

PN-ABU-587

1001 85200

*Country Health Profile*

# UGANDA

---

## Health Situation & Statistics Report 1994



Center for International Health Information  
1601 N. Kent Street, Suite 1014  
Arlington, VA 22209

**The Center for International Health Information (CIHI), a project managed by Information Management Consultants, Inc. (IMC), prepared this document under the Data for Decision Making Project, #936-5991.05 (CIHI-II), contract number HRN-5991-C-00-3041-00, with the Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development (USAID).**

**The Center for International Health Information  
1601 N. Kent Street, Suite 1014  
Arlington, VA 22209  
(703) 524 - 5225  
FAX (703) 243 - 4669  
E-Mail address: [cihi@gaia.info.usaid.gov](mailto:cihi@gaia.info.usaid.gov)**

# **UGANDA**

## **Country Health Profile**

**T**his is one of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile contains descriptive information and tables on the country's health and demographic characteristics, health indicators and trends, and when available, the health care system. Profile information is compiled from CIHI's databases and reference library, as well as through research and analysis of other data sources and reports.

The profiles are intended to provide current and trend data in a concise format for policy and decision-making, planning and evaluation, and monitoring of health status for use by individuals and organizations. Contact CIHI at the address on the preceeding page for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous page or through USAID, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research.

# TABLE OF CONTENTS

JULY 1994

<b>I: Health &amp; Demographic Overview</b>	1
Current Demographic and Health Indicators	1
Trends in Selected Demographic and Health Indicators	2
Population Estimates/Pyramid	3
Trends in Selected Health and Child Survival Indicators	4
Vaccination Coverage Rates	4
ORS Access, ORS and/or RHF Use Rates	6
Contraceptive Prevalence Rate	6
Access to Potable Water	7
Access to Adequate Sanitation	7
Comparative Indicators	8
Comparative IMR Rates	8
Comparative Vaccination Coverage Rates	9
Comparative ORS Access, ORS and/or RHF Use Rates	9
<b>II: Data Notes</b>	10
<b>III: Sources *</b>	13

*\* Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

## I: HEALTH & DEMOGRAPHIC OVERVIEW

### Current Demographic and Health Indicators

JULY 1994

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	17,082,005	1983	CALXX02
Urban Population	2,319,400	1983	UNP9200
Women Ages 15-49	4,219,800	1,993	UNP9200
Infant Mortality	101	1986	DHS8915
Under 5 Mortality	180	1986	DHS8915
Maternal Mortality	700	1989	WHM9151
Life Expectancy At Birth	42	1983	UNP9200
Number of Births	865,733	1983	CALXX02
Annual Infant Deaths	87,612	1983	CALXX01
Total Fertility Rate	7.2	1983	UNP9200

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
<b>Vaccination Coverage</b>			
BCG	98	1992	WHE9301
DPT 3	71	1992	WHE9301
Messies	68	1992	WHE9301
Polio 3	70	1992	WHE9301
Tetanus 2	83	1992	WHE9301
DPT Drop Out	NA		
<b>Oral Rehydration Therapy</b>			
ORS Access Rate	68	1993	WHD9401
ORS and/or RHF Use	45	1993	WHD9401
<b>Contraceptive Prevalence</b>			
Modern Methods (15-49)	3	1989	DHS8915
All Methods (15-49)	5	1989	DHS8915
<b>Nutrition</b>			
Adequate Nutritional Status	68	1989	DHS8915
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	70	1989	DHS8915
B) Complementary Feeding	67	1989	DHS8915
Continued Breastfeeding	86	1989	DHS8915

Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
<b>HIV-1 Seroprevalence</b>			
Urban	30	1991	BUC9200
Rural	5	1991	BUC9103
<b>Access to Improved Water</b>			
Urban	43	1991	JMP9301
Rural	30	1990	WHO9200
<b>Access to Sanitation</b>			
Urban	63	1991	JMP9301
Rural	28	1991	JMP9301
Deliveries/Trained Attendants	36	1988	DHS8915

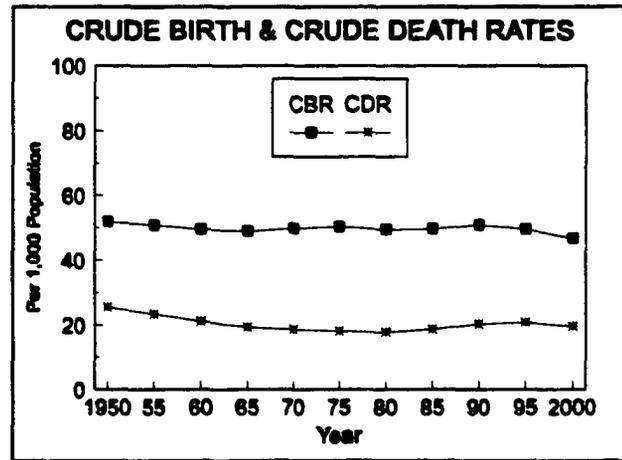
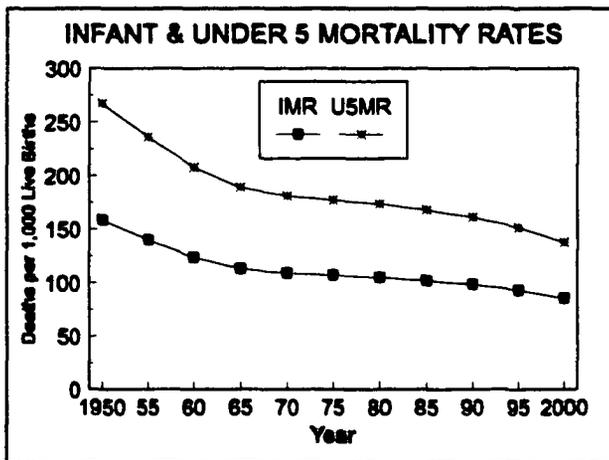
NA = Not available



