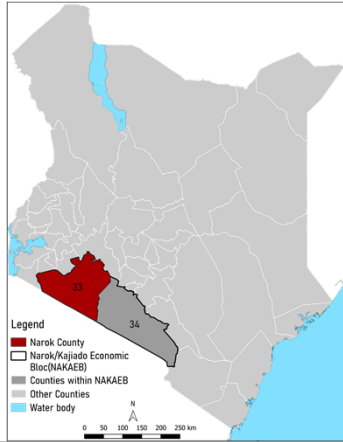


### 1. General Profile

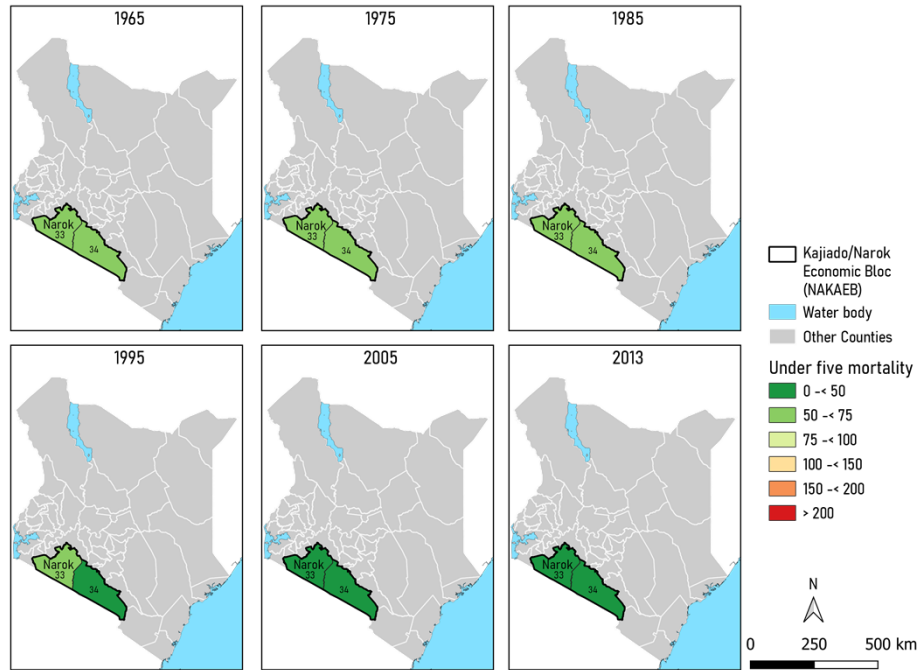


| Year   | 2009    | 2019      |
|--|---------|-----------|
| <b>Total population*</b>                         | 850,920 | 1,157,873 |
| <b>Female of childbearing age (15-49)**</b>      | 177,525 | 243,355   |
| <b>Population under five years**</b>             | 192,256 | 227,657   |
| <b>Urban population*</b>                         | -       | 84,442    |
| <b>Population with primary school education*</b> | -       | 438,274   |
| <b>Average rainfall (mm)***</b>                  | 991     | 1,208     |

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

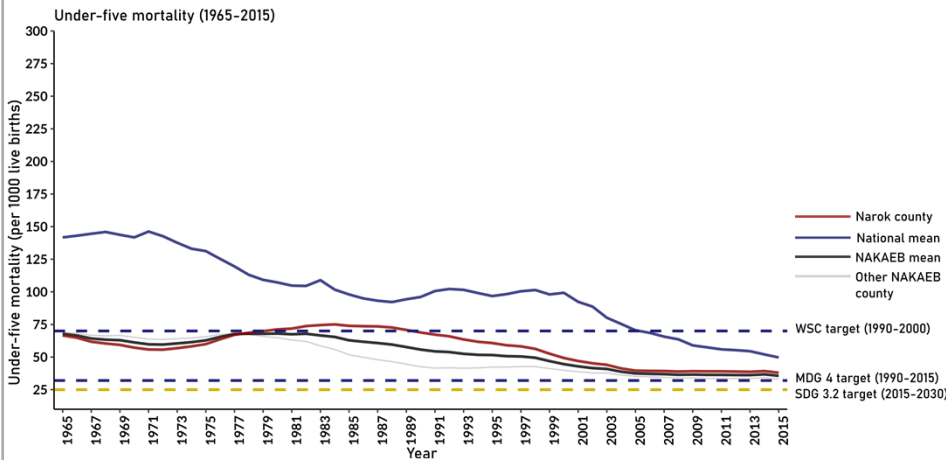
### 2. Under-five mortality (U5M), 1965-2015

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



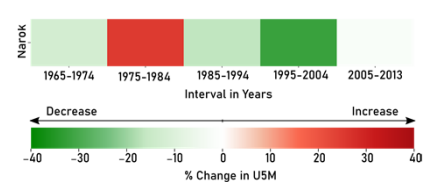
Mean U5M per 1000 live births in Narok and NAKAEB every 10 years between 1965 and 2013.

