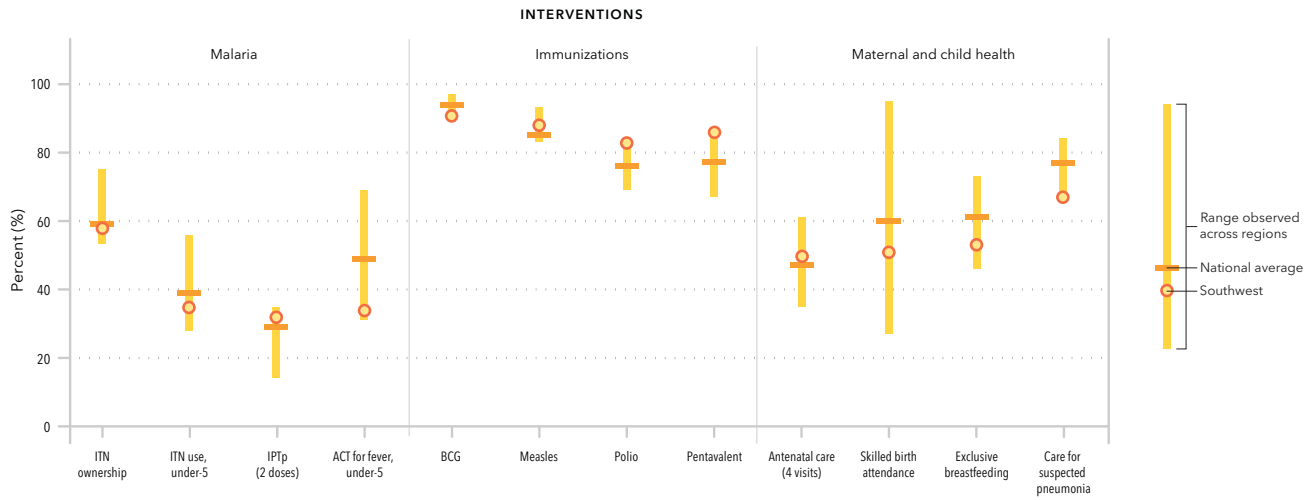


# Southwest



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

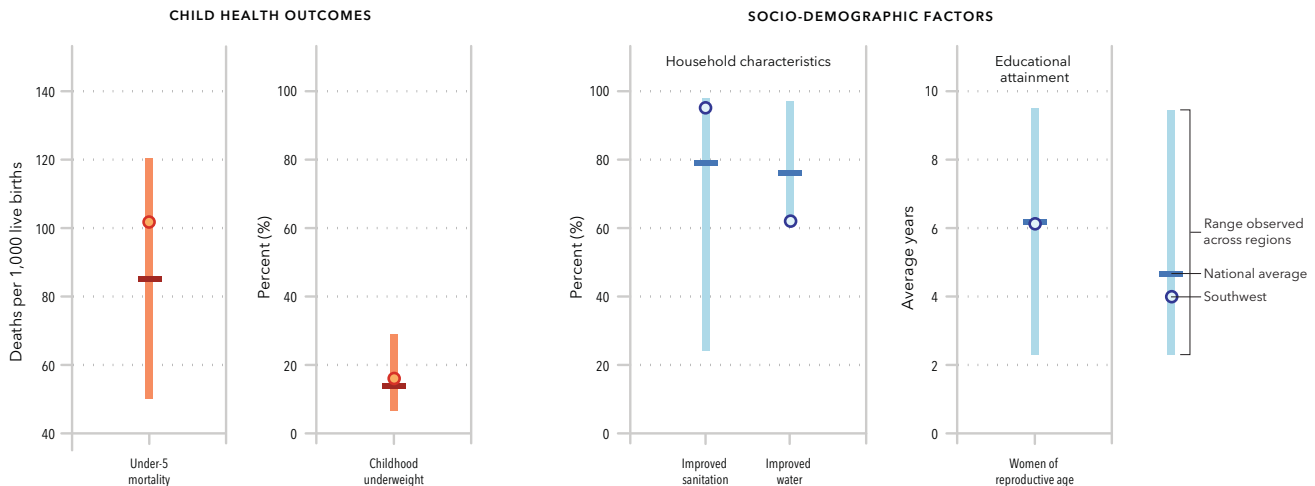
## SUMMARY

All-cause under-5 mortality substantially decreased in Southwest between 1990 and 2011, but nonetheless remained higher than the national average in 2011. Reductions in the prevalence of childhood underweight were less pronounced in the region. Prioritizing efforts to accelerate gains in child health outcomes, especially childhood underweight, should be considered.