## Trends in Selected Demographic and Health Indicators

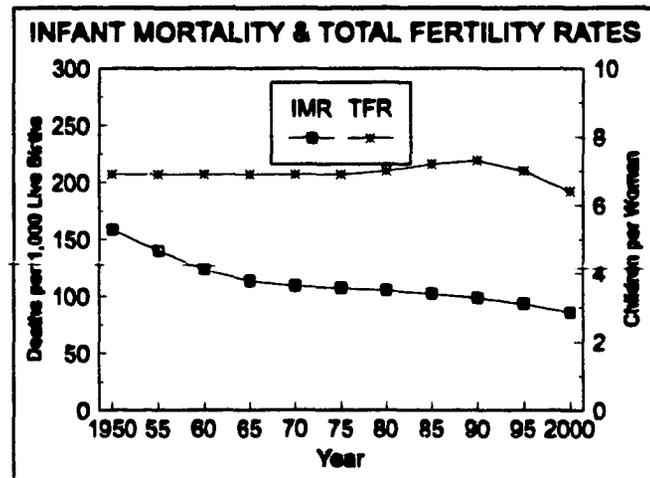
JULY 1994

INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	158	140	123	113	109	107	105	102	98	93	88	CALXX03
Under Five Mortality	287	238	208	189	181	177	173	168	161	151	138	CALXX03
Crude Birth Rate	52	51	50	49	50	50	49	50	51	50	47	UNP8200
Crude Death Rate	28	23	21	19	19	18	18	19	20	21	20	UNP8200
Avg. Annual Growth Rate	3	3	4	4	3	3	3	3	3	3	3	UNP8200
Total Fertility Rate	6.9	6.9	6.9	6.9	6.9	6.9	7.0	7.2	7.3	7.0	6.4	UNP8200



### IMR and TFR

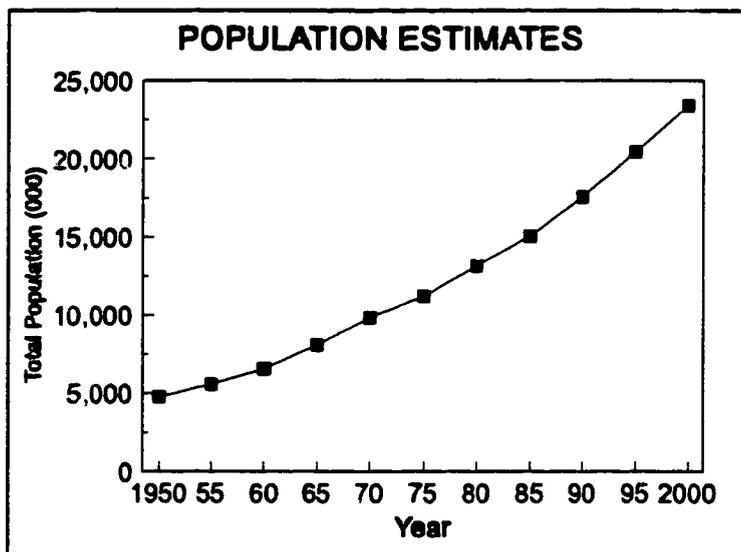
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.



## Population Estimates/Pyramid

JULY 1994

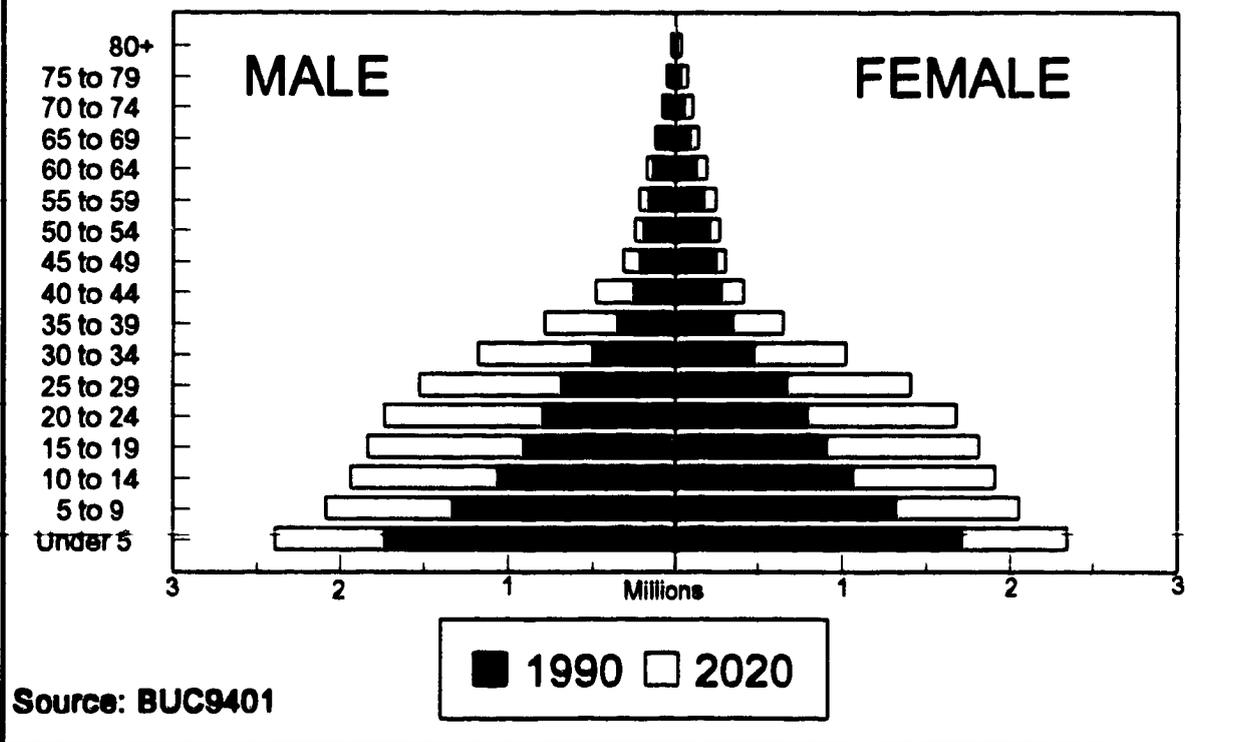
POPULATION ESTIMATES (000s)		
YEAR	VALUE	SOURCE
1950	4,762	UNP9200
1955	5,556	UNP9200
1960	6,562	UNP9200
1965	8,047	UNP9200
1970	9,806	UNP9200
1975	11,183	UNP9200
1980	13,120	UNP9200
1985	15,033	UNP9200
1990	17,560	UNP9200
1995	20,405	UNP9200
2000	23,401	UNP9200



