



**Strategic Plan
Interim Progress Report
2008-2011**

Interim progress report on the Public
Health and HIV Strategic Plans 2008-2012

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and HIV Strategic Plans 2008-2012

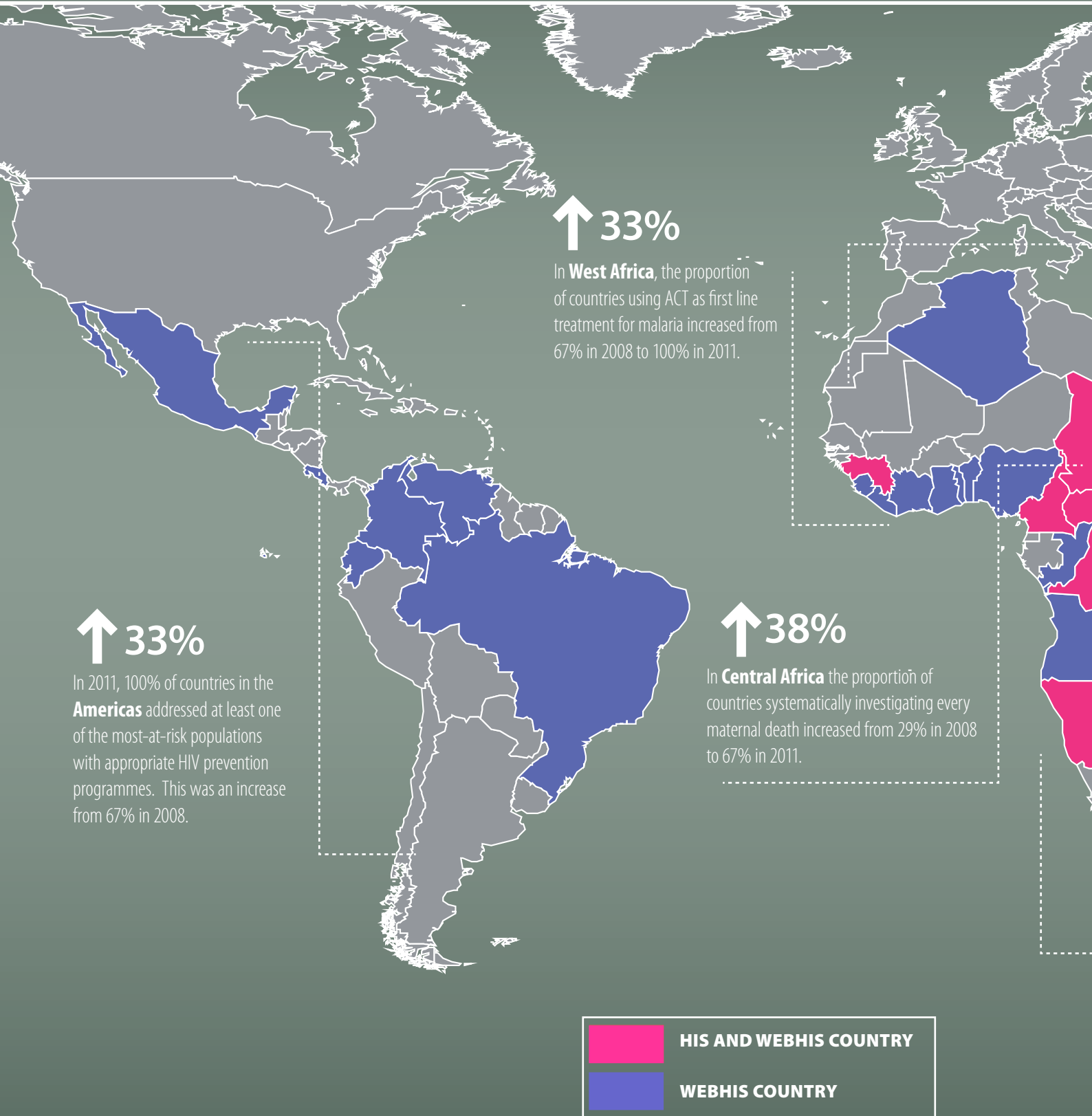
Table of contents

ACRONYMS LIST	5	
INTRODUCTION	6	
STRATEGIC PLANS		
1. HIV/AIDS STRATEGIC PLAN	8	
2. MALARIA STRATEGIC PLAN	18	
3. NUTRITION STRATEGIC PLAN	26	
4. REPRODUCTIVE HEALTH STRATEGIC PLAN	36	
5. WATER AND SANITATION STRATEGIC PLAN	46	
STATISTICAL ANNEXES		55
I. GLOBAL INDICATOR ANNEXES	56	
II. COUNTRY AND REGIONAL INDICATOR ANNEXES	62	

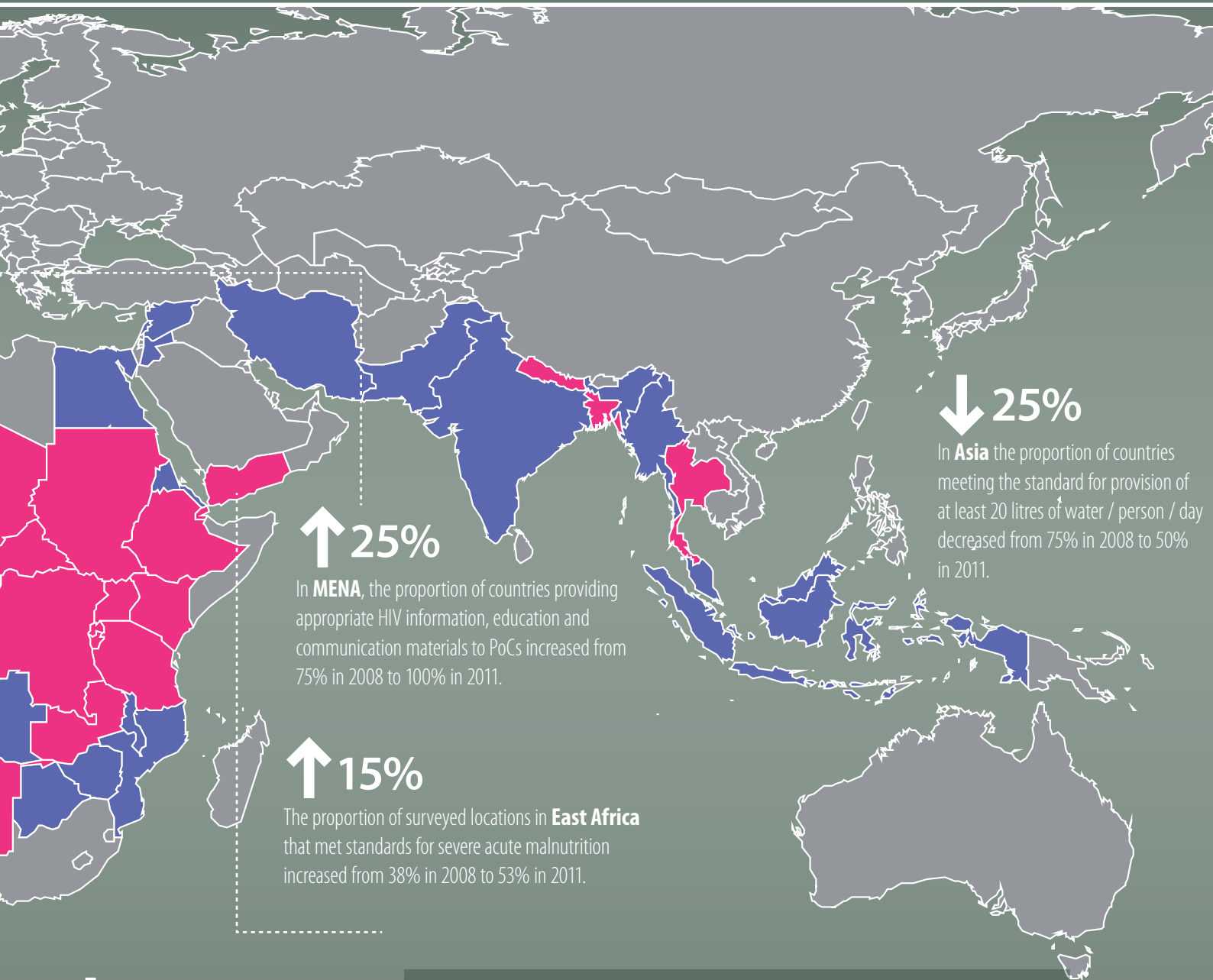
TRENDS AT A GLANCE

Strategic Plan Interim Progress Report 2008-2011

FIGURE 1.3: SUMMARY OF KEY REGIONAL TRENDS AND A MAP OF HIS AND WEBHIS REPORTING COUNTRIES



“As of January 2012, HIS is fully operational in 20 countries. UNHCR also supports webHIS in a total of 53 countries.”



↓ 30%

The proportion of countries in the **South Africa** region meeting standards for complete antenatal care fell from 80% in 2008 to 50% in 2011.

How was the data in this report collected?

An important source of data for this report is UNHCR's Health Information System (HIS). This is a standardized tool to design, monitor and evaluate refugee public health and HIV programmes. It aims to improve the health status of people of concern to UNHCR, by informing evidence-based policy formulation, improving the management of health programmes and, ultimately, directing actions that improve refugee health.

In November 2010, an online version of HIS was launched called webHIS. The countries using HIS and webHIS are shown in this map.

