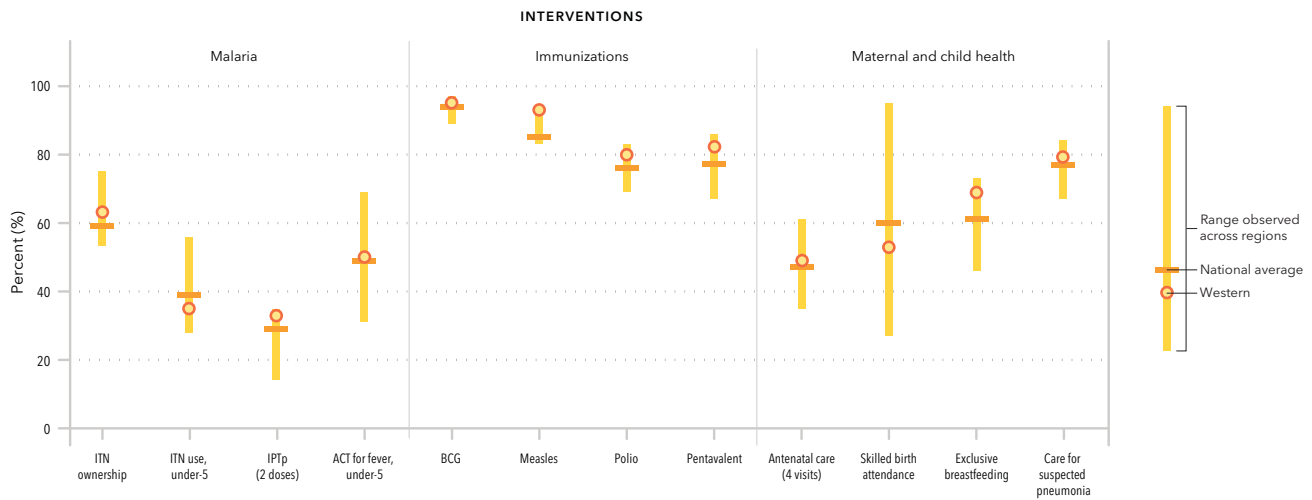




Western



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

SUMMARY

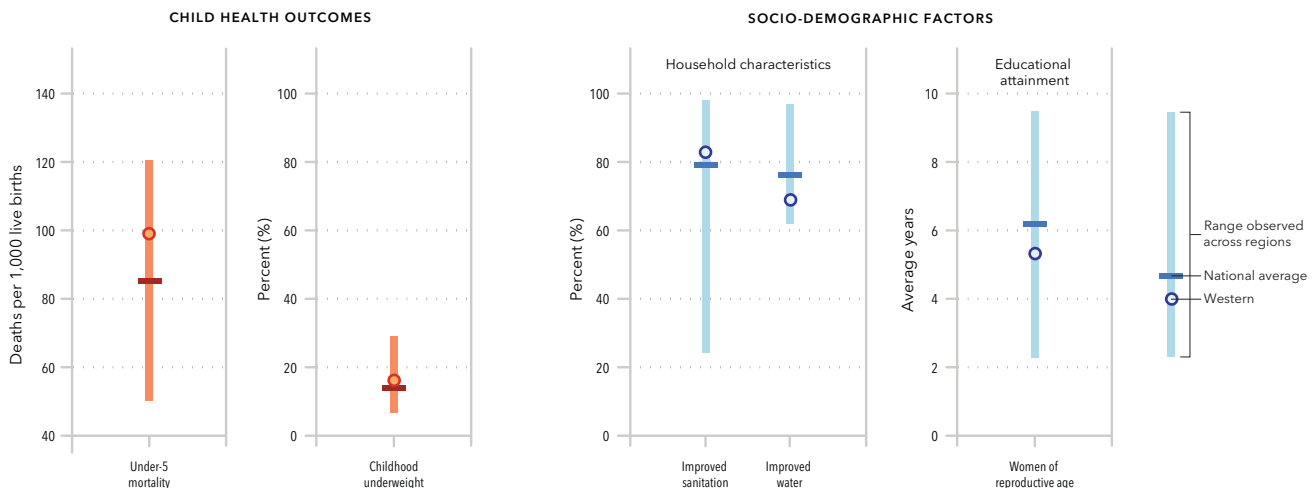
All-cause under-5 mortality substantially decreased in Western between 1990 and 2011 but nonetheless remained higher than the national average in 2011. Less progress was recorded for reducing the prevalence of childhood underweight over time. Prioritizing efforts to accelerate gains in child health outcomes, especially childhood underweight, should be considered.

