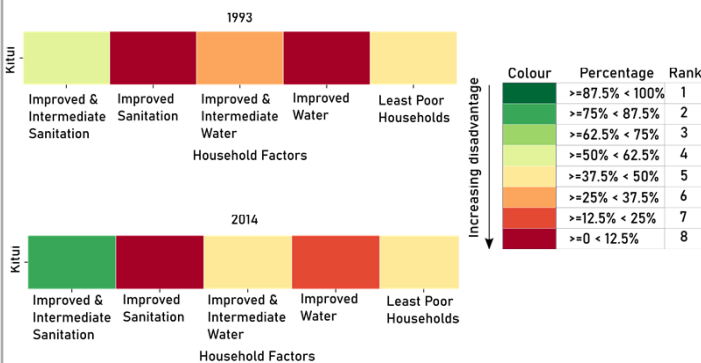
3.2 Maternal factors

Comparing maternal factors in 1993 and 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.

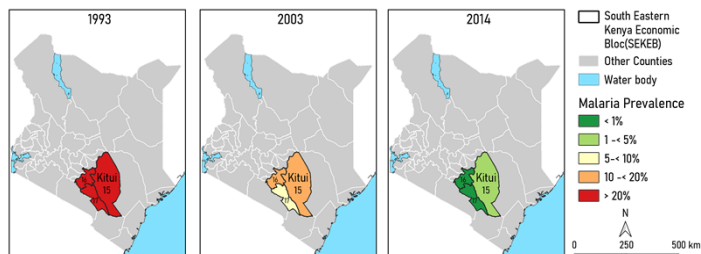
3.4 Household factors



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.

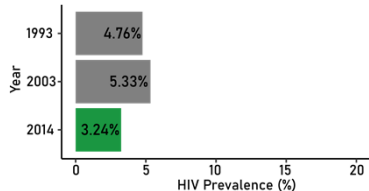
3.6 Infections

3.6.1 Malaria Prevalence



Malaria prevalence in Kitui and other SEKEB counties.

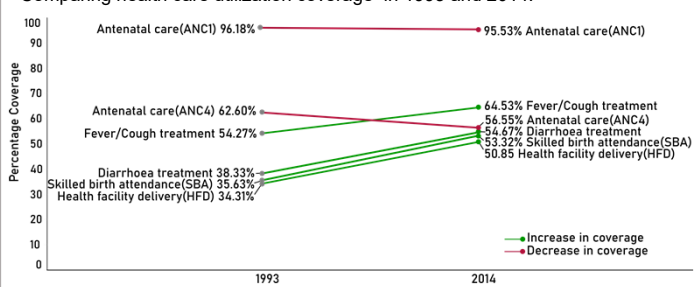
3.6.2 HIV Prevalence



Eastern province HIV Prevalence (NACC Kenya) in 1993, 2003 and 2014.

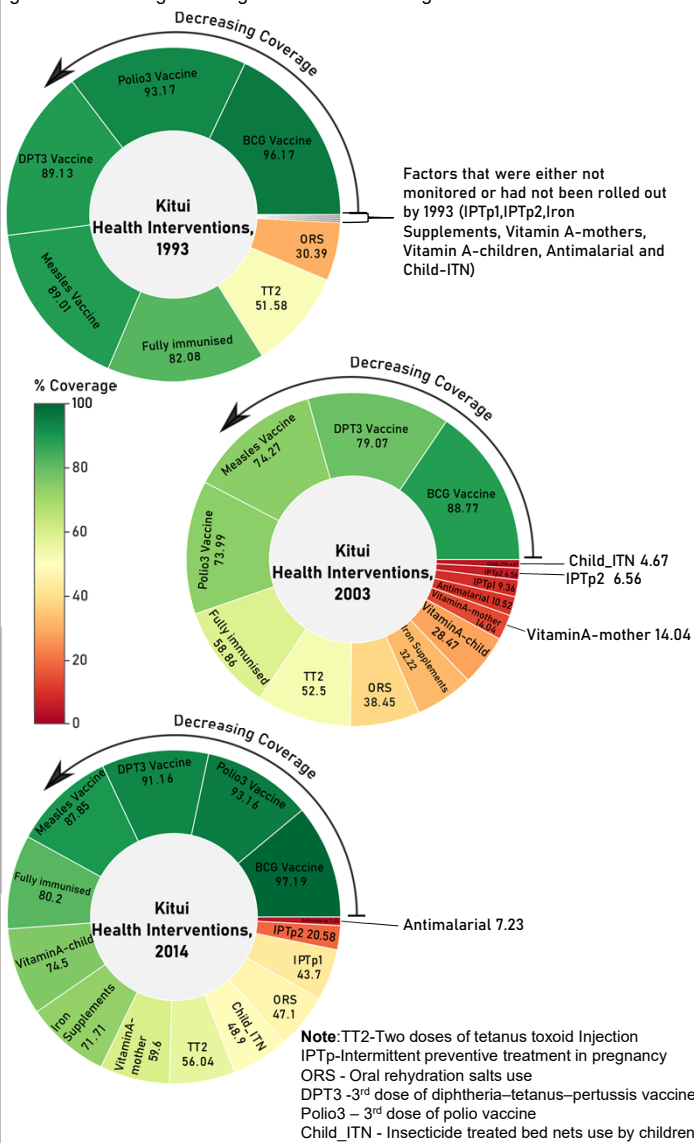
3.3 Health Care Utilization

Comparing health care utilization coverage in 1993 and 2014.



3.5 Health Interventions

Coverage of child and maternal health interventions in 1993, 2003 and 2014. Dark green indicates high coverage and red low coverage.



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

Key Messages

- Since 1965, Kitui has had the highest U5M rate in SEKEB. By 2014, while other counties in the region achieved rates below 50 per 1000 live births, Kitui was at 64.17 per 1000 live births. In addition, it was the only county in the region with a rate above the regional and national mean. However, the rate has declined with the greatest reduction rates (25.5%) observed between 1995 and 2004.
- HIV and Malaria prevalence was at their peak in the 90s and early 2000s. However, after 2003 the transmission rates significantly dropped to 3.24% and 1.1% by 2014. The improvements in most of the malaria control interventions might be one of the factors that played a role in the observed decrease in Malaria prevalence.
- Even though maternal literacy and education were the lowest in the region, Kitui was the most improved county increasing the coverage by 18% and 59%, respectively. Similarly, contraceptive usage has more than doubled, however despite improvements, the prevalence of longer birth intervals and low parity remained the lowest in SEKEB.
- Unlike what was observed in most counties, the number of children breastfed within one hour of birth slightly decreased. Other breastfeeding practices and indicators for nutritional status showed improvement.
- The rate of health care utilization increased except for antenatal care coverage.
- Vaccination coverage declined by 2003 but has since improved substantially even though it remained lower than the value in the 90s.
- Kitui had the most significant improvement in providing access to clean water, increasing the coverage by 87% (from 25% to 47%). Moreover, households with access to piped water more than doubled, with a 127% increase. Access to sanitation was also the most improved. However, minor changes were observed in increasing the proportion of least poor households (reducing poverty).