

Fact Sheet | June 2017

Reproductive, Maternal, Neonatal and Child Health

Introduction

Mandera County has a population of just over 1 million people. About half of the population is aged below 15, 14% are aged under 5 and 33% are aged 10-19. A woman in Mandera County can expect to have 5 children in her lifetime, which is also referred to as the total fertility rate. Mandera County's total fertility rate (5.2) is higher than the national rate of 3.9 and also means that Mandera County has a high birth rate. However, the adolescent birth rate is notably lower than the national rate – about 3 out of every 100 babies is born to an adolescent girl aged 15-19.

Mandera County is one of 15 Counties that account for over 60% of maternal deaths in Kenya. The latest estimate of the County's maternal mortality ratio (MMR) is 3795 deaths per 100,000 live births and is the highest in the country. Child death rates in Mandera County mirror the national trend although neonatal death rates are slightly higher and infant and under five death rates are slightly lower. High maternal and child death rates are linked to high birth rates and limited access to life saving maternal and child health interventions.

This fact sheet highlights the status of key reproductive,

maternal and child health interventions in Mandera County, in relation to the national status. The data are drawn from the 2009 and 2014 Kenya Demographic and Health Survey, the Kenya AIDS Indicator Survey (KAIS, 2007), the UN and other national and global studies.

Policy and legal context

Kenya has favourable policy and legal frameworks that promote reproductive, maternal, child and adolescent health and rights. These frameworks include the Constitution (2010), Kenya Health Policy (2014-2030), Kenya RMNCAH Investment Framework (2016), the National Reproductive Health policy (2007), and the Adolescent Sexual and Reproductive Health policy (2015).

Maternal health

Contraceptive use and unmet need

Use of contraceptives for prevention of unintended pregnancies averts 30% of maternal deaths and improves child survival. Only 2% of

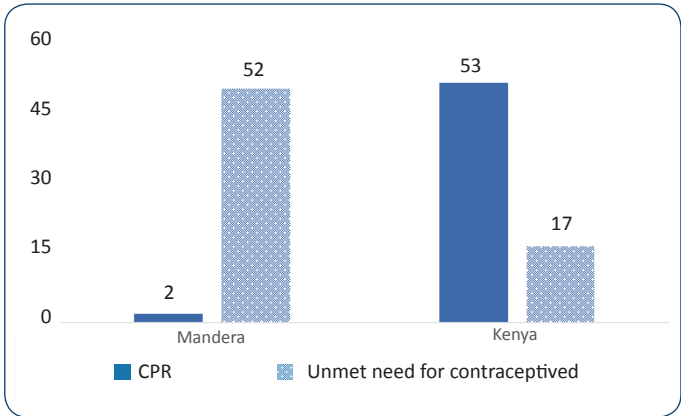
Table 1. Demographics

Indicators	Mandera County	Kenya
Total Population	1,025,546	38,589,011
Proportion of the population that are women	45%	50%
Proportion of the population below age 15	54%	43%
Proportion of the population under-five (0 to 4 years)	14%	15%
Proportion of the population ages 10-19	33%	24%
Total Fertility Rate	5.2	3.9
Adolescent birth rate (births per 1000 girls aged 15-19)	29	96
Maternal Mortality Rate (deaths per 100,000 live births)	3795	495
Neonatal Mortality (deaths per 1000 live births)	**24	22
Infant Mortality (deaths per 1000 live births)	**37	39
Under five mortality rate (deaths per 1000 live births)	**44	52

** represents regional data

currently married women aged 15-49 in Mandera County use a modern contraceptive method compared to the national rate of 53% (Figure 1). Unmet need for contraceptives, refers to the proportion of women who would like to avoid pregnancy but are not using a modern contraceptive method. About half (52%) of currently married women age 15-49 in Mandera County have an unmet need for contraceptives, which is three times higher than the national rate of 17%.