ITN ownership and the receipt of ACTs were quickly scaled up in Western, but the use of ITNs by children under 5 lagged slightly behind the national trend. Immunization coverage largely followed the national trend, but the region's measles coverage was one of the highest in Uganda for 2011. Western recorded steady gains in the proportion of children who sought care for suspected pneumonia between 1990 and 2011, whereas progress for other maternal and child

health interventions was much more gradual.

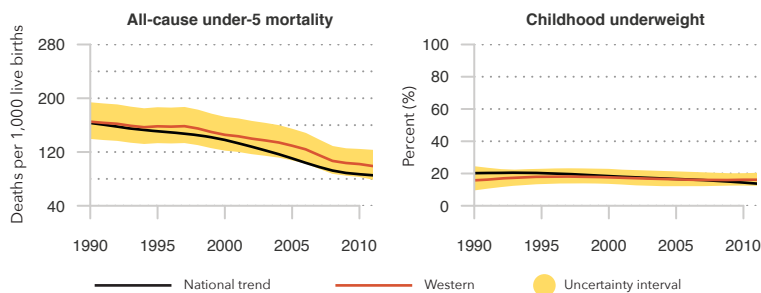
The region documented a rise in the proportion of households with access to improved sanitation and improved water sources. Although there were gains in educational attainment among women of reproductive age, the region's average consistently remained below the national average.

In 2011, Western generally met or exceeded the national average across interventions, with ITN use by children under 5 and skilled birth attendance as exceptions. For socio-demographic factors, Western largely fell below the national average in 2011, except for household access to improved sanitation. In comparison with the national average, Western showed higher levels of under-5 mortality and similar levels of 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.

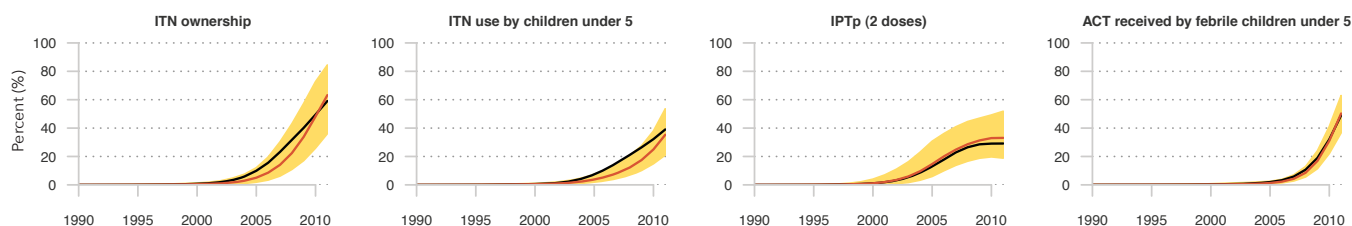
CHILD HEALTH OUTCOMES



From 1990 to 2011, the region of Western recorded a significant reduction in all-cause under-5 mortality, dropping 40% from 165 deaths per 1,000 live births in 1990 (95% CI: 141, 192) to 99 in 2011 (95% CI: 80, 122). Despite this progress, the region's under-5 mortality remained higher than the national average of 85 deaths per 1,000 live births in 2011 (95% CI: 79, 93).

The proportion of children who were underweight in Western remained between 16% and 18% from 1990 to 2011. In 2011, Western's prevalence of childhood underweight was 16% (95% CI: 13%, 20%), which was comparable to the national average of 14% (95% CI: 12%, 15%). The region's relatively minimal progress in reducing childhood underweight is cause for concern.