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



U5M trends in Narok, relative to the national mean, NAKAEB 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.

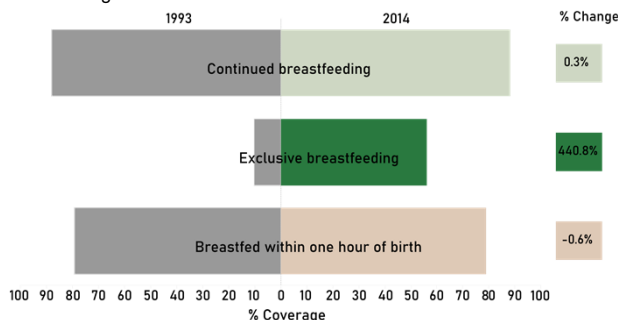
#### Percentage change in the mean U5M



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

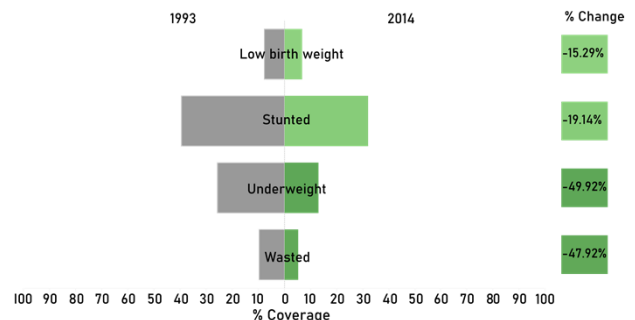
#### 3.1 Child Factors

##### a). Breast feeding indicators: 1993 and 2014



Coverage of breast feeding indicators, and the percentage change between 1993 and 2014. Green indicates an improvement and red a decline. The darker the green the greater the improvement.

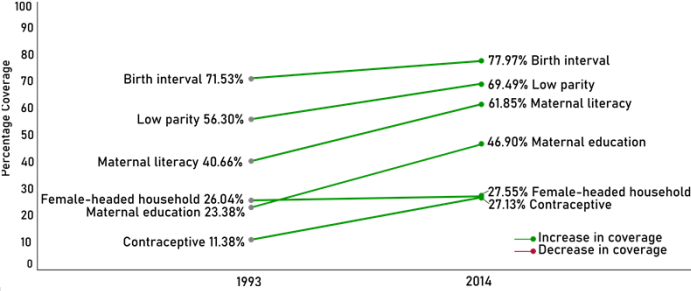
##### b). Malnutrition indicators: 1993 and 2014



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

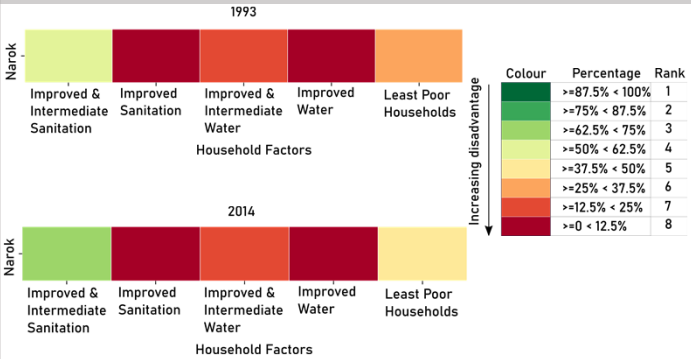
### 3.2 Maternal factors

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.

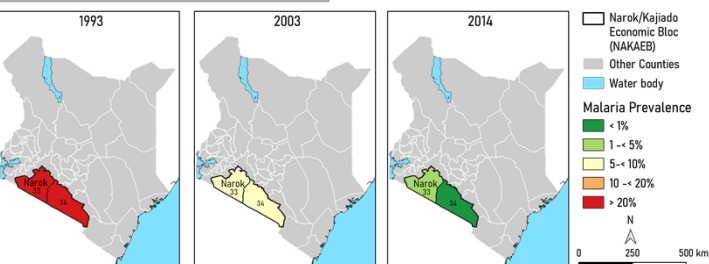
### 3.4 Household factors



**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.

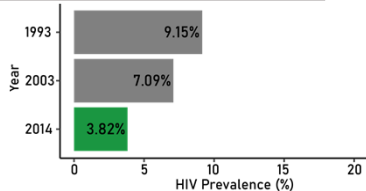
### 3.6 Infections

#### 3.6.1 Malaria Prevalence



Malaria prevalence in Narok and other NAKAEB counties.