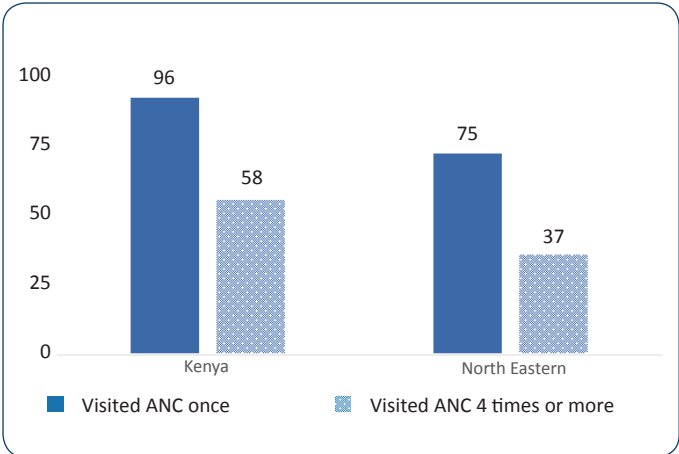
Figure 1. Modern CPR and unmet need for contraceptives, currently married women ages 15-49 (%)



Number of antenatal care visits

Antenatal care is helpful in identifying adverse pregnancy outcomes, when it is sought early in the pregnancy and is continued until delivery. The World Health Organization recommends that women should have at least 4 antenatal care visits during each pregnancy. County data on antenatal care is not available. In North Eastern region, where Mandera County is located, only 37% of women of reproductive age receive antenatal care at least 4 times during pregnancy, which is considerably lower than the national rate of 58% (Figure 2).

Figure 2. Percentage of pregnant women ages 15-49 by number of ANC visits



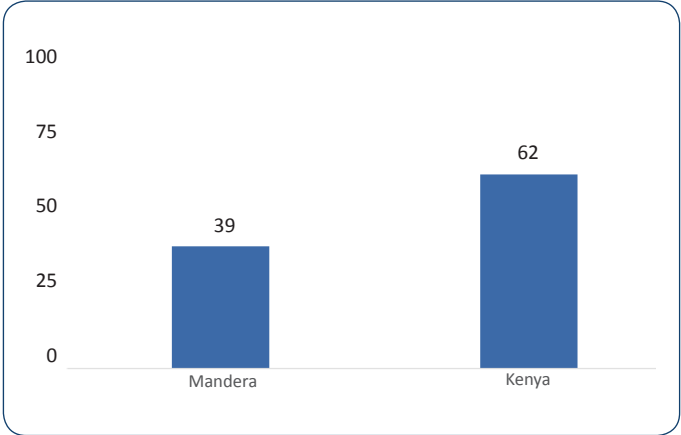
Place of delivery

Birth-related complications are reduced when women give birth in a health facility. In Mandera County, only one in three (36%) of births are delivered in a health facility compared to the national rate of 61%.

Assistance by a skilled provider during delivery

Obstetric care from a health professional during delivery is critical in reducing maternal and neonatal mortality. In Mandera County, about two in five (39%) births are delivered by a skilled birth attendant compared to 62% at the national level (Figure 3).

Figure 3. Percentage of live births delivered by a skilled birth attendant



Prevention of mother-to-child transmission (PMTCT)

PMTCT is an intervention aimed at preventing the transmission of HIV from mother to child and is an important intervention towards efforts to eliminate new HIV infections. The PMTCT initiative provides drugs, counselling and psychological support to help mothers safeguard their infants against the virus. Without any intervention, the risk of transmission of infection from the mother to the baby is 20-45%. PMTCT can reduce HIV transmission to less than 2%.

County and regional data on PMTCT coverage is not available. At national level, 74% of pregnant women living with HIV are receiving the most effective antiretroviral medicines for PMTCT. There is need to improve PMTCT coverage given that Kenya is among the top 20 high HIV burden countries in the world and contributes 5% of children aged 0-14 living with HIV and 5% of new HIV infections among children aged 0-14.

The HIV prevalence rate for North Eastern region, where Mandera County is located, is unavailable.

