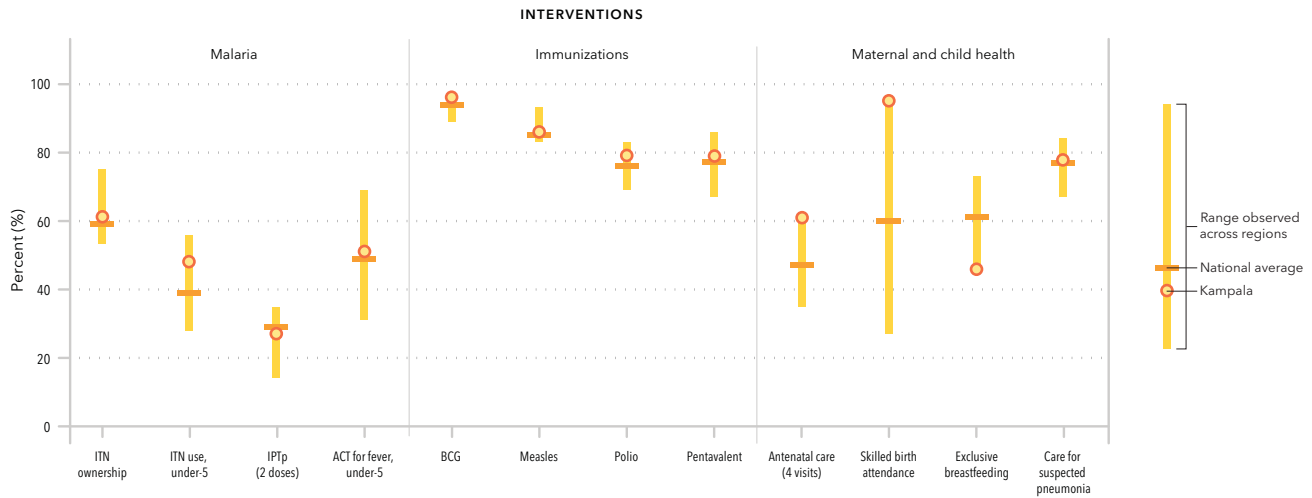




Kampala



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

SUMMARY

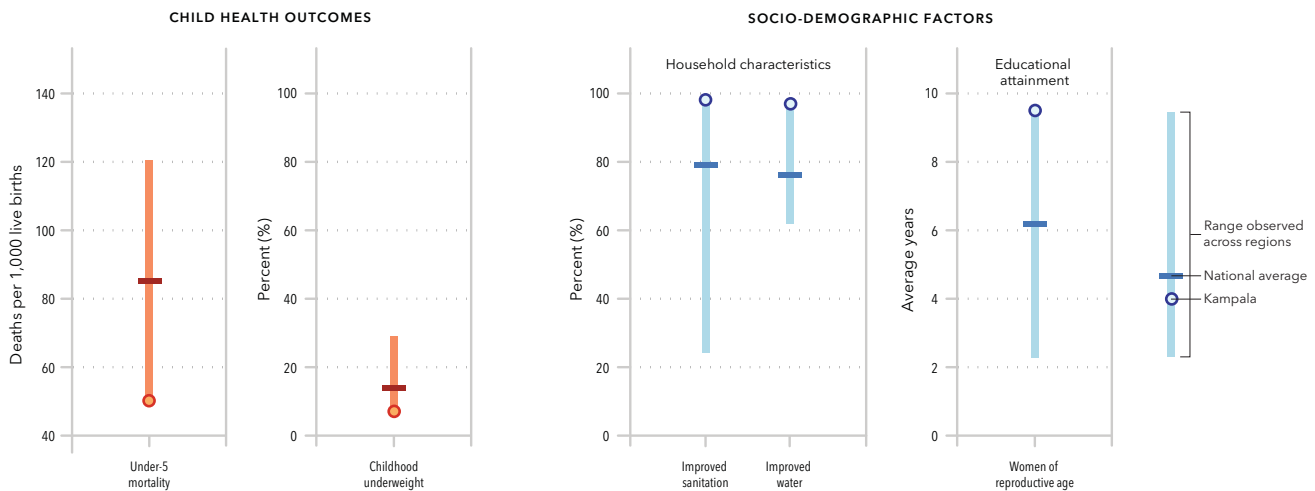
Between 1990 and 2011, all-cause under-5 mortality and the prevalence of childhood underweight substantially declined in Kampala, falling to among the lowest levels in the country in 2011. Prioritizing efforts to maintain these gains and further accelerate such progress in child health outcomes should be considered.

