2.1 U5M (per 1000 live births)

Mean U5M per 1000 live births in Samburu and NOREB every 10 years between 1965 and 2013.

2.2 Trends in U5M and progress towards achieving global targets

USM trends in Samburu, relative to the national mean, NOREB 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. The darker the green the greater the improvement.


Coverage of malnutrition indicators, and the percentage change between 1993 and 2014. Red indicates deterioration and green an improvement.
3.2 Maternal factors


- Birth interval (1993: 79.20%, 2014: 81.33%)
- Low parity (1993: 54.51%, 2014: 67.06%)
- Female-headed household (1993: 36.67%, 2014: 41.64%)
- Maternal education (1993: 19.08%, 2014: 17.83%)

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) 94.05% (1993), 93.89% (2014)
- Tetanus toxoid injection (TT): 75.27% (1993), 75.26% (2014)
- ORS: 75.15% (1993), 74.63% (2014)
- DPT3: 75.15% (1993), 75.03% (2014)

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)

- IPTp2: 7.46
- Antimalarial: 9.7
- IPTp2: 2.18
- Child-ITN: 3.16
- IPTp1: 6.04
- Antimalarial: 8.29
- Vitamin A-mother: 13.15

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
Child-ITN - Insecticide treated bed nets use by children

3.4 Household factors

- Improved and Intermediate Sanitation
- Improved Sanitation
- Improved Water
- Least Poor Households

Samburu Health Interventions, 1993

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)

- TT2: 75.26
- ORS: 75.15
- DPT3: 75.15
- BCG: 75.15
- Polio3: 75.15
- Child-ITN: 75.15

Malaria prevalence in Samburu and other NOREB counties.

3.6 Infections

3.6.1 Malaria Prevalence


- Samburu maintained a USM rate lower than the regional and national mean across the years and even achieving reduction rates >30% between 1995 and 2004. The rate was at 32.91 per 1000 live birth by 2014, the second-lowest in NOREB and third lowest in the country.

- A significant reduction in HIV and Malaria prevalence was observed between 2003 and 2014. In addition, Samburu was one of the few NOREB counties that reduced malaria transmission rate to below 1%, even though malaria intervention coverage remained much lower than most counties.

- The proportion of wasted and low birth weight children slightly increased, but other nutritional indicators alongside breastfeeding practices improved.

- Notably, the prevalence for longer birth intervals and low parity increased between 1993 and 2014 despite the fact that the proportion of educated and literate mothers remained low, as did the use of contraceptives.

- Samburu was the only county that saw a decline in the health facility deliveries in addition to antenatal care. Furthermore, the proportion of women attended by skilled personnel at birth was one of the Region’s lowest.

- Vaccination coverage was among the lowest in NOREB, even after improving from a drop observed between 1993 and 2003.

- There was no significant progress towards improving access to clean water and sanitation. While most counties had an increase in the proportion of least poor households, the proportion in Samburu decreased from 41% to 35%.

Key Messages

- Samburu maintained a USM rate lower than the regional and national mean across the years and even achieving reduction rates >30% between 1995 and 2004. The rate was at 32.91 per 1000 live birth by 2014, the second-lowest in NOREB and third lowest in the country.

- A significant reduction in HIV and Malaria prevalence was observed between 2003 and 2014. In addition, Samburu was one of the few NOREB counties that reduced malaria transmission rate to below 1%, even though malaria intervention coverage remained much lower than most counties.

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