## CURRENT & PROJECTED POPULATION

By Age & Gender: 1990 - 2020

Total Population 1990: 16,927,415 Total Population 2020: 29,881,575

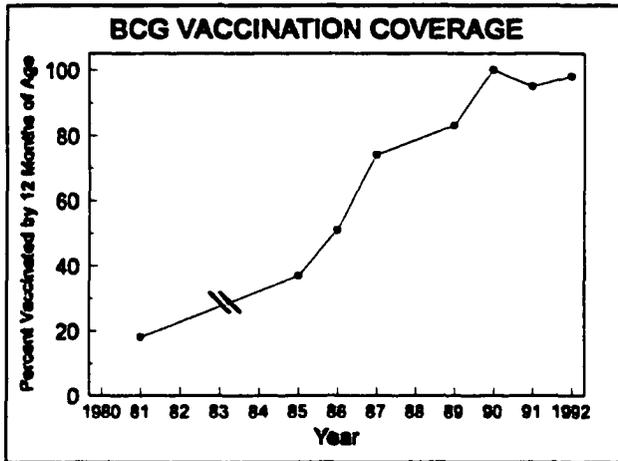




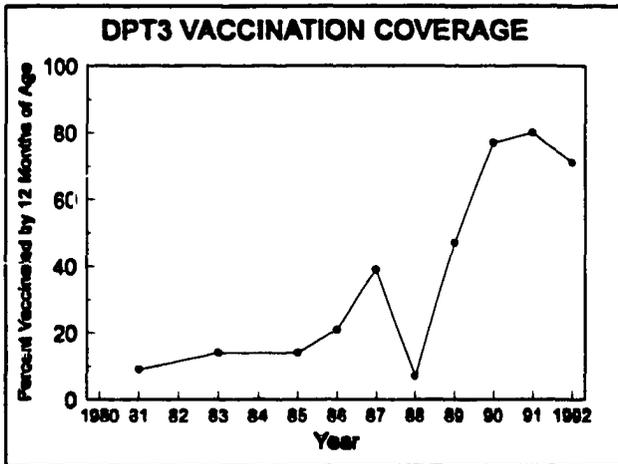
## Trends in Selected Health and Child Survival Indicators

### Vaccination Coverage Rates

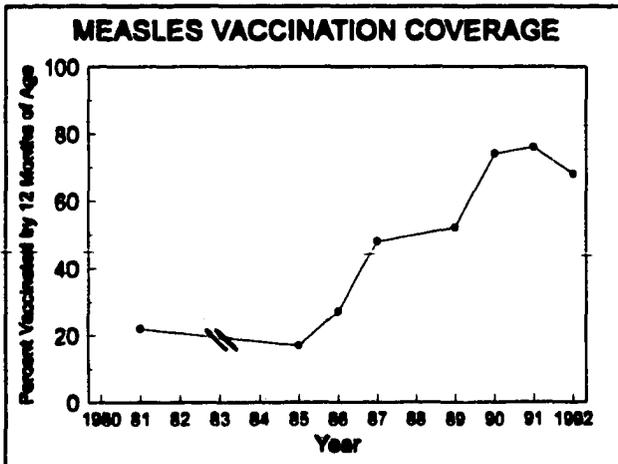
JULY 1994



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	18	WHE8700
1982	NA	
1983	NA	
1984	NA	
1985	37	WHE8700
1986	51	WHE8800
1987	74	WHE8900
1988	NA	
1989	83	MRF8904
1990	100	WHE9200
1991	95	MRF9222
1992	98	WHE9301

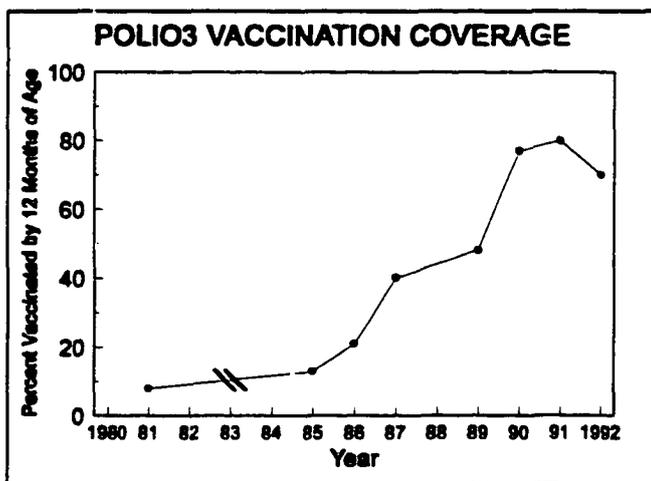


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	9	WHE8700
1982	NA	
1983	14	WHE8700
1984	NA	
1985	14	WHE8700
1986	21	WHE8800
1987	39	WHE8900
1988	7	MRF8904
1989	47	MRF8904
1990	77	WHE9200
1991	80	MRF9222
1992	71	WHE9301