To learn more and to explore the latest interactive maps and statistics online visit: <http://his.unhcr.org/his>

Tanzania / UNHCR / B Bannon /
November 2008



ACRONYMS

ACT	Artemisinin-Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CMR	Crude Mortality Rate
CTC	Community Therapeutic Care
ECP	Emergency Contraceptive Pill
EmONC	Emergency Obstetric and Neonatal Care
FGM	Female Genital Mutilation
GAM	Global Acute Malnutrition
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
JAM	Joint Assessment Mission
JPA	Joint Plan of Action
LBW	Low Birth Weight
LLITN	Long-Lasting Insecticide Treated Bednet
MENA	Middle East and North Africa
MISP	Minimum Initial Service Package
NGO	Non-governmental organization
NNMR	Neonatal Mortality Rate
NSP	National Strategic Plan
OPD	Outpatient Department
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
PoC	Person of Concern
SAM	Severe Acute Malnutrition
SENS	Standardized Expanded Nutrition Survey
SFP	Supplementary Feeding Programme
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation and Hygiene
WRA	Women of Reproductive Age
WFP	World Food Programme

INTRODUCTION

The United Nations High Commissioner for Refugees (UNHCR) Public Health and HIV Section's guiding principles and five **Strategic Plans for 2008-12**¹ represent an effort by the agency to clearly outline its principles and strategies in the five sectors of 1) malaria control; 2) HIV and AIDS; 3) reproductive health; 4) nutrition and food security; and 5) water, sanitation and hygiene (WASH). This document presents an interim assessment on progress achieved during the first four years of the Strategic Plans from 2008-2011. *By 2011, 93% of countries were able to meet standards for crude mortality rate (CMR; <0.75/1,000/month), 96% for under 5 years mortality rate (U5MR; <1.5/1,000 U5 deaths/month), and 100% for neonatal mortality rate (< 20/1,000 live births).* See table 1.1 for the trends in this period.

TABLE 1.1: PROPORTION OF COUNTRIES MEETING MORTALITY STANDARDS

	Standard	2008	2009	2010	2011
CMR	< 0.75 / 1,000 / month	89%	100%	100%	93%
U5MR	< 1.5 / 1,000 / month	92%	90%	100%	96%
NNMR	< 20 / 1,000 livebirths	89%	100%	100%	100%

The strategic plans aim to ensure that prevention, care and treatment policies and programmes meet international standards during all phases of the displacement cycle. They outline the overall objectives and main strategies in the context of UNHCR's mandate to protect refugees, internally displaced persons (IDPs), returnees and other persons of concern (PoCs) to UNHCR. They are used to guide operations in camp and non-camp settings, urban and rural situations, as well as in local integration and returnee situations.

The five sectors were chosen for a variety of reasons including their importance and perceived gaps in the past. Primary health care, including child health and diseases such as tuberculosis, acute respiratory tract infections and diarrhoea are also of great importance to UNHCR and are part of its core public health programmes.

¹ <http://www.unhcr.org/4b224d5f9.html>

UNHCR Public Health and HIV Section

In 2007, the Public Health and HIV Section was created in the Division of Operational Services (now the Division for Programme Support and Management).

Public health is used in the broad sense to include health, reproductive health, child health, nutrition, food security, water and sanitation.

The section's objectives are to reduce morbidity and mortality and to enhance the quality of life among refugees, asylum seekers, internally displaced persons (IDPs), returnees and other PoCs to UNHCR.

Numerous process, outcome and impact indicators have been chosen for each plan to measure its progress. These core indicators are not an exhaustive list to monitor UNHCR's public health and HIV programmes. A number of other indicators including programme performance monitoring indicators were also collected. The key data sources used in the preparation of this report include:

- Monthly Health Information System (HIS) reports².
- Annual Public Health and HIV Section reports.
- Periodic population-based surveys including nutrition surveys, malaria mosquito net coverage and HIV behavioural surveillance surveys.
- Operational research including family planning, maternal mortality, HIV and most at risk populations.
- 2008-2011 strategic plan reports.

The analysis and conclusions of this report will be the basis for the revision of the strategic plans for 2013-16.

²<http://his.unhcr.org>



Kenya / UNHCR / A. Webster / December 2006

HIV/AIDS STRATEGIC PLAN

UNHCR's Strategic Plan for HIV and AIDS (2008-2012) outlines the overall objectives and main strategies to address HIV and AIDS within the context of UNHCR's mandate to protect refugees, internally displaced persons (IDPs) and other persons of concern (PoCs). It is also designed to ensure that UNHCR's operations benefit from national and international standards in HIV prevention, treatment, care and support policies and programmes. As a UNAIDS Co-sponsor, UNHCR is committed to harmonise its HIV and AIDS programmes with those of other agencies in accordance with the UNAIDS 2007-2010 Strategic Framework. This Strategic Plan also contributes to the achievement of the Millennium Development Goal to reverse the spread of HIV by 2015, including the promotion of universal access by 2010. Its indicators are consistent with those endorsed by the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS.

The Strategic Plan aims to guide operations in camp, urban and other non-camp settings as well as in local integration and returnee situations during the period of 2008-2012. It is built upon lessons learned from the two previous Strategic Plans on HIV, AIDS and Refugees (2002-04 and 2005-2007).

1

SUMMARY OF PROGRESS TOWARDS KEY STRATEGIC OBJECTIVES AND INDICATORS

↑ Improved	→ Maintained	↓ Declined
Ensure that UNHCR's PoCs have access to antiretroviral therapy at a level similar to that of the surrounding population.	Advocacy to receive funding from U.S. President's Emergency Plan for AIDS Relief.	Proportion of voluntary counselling and testing clients who received post-test counselling and result.
Ensure access to culturally appropriate HIV information materials.	Proportion of prevention of mother to child transmission clients who received post-test counselling and result.	Participation in the Joint UN Theme Group on HIV.
Ensure universal precautions practiced by health workers in refugee camp settings.		Provide treatment for opportunistic infections for people living with HIV who are PoCs for UNHCR.
Address at least one of the most-at-risk populations with appropriate HIV prevention programmes.		
Ensure safe blood supply in refugee camp settings.		
Advocate for legislation protecting PoCs from mandatory testing for HIV.		
Ensure access to male and female condoms.		



Kenya / UNHCR / A. Webster /
December 2006

“In 2011, 57% of operations had legislation protecting the rights of HIV positive asylum seekers compared with 51% in 2008.”

PROTECTION

UNHCR works to ensure that the human rights of PoCs are protected in HIV prevention, treatment, care and support programmes. A key strategy is to ensure that the HIV status of an asylum seeker does not constitute a bar to accessing asylum procedures, nor constitute grounds for refoulement. *In 2011, 57% of operations had legislation protecting the rights of HIV positive asylum seekers, an increase from 51% in 2008. Similarly, the proportion of operations with legislation protecting refugees from mandatory HIV testing increased from 63% to 68% between 2008 and 2011.*

There has been greater improvement in advocating for UNHCR's PoCs to have access to antiretroviral therapy (ART) at a level similar to that of the surrounding population. *The number of countries in which refugees have equal access to ART increased from 79% to 88% between 2008 and 2011.* The greatest increases were seen in the Americas and the Middle East and North Africa (see Figure 1.4).

COORDINATION AND INTEGRATION

UNHCR advocates for the inclusion of refugees and other PoCs into national AIDS strategic plans and programmes. UNHCR country operations should actively participate in the Joint UN Theme Groups on HIV and in country level donor initiatives. In the period 2008-2011, UNHCR benefited from several additional sources of funding to improve its HIV prevention, care and treatment programmes. *The proportion of countries that received HIV funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR; for Botswana, Ethiopia, Kenya, Rwanda, Tanzania, Uganda and Zambia) remained stable during this period; the proportion that received HIV funding from the World Bank funded Great Lakes Initiative against AIDS (GLIA; for Central Africa) and IGAD Regional Partnership Programme (IRRAP; for East and Horn of Africa) decreased; and the proportion that received HIV funding from the UNAIDS Programme Acceleration Fund showed a modest increase (see Figure 1.1).*

