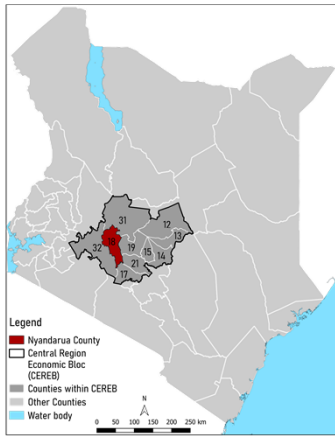


### 1. General Profile

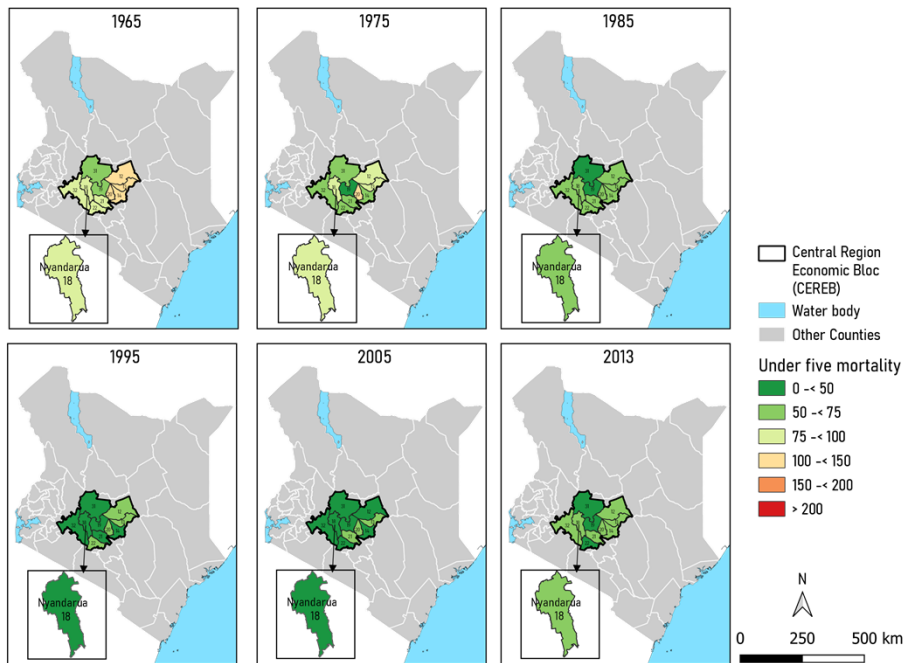


Year	2009	2019
<b>Total population*</b>	596,268	638,289
<b>Female of childbearing age (15-49)**</b>	132,530	142,236
<b>Population under five years**</b>	94,548	89,797
<b>Urban population*</b>	-	57,483
<b>Population with primary school education*</b>	-	301,284
<b>Average rainfall (mm)***</b>	938	1,221

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

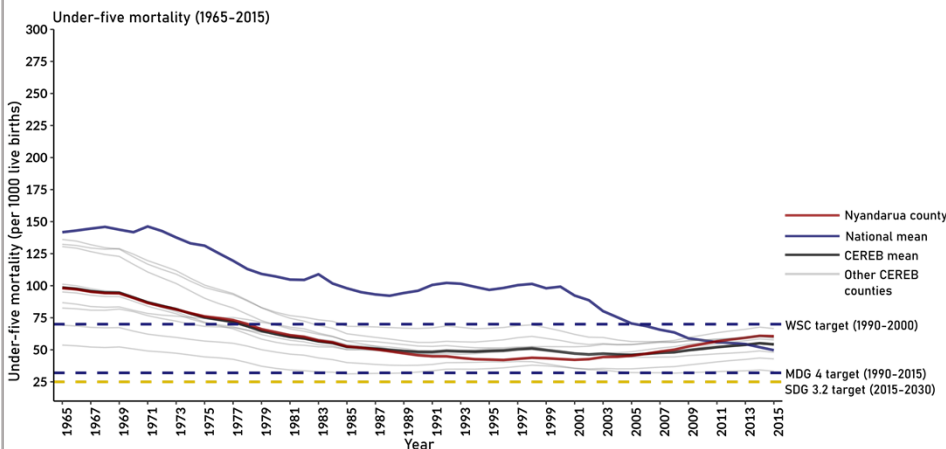
### 2. Under-five mortality (U5M), 1965-2015

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

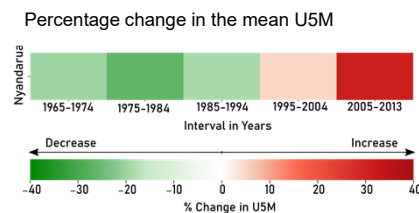


Mean U5M per 1000 live births in Nyandarua and CEREB every 10 years between 1965 and 2013.

