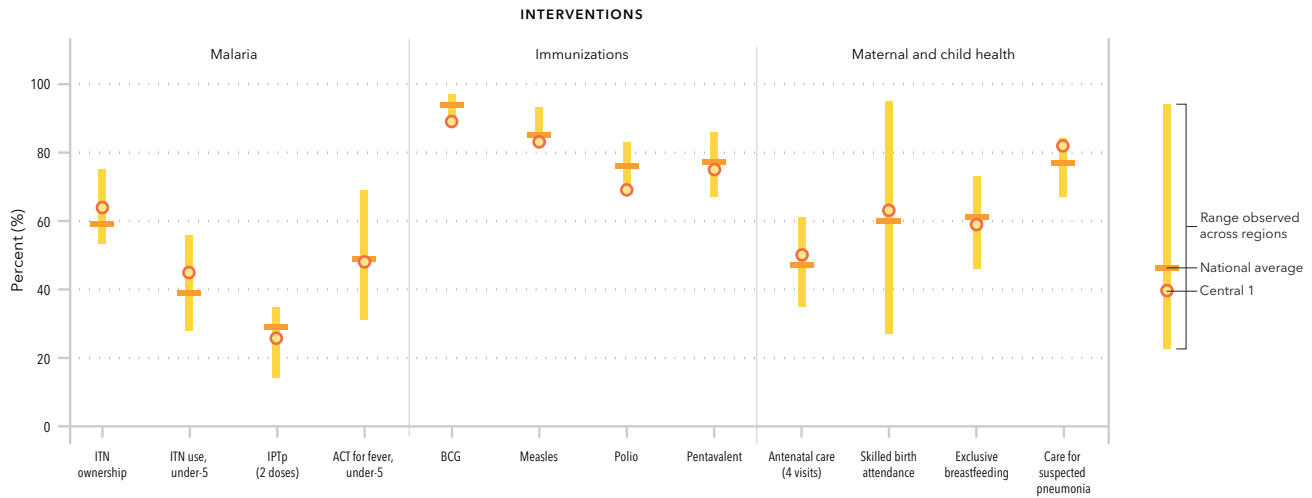




Central 1



Note: Estimates of intervention coverage are for 2011, with better performance reflected by higher levels of coverage.

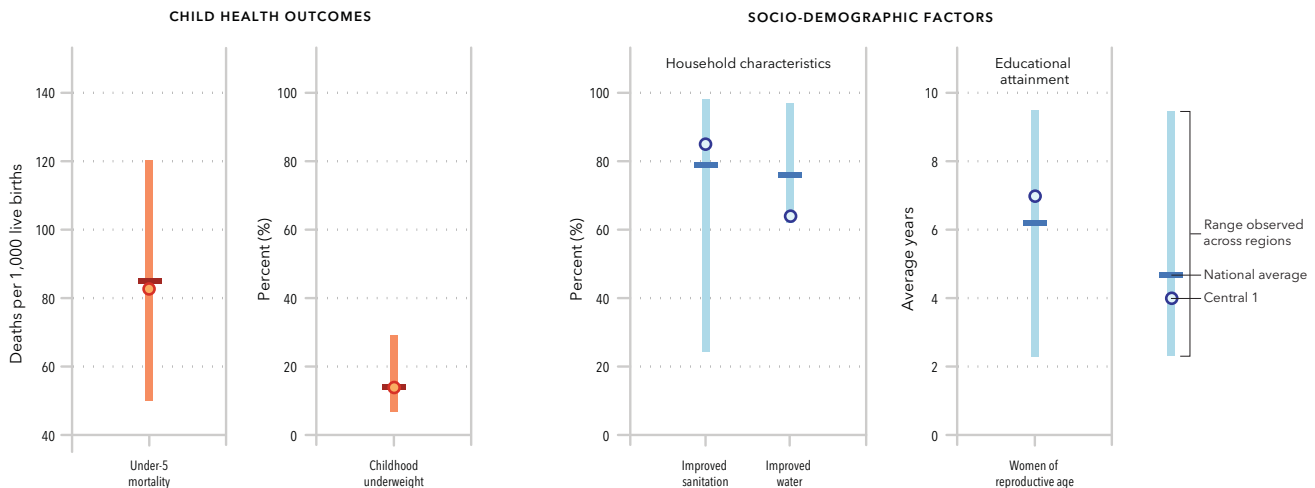
SUMMARY

Between 1990 and 2011, all-cause under-5 mortality substantially decreased in Central 1, whereas less pronounced progress occurred for the prevalence of childhood underweight. Prioritizing efforts to further accelerate gains in child health outcomes, especially for childhood underweight, should be considered.