PREVENTION

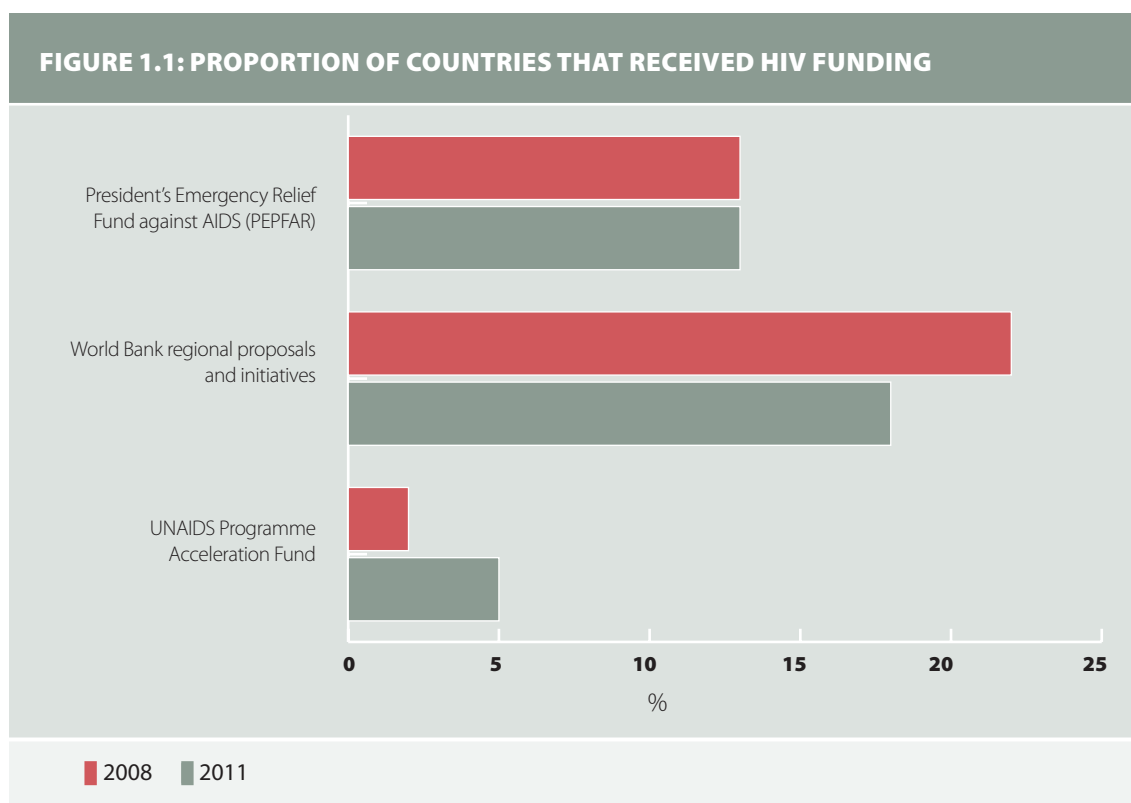
UNHCR aims to reduce HIV transmission and morbidity by scaling up effective prevention interventions through awareness strategies, access to testing and preventative treatments, quality of care as well as strategies targeting populations at higher risk of HIV infection and transmission. Significant progress has been made in these areas through youth initiatives and refugee support groups for people living with HIV (PLHIV). For example in Tanzania, and NGO called STOP SIDA

conducted HIV awareness sessions in the community by refugees living with HIV. In 2011, 100% of operations provided appropriate information and education materials to refugees compared to 73% in 2008.

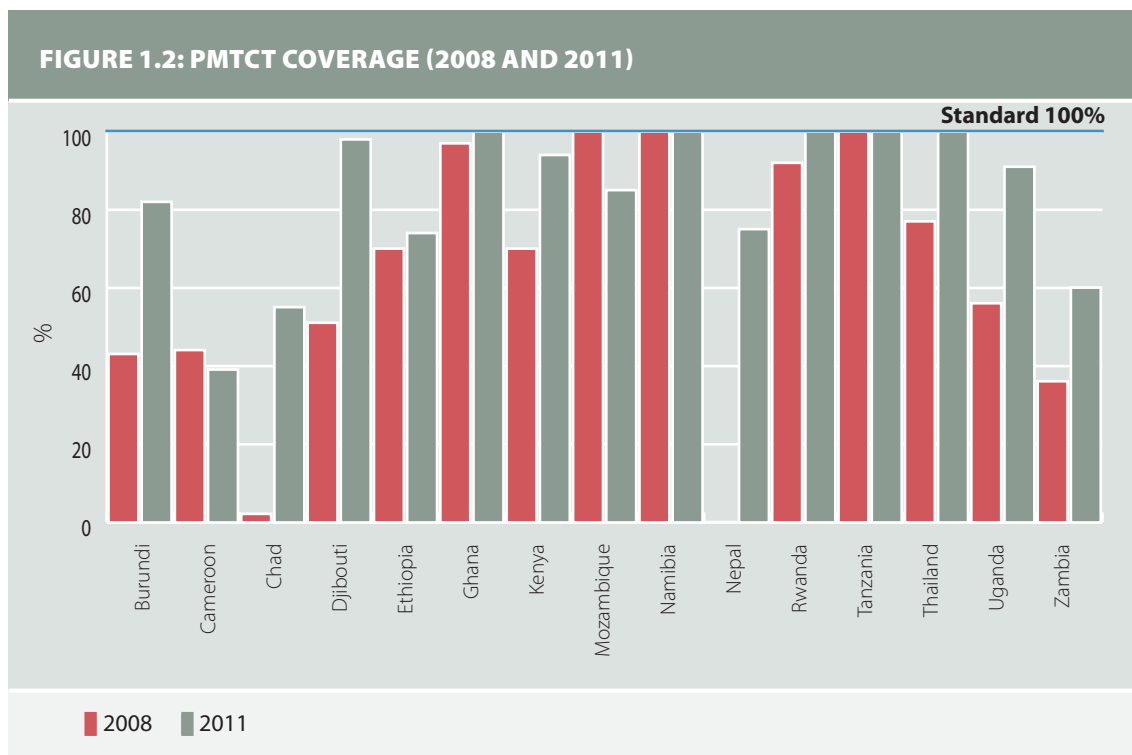
The number of refugee operations meeting satisfactory standard precautions increased from 79% in 2008 to 89% in 2011, however, this is still not acceptable. UNHCR will urgently identify the obstacles and barriers to adhere to standard precautions. Most countries refer patients for blood transfusions to national health structures, therefore benefiting from blood checked by national blood banks. In 83% of the refugee operations where blood transfusions are performed the blood is adequately screened before transfusion in 2011 compared with 54% in 2008.

In 2011, the proportion of operations meeting the standard of 100% of rape survivors having access to post-exposure prophylaxis (PEP) within 72 hours after rape was achieved in 26% of countries versus 50% in 2008. However, only 2 countries had PEP in 2008 compared with 20 countries in 2011. Despite the positive aspect of having more countries providing PEP for rape survivors, overall this is still an area that needs improvement. Unlike Bangladesh and Tanzania which were able to show sustained improvement in coverage (Bangladesh: 71% in 2009; 87% in 2010 and 93% in 2011 and Tanzania 49% in 2009; 65% in 2010; 68% in 2011), most countries are still struggling with provision of PEP at an acceptably high level.

Training on the clinical management for clinical staff in Africa, MENA and Asia occurred during



the past four years. To increase the number of clinical officers having access to this training, WHO, UNHCR, and UNFPA developed an interactive e-learning tool on clinical management of rape in English and French¹. For countries not meeting the standard for PEP yet, UNHCR will explore and identify the bottlenecks to ensure rape survivors have timely access to these services.



¹ <http://www.who.int/reproductivehealth/publications/emergencies/9789241598576/en/index.html>

In 2011, the proportion of operations meeting the standard of 100% coverage of prevention of mother-to-child transmission (PMTCT) was achieved in 39% of countries compared with 31% in 2008. However, the overall percentage of women with access to PMTCT increased even though operations did not necessarily meet the 100% standard. For example, significant improvements were recorded in Djibouti (increase from 51% to 98%) and Chad (increase from 2% to 55%) within the period (see Figure 1.2).

Between 2008 and 2011, the proportion of operations meeting the standard of distributing at least 0.5 condoms per refugee per year showed a modest increase from 45% to 48% (see Figure 1.3).

CARE, SUPPORT AND TREATMENT

To ensure that PLHIV have access to timely, quality and effective care, UNHCR and its partners provides support and treatment services including access to ART at a level similar to that of the surrounding host populations. Access to ART for refugees has improved since 2008 through consistently advocating for the inclusion of refugees into National AIDS Programmes as well as through improved identification of people in need of treatment and efficient referral to health structures that providing such treatment. *By the end of 2011, 88% of refugees had access to ART at a level similar that of the surrounding population compared with 79% in 2008.*

DURABLE SOLUTIONS

In operations with programmes in areas of return or reintegration, UNHCR works to incorporate HIV strategies and interventions into policies and programmes for durable solutions to mitigate the long term effects of HIV and AIDS. A key strategy is to advocate for and establish local integration and repatriation policies and programmes that include appropriate prevention and treatment interventions for HIV and AIDS. Between 2008 and 2011, the indicators to monitor this strategy showed positive results. *The proportion of programmes in areas of return or reintegration that provided an appropriate HIV return package increased from 40% to 88% between 2008 and 2011. The proportion that designed and integrated HIV policies and programmes into an exit strategy also improved from 57% to 75%. Efforts to ensure continuation of ART for refugees and other PoCs who required it upon return also increased from 70% in 2008 to 100% in 2011.*

 *The proportion of operations that achieved 100% coverage of PMTCT services increased from 31% to 39% between 2008 and 2011.* 

ASSESSMENT, SURVEILLANCE, MONITORING AND EVALUATION, AND OPERATIONAL RESEARCH

UNHCR advocates to ensure that PoCs are reflected in national HIV surveillance, monitoring and evaluation systems, to monitor and report on a regular basis PoCs' access to HIV prevention and treatment programmes, to evaluate programme performance and achievements using a results-based management approach, and to conduct operational research on new approaches to providing HIV prevention, care and treatment services. There were mixed results under this strategic objective between 2008 and 2011. *The proportion of operations conducting sentinel surveillance reduced from 19% to 14%. However, the proportion conducting quality control for rapid HIV testing increased from 61% to 72%.*

CONCLUSIONS AND WAY FORWARD

Progress has been made in ensuring access to HIV protection, prevention, care and treatment for refugees. However many operations still need to increase their efforts to reach standards and give access to comprehensive care and treatment programmes. Stigma at country and individual level is still a major barrier to access to care and continuation of treatment. In the next few years, advocacy, community involvement and dialogue need to be strengthened in this regard.