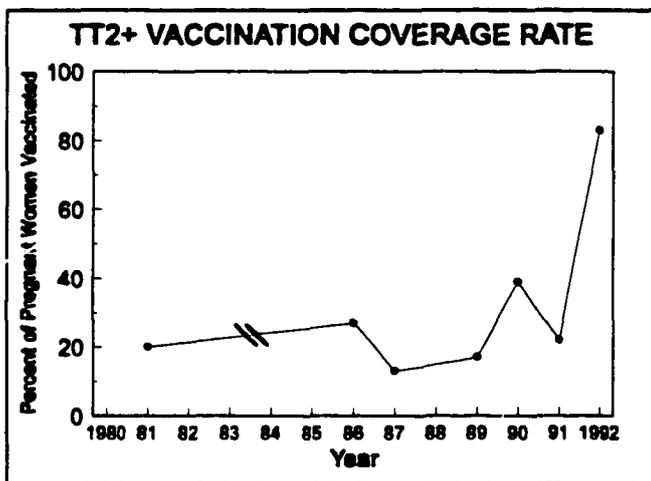


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	22	WHE8700
1982	NA	
1983	NA	
1984	NA	
1985	17	WHE8700
1986	27	WHE8800
1987	46	WHE8900
1988	NA	
1989	52	MRF8904
1990	74	WHE9200
1991	78	MRF9222
1992	68	WHE9301

### Vaccination Coverage Rates, continued



POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	8	WHE8700
1982	NA	
1983	NA	
1984	NA	
1985	13	WHE8700
1986	21	WHE8800
1987	40	WHE8900
1988	NA	
1989	48	MRF8904
1990	77	WHE9200
1991	80	MRF9222
1992	70	WHE9301

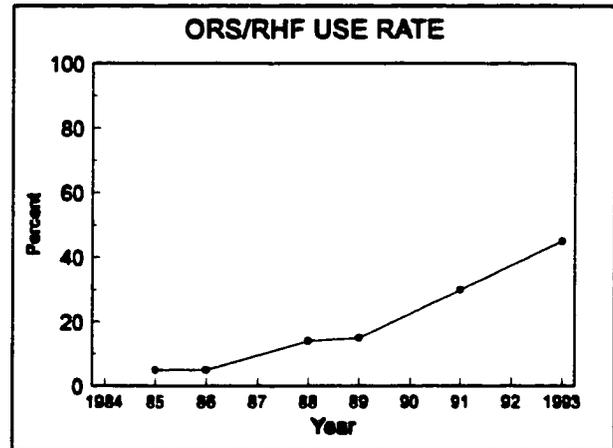
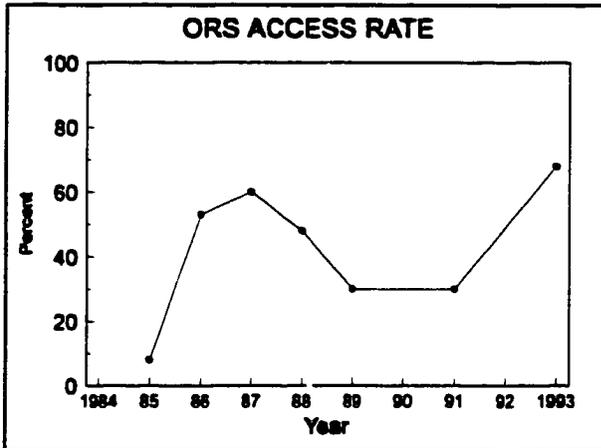


TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	20	WHE8700
1982	NA	
1983	NA	
1984	NA	
1985	NA	
1986	27	WHE8800
1987	13	WHE8900
1988	NA	
1989	17	MRF8904
1990	39	WHE9202
1991	22	MRF9222
1992	83	WHE9301



### ORS Access, ORS and/or RHF Use Rates

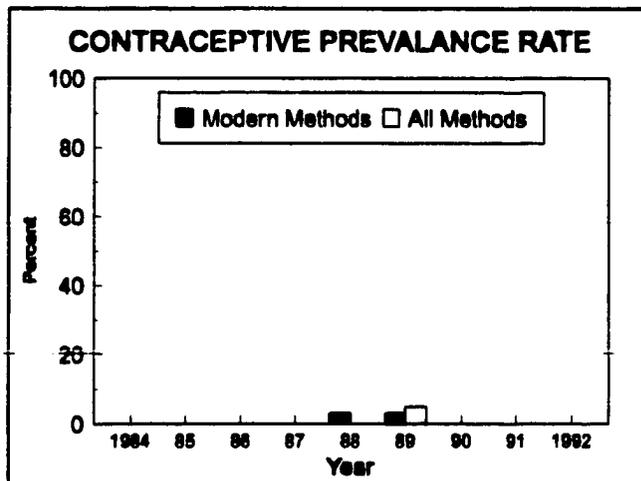
JULY 1994



INDICATOR	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
ORS Access	NA	8	53	60	48	30	NA	30	NA	68
Source		WHD8700	WHD8800	WHD8900	WHD9000	WHD9100		WHD9201		WHD9401
ORS/RHF Use	NA	5	5	NA	14	15	NA	30	NA	45
Source		WHD8700	WHD8800		WHD9000	WHD9100		WHD9201		WHD9401

