Child Survival and its Determinants

1. General Profile

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

2.1 U5M (per 1000 live births)

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 and red a decline. 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: 91.6% in 1993, 99.15% in 2014
- Birth interval: 76.78% in 1993, 74.86% in 2014
- Low parity: 61.8% in 1993, 64.69% in 2014
- Female-headed household: 27.62% in 1993, 31.54% 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): 96.02% in 2014, 97.37% in 2013
- Tetanus (TT): 85.25% in 2014, 82.75% in 2013
- Delivery modes: Caesarean section: 6.2%, Cesarean section: 4.2%

Key Messages

- Though the U5M rate has been declining in Nandi, progress slowed down between 1975 and 1984, reducing by only 0.7% and even exceeded the regional average. After that, however, there was an improvement with the reduction rate rising to 23% between 1993 and 2004. As a result, by 2014, U5M was at 46.76 per 1000 live births fourth-highest in NOREB after Baringo.
- Between 2003 and 2014, the usage of treated bed nets and recommended antimalarials significantly improved, corresponding to the decline in malaria prevalence observed within that period. Before then, there was little progress in lowering malaria transmission. However, HIV prevalence had begun decreasing post mid-90s.
- The change in the proportion of children breastfed after six months was negligible. However, other breastfeeding practices and nutritional status improved substantially.
- Nandi had the highest maternal literacy level and contraceptive usage in NOREB, which could be associated with the increased prevalence of longer birth intervals and low parity. Maternal education also improved from 36% in 1993 to 64% by 2014.
- Except for pregnant women receiving four antenatal care, other health care services had an increase in coverage.
- At 89% in 2014, vaccination coverage was the highest in NOREB, a significant improvement after dropping to 66% between 1993 to 2003.
- Nandi was among the counties leading in having the highest proportion of least poor households and households with access to better sanitation. On the contrary, the proportion of households with access to clean water was among the lowest in the region.

### 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.

### 3.5 Health Interventions


- Malaria Prevalence in Nandi and other NOREB counties.
- HIV Prevalence in Rift Valley province.

Key Messages

- 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 polo vaccine
- Child ITN: Insecticide treated bed nets used by children