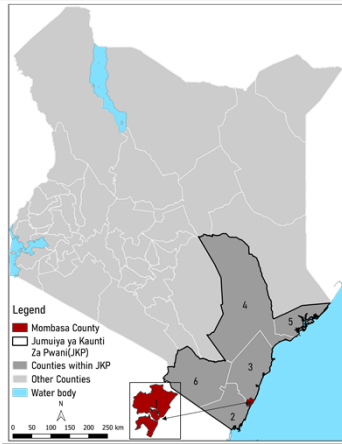


### 1. General Profile

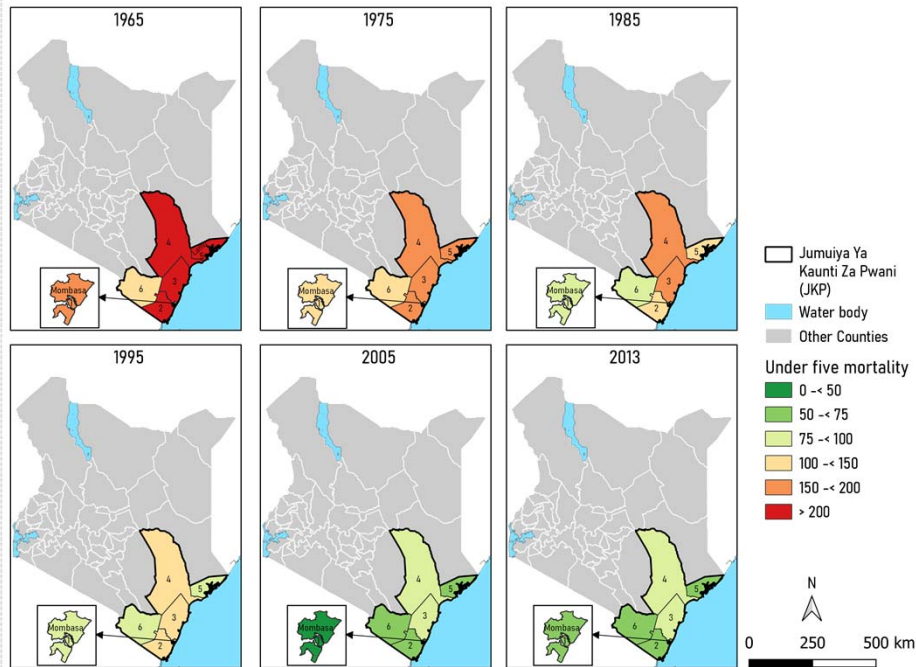


Year	2009	2019
<b>Total population*</b>	939,370	1,208,333
<b>Female of childbearing age (15-49)**</b>	254,774	322,495
<b>Population under five years**</b>	139,661	152,392
<b>Urban population*</b>	-	1,043,603
<b>Population with primary school education*</b>	-	430,763
<b>Average rainfall (mm)***</b>	736	1,322

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

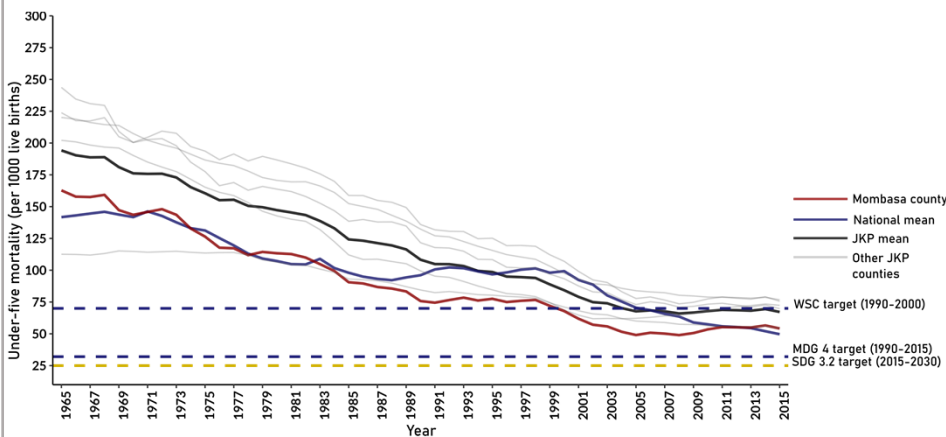
### 2. Under-five mortality (U5M), 1965-2015

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



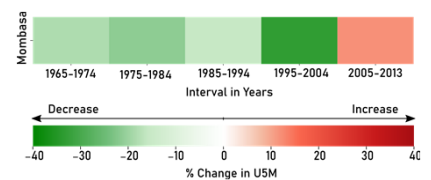
Mean U5M per 1000 live births in Mombasa and JKP every 10 years between 1965 and 2013.