### Contraceptive Prevalence Rate

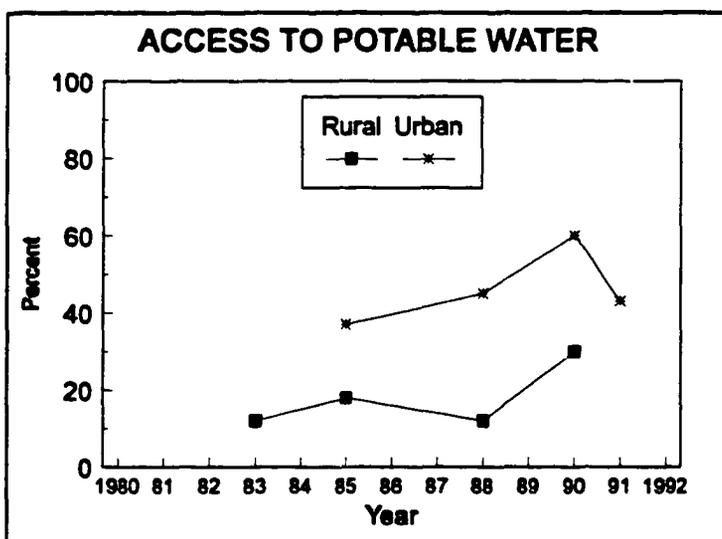
JULY 1994



YEAR	MODERN METHODS	SOURCE	ALL METHODS	SOURCE
1984	NA		NA	
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	3	BUC9401	NA	
1989	3	DHS8915	5	DHS8915
1990	NA		NA	
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	

### Access to Potable Water

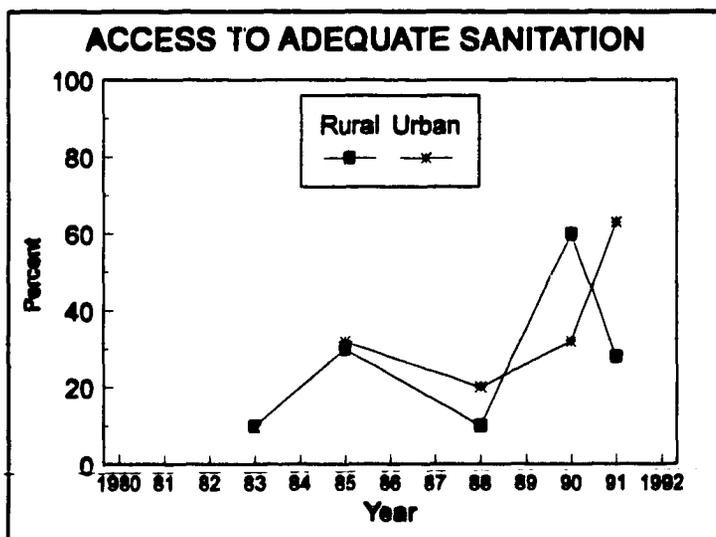
JULY 1994



YEAR	RURAL SOURCE	URBAN SOURCE
1980	NA	NA
1981	NA	NA
1982	NA	NA
1983	12 WHO9101	NA
1984	NA	NA
1985	18 WHO9101	37 WHO9101
1986	NA	NA
1987	NA	NA
1988	12 AID9012	45 AID9012
1989	NA	NA
1990	30 WHO9200	60 WHO9200
1991	NA	43 JMP9301
1992	NA	NA
1993	NA	NA

### Access to Adequate Sanitation

JULY 1994



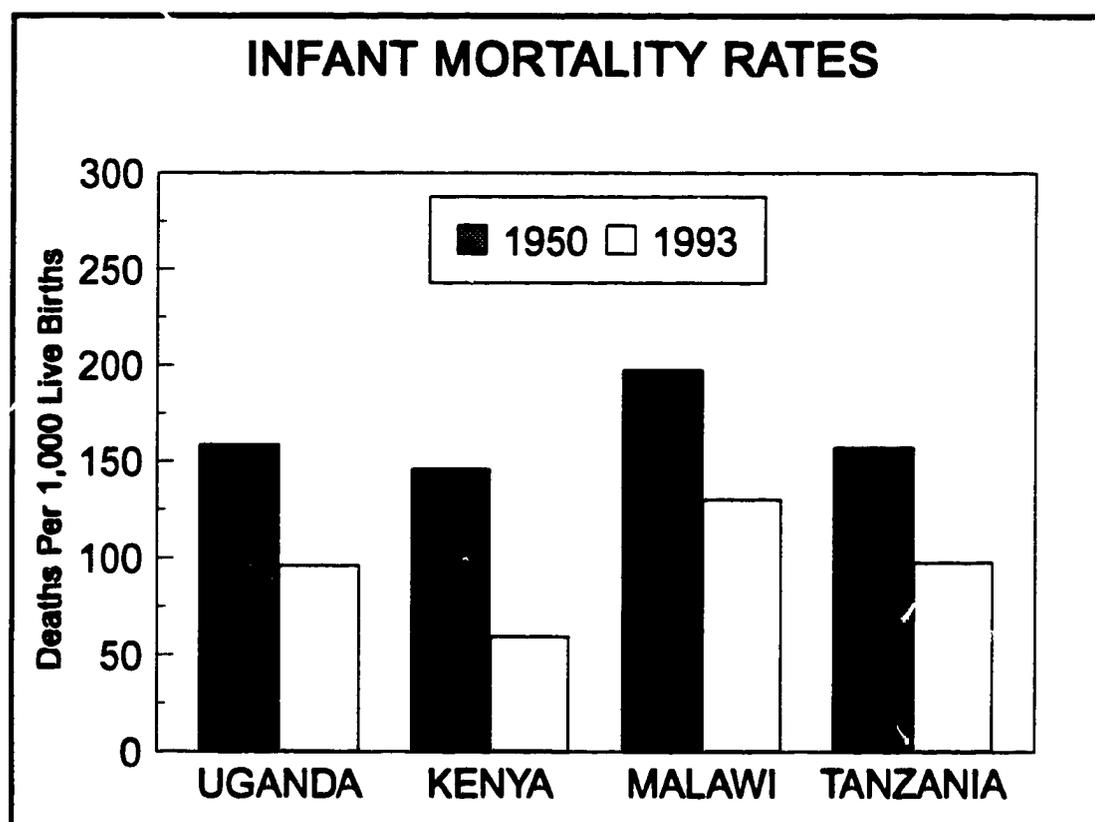
YEAR	RURAL SOURCE	URBAN SOURCE
1980	NA	NA
1981	NA	NA
1982	NA	NA
1983	10 WHO9101	NA
1984	NA	NA
1985	30 WHO9101	32 WHO9101
1986	NA	NA
1987	NA	NA
1988	10 AID9012	20 AID9012
1989	NA	NA
1990	60 WHO9200	32 WHO9200
1991	28 JMP9301	63 JMP9301
1992	NA	NA
1993	NA	NA