ITN ownership and ITN use were quickly scaled up in Kampala, as was the receipt of ACTs for treatment of suspected malaria. The region recorded improvement in immunization coverage over time and documented a rapid scale-up of the pentavalent vaccine. Skilled birth attendance and the proportion of women who received at least four antenatal care visits (ANC4) were consistently above the national average,

whereas Kampala's coverage of exclusive breastfeeding persistently remained below the national average.

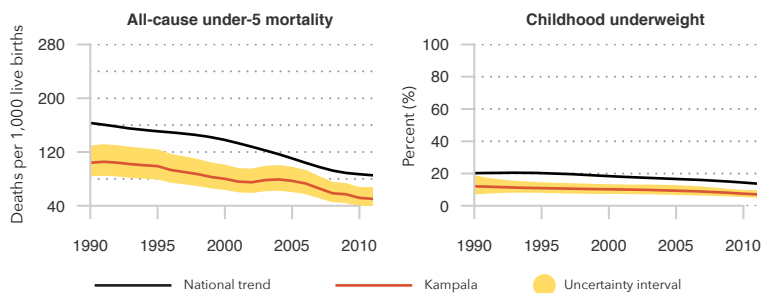
Across all socio-demographic factors, Kampala recorded much higher levels than the national trend over time, each rising to among the highest in Uganda.

In 2011, Kampala largely met or exceeded the national average across interventions, with exclusive breastfeeding as the primary exception. For socio-demographic factors, the region consistently surpassed national trends over time. In comparison with the national average, Kampala documented much lower 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

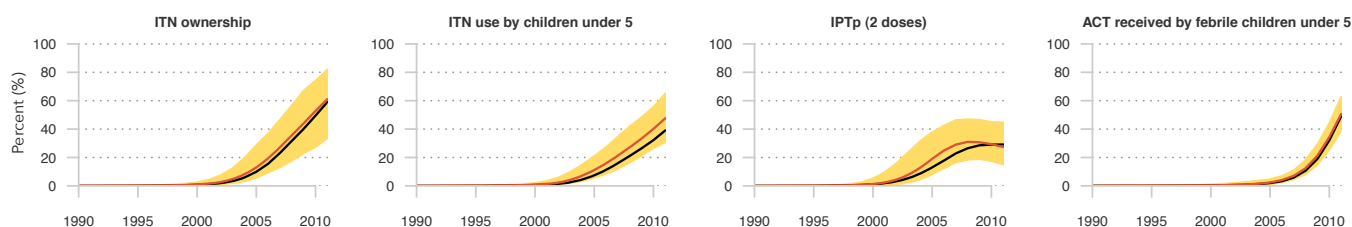


From 1990 to 2011, the region of Kampala recorded a significant reduction in all-cause under-5 mortality, dropping 52% from 104 deaths per 1,000 live births in 1990 (95% CI: 85, 128) to 50 in 2011 (95% CI: 38, 66). In 2011, the region's under-5 mortality was well below the national average of 85 deaths per 1,000 live births (95% CI: 79, 93) and was among the lowest in Uganda.

The proportion of children who were underweight in Kampala decreased from 12% in the early 1990s to 7% in 2010

(95% CI: 6%, 9%). The prevalence of childhood underweight remained at 7% through 2011, which was much lower than the national average of 14% (95% CI: 12%, 15%) and among the lowest in the country. While Kampala consistently recorded lower levels of childhood underweight than the national average between 1990 and 2011, the region saw a more accelerated reduction in underweight than the rest of Uganda during this time.

MALARIA INTERVENTIONS



ITN ownership remained below 10% until 2005, after which coverage rapidly rose to 61% in 2011 (95% CI: 34%, 82%). This level of ITN ownership was slightly higher than the national average of 59% (95% CI: 36%, 79%).