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



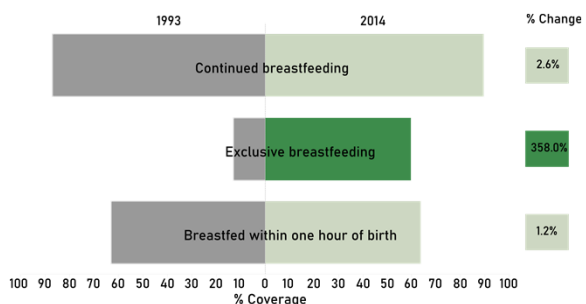
U5M trends in Nyandarua, relative to the national mean, CEREB mean and progress in meeting global U5M reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.



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

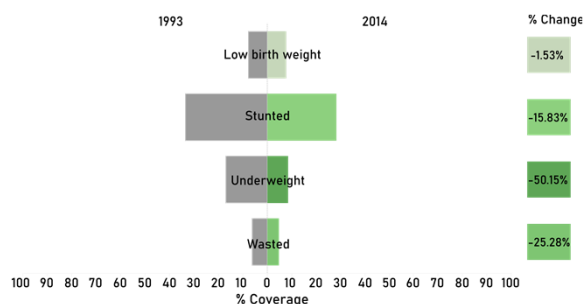
#### 3.1 Child Factors

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



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

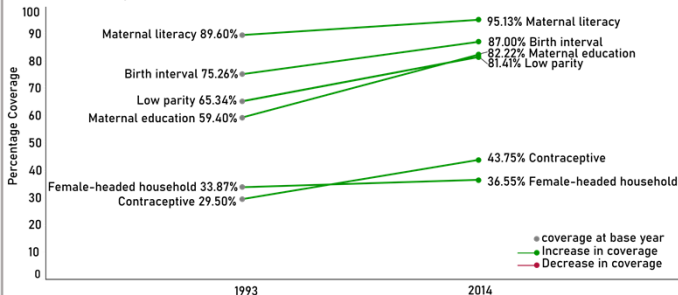
##### b). Malnutrition indicators: 1993 and 2014



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.

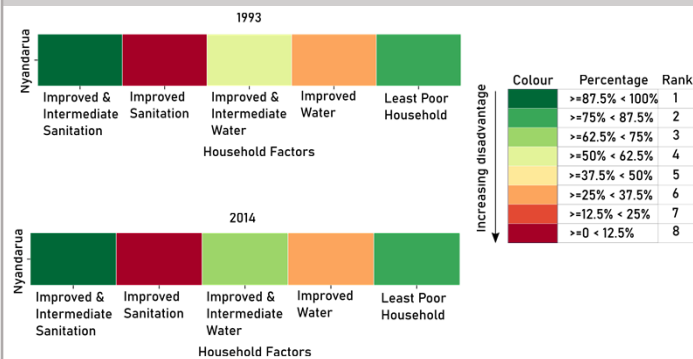


**Note: Birth interval** - the proportion of children with a preceding or succeeding birth interval > 24 months.

**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



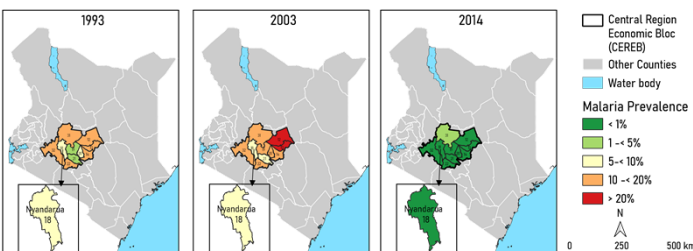
**Note: Improved sanitation** - proportion of households who have access to flush toilet facilities. **Improved and intermediate sanitation** have access to any form of a toilet facility.

**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.

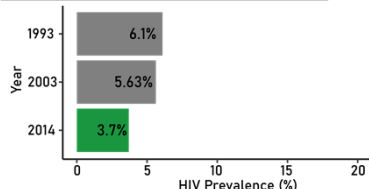
### 3.6 Infections

#### 3.6.1 Malaria Prevalence



Malaria prevalence in Nyandarua and other CEREB counties.