## COMPARATIVE INDICATORS

### Comparative iMR Rates

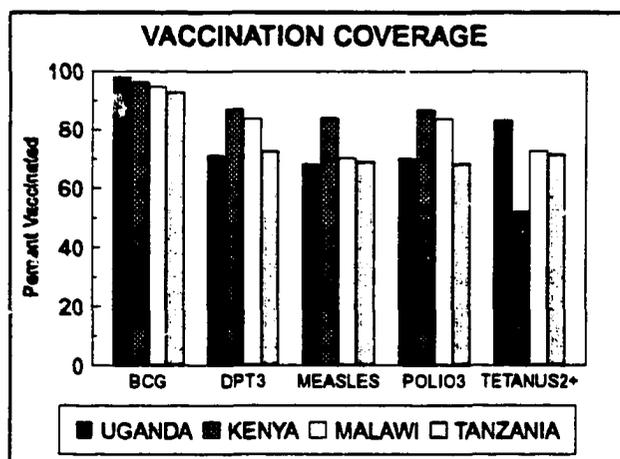
JULY 1994



COUNTRY	1950	SOURCE	1993	SOURCE
UGANDA	158	CALXX03	96	CALXX03
KENYA	146	CALXX03	59	CALXX03
MALAWI	197	CALXX03	130	CALXX03
TANZANIA	157	WBK9302	98	WBK9302

### Comparative Vaccination Coverage Rates

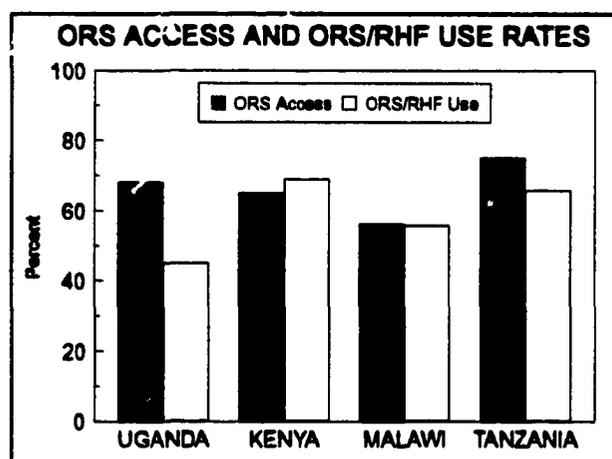
JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
UGANDA	BCG	1992	98	WHE9301
	DPT 3	1992	71	WHE9301
	Measles	1992	68	WHE9301
	Polio 3	1992	70	WHE9301
	Tetanus 2	1992	83	WHE9301
KENYA	BCG	1993	96	DHS9406
	DPT 3	1993	87	DHS9406
	Measles	1993	64	DHS9406
	Polio 3	1993	87	DHS9406
MALAWI	BCG	1992	95	DHS9401
	DPT 3	1992	84	DHS9401
	Measles	1992	70	DHS9401
	Polio 3	1992	84	DHS9401
TANZANIA	BCG	1991	93	DHS9302
	DPT 3	1991	73	DHS9302
	Measles	1991	69	DHS9302
	Polio 3	1991	68	DHS9302
	Tetanus 2	1991	72	DHS9302

### Comparative ORS Access, ORS and/or RHF Use Rates

JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
UGANDA	ORS Access Rate	1993	68	WHD9401
	ORT Use Rate	1993	45	WHD9401
KENYA	ORS Access Rate	1991	65	WHD9201
	ORT Use Rate	1991	69	WHD9201
MALAWI	ORS Access Rate	1988	56	WHD9000
	ORT Use Rate	1992	56	DHS9304
TANZANIA	ORS Access Rate	1991	75	WHD9201
	ORT Use Rate	1991	66	DHS9302



## II: DATA NOTES

JULY 1994

### *Notes On Mortality Estimation*

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World

Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

### *Definitions*

#### *Demographic Indicators*

**Total Population:** The mid-year estimate of the total number of individuals in a country.

**Average Annual Rate of Growth:** An estimate of the rate at which a population is increasing (or decreasing) in a given year.

