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 Nyandarua and CEREB every 10 years between 1965 and 2013.

2.2 Trends in U5M and progress towards achieving global targets

USM 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.

2.3 Determinants of Child Survival, 1993-2014

3.1 Child Factors

- Breastfeeding indicators: 1993 and 2014
  - Continued breastfeeding
  - Exclusive breastfeeding
  - Breastfed within one hour of birth

3.2 Malnutrition indicators: 1993 and 2014

- Low birth weight
- Stunted
- Underweight
- Wasted

Coverage of breastfeeding 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: 99.4% in 1993 and 95.0% in 2014.
- Birth interval: 75.2% in 1993 and 61.6% in 2014.
- Low parity: 64.2% in 1993 and 66.3% in 2014.
- Maternal education: 81.7% in 1993 and 80.6% in 2014.
- Contraceptive usage: 47.9% in 1993 and 36.5% in 2014.

Key Messages

- Between 1965 and 1989, the USM 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 USM 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 USM (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%.

3.3 Health Care Utilization


- Antenatal care (ANC): 15.40% in 1993 and 15.64% in 2014.
- Skilled birth attendance (SBA): 68.2% in 1993 and 68.5% in 2014.
- Haemoglobin delivery (Hb): 46.22% in 1993 and 46.17% in 2014.
- Antenatal care (ANC): 66.23% in 1993 and 65.85% in 2014.
- Malaria prevalence: 5.02% in 1993 and 4.64% in 2014.
- Diarrhoea treatment: 36.72% in 1993 and 33.38% in 2014.

Key Messages

- 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) and their coverage in 2014:
  - IPTp1 3.18
  - IPTp2 5.02
  - Antimalarial 6.0
  - Vitamin A-mother 12.77

3.4 Household factors


- Percentage of households improving sanitation: 82.1% in 1993 and 75.7% in 2014.
- Percentage of households improving water: 74.8% in 1993 and 63.5% in 2014.
- Percentage of households improving household factors: 71.4% in 1993 and 66.6% in 2014.

Key Messages

- 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


Key Messages

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- No change was observed with respect to access to clean water and sanitation. The proportion of least poor households remained >75%.

3.6 Infections

3.6.1 Malaria Prevalence

Malaria prevalence in Nyandarua and other CEREB counties.

Key Messages

- Between 1965 and 1989, the USM 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 USM 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 USM (60.86 per 1000 live births) after Murang’a.
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