MALARIA INTERVENTIONS



ITN ownership remained below 10% until 2007, after which coverage rapidly rose to 63% in 2011 (95% CI: 36%, 84%). This level of ITN ownership was higher than the national average of 59% (95% CI: 36%, 79%).

The use of ITNs by children under 5 years old quickly increased from 12% in 2008 (95% CI: 7%, 21%) to 35% in 2011 (95% CI: 21%, 54%). This level of ITN use was lower 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 (28 percentage points) was higher than what was observed at the national level (20 percentage points) for 2011.

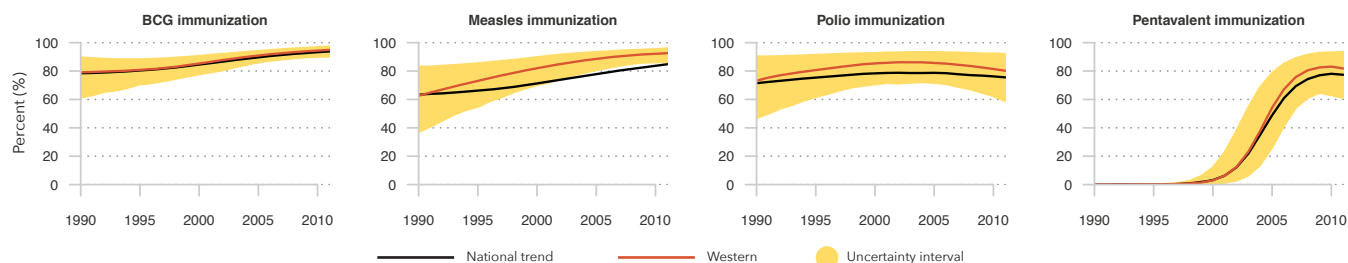
No districts in the region of Western had formally implemented IRS as of 2011.

ACTs formally became Uganda's first-line treatment for uncomplicated malaria in 2006, and the proportion of children in Western who received ACTs in response to experiencing a fever rapidly increased thereafter. Receipt of ACTs among febrile children under 5 rose from 9% in 2008 (95% CI: 6%, 13%) to 50% in 2011 (95% CI: 37%, 63%), which was similar to 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 33% in 2010 (95% CI: 20%, 49%). IPTp2 coverage remained at 33% through 2011, slightly exceeding the national average of 29% (95% CI: 15%, 50%).

WESTERN, continued

IMMUNIZATIONS



The proportion of children who received the BCG vaccine steadily rose from 79% in 1990 (95% CI: 61%, 90%) to 95% in 2011 (95% CI: 90%, 97%), which was similar to the national average of 94% (95% CI: 89%, 97%).

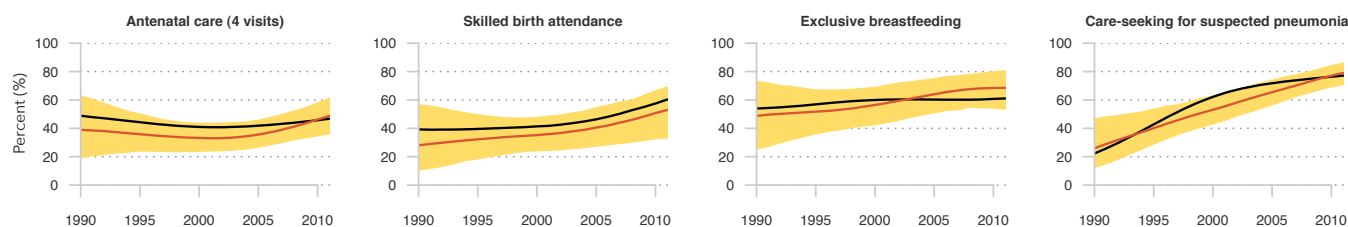
Measles immunization increased from 63% in 1990 (95% CI: 37%, 83%) to 93% in 2011 (95% CI: 86%, 96%), which far exceeded the national average of 85% (95% CI: 75%, 91%) and was among the highest levels of coverage in the country.

