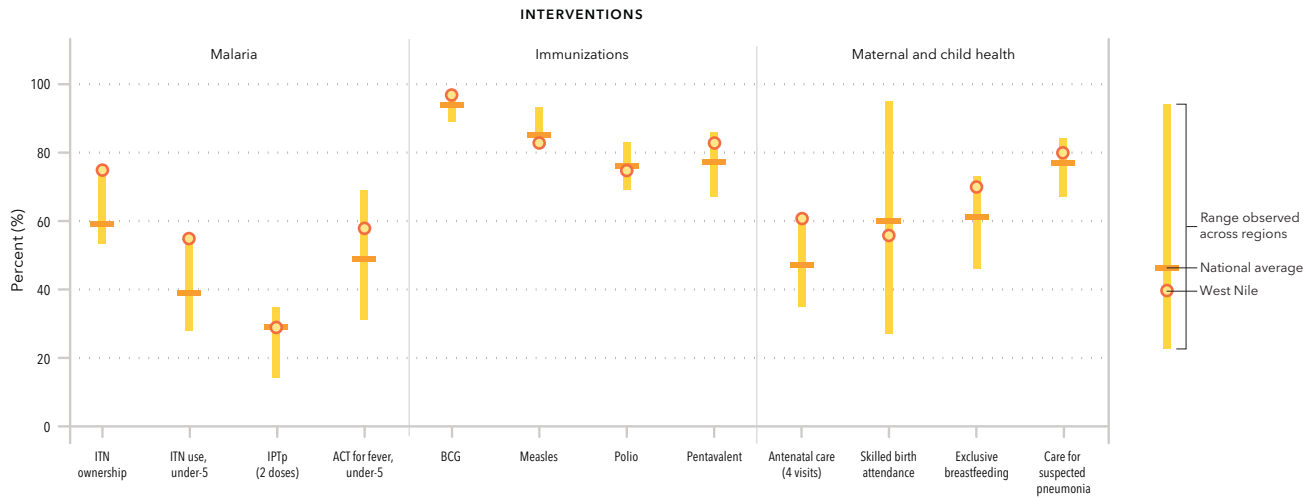




# West Nile



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

## SUMMARY

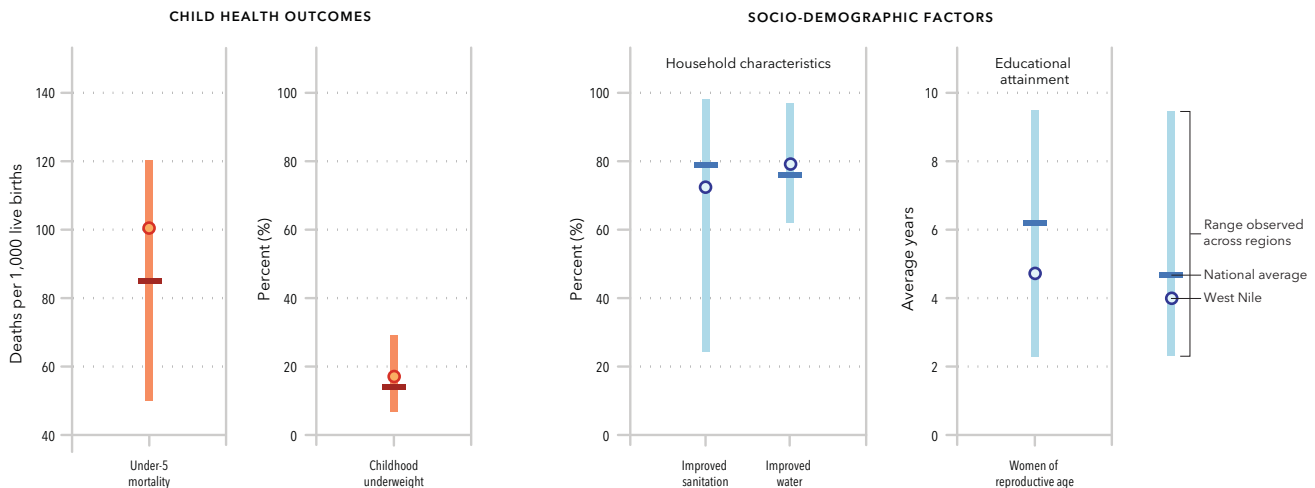
All-cause under-5 mortality substantially decreased in West Nile between 1990 and 2011 but nonetheless remained higher than the national average in 2011. The prevalence of childhood underweight fell steeply during the 1990s, but reductions were less pronounced after the early 2000s. Prioritizing efforts to further accelerate gains in child health outcomes, especially childhood underweight, should be considered.