ITN use by children under 5 and receipt of ACTs were moderately scaled up in Southwest, but lagged behind national trends. Immunization coverage improved for all key childhood vaccines, with the region bringing its coverage of the pentavalent vaccine to among the highest in Uganda for 2011. At the same time, coverage of exclusive breastfeeding began slipping after 2000, and skilled birth attendance remained lower than the national average in 2011.

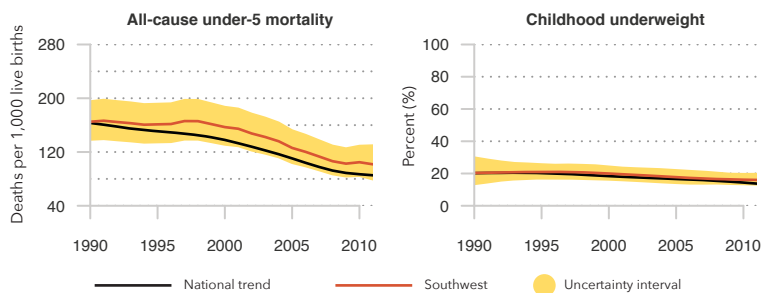
The region documented gains in the proportion of households with access to improved sanitation, rising to among the highest levels in the country by 2011. Less progress was recorded for the proportion of households with access to improved water sources.

In 2011, Southwest generally exceeded the national average for immunizations, except for BCG immunization. On the other hand, the region largely equaled or fell below the national average for malaria interventions and maternal and child health interventions. For socio-demographic factors, Southwest had a much more mixed performance. In comparison with the national average, Southwest 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.

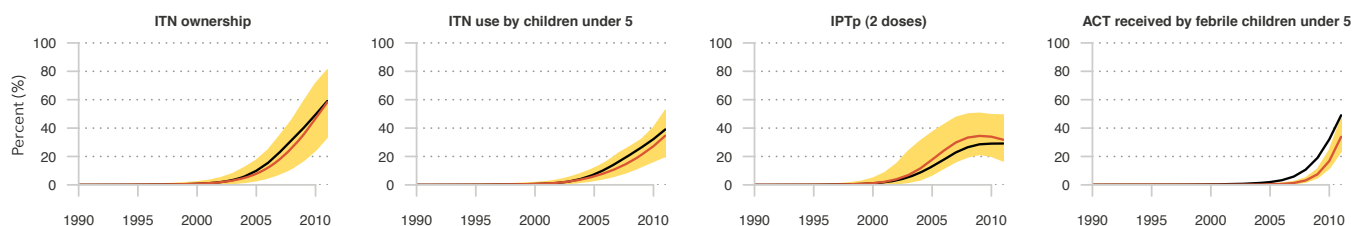
## CHILD HEALTH OUTCOMES



From 1990 to 2011, the region of Southwest recorded a significant reduction in all-cause under-5 mortality, dropping 38% from 165 deaths per 1,000 live births in 1990 (95% CI: 138, 196) to 102 in 2011 (95% CI: 79, 130). Despite this progress, the region's under-5 mortality in 2011 was higher than the national average of 85 deaths per 1,000 live births (95% CI: 79, 93).

The proportion of children who were underweight in Southwest hovered around 20% until 2001, after which prevalence declined to 16% in 2010 (95% CI: 13%, 20%). Childhood underweight remained at 16% through 2011, which was comparable to the national average of 14% (95% CI: 12%, 15%).