During the period 2013 - 2016, UNHCR will improve the quality of its HIV prevention programmes, not only in standard precautions in health facilities, but also regarding the inclusion of HIV and AIDS in education curricula for refugees. In addition, operations will focus on population groups most at risk for HIV; this will also include improving their access to reproductive health and HIV preventive services. UNHCR will increase community-based and community-led strategies as well as targeted approaches to facilitate access to services while reducing stigma and discrimination.

Scientific progress, reduction of financial barriers to treatment and improved advocacy have resulted in more opportunities for refugees and returnees to have access to ART. It also brings challenges for the years to come. As more refugees are enrolled in treatment programmes, UNHCR will need to further strengthen its interventions to ensure adherence and quality. Furthermore, if funding for HIV and AIDS reduces during the next five years, it is likely that refugees will be disproportionately affected as national programmes favour their own citizens. UNHCR and its partners need to monitor this situation closely.

Strong focus will be given to care and support programmes for PLHIV. Where people taking ART are affected by conflict and flee from their country, their continuity of treatment needs to be ensured. UNHCR will draw lessons from the recent conflict in Cote d'Ivoire, where treatment of ART was continued very early when they arrived as refugees in Liberia. The agency and its partners need to translate these lessons to new refugee emergencies.

In the 2013 - 2016, UNHCR will continue to advocate for inclusion of refugees and IDPs in national AIDS plans and programmes. As co-convenor in the UNAIDS division of labour in addressing HIV in humanitarian crisis, UNHCR will increase its advocacy to other sectors and clusters involved in humanitarian response to build environments to mitigate the impact of HIV.

While inclusion of refugees into country sentinel surveillance systems will be encouraged, operational research will also continue to ensure evidence-based decisions while encouraging UNHCR and its partners to launch innovative strategies.

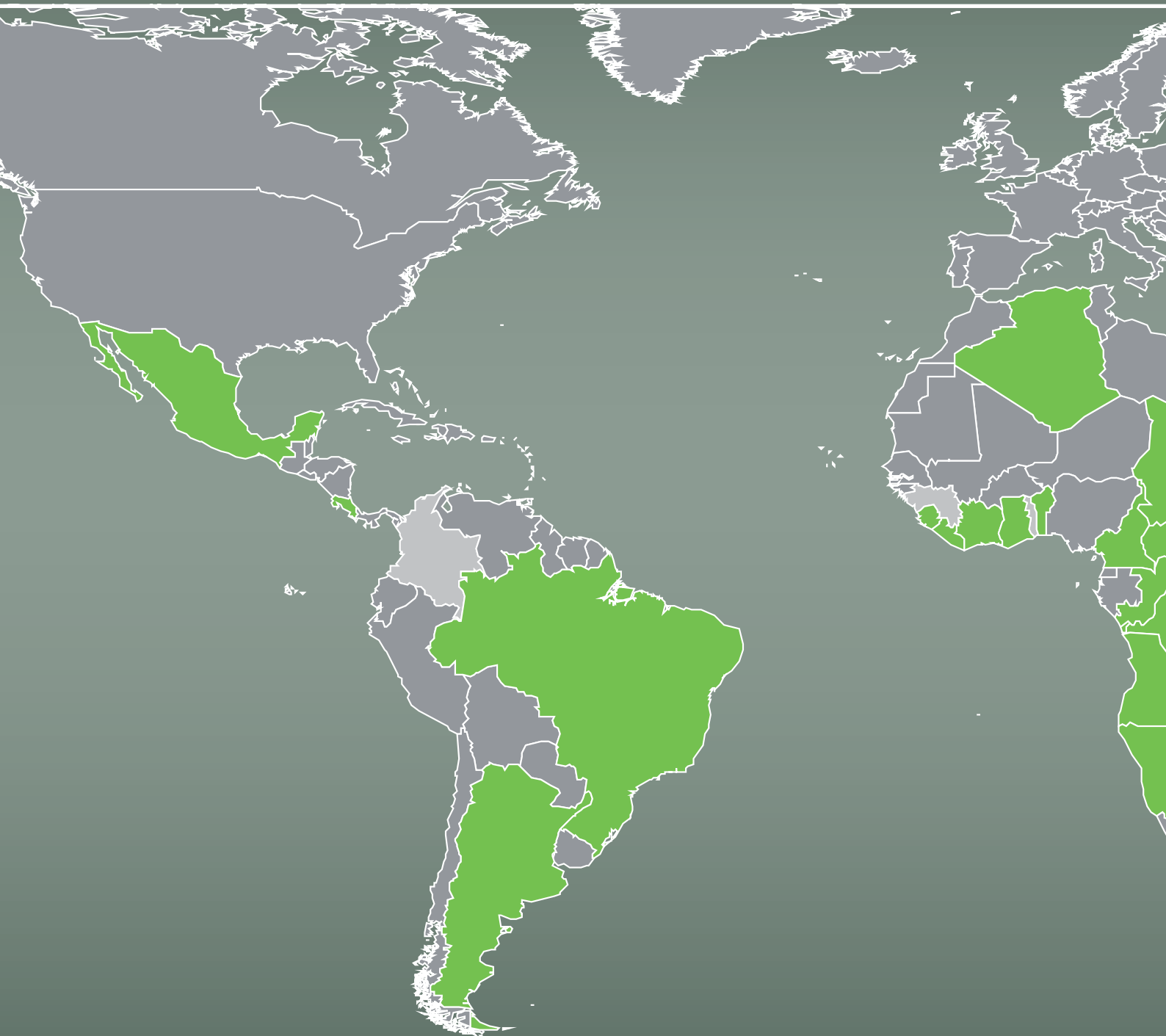


DR Congo / UNHCR / D. Nthengwe / 2009

HIV AT A GLANCE

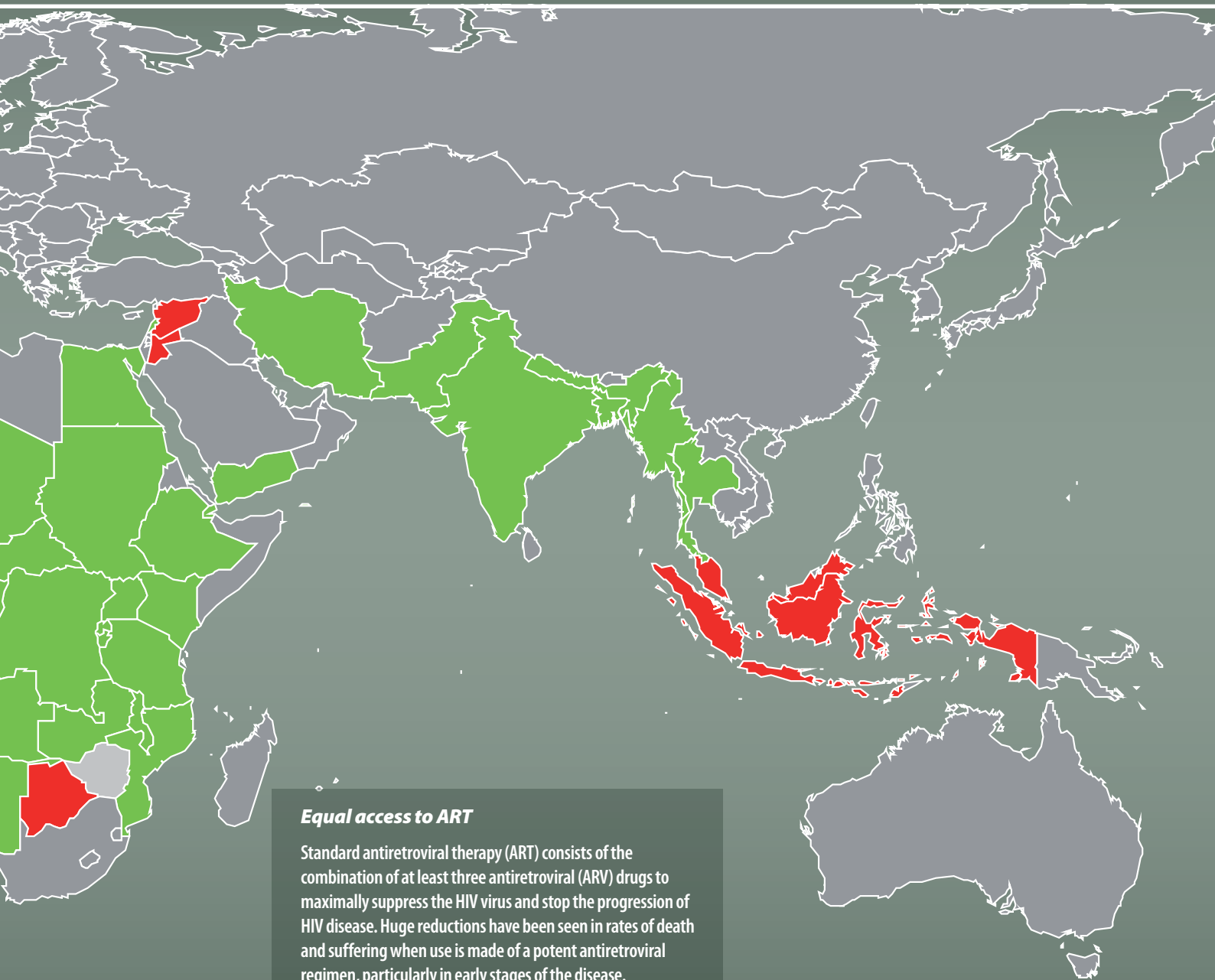
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FIGURE 1.4: MAP OF COUNTRIES WHERE REFUGEES HAVE EQUAL ACCESS TO ANTI-RETROVIRAL THERAPY AS H



“The number of countries where PoCs have equal access to ART increased from 79% to 88% between 2008 and 2011.”