ITNs and the receipt of ACTs were quickly scaled up in West Nile, with ITN ownership rising to among the highest levels in the country in 2011. Immunization coverage largely followed the national trend, but the region's BCG coverage was one of the highest in Uganda for 2011. West Nile recorded steady gains in skilled birth attendance and the proportion of children who sought care for suspected pneumonia between 1990 and 2011; at the same time, coverage of exclusive breastfeeding began faltering after 2005.

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

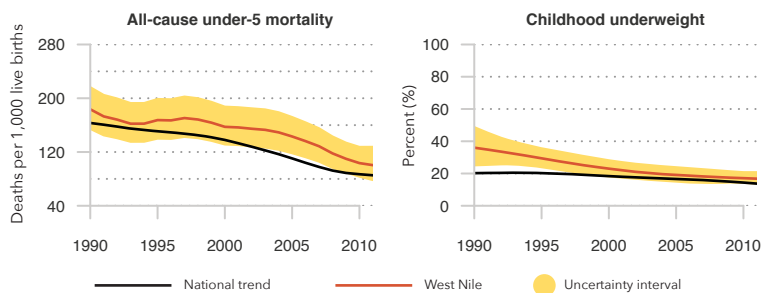
In 2011, West Nile generally met or exceeded the national average across interventions, with BCG immunization coverage and skilled birth attendance as exceptions. For socio-demographic factors, West Nile largely fell below the national average in 2011, except for household access to improved water sources. In comparison with the national average, West Nile showed higher levels of under-5 mortality and childhood underweight.

monia between 1990 and 2011; at the same time, coverage of exclusive breastfeeding began faltering after 2005.



**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.

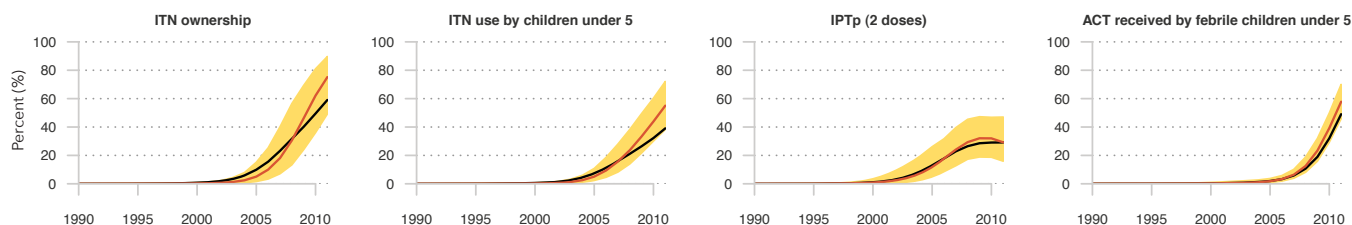
## CHILD HEALTH OUTCOMES



From 1990 to 2011, the region of West Nile recorded a significant reduction in all-cause under-5 mortality, dropping 45% from 184 deaths per 1,000 live births in 1990 (95% CI: 154, 217) to 100 in 2011 (95% CI: 78, 128). 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 West Nile declined from 36% (95% CI: 25%, 49%) to 17% in 2009 (95% CI: 14%, 21%). The prevalence of underweight children remained at 17% through 2011, slightly higher than the national average of 14% (95% CI: 12%, 15%).