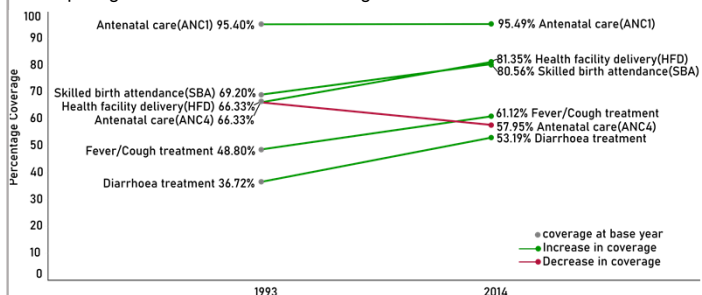
#### 3.6.2 HIV Prevalence



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

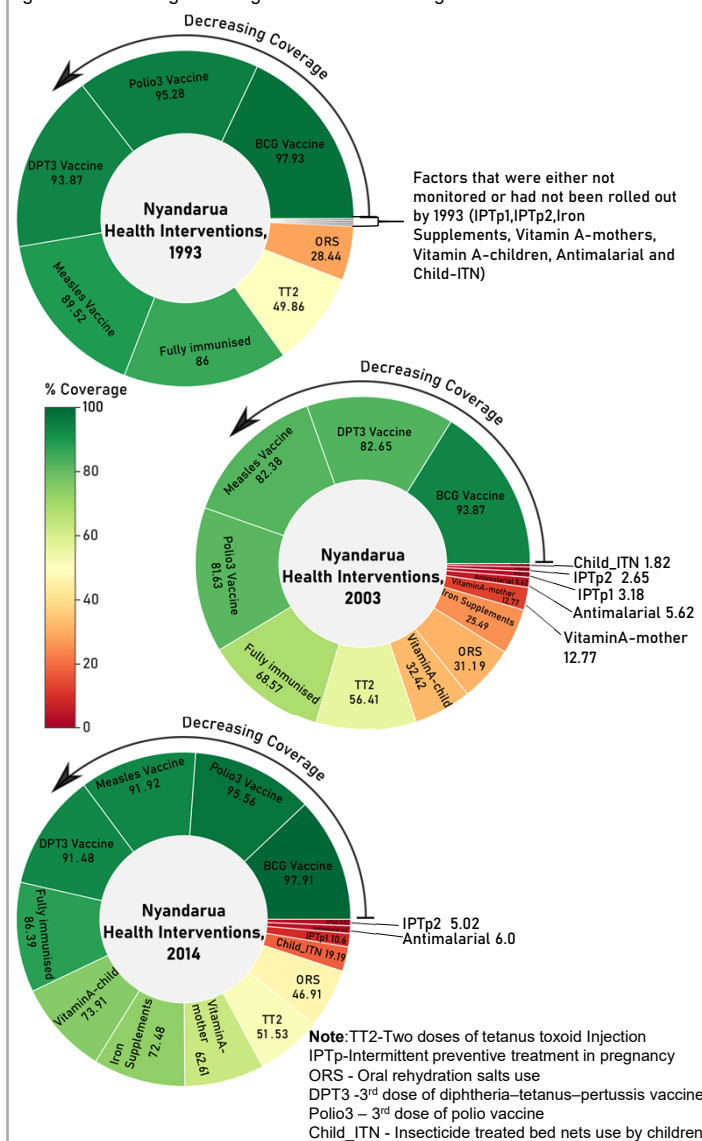
### 3.3 Health Care Utilization

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.



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

Child\_ITN 1.82  
IPTp2 2.65  
IPTp1 3.18  
Antimalarial 5.62  
Vitamin A-mother 12.77

IPTp2 5.02  
Antimalarial 6.0

**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 1965 and 1989, the U5M trend in Nyandarua was similar to that of the regional average. However, observing the rate of change at 10 years intervals starting from 1965, most counties experienced an increased rate after 2005. In Nyandarua, the upsurge in U5M began much earlier (1994-2005) increasing by 5% and by 31% between 2005 and 2013, becoming the highest increase rates in CEREB and at the national level. As a result, by 2014, Nyandarua had the third-highest U5M (60.86 per 1000 live births) after Murang'a.
- HIV prevalence steadily decreased across the years, but progress towards reducing Malaria stalled in 2003, but by 2014 even though malaria intervention coverage remained low, Malaria prevalence decreased to <1%.
- Contraceptive usage and prevalence of longer birth intervals and lower parity are among the lowest, despite having a high proportion of literate and educated mothers.
- The rate of health care utilization improved besides women receiving at least four antenatal care during pregnancy.
- Proportion of children who are fully immunized declined in 2003 but rebounded by 2014. Access to other maternal and child health interventions such as vitamin A and Iron Supplements and ORS use significantly improved.
- No change was observed with respect to access to clean water and sanitation. The proportion of least poor households remained >75%.