ITNs and the receipt of ACTs were quickly scaled up in Central 1, whereas IPTp2 coverage remained quite low. Although the region recorded improvement in immunization coverage, Central 1 nonetheless fell below the national average for most key childhood vaccines in 2011. From 1990 to 2011, coverage of exclusive breastfeeding and ANC4 stagnated or declined, whereas the proportion of children who sought care for suspected pneumonia steadily increased.

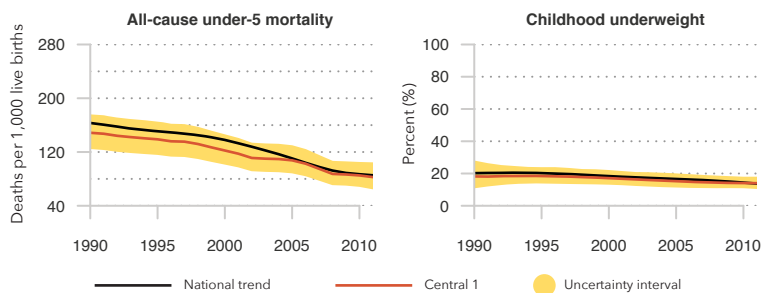
The region documented gains in the proportion of households with improved sanitation, exceeding the national average in 2011. In comparison to the national trend, Central 1 consistently averaged higher levels of educational attainment among women of reproductive age. Conversely, the region persistently fell below the national average for household access to improved water sources.

In 2011, Central 1 generally met or exceeded the national average for malaria interventions and maternal and child health interventions but fell below for immunizations. Except for access to improved water sources, the region exceeded the national average for socio-demographic factors. In comparison with the national average, Central 1 showed similar levels of under-5 mortality and childhood underweight.



Note: Estimates of child health outcomes and socio-demographic factors are for 2011. Better performance is shown by lower levels of child health outcomes and higher levels for socio-demographic factors.

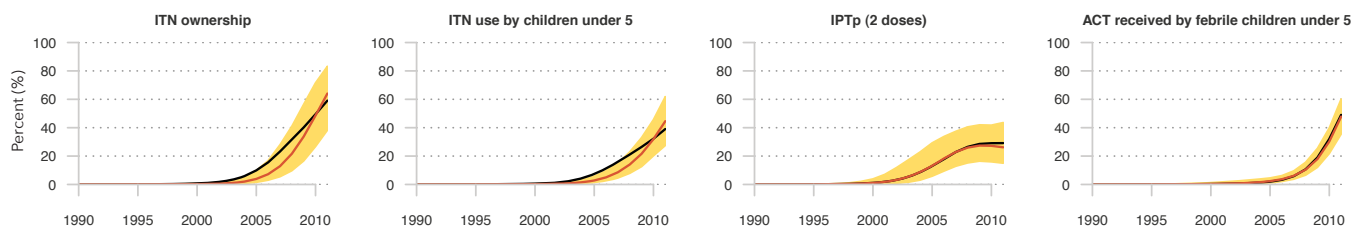
CHILD HEALTH OUTCOMES



From 1990 to 2011, the region of Central 1 recorded a significant reduction in all-cause under-5 mortality, dropping 44% from 149 deaths per 1,000 live births in 1990 (95% CI: 126, 175) to 83 in 2011 (95% CI: 66, 103). In 2011, the region's under-5 mortality was similar to the national average of 85 deaths per 1,000 live births (95% CI: 79, 93).

The proportion of children who were underweight in Central 1 remained around 18% during the 1990s, after which prevalence declined to 14% in 2008 (95% CI: 12%, 18%) and remained at 14% through 2011. This level of childhood underweight equaled the national average in 2011.

MALARIA INTERVENTIONS



ITN ownership remained below 10% until 2007, after which coverage rapidly rose to 64% in 2011 (95% CI: 38%, 83%), topping the national average of 59% (95% CI: 36%, 79%).