## MALARIA INTERVENTIONS



ITN ownership remained below 10% until 2006, after which coverage rapidly rose to 75% in 2011 (95% CI: 49%, 90%). This level of ITN ownership far exceeded the national average of 59% (95% CI: 36%, 79%) and was among the highest in Uganda for that year.

The use of ITNs by children under 5 years old quickly increased from 16% in 2007 (95% CI: 8%, 28%) to 55% in 2011 (95% CI: 38%, 72%). This level of ITN use was much higher than the national average of 39% (95% CI: 27%, 53%) and was one of the highest in Uganda for that year. In this region, the difference between ITN ownership and ITN use by children under 5 (20 percentage points) equaled what was observed at the national level for 2011.

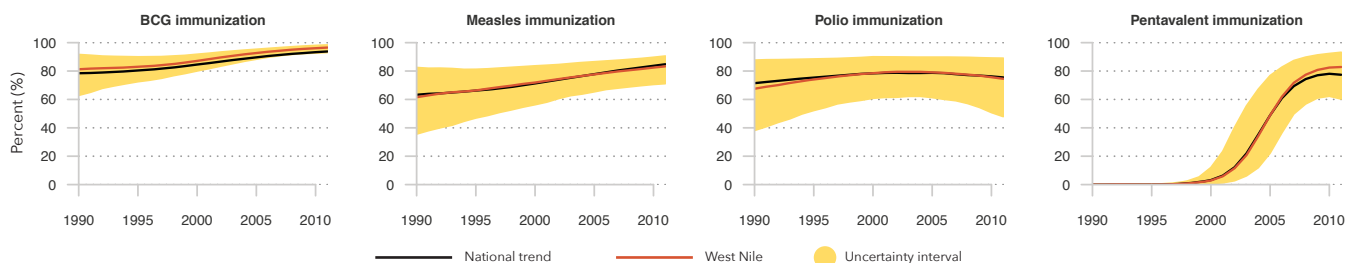
No districts in the region of West Nile had formally implemented IRS as of 2011.

ACTs formally became Uganda's first-line treatment for uncomplicated malaria in 2006, and the proportion of children in West Nile who received ACTs in response to experiencing a fever rapidly increased thereafter. Receipt of ACTs among febrile children under 5 rose from 13% in 2008 (95% CI: 8%, 19%) to 58% in 2011 (95% CI: 46%, 70%), which was well above 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 32% in 2009 (95% CI: 19%, 47%). IPTp2 coverage remained at 32% through 2010, but slipped to 29% in 2011 (95% CI: 16%, 47%), equaling the national average for that year.

## WEST NILE, continued

### IMMUNIZATIONS



The proportion of children who received the BCG vaccine steadily rose from 81% in 1990 (95% CI: 63%, 92%) to 97% in 2011 (95% CI: 93%, 98%), exceeding the national average of 94% (95% CI: 89%, 97%) and rising to among the highest levels of coverage in Uganda for that year.

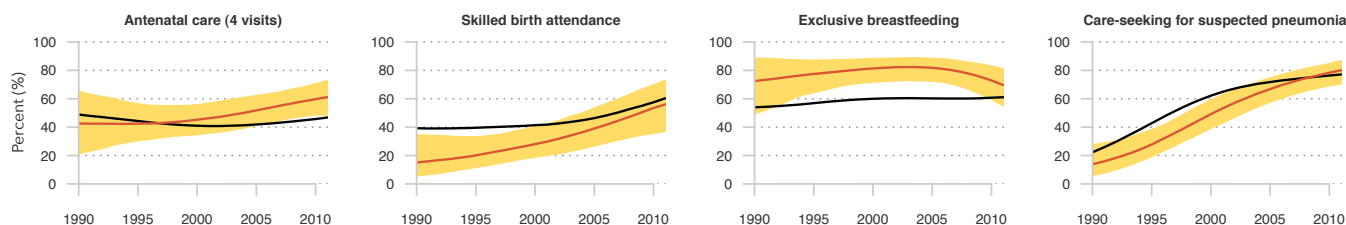
Measles immunization increased from 62% in 1990 (95% CI: 36%, 82%) to 83% in 2011 (95% CI: 71%, 91%), which was comparable to the national average of 85% (95% CI: 75%, 91%).

