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

- Breastfeeding indicators: 1993 and 2014

- Malnutrition indicators: 1993 and 2014
3.2 Maternal factors

Comparing maternal factors in 1993 and 2014:

- Birth interval: 73.6% in 1993 and 77.4% in 2014.
- Maternal literacy increased from 34.67% to 66.08%.
- Female-headed households decreased from 31.77% to 30.15%.
- Maternal education: 52.9% in 1993 and 39.7% in 2014.
- Contraceptive use: 5.52% in 1993 and 6.52% in 2014.

Key Messages:

- Since 1965, the U5M rate in Tana River declined with the reduction rate increasing every 10 years. However, after 2005 the reduction rate dropped from 25.7% to 6.9%.
- Malaria prevalence in Tana River and other JKP counties.
- HIV prevalence in Tana River and other JKP counties.
- Most counties increased the proportion of households classified as least poor, Tana River decreased.

3.3 Health Care Utilization

Comparing health care utilization coverage in 1993 and 2014:

- Antenatal care (ANC): 9.5% in 1993 and 12.2% in 2014.
- Delivery by skilled birth attendant: 79.9% in 1993 and 49.8% 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 - proportion of households who have access to piped water for drinking.
- Least poor households - proportion of households considered not poor comprising of the 1st, 2nd and 3rd quintiles of the wealth index.

3.4 Household factors

Comparison of household factors in 1993 and 2014:


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. Least poor households - proportion of households considered not poor comprising of the 1st, 2nd and 3rd quintiles of the wealth index.

3.6 Infections

3.6.1 Malaria Prevalence

Malaria prevalence in Tana River and other JKP counties.

3.6.2 HIV Prevalence


Key Messages:

- Since 1965, the U5M rate in Tana River declined with the reduction rate increasing every 10 years. However, after 2005 the reduction rate dropped from 25.7% to 6.9%.
- As from 1994, HIV prevalence decreased steadily over time, but it was not until after 2003 that a significant drop in Malaria transmission rates was observed and has remained below 5% since 2006.
- By 2014, despite improvements, Tana River had the lowest proportion of literate and educated mothers and low contraceptive usage, which could reflect the low prevalence for longer birth intervals and low parity relative to other counties in the region.
- Breastfeeding practices and nutritional status have also improved.
- In addition to the slight decline in pregnant women receiving antenatal care (ANC), Tana River had the lowest proportion of health facility deliveries and births attended to by skilled birth attendance.
- Vaccination coverage improved and was higher than what was recorded in 1993 and 2003.
- Access to sanitation had minimal changes, but the coverage of access to clean water improved with access to piped water for drinking improving from 9% in 1993 to 16% in 2014, which was still quite low. However, while most counties increased the proportion of households classified as least poor, Tana River decreased.