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



U5M trends in Mombasa, relative to the national mean, 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.

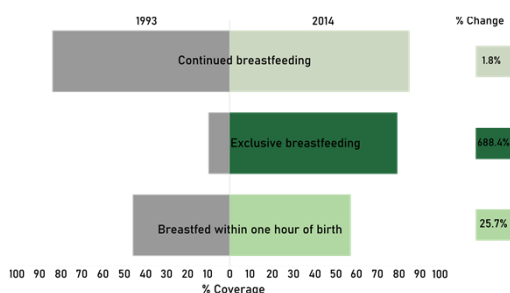
#### Percentage change in the mean U5M



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

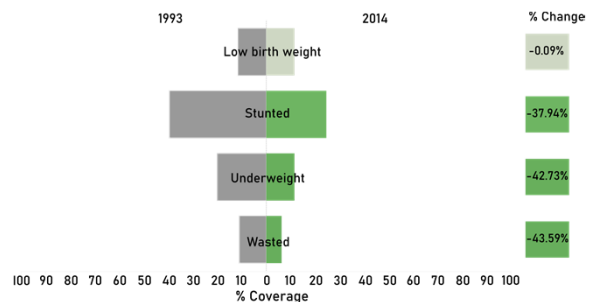
#### 3.1 Child Factors

##### 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.

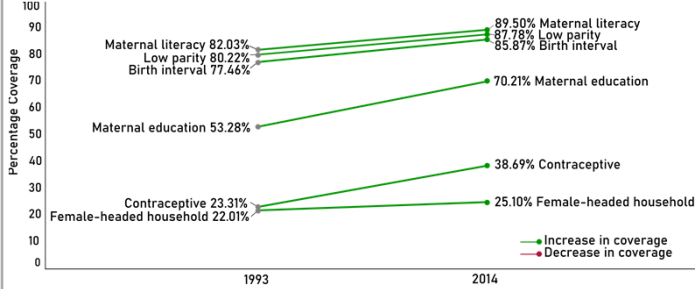
##### b). Malnutrition indicators: 1993 and 2014



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

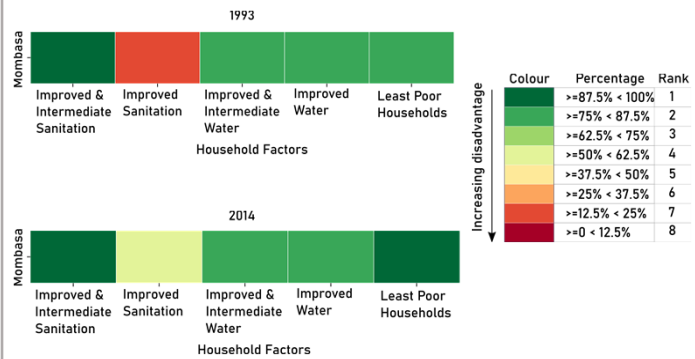
### 3.2 Maternal factors

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.

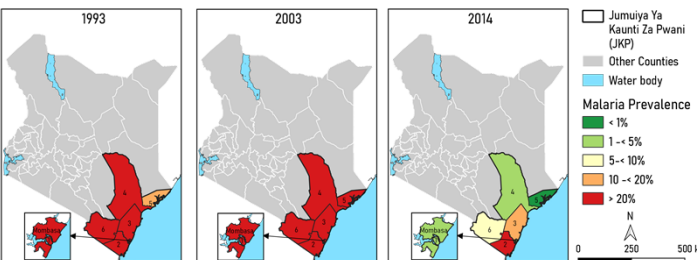
### 3.4 Household factors



**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.

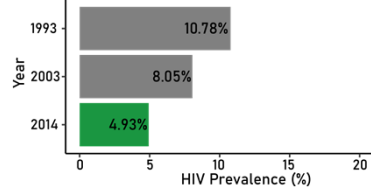
### 3.6 Infections

#### 3.6.1 Malaria Prevalence



Malaria prevalence in Mombasa and other JKP counties.