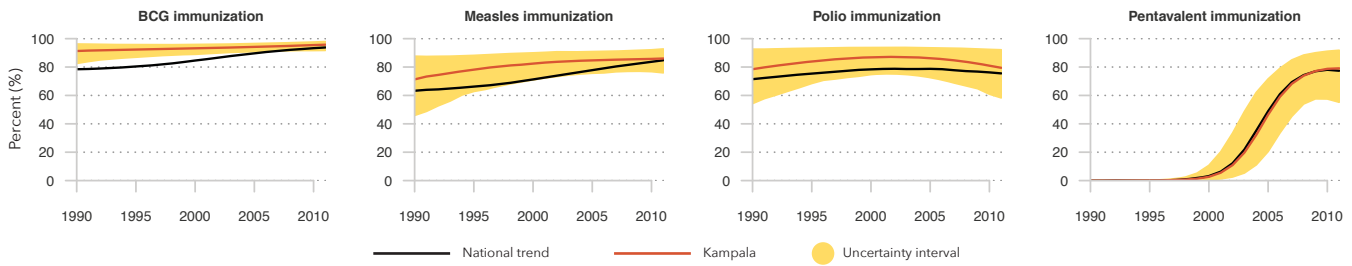
The use of ITNs by children under 5 years old steadily increased from 11% in 2005 (95% CI: 6%, 21%) to 48% in 2011 (95% CI: 31%, 65%). This level of ITN use far exceeded the national average of 39% (95% CI: 27%, 53%). In this region, the difference between ITN ownership and use (13 percentage points) was much lower than what was observed nationally (20 percentage points), which suggests that net use by children under 5 may be high among households with ITNs.

No districts in the region of Kampala 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 Kampala who received ACTs in response to experiencing a fever rapidly increased thereafter. Receipt of ACTs among febrile children under 5 rose from 12% in 2008 (95% CI: 8%, 18%) to 51% in 2011 (95% CI: 39%, 63%), which was slightly higher than the national average of 49% (95% CI: 34%, 65%).

The proportion of pregnant women who received IPTp2 remained below 10% until 2004, after which coverage increased to 31% in 2008 (95% CI: 18%, 47%). IPTp2 coverage dipped to 27% in 2011 (95% CI: 15%, 45%), which was comparable to the national average of 29% (95% CI: 15%, 50%).

IMMUNIZATIONS



The proportion of children who received BCG vaccine remained above 90% between 1990 and 2011, slightly rising from 91% in 1990 (95% CI: 83%, 96%) to 96% in 2011 (95% CI: 92%, 98%). This level of BCG immunization coverage was slightly higher than the national average of 94% (95% CI: 89%, 97%).

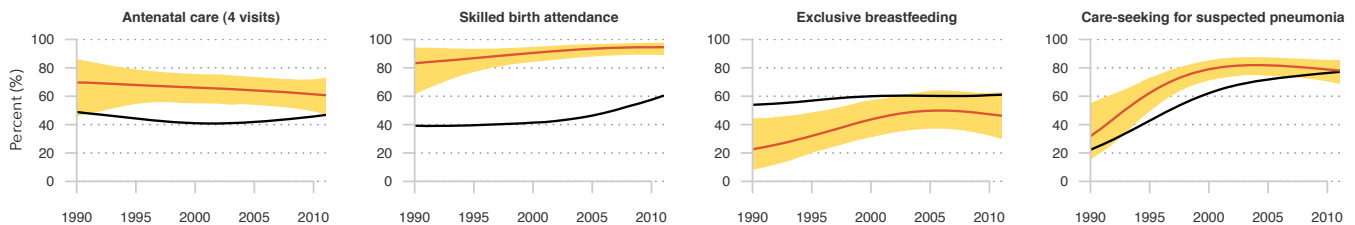
Measles immunization increased from 71% in 1990 (95% CI: 46%, 88%) to 86% in 2009 (95% CI: 77%, 92%). Coverage remained at 86% through 2011, which was comparable to the national average of 85% for that year (95% CI: 75%, 91%).

Coverage of polio immunization remained somewhat consistent from 1990 to 2011, generally hovering between 80%

and 85% during this time. Coverage hit its peak at 87% in 2000 (95% CI: 75%, 94%) and remained at this level through 2004, gradually decreasing to 79% in 2011 (95% CI: 58%, 92%). This level of polio immunization was slightly higher than the national average of 76% (95% CI: 52%, 90%).

The pentavalent vaccine was formally introduced in Uganda in 2002, after which coverage in Kampala rapidly increased from 32% in 2004 (95% CI: 11%, 62%) to 79% in 2010 (95% CI: 58%, 91%). Pentavalent vaccine coverage remained at 79% through 2011 (95% CI: 55%, 92%), which was comparable to the national average of 77% (95% CI: 51%, 92%).

