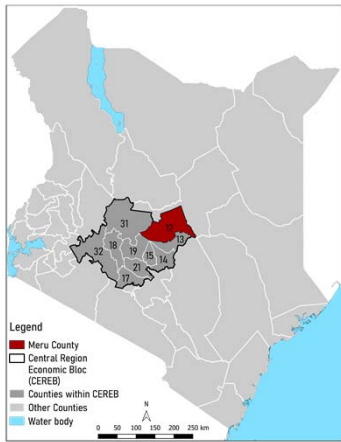


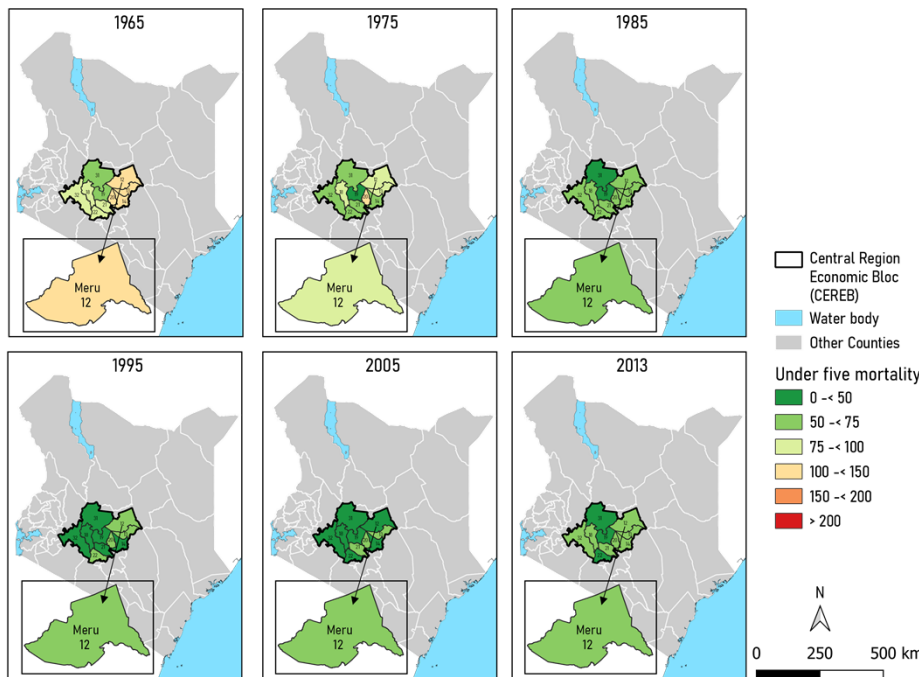
### 1. General Profile



Year	2009	2019
<b>Total population*</b>	1,356,301	1,545,714
<b>Female of childbearing age (15-49)**</b>	313,415	357,680
<b>Population under five years**</b>	215,738	214,702
<b>Urban population*</b>	-	118,651
<b>Population with primary school education*</b>	-	701,141
<b>Average rainfall (mm)***</b>	1,029	1,411

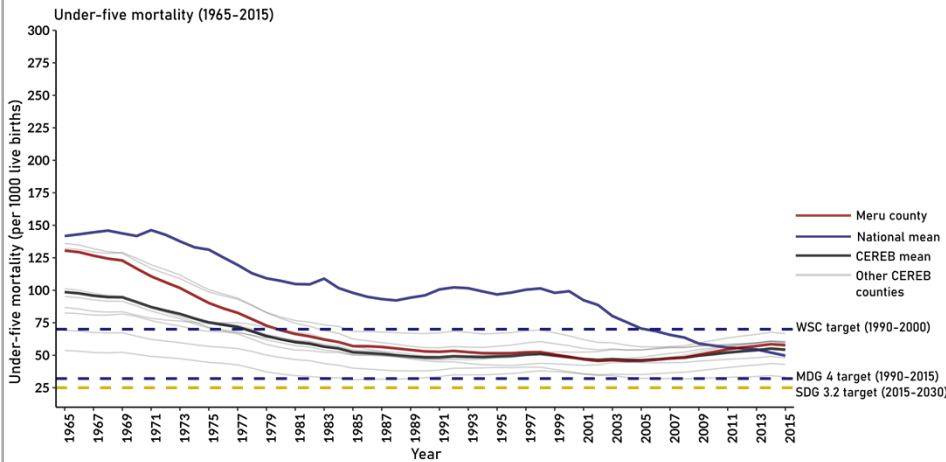
### 2. Under-five mortality (U5M), 1965-2015

#### 2.1 U5M (per 1000 live births)

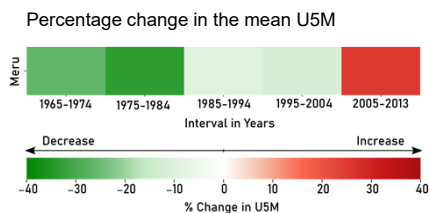


Mean U5M per 1000 live births in Meru and CEREB every 10 years between 1965 and 2013.