HOST NATIONALS (2011)

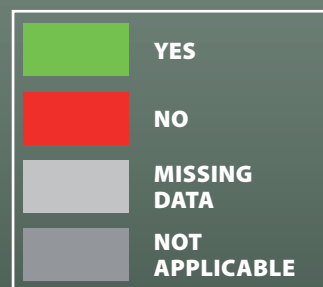


Equal access to ART

Standard antiretroviral therapy (ART) consists of the combination of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. Huge reductions have been seen in rates of death and suffering when use is made of a potent antiretroviral regimen, particularly in early stages of the disease. Furthermore, expanded access to ART can also reduce the HIV transmission at population level, impact orphan hood and preserve families.

UNHCR provides refugee operations with ongoing guidance, tools and support in delivering and scaling up antiretroviral therapy within a public health approach. It advocates for all refugees to have equal access to ART as host nationals in all countries of asylum.

Source: WHO Department of HIV/AIDS (2010)



MALARIA STRATEGIC PLAN

Malaria continues to be the number one cause of illness and death among many refugee populations. Control strategies for malaria among refugees and other displaced populations have not kept pace of recent global changes.

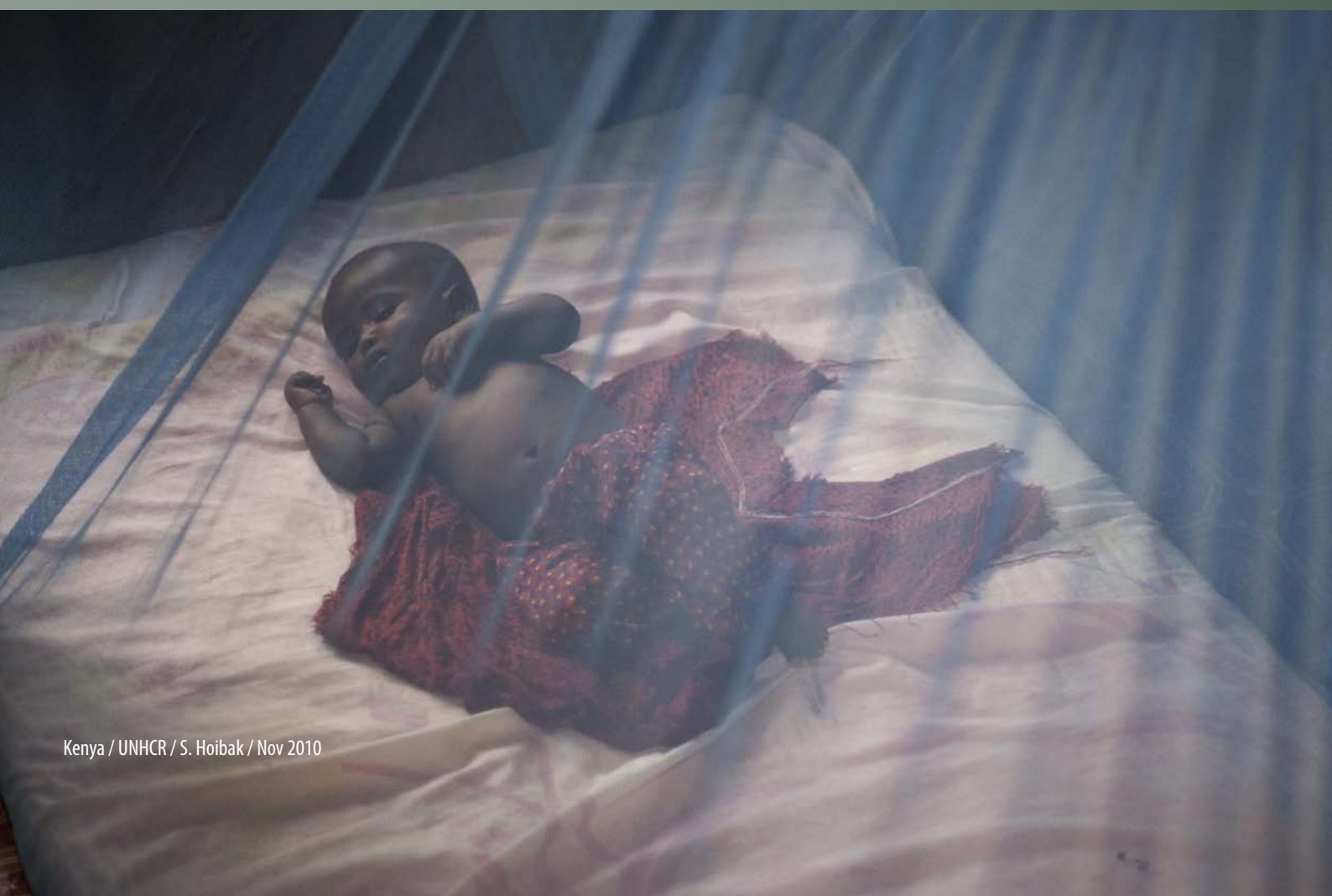
The context of malaria control has changed over the past decade. There is now near global resistance to low cost antimalarial drugs and the AIDS epidemic is expanding. At the same time, new tools for effective treatment and prevention have been developed: rapid diagnostic tests, quick-acting antimalarial drugs, long-lasting insecticidal nets, and intermittent preventive treatment in pregnancy. A global movement for improved malaria control has emerged.

This document outlines the strategic objectives for the United Nations High Commissioner for Refugees to bring programmes for refugees and other displaced populations in line with global standards as part of UNHCR's human rights obligations to protect refugees from illness and death. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings as well as in local integration and returnee situations, during the period of 2008-2012. It is built upon lessons learned from the previous Malaria Strategic Plan (2005-2007).

2

SUMMARY OF PROGRESS TOWARDS KEY STRATEGIC OBJECTIVES AND INDICATORS

↑ Improved	→ Maintained	↓ Declined
Crude Mortality Rate, Under-five Mortality Rate and Neonatal Mortality Rate.	Provision of malaria control services at points of return.	Design and integration of malaria control into exit strategies in areas of return or integration.
Advocacy for introduction of artemisinin-combination therapy as first line treatment for malaria.		Provision of long-lasting insecticide treated bednet as part of a returnee package.
Stockouts of artemisinin-combination therapy drugs in emergencies and protracted settings.		Advocacy for inclusion of refugees in national malaria strategic plans.



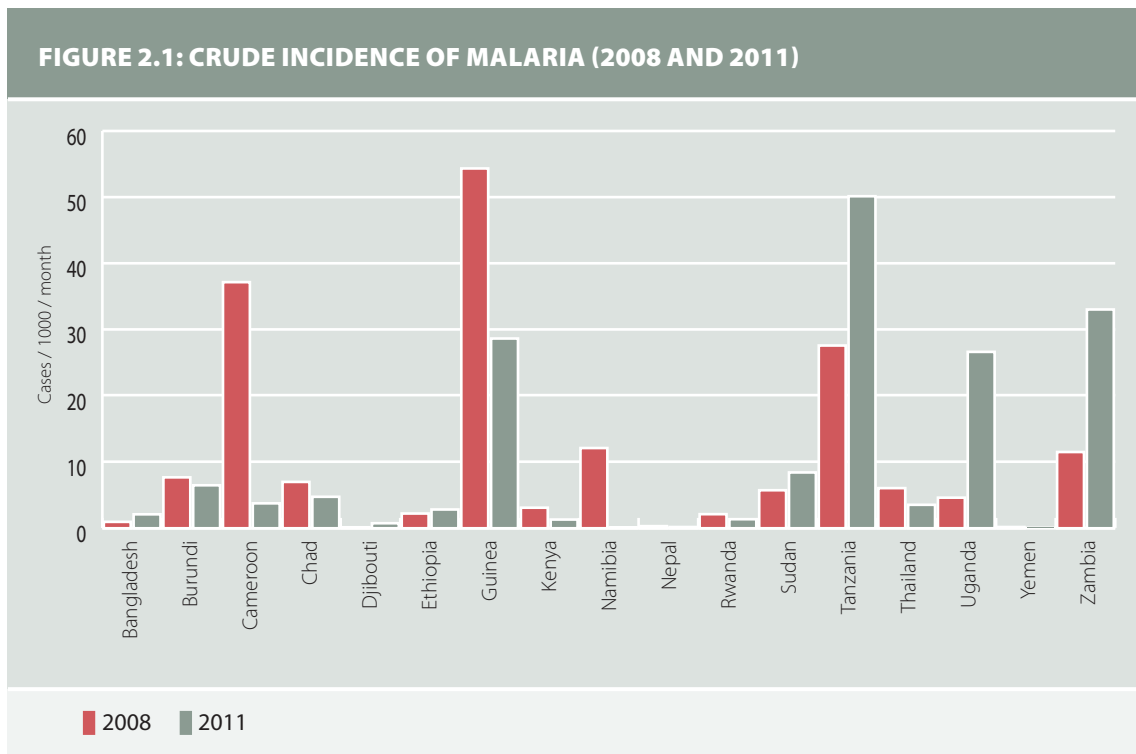
Kenya / UNHCR / S. Hoibak / Nov 2010

PROTECTION

Malaria is a preventable and treatable infectious disease transmitted by mosquitoes that kills more than one million people each year. It is most prevalent in in Sub-Saharan Africa, where malaria is the leading cause of death for children under five. All UNHCR supported operations in malaria endemic areas must implement comprehensive malaria control programmes at the onset of an emergency.