The use of ITNs by children under 5 years old increased quickly from 9% in 2007 (95% CI: 5%, 15%) to 45% in 2011 (95% CI: 27%, 62%). This level of ITN use was higher than the national average of 39% (95% CI: 27%, 53%). In this region, the difference between ITN ownership and ITN use by children under 5 (19 percentage points) was comparable to what was observed at the national level (20 percentage points).

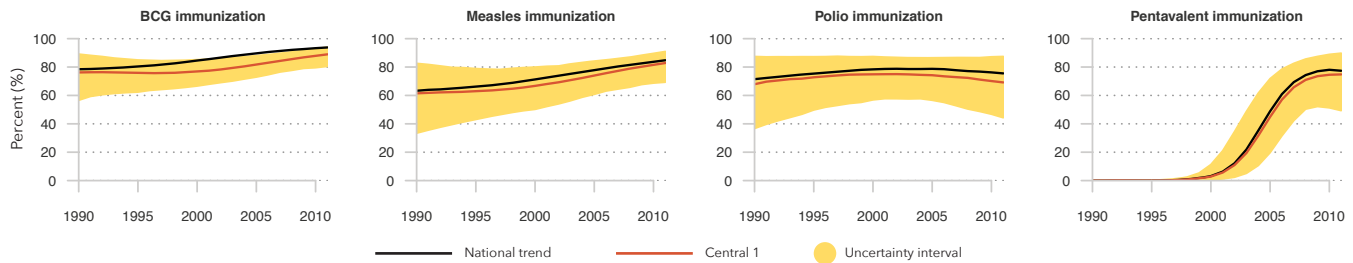
No districts in the region of Central 1 had formally implemented IRS as of 2011.

ACTs formally became Uganda's first-line treatment for uncomplicated malaria in 2006, and the proportion of children in Central 1 who received ACTs in response to experiencing a fever quickly escalated thereafter. Receipt of ACTs among febrile children under 5 increased from 10% in 2008 (95% CI: 7%, 16%) to 48% in 2011 (95% CI: 35%, 60%), which was comparable to the national average of 49% (95% CI: 34%, 65%).

The proportion of pregnant women who received IPTp2 remained below 10% until 2005, after which coverage increased to 27% in 2009 (95% CI: 16%, 42%). IPTp2 coverage dipped to 26% in 2011 (95% CI: 15%, 44%), which was slightly lower than the national average of 29% (95% CI: 15%, 50%).

CENTRAL 1, continued

IMMUNIZATIONS



The proportion of children who received the BCG vaccine remained below 80% until 2004, after which coverage increased to 89% in 2011 (95% CI: 80%, 94%). This level of BCG immunization was lower than the national average of 94% (95% CI: 89%, 97%) and among the lowest in Uganda for 2011.

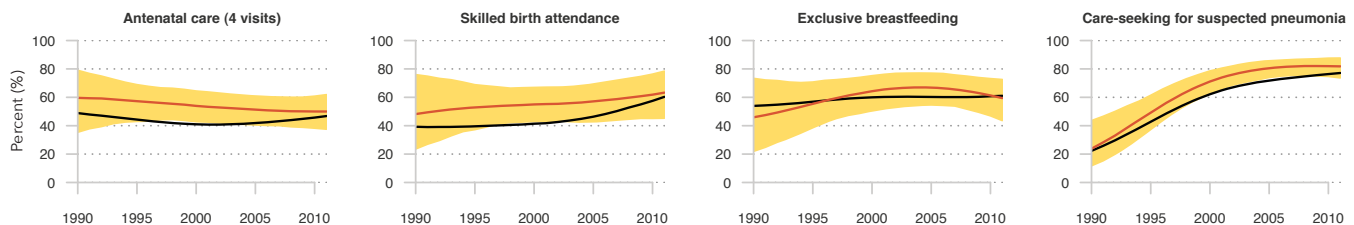
Measles immunization steadily rose from 61% in 1990 (95% CI: 33%, 83%) to 83% in 2011 (95% CI: 69%, 91%), which was slightly lower than the national average of 85% (95% CI: 75%, 91%).