#### 2.2 Trends in U5M and progress towards achieving global targets



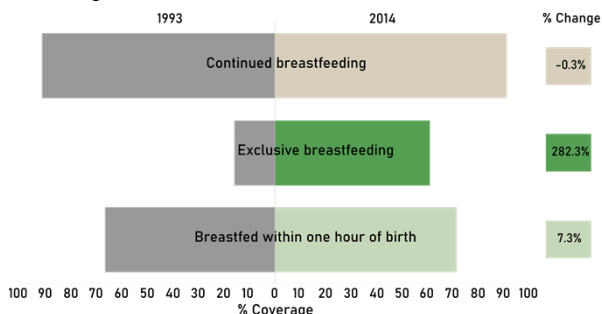
U5M trends in Meru, relative to the national mean, CEREB mean and progress in meeting global U5M reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.



### 3. Determinants of Child Survival, 1993-2014

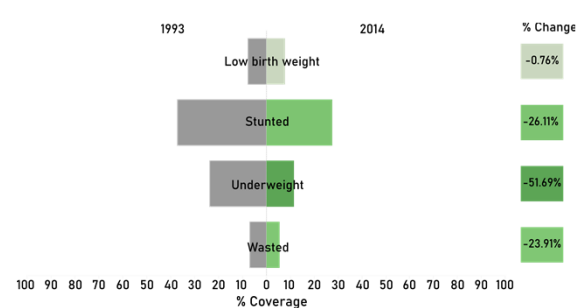
#### 3.1 Child Factors

##### 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.

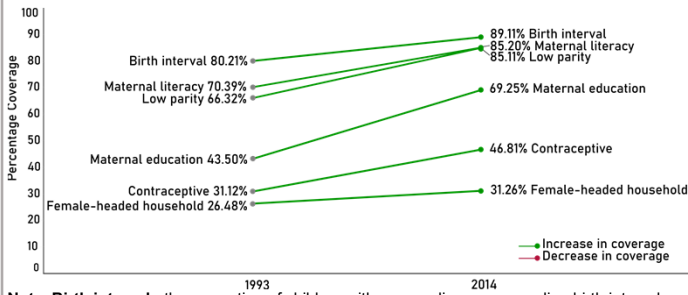
##### b). Malnutrition indicators: 1993 and 2014



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.

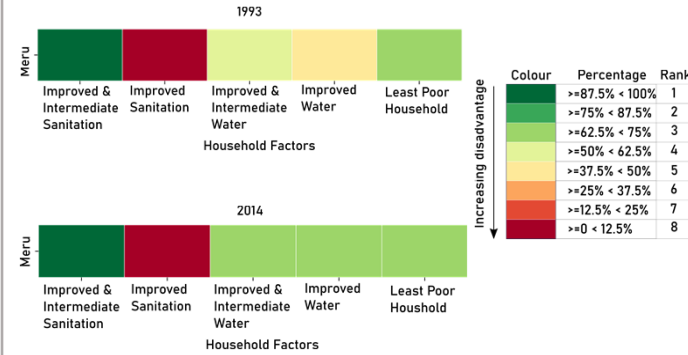


**Note: Birth interval** - the proportion of children with a preceding or succeeding birth interval > 24 months.

**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



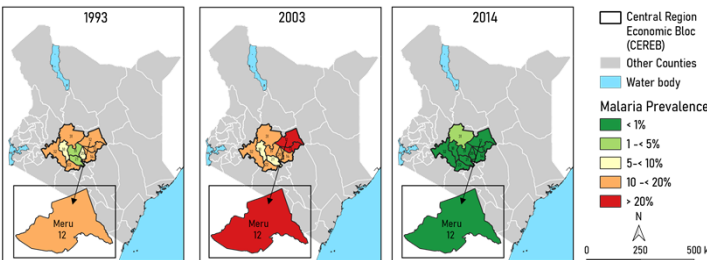
**Note: Improved sanitation** - proportion of households who have access to flush toilet facilities. **Improved and intermediate sanitation** have access to any form of a toilet facility.

**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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> quintiles of the wealth index.

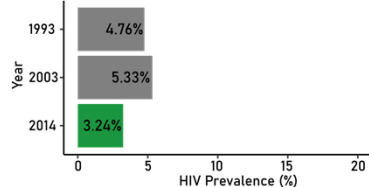
### 3.6 Infections

#### 3.6.1 Malaria Prevalence



Malaria prevalence in Meru and other CEREB counties.

