Child Survival and its Determinants

1. General Profile

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

2.1 U5M (per 1000 live births)

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

2.2 Trends in U5M and progress towards achieving global targets

USM trends in Nairobi, relative to the national 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.
3.2 Maternal factors


- Maternal literacy: 92.03% in 1993, 94.65% in 2014.
- Low parity: 84.6% in 1993, 88.6% in 2014.
- Birth interval: 2.74% in 1993, 3.2% in 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.

3.3 Health Care Utilization


- Antenatal care (ANC) coverage: 76.4% in 1993, 97.6% in 2014.
- Skilled birth attendance (SBA) coverage: 82.25% in 1993, 94.31% in 2014.
- Antenatal care (ANC) coverage: 79.35% in 1993, 94.31% in 2014.
- Child ITN: 30.1% in 1993, 81.0% in 2014.
- Malaria treatment: 58.0% in 1993, 75.2% in 2014.
- Diazepam: 31.5% in 1993, 58.0% in 2014.

Note: Coverage improvements were observed in all categories, with the highest increase seen in antenatal care and skilled birth attendance.

3.4 Household factors


- Improved sanitation: 87.5% in 1993, 95.5% in 2014.
- Improved water: 82.5% in 1993, 95.5% in 2014.
- Least poor households: 31.5% in 1993, 37.5% in 2014.
- Female-headed household: 21.5% in 1993, 24.6% in 2014.

Note: Improved sanitation - proportion of households who have access to flush toilet facilities.
Improved water - 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.

3.5 Health Interventions


Dark green indicates high coverage and red low coverage.

Key Messages

- The progress towards reducing U5M in Nairobi has been highly variable. In the mid-60s to mid-70s, U5M declined steadily then, progress slowed down and further regressed after 2005 such that the U5M rates reverted to what was observed in the 70s. By 2014, Nairobi had a 31% overall reduction in U5M, the second-lowest reduction in the country.

- HIV and Malaria prevalence peaked in the early 90s and 2000s, after which the transmission rates steadily declined. However, at 6.52% in 2014, HIV prevalence in Nairobi was the second-highest in the country after Nyanza province. The other hand, Malaria prevalence has remained below 5% since 2007.

- Nairobi had the country's highest maternal literacy and education levels, with contraceptive usage being among the highest (top 10) and corresponded to the high prevalence for longer birth intervals and low parity. In fact, Nairobi had the highest prevalence for low parity.

- There was a seven-fold increase in the proportion of children exclusively breastfed for six months, the most significant improvement in the Country.

- Contraceptive use had increased, which was significant for low parity.

- Nationally, Nairobi had the highest levels in the utilization of maternal health care services likely related to easier access to facilities and higher educational and socioeconomic status of the population.

- Additionally, the coverage of WASH (water, sanitation, and hygiene) indicators has been the highest in-country across the years. Furthermore, Nairobi had one of the country's lowest poverty levels, with 97% of households classified as least poor households by 2014.

- Generally, Nairobi seemed to be doing well and even leading in the coverage of most indicators. However, in terms of vaccination coverage, despite improvement, other counties had higher coverage rates.