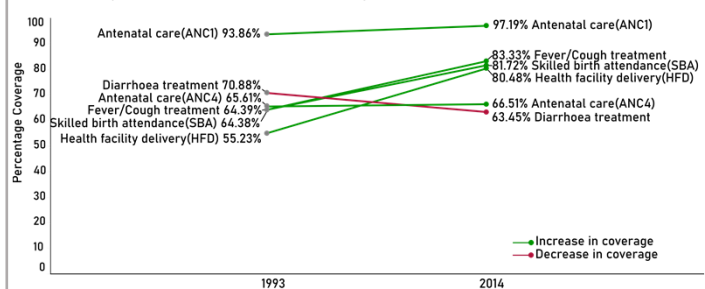
#### 3.6.2 HIV Prevalence



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

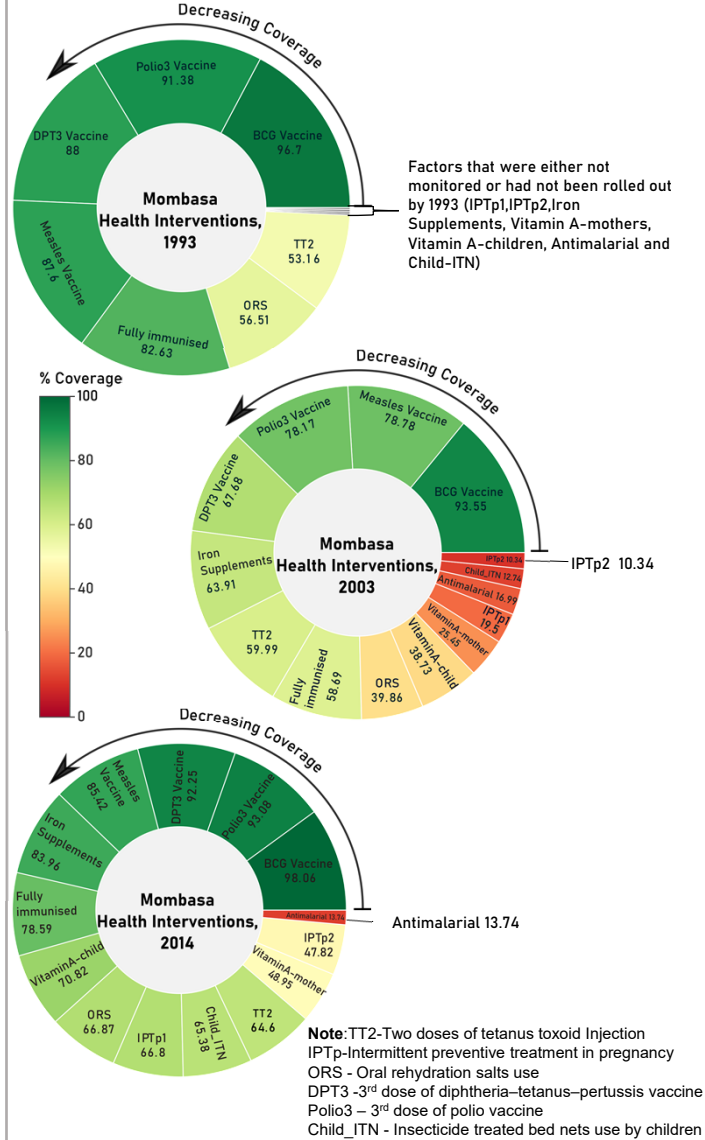
### 3.3 Health Care Utilization

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  
 DTP3 - 3<sup>rd</sup> dose of diphtheria-tetanus-pertussis vaccine  
 Polio3 - 3<sup>rd</sup> dose of polio vaccine  
 Child\_ITN - Insecticide treated bed nets use by children

### Key Messages

- Between 1995 and 2004, Mombasa reduced the U5M rate by 33.4%. However, after 2005 the U5M rate increased by 12.11% and was higher than the national mean by about 8% in 2014. Regardless, the rate was second-lowest (56.6 per 1000 live births) in JKP after Taita Taveta.
- HIV prevalence decreased steadily over time, but it was not until 2003 that Malaria prevalence began decreasing. From 2006, the transmission rates remained below 5%, corresponding to the improvements in most malaria interventions.
- The proportion of literate and educated mothers alongside contraceptive usage was the second-highest in the region, which could have influenced the higher prevalence for longer birth intervals and low parity relative to other JKP counties.
- Breastfeeding practices and nutritional status improved.
- Overall, Mombasa seemed to be doing well in terms of maternal health care. In fact, by 2014, the proportion of births attended to by skilled birth attendants, health facility deliveries, and antenatal care (ANC4) was the region's highest.
- Vaccination coverage improved from 59% in 2003 to 79% in 2014. However, much higher coverage (above 80%) had been achieved in the early 90s.
- Access to clean water and sanitation remained high and could be associated with the decreased proportion of children seeking diarrhoea treatment. In addition, Mombasa had over 90% of households classified as least poor, the region's highest.