In the period 2008 to 2011, overall malaria-related mortality among refugees decreased globally. In 2008, malaria ranked as the top cause of crude proportional mortality among refugees. For the first time in 2010, it was no longer the leading cause of mortality among refugees living in refugee camps and was replaced by acute respiratory tract infection (ARI). In 2011, malaria ranked the fifth overall cause of death among camp-based refugees. A notable example of this reduction is Dadaab refugee camps in Kenya, which hosts the largest number of refugees in camps worldwide. Crude and under 5 mortality due to malaria were observed decreased from over 10% in 2008 to less than 1% by 2011.

However, overall there were variable results in the reduction in the incidence of malaria depending upon location. A number of countries achieved significant progress in reducing the incidence of malaria, including Cameroon, Guinea and Kenya while others did not, such as in Tanzania, Uganda and Zambia (see Figure 2.1).



COORDINATION AND INTEGRATION

UNHCR advocates for the inclusion of its PoCs into national malaria control policies and programmes using a multi-sectoral approach by strengthening and expanding strategic partnerships with key stakeholders at country, regional and global levels. *In 2011, refugees were included in 83% of countries' National Malaria Strategic Plans and programmes, which was a decrease from 90% in 2008.* UNHCR liaises with Roll Back Malaria and the Alliance for Malaria Prevention.

During this period, UNHCR worked very successfully with the UN Foundation's campaign Nothing But Nets¹. UNHCR and partners have been able to aim for universal coverage distribution of long-lasting insecticide treated mosquito nets (LLITNs) in 11 refugee and returnee operations in Sub-Saharan Africa. Furthermore, UNHCR developed a memorandum of understanding with Novartis who provides emergency supplies of artemisinin-based combination therapies (ACT) for refugees in countries where there is a critical shortage.

ACCESS TO EARLY DIAGNOSIS, PROMPT AND EFFECTIVE TREATMENT, AND PREVENTION

UNHCR's key interventions in the past four years to control malaria include improved diagnostics, prompt and effective treatment with ACT, and use of LLITNs and indoor residual spraying with insecticide to control mosquitoes.

The introduction of diagnostic confirmation to the malaria protocols in the majority of UNHCR's operations and the availability of highly effective ACT has reduced the malaria disease burden in many operations in which malaria is endemic.

By 2011, 100% of countries had introduced artemisinin-combination therapy (ACT) as first line treatment for malaria, which was an increase from 88% in 2008 (see Figure 2.2). Community-based malaria management is implemented in 73% of operations in 2011 a slight increase from 70% in 2008.

Stock-outs of ACT remain a problem for both the national health programmes as well as in refugee operations, where most countries receive the ACT from their national malaria control programmes. There have been improvements in the supply of antimalarial medicines during the period and stock-outs are now less frequent. *In 2011, no countries reported stock-outs of ACT during the emergency phase compared with 33% in 2008. In 2011,*

¹ <http://nothingbutnets.net>

10% of countries in the post-emergency or stable phase of operations reported ACT stock-outs compared with 22% in 2008.

DURABLE SOLUTIONS

UNHCR aims to develop and incorporate malaria control strategies and interventions into policies and programmes for durable solutions. *In 2011, 50% of operations with a return programme provided LLITNs as part of a returnee package, which was a decrease from 57% in 2008. The proportion of countries providing malaria control services at points of return remained constant at 50% within the period.*

ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH

Malaria morbidity, mortality data is routinely collected in UNHCR operations with a functioning HIS. In addition, mosquito net coverage surveys were carried out in 12% of the refugee operations in 2011. These surveys have been stand alone and are expensive, time-consuming and not implemented in a standardised manner. To improve the understanding of the distribution and utilization of LLITNs as well as the effectiveness of the residual spraying programmes, UNHCR has developed a standardised mosquito net survey module that is integrated into nutrition surveys. This module will be used in all malaria endemic areas where a nutritional survey is implemented.

CONCLUSIONS AND WAY FORWARD

Malaria is no longer the leading cause of mortality among refugee populations in malaria endemic areas. Although significant progress has been made in malaria control since 2008, UNHCR will need to continue to ensure that comprehensive malaria prevention and control programmes remain an operational priority in its public health programmes. The agency will continue to actively advocate with national malaria control programmes for the inclusion of refugees, as there was a reduction in this indicator during this time period. UNHCR with support from donors such as the UN Foundation will further expand its malaria preventive measures through universal LLITN coverage in refugee settings. A critical review will take place of malaria prevention programmes for refugees living in urban areas in malaria endemic countries as well as the immediate availability of LLITNs as part of core relief item packages in new refugee emergencies. Further emphasis on ensuring

no ACT stock-outs in both emergency and non-emergency settings will be undertaken².

The 2011 Principles and guidance for laboratory services in UNHCR-supported primary health care facilities³ include malaria diagnosis as an essential laboratory test. Training and monitoring of frontline health care workers and laboratory staff will be strengthened. UNHCR will further strengthen the preventive treatment of malaria in pregnant women and build this more structural into the antenatal care protocols.

A simple practical operational guidance for malaria prevention will be developed to support operations to establish community-based malaria prevention and control programmes. In collaboration with the WASH sector, vector control will be improved and expanded to include other vector borne diseases, such as dengue fever.

Monitoring of the malaria morbidity and mortality will continue through UNHCR's webHIS as well as through the systematic inclusion of coverage of LLITNs where nutrition surveys are carried out in malaria endemic areas. Updated programmatic monitoring indicators on mosquito net coverage and utilisation, vector control and LLITN distribution in emergencies and urban areas will be included into the updated malaria strategic plan for 2013 - 2016.

