Child Survival and its Determinants

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

USM 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.


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


- Birth interval 71.5%
- Low parity 54.30%
- Maternal literacy 40.6%
- Contraceptive 11.58%

Notable: 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


Improved & Intermediate Sanitation
Improved Sanitation
Improved & Intermediate Water

Least Poor Households

3.5 Health Interventions


Note: 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 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%.