Abortion rates

Unsafe abortion is one of the main causes of maternal deaths. A national study conducted in 2012, estimated that the induced abortion rate per 1000 women of reproductive age (15-49 years) and the induced abortion ratio per 100 live births in

Kenya are 48 and 30, respectively (Table 2). The abortion statistics for North Eastern region, where Mandera County is located, was merged with that for Coast region. The combined estimated induced abortion rate and ratio for the two regions are 51 and 32, respectively, which are about the same as the national induced abortion rate and ratio. The study found that 86% of women who presented to the health facility for post-abortion care were suffering from complications of unsafe abortion.

Table 2. National and regional induced abortion rates and ratios, Kenya, 2012

	Number of women (in 000's) of reproductive age (15-49)	Induced Abortion Rate per 1,000 women of reproductive age	Induced Abortion Ratio per 100 live births
Total	9600	48	30
Coast & North Eastern	1298	51	32

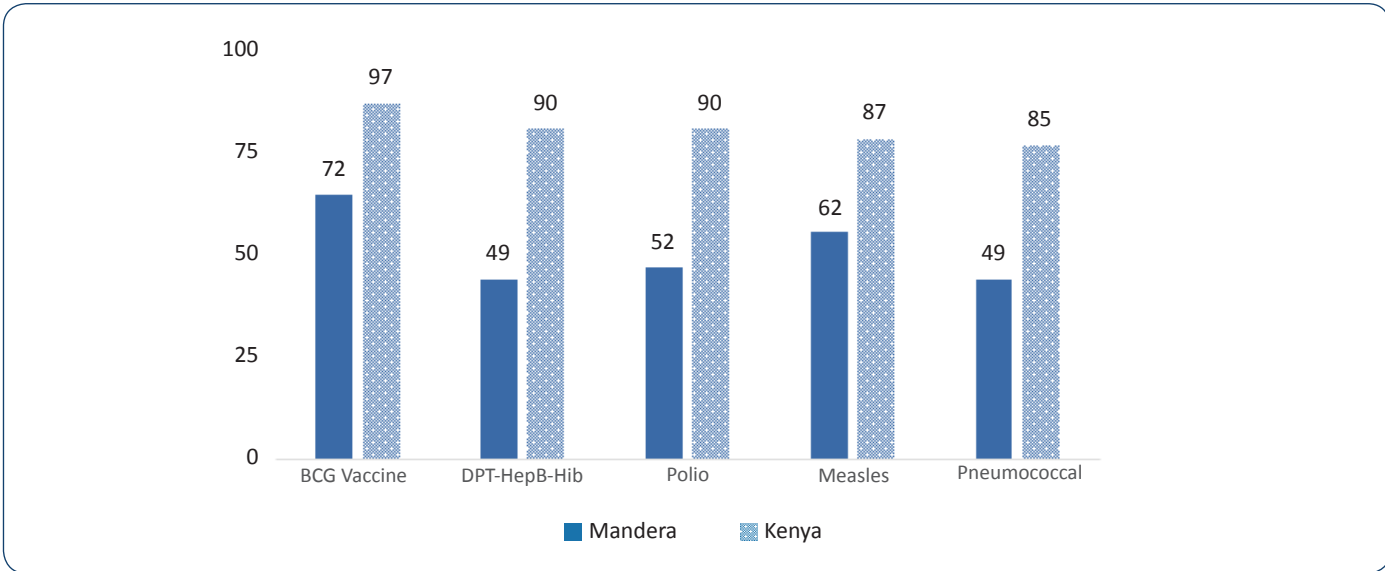
Child health

Child immunisation

Universal immunisation of children against six common vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio, and measles) is crucial to reducing infant and child mortality. The vaccination

coverage in Mandera County is not yet universal and is also considerably lower than the national vaccination coverage (Figure 4). Diphtheria and pneumococcal vaccinations have the lowest coverage (49%) and the tuberculosis vaccination has the highest (72%).