Coverage of polio immunization remained somewhat consistent from 1990 to 2011, ranging from 68% in 1990 (95%

CI: 38%, 88%) to 79% between 2001 and 2006. In 2011, polio immunization coverage was 75% (95% CI: 48%, 89%), which was comparable to the national average of 76% (95% CI: 52%, 90%).

The pentavalent vaccine was formally introduced in Uganda in 2002, after which coverage in West Nile rapidly increased from 34% in 2004 (95% CI: 12%, 67%) to 83% in 2011 (95% CI: 60%, 93%). This level of pentavalent vaccine coverage was slightly higher than the national average of 77% (95% CI: 51%, 92%).

### MATERNAL AND CHILD HEALTH INTERVENTIONS



ANC4 coverage remained below 50% through 2003, after which coverage gradually increased to 61% in 2011 (95% CI: 49%, 73%). This level of ANC4 was much higher than the national average of 47% (95% CI: 41%, 54%).

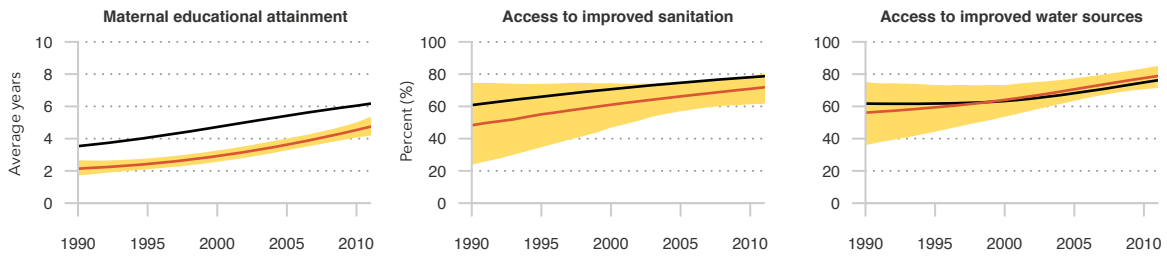
There was a substantial rise in skilled birth attendance in West Nile, increasing from 15% in 1990 (95% CI: 6%, 34%) to 56% in 2011 (95% CI: 37%, 73%). While this level of SBA coverage remained slightly lower than the national average of 60% in 2011 (95% CI: 47%, 73%), West Nile's gains in SBA are notable, especially given the region's very low coverage in the 1990s.

The proportion of children who were exclusively breastfed slowly increased from 72% in 1990 (95% CI: 50%, 89%) to 82%

in 2001 (95% CI: 72%, 88%). This level of exclusive breastfeeding coverage was sustained through 2005, after which coverage fell to 70% in 2011 (95% CI: 55%, 81%). Nonetheless, West Nile's coverage of exclusive breastfeeding remained above the national average of 61% (95% CI: 54%, 67%) for that year.

Serving as proxy for health system access, the proportion of children under 5 who sought care for suspected pneumonia climbed from 14% in 1990 (95% CI: 6%, 27%) to 80% in 2011 (95% CI: 71%, 87%). This level of health-care-seeking behavior was slightly higher than the national average of 77% (95% CI: 76%, 78%).

## SOCIO-DEMOGRAPHIC FACTORS



Among women of reproductive age (15 to 44 years old) in West Nile, the average years of education attained more than doubled between 1990 and 2011, rising from 2.1 years in 1990 (95% CI: 1.8, 2.6) to 4.7 years in 2011 (95% CI: 4.2, 5.3). Despite this progress, West Nile's level of educational attainment was much 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 48% of households with improved sanitation in 1990 (95% CI: 24%, 74%) to 72%

in 2011 (95% CI: 62%, 80%). This was lower than 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 West Nile, rising from 56% in 1990 (95% CI: 37%, 74%) to 79% in 2011 (95% CI: 72%, 84%). This level of access to improved water sources was slightly higher than the national average for 2011, which was 76% (95% CI: 73%, 79%).