1. General Profile

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

2.1 U5M (per 1000 live births)

U5M trends in Lamu, relative to the national mean, the JKP 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.

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.

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

Mean U5M per 1000 live births in Lamu and JKP every 10 years between 1965 and 2013.
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.

3.3 Health Care Utilization


3.5 Health Interventions


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)

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. 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 Lamu and other JKP counties.

3.6.2 HIV Prevalence


Key Messages:
- Lamu is one of the JKP counties that saw an upsurge (16%) in U5M between 2005 and 2013. As a result, by 2014, the rate was 41% higher than the national mean and third highest in JKP at 73.49 per 1000 live births. However, before then, the rate decreased at an average rate greater than 15% every 10 years.
- HIV and Malaria prevalence decreased across the years, with Lamu being the only JKP county that reduced malaria transmission rates to below 1% from 2009 and could be associated with the increased coverage of malaria interventions between 2003 and 2014. Notably, between 2010 and 2014, there was a significant drop in the usage of antimalarials from 23% to 5%.
- By 2014, maternal literacy alongside prevalence for long birth interval and low parity was above 75%. However, despite improvements, maternal education and contraceptive use were much lower (below 35%).
- The proportion of low birth weights and wasted children slightly increased. However, the proportion of stunting and underweight decreased alongside improvements in breastfeeding practices.
- Unlike most other counties, Lamu recovered from the 1993-2003 drop in vaccination coverage and improved by 13.4% from that of 1993. However, coverage of full immunization remains below 80%.
- The proportion of pregnant women receiving at least four antenatal care during pregnancy and health facility deliveries dropped slightly.
- Access to sanitation and clean water remained above 75%. Moreover, access to piped water for drinking doubled from 20% to 42%. However, the proportion of least poor households slightly decreased.