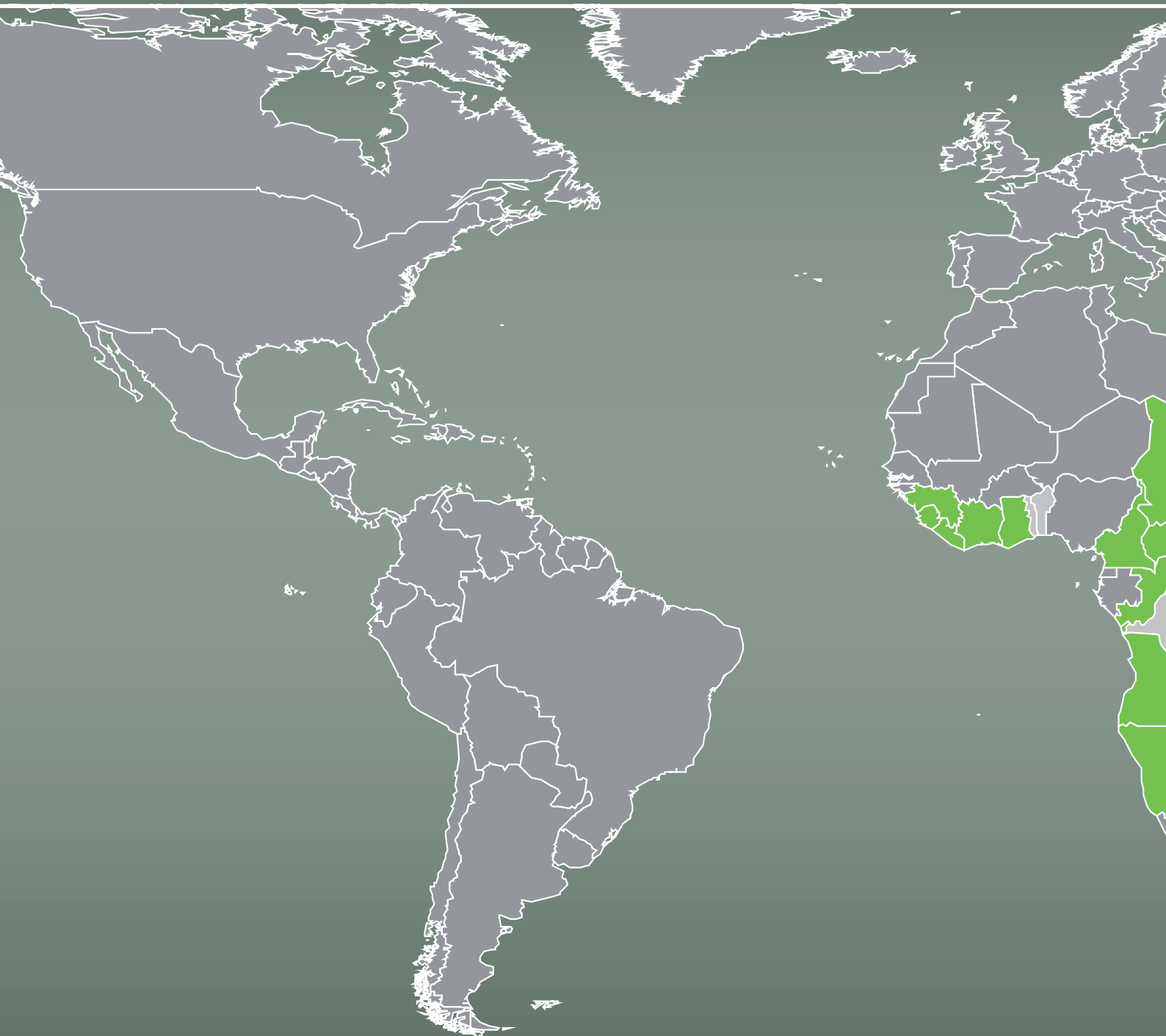
² <http://www.unhcr.org/4ece447c9.html>

³ <http://www.unhcr.org/4f707fd49.html>

MALARIA AT A GLANCE

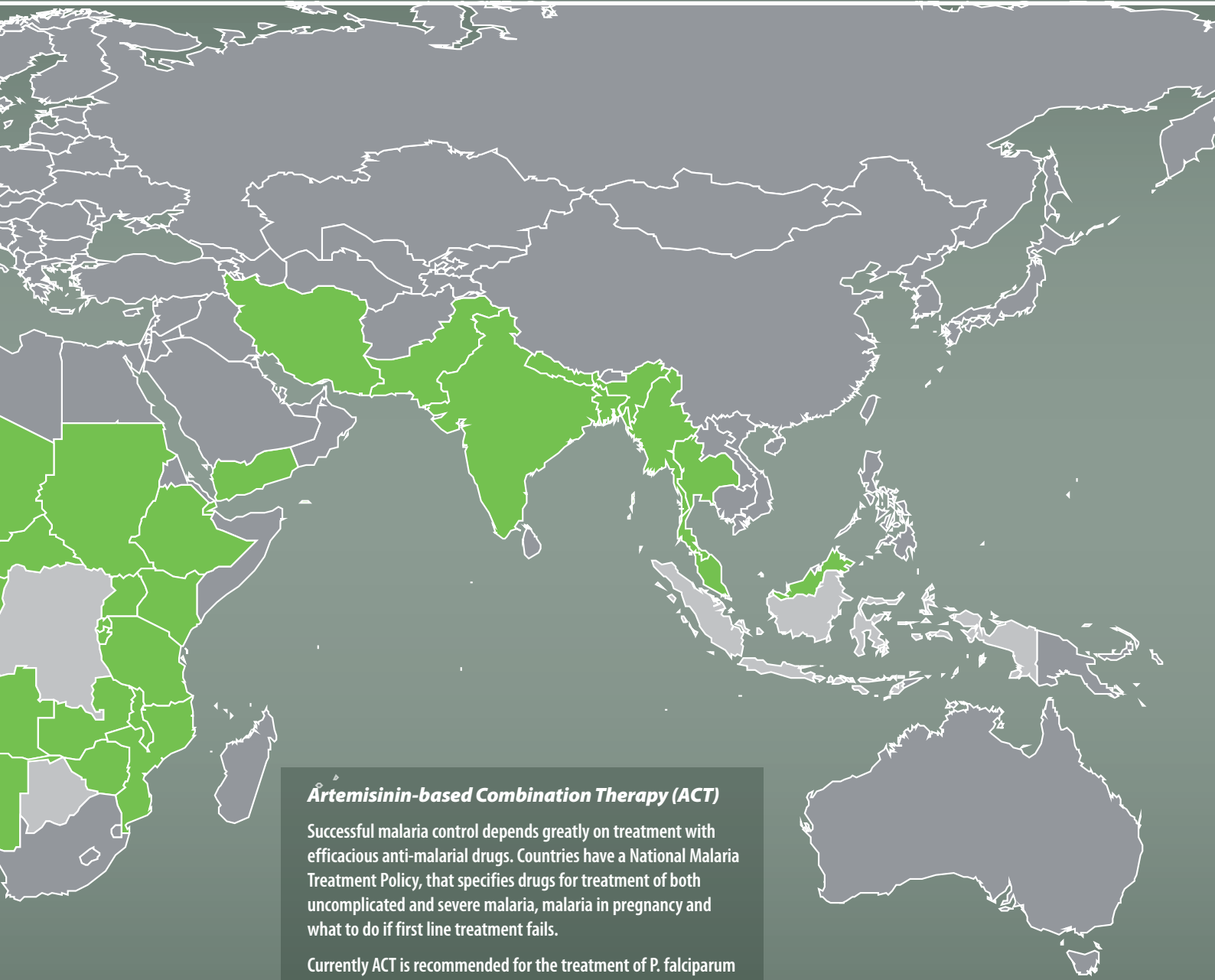
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FIGURE 2.2: MAP OF COUNTRIES USING ARTEMISININ-COMBINATION THERAPY AS FIRST LINE TREATMENT FO



“By 2011, 100% of countries had introduced ACT as 1st line treatment for malaria. This is an increase from 88% in 2008.”

R MALARIA (2011)



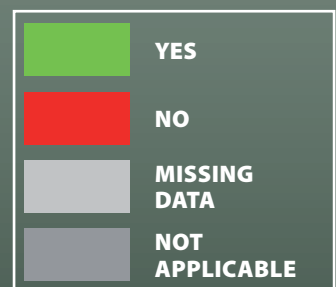
Artemisinin-based Combination Therapy (ACT)

Successful malaria control depends greatly on treatment with efficacious anti-malarial drugs. Countries have a National Malaria Treatment Policy, that specifies drugs for treatment of both uncomplicated and severe malaria, malaria in pregnancy and what to do if first line treatment fails.

Currently ACT is recommended for the treatment of *P. falciparum* malaria. Implementation of the recommendation to use ACTs is limited by the small number of available and affordable co-formulated anti-malarial drugs, but most countries are now starting to implement this regimen.

UNHCR advocates for refugees to be provided with ACT as first line treatment in all operations where it is specified by the National Malaria Treatment Policy.

Source: WHO Malaria Consortium (2010)



NUTRITION STRATEGIC PLAN

This United Nations High Commissioner for Refugees' Strategic Plan for Nutrition and Food Security outlines the vision, strategic objectives and main strategies of UNHCR as well as the indicators to measure their implementation. It aims to fully integrate nutrition and food security into UNHCR's overall mandate of protection of refugees and other persons of concern, and to meet internal and international standards in UNHCR's nutrition and food security-related policies and programmes. The Strategic Plan supports and is compatible with existing initiatives such as the Millennium Development Goals, the United Nations humanitarian reform process, the Reinforcing Efforts to Address Child Hunger, and the internationally recognised right to adequate food.

This Strategic Plan was developed in coordination with those of other sectors in the Public Health and HIV Section in the Division of Operational Services including HIV/AIDS, malaria, reproductive health, and water/sanitation. This approach will help to ensure a comprehensive and integrated approach across these technical sectors. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings according to all stages of an emergency, as well as for local integration and returnee situations, during the period of 2008-2012. This Strategic Plan was developed in consultation with Operational Partner (OPs) including UN agencies, NGOs and academic institutions.

3

SUMMARY OF PROGRESS TOWARDS KEY STRATEGIC OBJECTIVES AND INDICATORS

↑ Improved	→ Maintained	↓ Declined
Prevalence of severe acute malnutrition.	Prevalence of global acute malnutrition.	Prevalence of anaemia among pregnant women.
Participation in nutrition cluster where active.	Recovery rates in therapeutic feeding programmes.	Prevalence of anaemia among children under five.
Proportion of operations meeting the standard for low birth weight deliveries.		Recovery, death and default rates in supplementary feeding programmes.
Death rates in therapeutic feeding programmes.		Proportion of operations undertaking a Joint Assessment Mission with WFP.
		Default rates in therapeutic feeding programmes.
		Proportion of operations with a Joint Plan of Action with WFP.