**Infant Mortality Rate:** The estimated number of deaths in infants (children under age five) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

**Under 5 Mortality Rate:** The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

**Maternal Mortality Ratio:** The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

**Crude Birth Rate:** An estimate of the number of live births per 1,000 population in a given year.

**Crude Death Rate:** An estimate of the number of deaths per 1,000 population in a given year.

## II: Data Notes

**Life Expectancy At Birth:** An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

**Number of Births:** An estimate of the number of births occurring in a given year.

**Annual Infant Deaths:** An estimate of the number of deaths occurring to children under age one in a given year.

**Total Fertility Rate:** An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

### *Child Survival Indicators*

**Vaccination Coverage In Children:** An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday—three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

**Vaccination Coverage In Mothers:** An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has

had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

**DPT Drop-out Rate:** An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

**Oral Rehydration Salts (ORS) Access Rate:** An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

**ORS and/or Recommended Home Fluid (RHF) Use Rate:** An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

**Contraceptive Prevalence Rate:** An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

**Adequate Nutritional Status:** An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

**Appropriate Infant Feeding:** A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.



**Exclusive Breastfeeding:** An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

**Complementary Feeding:** An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

**Continued Breastfeeding:** An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

**Access to Sanitation, Rural:** An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

**Deliveries By Trained Attendants:** An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

#### *Other Health Indicators*

**HIV-1 Seroprevalence, Urban:** An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

**HIV-1 Seroprevalence, Rural:** An estimate of the proportion of all persons living in rural areas infected with HIV-1.

**Access to Improved Water, Urban:** An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

**Access to Improved Water, Rural:** An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

**Access to Sanitation, Urban:** An estimate of the proportion of all persons living in urban areas with

**III: SOURCES**

JULY 1994

- AID9012 Water and Sanitation for Health Project, U.S. Agency for International Development. Water and Sanitation Sector Profiles of Twenty African Countries, June 1989.
- BUC9103 Bureau of Census, Center for International Research, Recent HIV Seroprevalence Levels By Country, April, 1992
- BUC9200 Health Studies Branch. Center for International Research. U.S. Bureau of the Census. HIV Seroprevalence Levels, November 1992.
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
- CALXX01 Calculated from the values for total population, crude birth rate and infant mortality from designated sources for those variables.
- CALXX02 Total Population as reported by USAID in a Mission Response Form or other communication updated for the current year by applying the World Population Prospects growth rate to the estimate reported earlier.
- CALXX03 Time series estimates of Infant Mortality generated by applying the ratio of the DHS estimate for the most current 5 year period (or IMR from other current source) to the projected value from the World Population Prospects for the same year and applying that ratio to the projected time series in the WPP. Under 5 Mortality estimates are calculated by applying the appropriate Coale-Demeny model to the Infant Mortality time series.
- DHS8915 Ministry of Health, and Institute for Resource Development/Macro Systems, Inc. Uganda Demographic and Health Survey 1988/89. Columbia, MD: IRD, 1989.
- DHS9302 Bureau of Statistics, Planning Commission and Macro International Inc. Tanzania Demographic and Health Survey 1991/92. Columbia, Maryland: Macro International Inc., June 1993.
- DHS9304 National Statistical Office and Macro International Inc. Malawi Demographic and Health Survey 1992. First Report March, 1993
- DHS9401 National Statistical Office, Malawi and Macro International Inc. Malawi Demographic and Health Survey, 1992. Calverton, MD: Macro International Inc., January 1994.
- DHS9406 National Council for Population and Development, Central Bureau of Statistics-Office of the Vice President and Ministry of Planning and National Development and Demographic and Health Surveys-Macro International Inc. Demographic and Health Survey, 1993. Calverton, Md.: Macro International Inc., May 1994.