Coverage of polio immunization remained relatively consistent from 1990 to 2011, generally hovering between 70% and

75% during this time. In 2011, polio immunization coverage was 69% in Central 1 (95% CI: 44%, 87%), which was lower than the national average of 76% (95% CI: 52%, 90%) and among the lowest in Uganda.

The pentavalent vaccine was formally introduced in Uganda in 2002, after which coverage in Central 1 rapidly increased from 32% in 2004 (95% CI: 11%, 62%) to 75% in 2010 (95% CI: 51%, 89%). This level of pentavalent coverage was sustained through 2011, and was comparable to the national average of 77% (95% CI: 51%, 92%).

MATERNAL AND CHILD HEALTH INTERVENTIONS



ANC4 coverage remained fairly consistent between 1990 and 2011, slightly declining from 60% in 1990 (95% CI: 35%, 79%) to 50% in 2008 (95% CI: 39%, 60%). ANC4 coverage remained at 50% through 2011, slightly higher than the national average of 47% (95% CI: 41%, 54%).

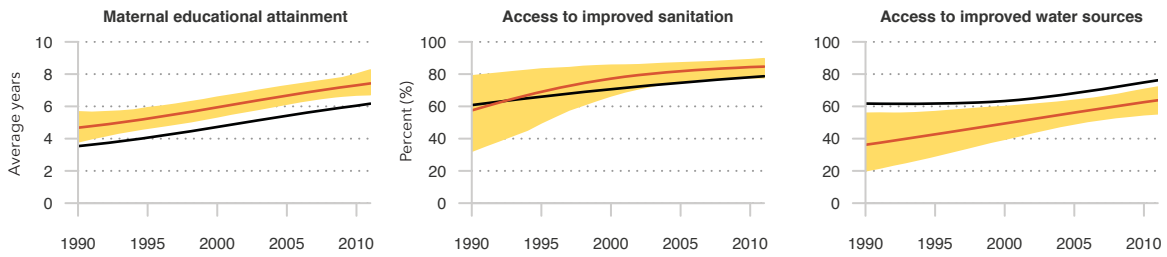
Skilled birth attendance gradually increased from 48% in 1990 (95% CI: 24%, 76%) to 63% in 2011 (95% CI: 45%, 78%), which was slightly higher than the national average of 60% (95% CI: 47%, 73%).

The proportion of children who were exclusively breastfed rose from 46% in 1990 (95% CI: 22%, 73%) to 67% in 2003 (95% CI: 54%, 77%). Exclusive breastfeeding coverage remained

at this level through 2005, after which levels declined to 59% in 2011 (95% CI: 44%, 73%). While this level of exclusive breastfeeding was comparable to the national average of 61% (95% CI: 54%, 67%), the region's downward trend in coverage is cause for concern.

Serving as proxy for health system access, the proportion of children under 5 who sought care for suspected pneumonia rapidly increased from 24% in 1990 (95% CI: 12%, 44%) to 82% in 2007 (95% CI: 75%, 87%), and remained at this level through 2011. By contrast, the national average was lower in 2011, at 77% (95% CI: 76%, 78%).

SOCIO-DEMOGRAPHIC FACTORS



Among women of reproductive age (15 to 44 years old) in Central 1, the average years of education attained increased 57% between 1990 and 2011, rising from 4.7 years in 1990 (95% CI: 3.8, 5.6) to 7.4 years in 2011 (95% CI: 6.7, 8.2). This level of educational attainment far exceeded the national average in 2011, which was 6.2 years (95% CI: 5.9, 6.4), and was among the highest in Uganda for that year.

Household access to improved sanitation (a flush toilet or covered pit latrine) increased from 57% in 1990 (95% CI: 32%, 79%) to 85% in 2011 (95% CI: 78%, 89%). This level of improved sanitation was higher than the national average of 79% in 2011 (95% CI: 76%, 81%).

Central 1 recorded substantial progress in household access to improved water sources (e.g., piped water, protected wells, protected springs), rising from 36% in 1990 (95% CI: 20%, 56%) to 64% in 2011 (95% CI: 56%, 72%). Despite this progress, the proportion of households with improved water was lower in Central 1 than the national average, which was 76% in 2011 (95% CI: 73%, 79%).