Figure 4. Percentage of children ages 12-23 months receiving specific vaccines

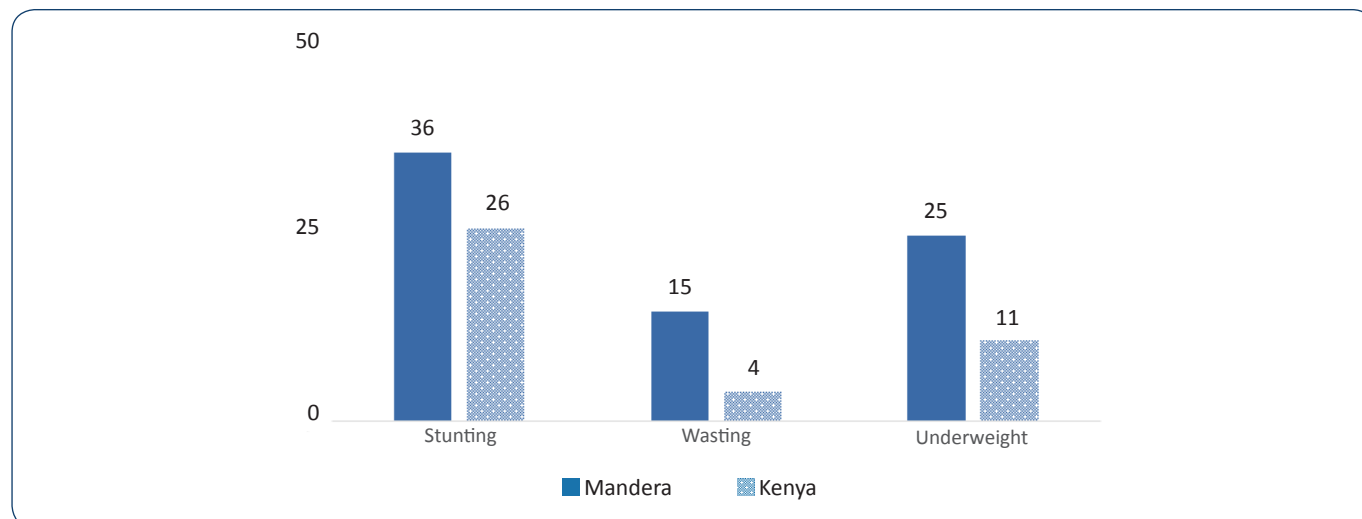


Nutrition status for children under five years

Adequate nutrition is critical to children’s growth and development. The period from birth to age 2 years is especially important for optimal physical, mental, and cognitive growth, health, and development. Stunting (height-for-age), wasting (weight-for-height) and underweight

(weight-for-age) are indicators of nutritional status of children. In Mandera County, about two in five (36%) children are recorded to have stunted growth, 15% as wasting and 25% as underweight (Figure 5). Mandera County rates for stunting, wasting and underweight are considerably higher than the national rates particularly the wasting and underweight rates, which are two to three times higher.

Figure 5. Nutrition Status for children under five years (%)



Acute respiratory infection (ARI)

Acute respiratory infection (ARI) is a leading cause of childhood morbidity and mortality across the world. Early diagnosis and treatment with antibiotics can reduce the number of deaths caused by ARI. The ARI rate in Mandera County (2%) is four times lower than the national rate (9%).

Fever

Fever is a major symptom of malaria, a life threatening disease, and other acute infections in children. The fever prevalence rate among children under age five in Mandera County is 5% compared to the national rate of 24%. County data indicating the proportion of children with fever for whom advice or treatment was sought from a health facility or provider is not available. In North Eastern region, where Marsabit County is located, the fever

prevalence rate among children under age five is 9%. Advice or treatment from a health facility or provider was sought for only half (49.5%) of these children, which is lower than the national rate (63%).

Prevalence of diarrhoea

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. Three percent (3%) of children under five years are reported to have diarrhoea in Mandera County, which is five times lower than the national rate (15%). Prompt treatment, including oral rehydration therapy, is important in treating diarrhoea. In North Eastern region, where Mandera is located, advice or treatment from a health facility or provider was sought for less than half (44%) of children with diarrhoea.

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