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. 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 98.58% vs. 94.02%
- Birth interval 73.57% vs. 63.16%
- Maternal education 68.16% vs. 67.68%
- Contraceptive Use 23.06% vs. 32.65%
- Female-headed household 33.14% vs. 37.64%

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) 95.08% vs. 94.76%
- Tetanus toxoid 97.65% vs. 97.99%
- ORS 44.84% vs. 52.74%
- Antimalarial 13.32% vs. 12.32%
- Vitamin A-mother 16.19% vs. 16.19%
- Child-ITN 9.64% vs. 9.64%

Factors that were either not monitored or had not been rolled out by 1993 (IPTp1, IPTp2, Iron Supplements, Vitamin A-mothers, Vitamin A-children, Antimalarial and Child-ITN)

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


3.6 Infections

3.6.1 Malaria Prevalence

Malaria prevalence in Nyamira and other LREB counties.

1993 2003 2014

Nyemira Health Interventions, 1993

Nyemira Health Interventions, 2003

Nyemira Health Interventions, 2014

3.6.2 HIV Prevalence


Key Messages

- Unlike most LREB counties, Nyamira county, had greater USM reduction rates (>20%) much earlier, between 1965 and 1994. From 1967, Nyamira maintained a USM rate lower than the national and regional average, and by 2014, the rate was third-lowest (47.55 per 1000 live births) after Kericho.
- Progress towards reducing HIV and Malaria prevalence stagnated between 1993 and 2003 but decreased by 2014. The reduction in Malaria prevalence corresponded to the significant improvement in Malaria intervention except for the usage of recommended antimalarials which was the lowest coverage in the region.
- Breastfeeding practices and nutritional status improved, though the rate of change varied across different indicators ranging between 0.8% to 325% change
- Nyamira had the highest proportion of educated and literate mothers in LREB and contraceptive usage, which reflected the high prevalence for long birth intervals and low parity.
- The utilization rate of health care services has increased, with over 70% of women attended by skilled personnel at birth or utilized health facilities for delivery. However, antenatal coverage decreased and was among the lowest in the region.
- By 2014, vaccination coverage was 83%, among the highest in LREB. In addition, the uptake of iron supplements was notably higher than in most counties.
- Less than 25% of households in Nyamira county had access to clean water; this is among the lowest coverage in LREB, thus the need to further accelerate progress. However, access to sanitation remained high >88% across the years, and households classified as least poor remained above 50%.