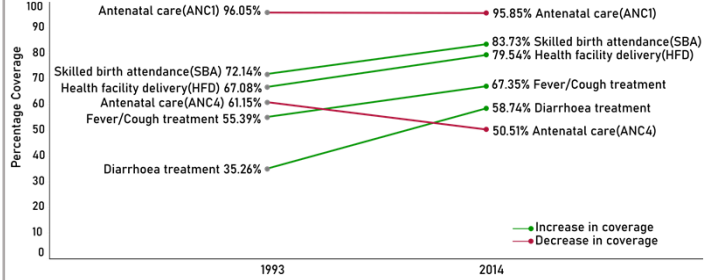
#### 3.6.2 HIV Prevalence



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

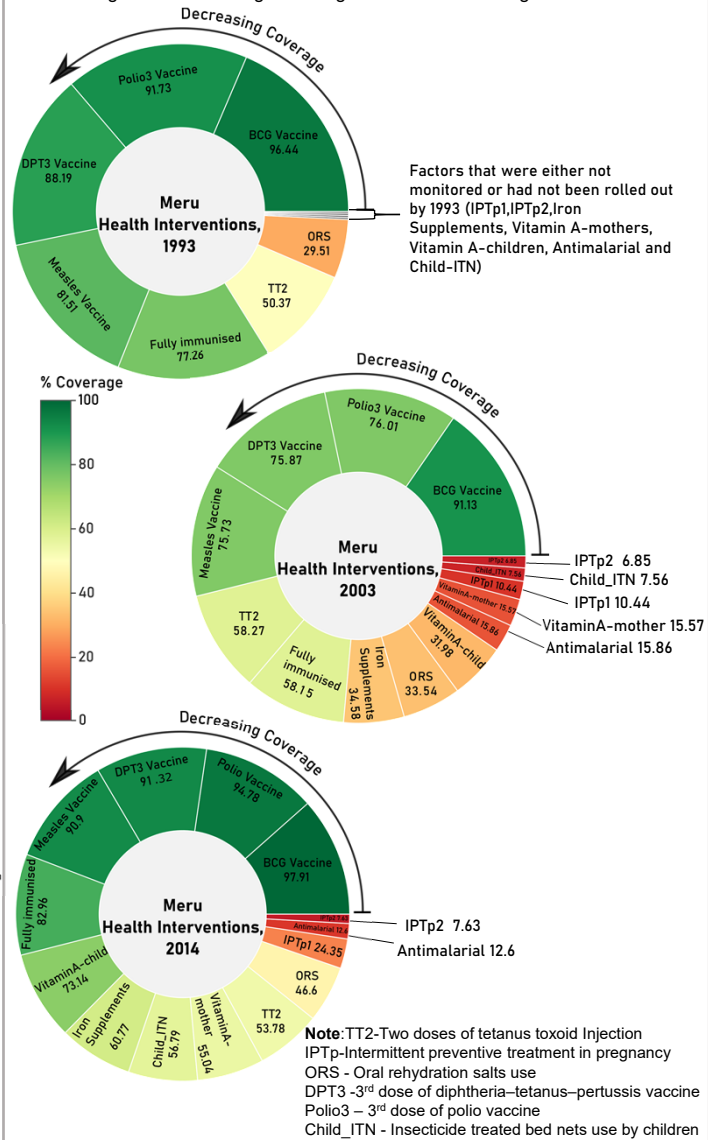
### 3.3 Health Care Utilization

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.



### Key Messages

- U5M rate in Meru remained higher than the regional average between 1965-1997. Within that period, the rate declined, with a greater reduction observed between 1975-1984. However, between 2005 and 2013, the rate increased by 25%, becoming one of the highest U5M upsurges observed in the region and nationally. The rate exceeded the regional and national average in 2008 and 2012, respectively. By 2014, Meru had the 5<sup>th</sup> lowest U5M (58.5 per 1000 live births) in CEREB after Nakuru.
- HIV and Malaria prevalence increased in 2003 then decreased to 3.24% and <1% respectively in 2014. The substantial increase in the usage of treated bed nets by children from 8% to 57% could have reflected the reduced malaria transmission rates.
- Maternal education and literacy in Meru remained lower than most counties in the region despite improvements.
- Proportion of children continually breastfed after six months remained high despite a slight decrease.
- Nutritional status has improved with low birth weights having the least improvements.
- By 2014, only 50% of women received at least four antenatal care, which dropped from 61% in 1993.
- Meru has had the lowest vaccination coverage among CEREB counties, though at the national level the coverage is high.
- Except for improved sanitation, by 2014, Meru county had over 63% of households classified as least poor and those with access to sanitation and clean water and classified as least poor.