MATERNAL AND CHILD HEALTH INTERVENTIONS



ANC4 coverage gradually decreased between 1990 and 2011, sliding from 70% in 1990 (95% CI: 47%, 85%) to 61% in 2011 (95% CI: 48%, 72%). Despite declines in coverage, this level of ANC4 coverage remained above the national average of 47% in 2011 (95% CI: 41%, 54%) and was among the highest in Uganda for that year.

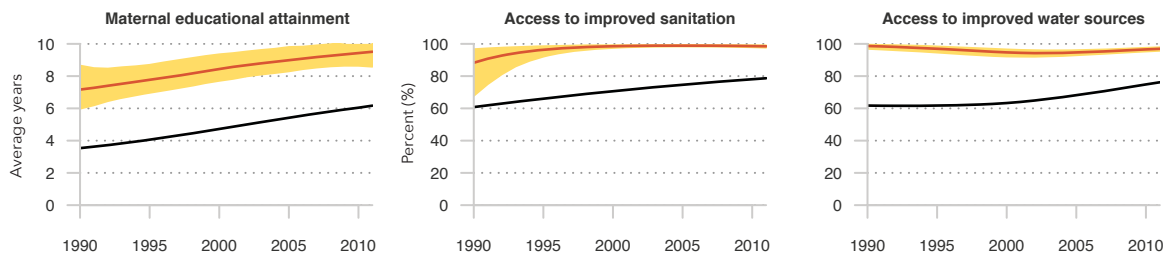
Skilled birth attendance steadily increased from 83% in 1990 (95% CI: 62%, 94%) to 95% in 2011 (95% CI: 90%, 97%), far exceeding the national average of 60% in 2011 (95% CI: 47%, 73%). After consistently exceeding the national trend since 1990, Kampala's levels of SBA also were among the highest in Uganda in 2011.

The proportion of children who were exclusively breastfed slowly rose from 23% in 1990 (95% CI: 9%, 44%) to 50% in

2005 (95% CI: 38%, 63%). Coverage of exclusive breastfeeding remained at 50% through 2007, slipping to 46% in 2011 (95% CI: 31%, 62%) and falling below the national average of 61% (95% CI: 54%, 67%) for that year. Kampala had one of the lowest levels of exclusive breastfeeding in Uganda in 2011.

Serving as proxy for health system access, the proportion of children under 5 who sought care for suspected pneumonia increased from 32% in 1990 (95% CI: 16%, 54%) to 82% in 2003 (95% CI: 76%, 87%). This level of health-care-seeking behavior was sustained through 2005, after which coverage slipped to 78% in 2011 (95% CI: 69%, 85%) and was comparable to the national average of 77% (95% CI: 76%, 78%) for that year.

SOCIO-DEMOGRAPHIC FACTORS



Among women of reproductive age (15 to 44 years old) in Kampala, the average years of education attained increased 32% between 1990 and 2011, rising from 7.2 years in 1990 (95% CI: 6, 8.6) to 9.5 years in 2011 (95% CI: 8.6, 10.5). This level of educational attainment was much higher than the national average in 2011, which was 6.2 years (95% CI: 5.9, 6.4); at the same time, Kampala consistently recorded higher levels of educational attainment than the national trend from 1990 to 2011.

Household access to improved sanitation (a flush toilet or covered pit latrine) increased from 88% of households with improved sanitation in 1990 (95% CI: 68%, 97%) to 99% in 2000 (95% CI: 98%, 99%). This level of improved sanitation

was sustained through 2010, registering at 98% in 2011 (95% CI: 98%, 99%). Kampala's household availability of improved sanitation far exceeded the national average of 79% (95% CI: 76%, 81%) and was among the highest in Uganda.

Household access to improved water sources (e.g., piped water, protected wells, protected springs) consistently remained above 90% between 1990 and 2011; however, coverage dipped from 99% in 1990 (95% CI: 97%, 99%) to 94% in 2001 (95% CI: 92%, 96%). Improved water access remained at 94% through 2004, after which levels rebounded to 97% in 2010 and 2011, exceeding the national average of 76% (95% CI: 73%, 79%) and rising to among the highest in Uganda at that time.