## MALARIA INTERVENTIONS



ITN ownership remained below 10% until 2006, after which coverage rose to 58% in 2011 (95% CI: 34%, 81%). This level of ITN ownership was similar to the national average of 59% (95% CI: 36%, 79%).

The use of ITNs by children under 5 years old moderately increased from 12% in 2007 (95% CI: 7%, 22%) to 35% in 2011 (95% CI: 20%, 52%). 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 (23 percentage points) was slightly higher than what was observed at the national level for 2011 (20 percentage points).

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

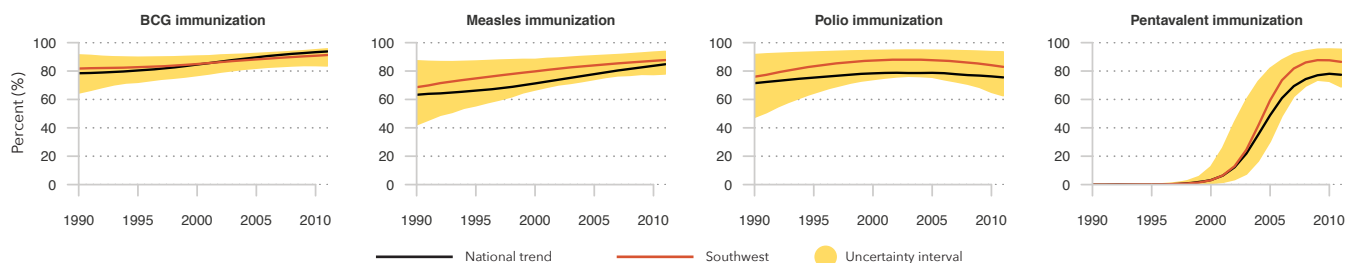
ACTs formally became Uganda's first-line treatment for uncomplicated malaria in 2006, and the proportion of children in

Southwest who received ACTs in response to experiencing a fever somewhat increased thereafter. Receipt of ACTs among febrile children under 5 rose from 3% in 2008 (95% CI: 2%, 5%) to 34% in 2011 (95% CI: 24%, 47%), which was well below the national average of 49% (95% CI: 34%, 65%) and among the lowest in Uganda for that year. The region's relatively minimal uptake of ACTs as of 2011 is cause for concern.

The proportion of pregnant women who received IPTp2 remained below 10% until 2004, after which coverage increased to 34% in 2009 (95% CI: 22%, 50%). IPTp2 coverage remained at 34% through 2010, but slipped to 32% in 2011 (95% CI: 17%, 49%); nonetheless, this level of IPTp2 was slightly higher than the national average of 29% (95% CI: 15%, 50%).

## SOUTHWEST, continued

### IMMUNIZATIONS



The proportion of children who received the BCG vaccine increased from 82% in the early 1990s to 91% in 2010 (95% CI: 84%, 95%). This level of BCG immunization coverage was sustained through 2011, slightly lower than the national average of 94% (95% CI: 89%, 97%).

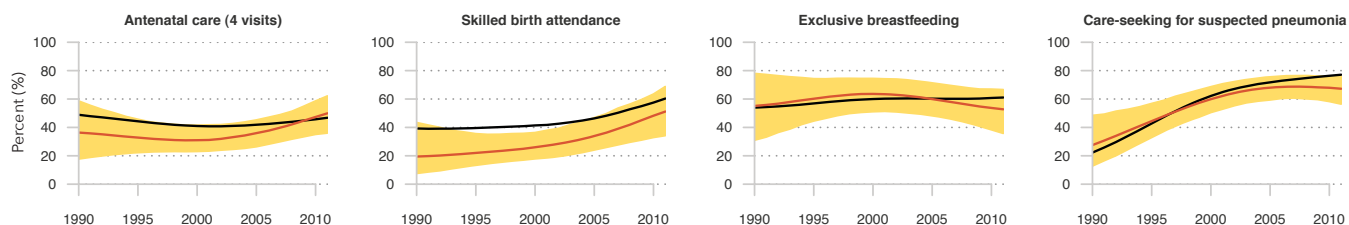
Measles immunization steadily rose from 69% in 1990 (95% CI: 42%, 87%) to 88% in 2011 (95% CI: 78%, 94%), which was slightly higher than the national average of 85% (95% CI: 75%, 91%).