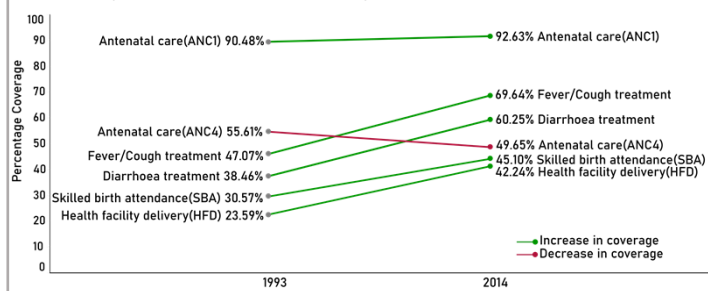
#### 3.6.2 HIV Prevalence



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

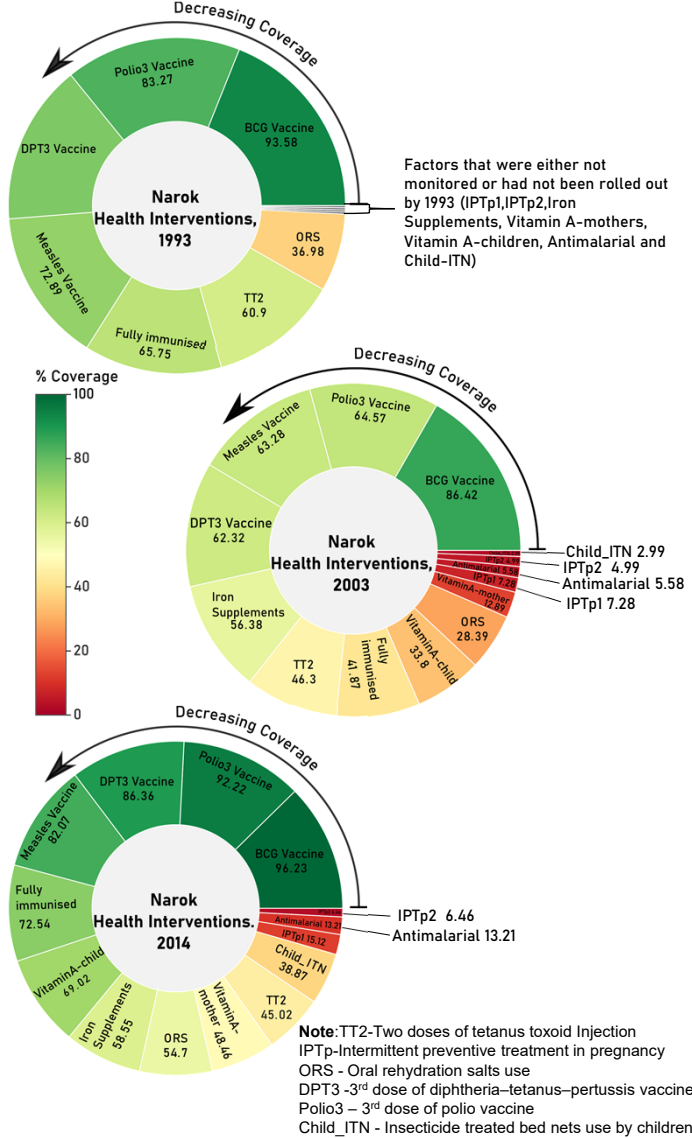
### 3.3 Health Care Utilization

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  
 DPT3 - 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 1975 and 1984, Narok saw a 25% increase in U5M, unlike the case in Kajiado. However, from 1985, the rate started declining, with the greatest reduction rate (32%) observed between 1995 and 2013. By 2014, the rate was 39.27 per 1000 live births, about 15% higher than Kajiado.
- It was not until after 2003 that significant reductions in HIV and Malaria prevalence was observed. However, after 2008 progress in reducing Malaria transmission rates in Narok seemed to have slowed down relative to Kajiado, such that by 2014 the transmission rates were still above 1%. Notably, antimalarial usage increased by 2014.
- Despite a remarkable improvement in maternal literacy and education, the coverage levels were still low and remained lower than other counties. This was also the case for contraceptive usage and prevalence for longer birth intervals and low parity.
- Breastfeeding and nutritional status have improved substantially except for the proportion of children breastfed within one hour of birth.
- Besides the proportion of pregnant women receiving at least four antenatal care during pregnancy, utilization of other health care services improved.
- Vaccination coverage significantly improved and even reached 70% coverage in 2014; the only other time this was achieved was in 1994. However, this remained lower than in most counties.
- A considerable gap was observed in access to clean water and piped water; while Kajiado was at 77% and 55% coverage, respectively, Narok was much lower at 25% and 12%, thus the need to further accelerate progress in this area. On the other hand, access to sanitation improved by 40%, and the proportion of least poor households increased by 9%.