### III: Sources

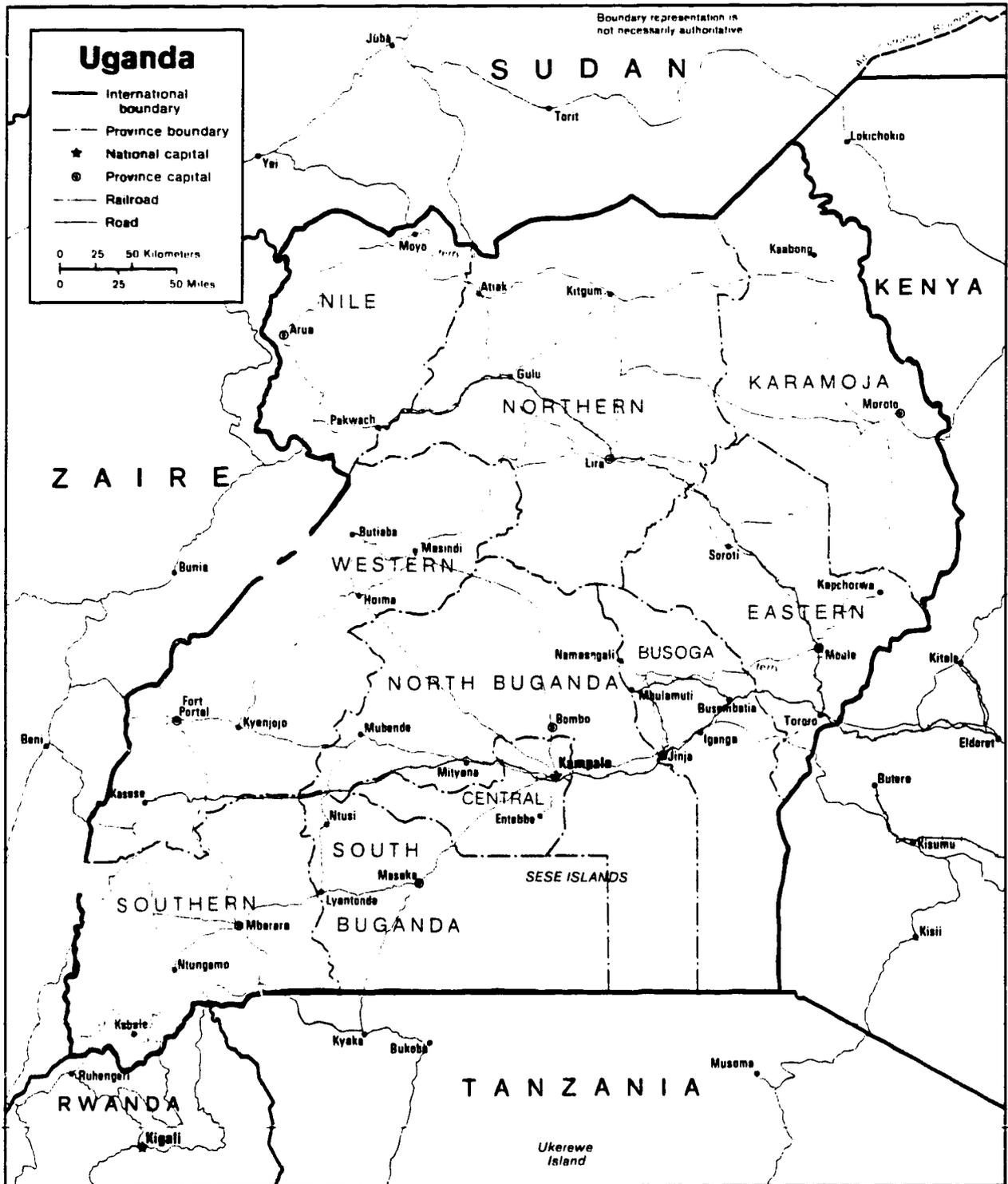
- JMP9301 WHO/UNICEF Joint Monitoring Programme. Water Supply and Sanitation Sector Monitoring Report 1993. Sector Status as of December 1991. WHO and UNICEF. August, 1993.
- MRF8904 World Health Organization six district 30 cluster surveys, July 1989 as cited in the FY 1989 Mission Response Form.
- MRF9222 UNEPI, 1991 as cited on the FY 92 Mission Response Form.
- UNP9200 Department of International Economic and Social Affairs, United Nations. World Population Prospects 1992. (ST/ESA/SER.A/120) New York: UN, 1992.
- WBK9302 Mortality rate time series generated from Ken Hill equations provided in a personal communication, March, 1993. The equations were developed for the World Development Report, 1993 and a UNICEF publication, The Progress of Nations.
- WHD8700 World Health Organization. Programme for Control of Diarrhoeal Diseases: Interim Programme Report 1986. (WHO/CDD/87.26) Geneva: WHO, 1987.
- WHD8800 World Health Organization. Programme for Control of Diarrhoeal Diseases: Sixth Programme Report 1986-1987. (WHO/CDD/88.28) Geneva: WHO, 1988.
- WHD8900 World Health Organization. Programme for Control of Diarrhoeal Diseases: Programme Report (WHO/CDD/89.31) Geneva: WHO, 1989.
- WHD9000 World Health Organization, Programme for Control of Diarrhoeal Diseases facsimile, February 14, 1990.
- WHD9100 World Health Organization. Programme for Control of Diarrhoeal Diseases: Interim Programme Report 1990. (WHO/CDD/91.36) Geneva: WHO, 1991.
- WHD9201 Programme For Control Of Diarrhoeal Diseases. Eighth Programme Report 1990-1991. WHO/CDD/92.38. Geneva: World Health Organization, 1992.
- WHD9401 Advanced Copy of Annex 1 of the WHO/CDR Annual Report, Received by facsimile, March 29, 1994.
- WHE8700 World Health Organization. Expanded Programme on Immunization Information System Report, January 1987. Geneva: WHO, 1987.
- WHE8800 World Health Organization. Expanded Programme on Immunization Information System Report, January 1988. Geneva: WHO, 1988.
- WHE8900 World Health Organization. Expanded Programme on Immunization Information System Report, July 1989. (WHO/EPI/GEN/89.2) Geneva: WHO, 1989
- WHE9200 World Health Organization. Expanded Programme on Immunization Information System Report, April 1992. (WHO/EPI/CEIS/92.1) Geneva: WHO, 1992.
- WHE9202 World Health Organization. Expanded Programme on Immunization Information System Report, October 1992. (WHO/EPI/CEIS/92.2) Geneva: WHO, 1992.

---

### III: Sources

---

- WHE9301 Facsimile from WHO/EPI of the pages in the 9/93 report of the WHO EPI Information System containing the most current vaccination coverage estimates. September 24, 1993.
- WHM9151 Sheffield, J.W. Women's reproductive health in Uganda and Zimbabwe. Family Care International (unpublished report on safe Motherhood activities) 1989, as cited in Division of Family Health, World Health Organization. Maternal Mortality: A Global Factbook. (WHO/MCH/MSM/91.3) Geneva: World Health Organization, 1991
- WHO9101 World Health Organization. World Health Organization Disk: Water Supply and Sanitation Service Coverage. Geneva: WHO, October 29, 1991.
- WHO9200 The International Drinking Water and Sanitation Decade, 1981-90: End of decade review, (as of December 1990), August 1992. CWS Unit, Division of Environmental Health, World Health Organization, 1211 Geneva 27, Switzerland



Base 800375 (A05372) 7-86