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

80% and 90% during this time. In 2011, polio immunization coverage was 83% in Southwest (95% CI: 63%, 93%), much 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 Southwest rapidly increased from 42% in 2004 (95% CI: 17%, 73%) to 88% in 2009 (95% CI: 74%, 95%). Pentavalent vaccine coverage dipped to 86% in 2011 (95% CI: 69%, 95%), but remained well above the national average of 77% (95% CI: 51%, 92%).

### MATERNAL AND CHILD HEALTH INTERVENTIONS



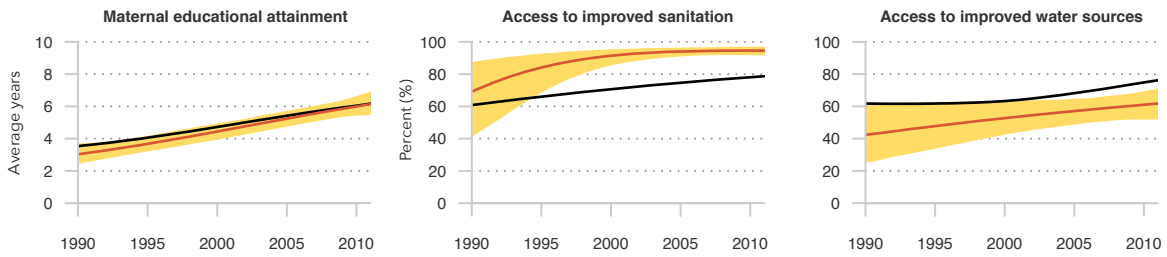
ANC4 coverage largely remained between 30% and 35% during the 1990s and early 2000s, but coverage gradually increased, reaching 50% in 2011 (95% CI: 36%, 62%). This level of ANC4 was slightly higher than the national average of 47% (95% CI: 41%, 54%).

There was a substantial rise in skilled birth attendance in Southwest, increasing from 19% in 1990 (95% CI: 8%, 43%) to 51% in 2011 (95% CI: 34%, 69%). While this level of SBA coverage remained lower than the national average of 60% in 2011 (95% CI: 47%, 73%), Southwest's gains in SBA are notable, especially given the region's very low coverage in the 1990s.

The proportion of children who were exclusively breastfed slowly increased from 55% in 1990 (95% CI: 31%, 78%) to 64% in 1999 and 2000. Exclusive breastfeeding coverage then declined, falling to 53% in 2011 (95% CI: 36%, 67%), which was well below 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 increased from 28% in 1990 (95% CI: 13%, 48%) to 69% in 2007 (95% CI: 61%, 77%). This level of health-care-seeking behavior was sustained through 2008 before slightly slipping to 67% in 2011 (95% CI: 56%, 76%) and falling much lower than the national average of 77% (95% CI: 76%, 78%).

## SOCIO-DEMOGRAPHIC FACTORS



Among women of reproductive age (15 to 44 years old) in Southwest, the average years of education attained more than doubled between 1990 and 2011, rising from three years in 1990 (95% CI: 2.5, 3.6) to 6.1 years in 2011 (95% CI: 5.5, 6.8). This level of educational attainment was comparable to 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 69% of households with improved sanitation in 1990 (95% CI: 42%, 87%) to 95% in 2009 (95% CI: 92%, 96%). This level of improved sanitation was sustained through 2011, far exceeding the national

average of 79% (95% CI: 76%, 81%) and becoming among the highest in Uganda for that year.

The proportion of households with access to improved water sources (e.g., piped water, protected wells, protected springs) gradually increased in Southwest, rising from 42% in 1990 (95% CI: 26%, 62%) to 62% in 2011 (95% CI: 53%, 70%). The region consistently had lower levels of improved water access than the national trend between 1990 and 2011, recording among the lowest proportion of households with improved water in Uganda for 2011.