Coverage of polio immunization gradually increased from 73% in 1990 (95% CI: 47%, 90%) to 86% in 2001 (95% CI: 71%, 93%). This level of coverage was sustained through 2005, but fell to 80% in 2011 (95% CI: 59%, 92%). Nonetheless,

Western's polio immunization coverage remained slightly higher than the national average for 2011, which was 76% (95% CI: 52%, 90%).

The pentavalent vaccine was formally introduced in Uganda in 2002, after which coverage in Western rapidly increased from 38% in 2004 (95% CI: 14%, 69%) to 83% in 2009 (95% CI: 65%, 93%). This level of pentavalent vaccine coverage was sustained through 2010, after which coverage slipped to 82% (95% CI: 61%, 94%); nonetheless, Western's coverage of the pentavalent vaccine was higher than the national average of 77% (95% CI: 51%, 92%).

MATERNAL AND CHILD HEALTH INTERVENTIONS



ANC4 coverage remained below 40% through 2007, after which coverage gradually rose to 49% in 2011 (95% CI: 36%, 61%). This level of ANC4 was similar to the national average of 47% (95% CI: 41%, 54%).

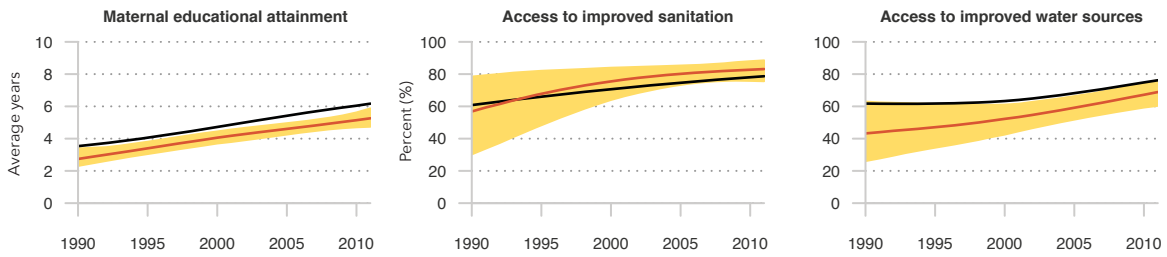
Skilled birth attendance steadily climbed from 28% in 1990 (95% CI: 11%, 56%) to 53% in 2011 (95% CI: 33%, 69%), but remained lower than the national average of 60% (95% CI: 47%, 73%).

The proportion of children who were exclusively breastfed gradually rose from 49% in 1990 (95% CI: 26%, 73%) to 69% in

2011 (95% CI: 54%, 80%), which was higher than the national average of 61% (95% CI: 54%, 67%).

Serving as proxy for health system access, the proportion of children under 5 who sought care for suspected pneumonia substantially increased from 26% in 1990 (95% CI: 13%, 47%) to 79% in 2011 (95% CI: 71%, 86%). This level of health-care-seeking behavior was comparable to the national average of 77% (95% CI: 76%, 78%).

SOCIO-DEMOGRAPHIC FACTORS



Among women of reproductive age (15 to 44 years old) in Western, the average years of education attained nearly doubled between 1990 and 2011, rising from 2.7 years in 1990 (95% CI: 2.3, 3.4) to 5.3 years in 2011 (95% CI: 4.7, 5.9). Despite this progress, Western's level of maternal educational attainment was lower than the national average in 2011, which was 6.2 years (95% CI: 5.9, 6.4).

Household access to improved sanitation (a flush toilet or covered pit latrine) steadily rose from 57% of households with improved sanitation in 1990 (95% CI: 30%, 78%) to 83%

in 2010 (95% CI: 76%, 88%). This level of improved sanitation was sustained through 2011, slightly exceeding the national average of 79% (95% CI: 76%, 81%).

The proportion of households with access to improved water sources (e.g., piped water, protected wells, protected springs) steadily increased in Western, rising from 43% in 1990 (95% CI: 26%, 63%) to 69% in 2011 (95% CI: 60%, 76%). This level of household access to improved water nonetheless remained lower than the national average for 2011, which was 76% (95% CI: 73%, 79%).