Burundi / UNHCR / A. Kirchhof / November 2007

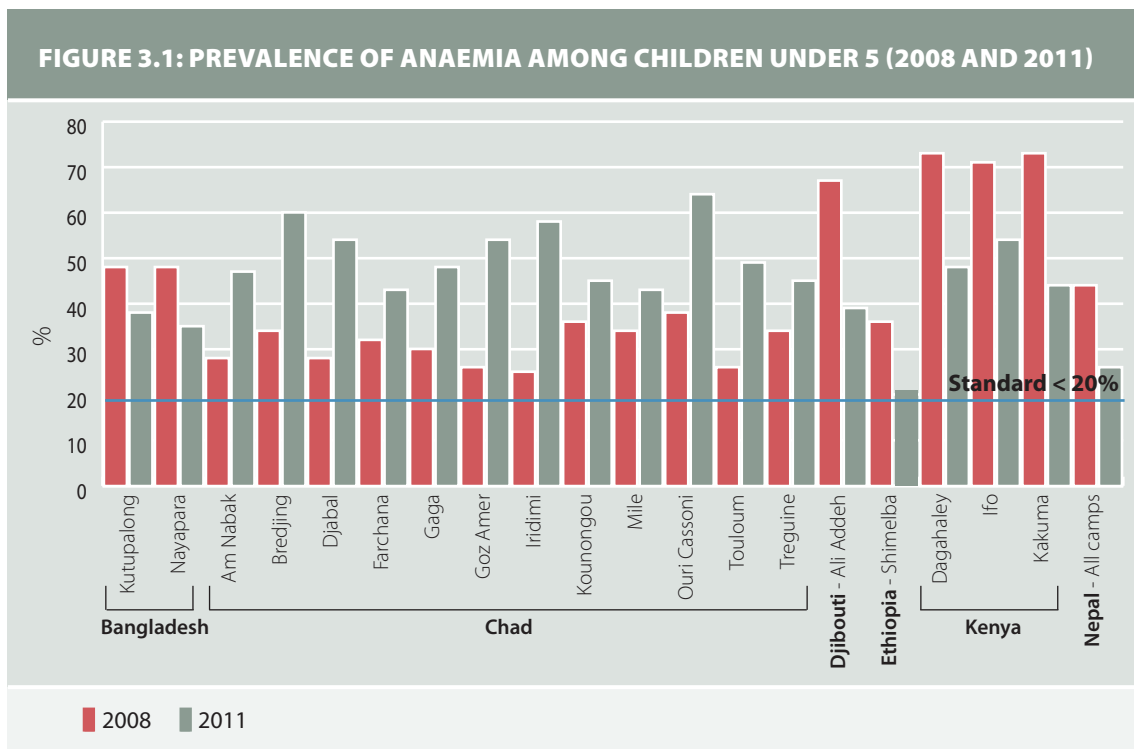


PROTECTION

UNHCR works to protect the right of PoCs to sufficient food which relies upon access to adequate nutrition and food security. The prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) are key indicators to measure the success of policies, guidelines and programmes to improve nutrition (including micronutrients), infant and young child feeding and food security. Overall, there were mixed results in the proportion of operations meeting UNHCR standards for GAM and SAM. *By 2011, 45% of countries were able to maintain GAM below 10%. This proportion was the same in 2008 (see Figure 3.2) but also a deterioration since 2010, much of which is due to the emergency declared in the Horn of Africa in 2011.* UNHCR is also supporting food security through dietary diversification and strategies to increase self-reliance. *In 2011, 95% of operations implemented projects with a specific focus on reducing food insecurity compared with 67% in 2008.*

COORDINATION AND INTEGRATION

UNHCR works to effectively coordinate, advocate for and integrate nutrition and food security policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders. A key partnership is with the World Food Programme. *The proportion of operations with a Joint Plan of Action with the World Food Programme decreased slightly from 66% in 2011 to 64% in 2008. Where the cluster system is active in a country, 64% of operations regularly participated in Nutrition cluster meetings compared with 62% in 2008.* UNHCR's role in the nutrition cluster was formally



clarified in the cluster handbook and in a global level meeting in 2011. The food security cluster was activated at the global level in 2011, and UNHCR are actively participating at the global and country levels. UNHCR also remains an active member of the core group on infant and young child feeding in emergencies and has contributed with evidence from programmes, development of guidelines and provision of field support.

PREVENTION

UNHCR works to prevent malnutrition and food insecurity by supporting implementation of and scaling up effective preventative interventions to refugees, with emphasis on community participation, especially among women, children and people with special needs. This involves advocating for provision of a general food ration and supplementary feeding, when required, that is satisfactory in terms of quantity, quality, regularity and equity. A key strategy is to ensure the provision of micronutrients, when required, through provision of fortified foods or micronutrient supplements. Since 2008, UNHCR has also been using specialised nutrition products such as micronutrient powders and lipid-based nutrient supplements to improve the nutritional status of the most vulnerable, with a particular focus on children under the age of two years old. The accepted prevalence of anaemia among children under 5 and pregnant women is less than 20%. *The proportion of operations meeting standards for anaemia among children under 5 decreased slightly from 3% to 0% from 2008 to 2011*. However, significant reductions were noted in many programmes following concerted actions to address anaemia. For example, Nayapara camp in Bangladesh (reduction from 48% in 2008 to 35% in 2011), Ali Addeh camp in Djibouti (reduction from 67% in 2008 to 39% in 2011), Kakuma camp in Kenya (reduction from 73% in 2008 to 44% in 2011), Nepal (reduction from 44% in 2008 to 26% in 2011; see Figure 3.1). Further analysis of the data from nutritional surveys is ongoing to determine the impact of the anaemia strategy amongst the younger children and at the most severe levels of anaemia. *The proportion of operations meeting the standard for anaemia among women of reproductive age remained stable within the period, decreasing modestly from 17% in 2008 to 15% in 2011.*

In 2011, 11% of operations met the standard of less than 20% prevalence of stunting among children under 5, although this has improved compared with only 3% in 2008. All operations met the standard for proportion of low birth weight deliveries, which increased during the period from 95% in 2008 to 100% in 2011.

CARE, SUPPORT AND TREATMENT

UNHCR works to ensure that refugees have access to timely, quality and effective supportive and curative nutrition services. *In supplemental feeding programmes (SFP), the proportion of operations meeting standards for the death, default and referral rates declined within the period. Although in 2011, 94% of operations met the standard for the death rate in SFPs, there was a decline in the proportion of countries meeting recovery rates. In 2011, 72% of operations met acceptable standards for recovery rate in SFP compared to 81% in 2008.* Some of the largest decreases were seen in Asia, where Bangladesh, Thailand and Nepal all recorded reductions in recovery rates in SFPs. The largest increase in SFP recovery rates was seen in Cameroon, from 60% in 2008 to 77% in 2011.

Community-based management of acute malnutrition (CMAM) was implemented in 72% of operations where it was determined to be appropriate and necessary, which is an increase from 54% in 2008 (see Figure 3.2). This shows progression in bringing the treatment of SAM in line with international recommendations. Despite this, performance of community-based therapeutic care showed little improvement during this period. The proportion of countries meeting standards for recovery rate for CMAM remained static at 17% in 2008 and 2011. There was an improvement in death rates, however, which by 2011 were being met in 100% of operations compared with 67% in 2008.

DURABLE SOLUTIONS

UNHCR works to develop and incorporate nutrition and food security strategies and interventions into policies and programmes for durable solutions. Knowledge acquired through nutrition outreach programmes should also serve for the future after return.

ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH

UNHCR works to regularly monitor and report on PoCs' nutrition and food security status to inform programme planning and implementation in a timely manner, to evaluate programme performance and achievements using a results-based management approach, and to develop and carry out operational research on new approaches and technologies in nutrition and food

 *The largest improvement in SFP recovery rate was seen in Cameroon, which increased from 60% in 2008 to 77% in 2011.* 

security. In 2011, nutrition surveys were conducted in 38% of operations. UNHCR finalised guidance on a Standardised Expanded Nutrition Survey (SENS) during the reporting period and held 2 training sessions on the methodology. This new SENS aims at improving the quality of data collected during a nutrition survey and to facilitate the process on the field. The number of operations conducting monitoring of food distribution increased during the reporting period. *Food basket monitoring during general food distribution was implemented in 70% of operations in 2011, which was an increase compared with 64% in 2008. Post-distribution monitoring at the household or community level after at least every third general food distribution was implemented in 62% of operations in 2011, an increase from 56% in 2008.*

Nutrition and/or food security operational research was conducted in 30% of operations in 2011, compared with 20% in 2008; some of this research examined the acceptability and use of special nutrition products in the prevention of malnutrition and anaemia as well as in the use of micro-gardening techniques for the improvement of dietary diversity. There was a decrease in the proportion of operations undertaking a Joint Assessment Mission with WFP from 46% in 2011 to 33% in 2008. The greatest decreases were seen in Southern Africa, East Africa and Asia.



Thailand / UNHCR / R. Arnold /
January 2008

CONCLUSIONS AND WAY FORWARD

Much progress has been made in the implementation of the nutrition and food security strategic plans, with clear evidence of UNHCR nutrition programmes being brought up to date. This has, however, resulted in some mixed findings regarding indicators, which need careful interpretation for a variety of reasons including improved data collection and quality in many more settings in 2011 than in 2008, broadening of programmes and numerous food insecurity emergencies in 2011. For example, increasing the number of programmes using the community-based management of acute malnutrition approach has resulted in a higher number of children having access to treatment and a lower proportion of deaths; however, as the children are in the community rather than confined to a centre, defaulting has increased slightly, which has in turn affected recovery rates. The overall net results, however, are that more children have access to treatment for SAM and a lower proportion of children are dying from the acute malnutrition. UNHCR will need to learn from these experiences and work on strengthening the community elements of the treatment of severe and moderate acute malnutrition to improve recovery rates and to ensure high coverage of the programmes.

Anaemia levels remain preoccupying, with unacceptable levels observed across most countries, although significant reductions have occurred. There will be more operational research focus on improved analysis of the anaemia data to elucidate the true effects on those with the most severe forms of anaemia as well as the youngest children where the irreversible consequences of anaemia are most important. At the same time, UNHCR will ensure that programmes aiming at the prevention of anaemia and other micronutrient deficiencies and forms of malnutrition are improved and expanded.

The 2011, UNHCR operational guidance on the use of special nutrition products will form the basis of moving forward with programming, training and monitoring and evaluation of these programmes. In collaboration with the Reproductive Health sector, and UNICEF and WFP, Infant and Young Child Feeding (IYCF) activities amongst pregnant and lactating women and the most vulnerable younger children under 2 years of age will be further strengthened.

With the implementation of the new modules included in the SENS, improved data will be available on acute malnutrition and stunting and anaemia as well IYCF and food security that should allow for better monitoring and improved programming.

UNHCR will further strengthen collaboration with the WFP who remains a key UNHCR food security partner. Revised guidance for Joint Assessment Missions will be rolled out to promote these assessments as the corner stone in joint programming, including in urban settings. More efforts will also be put into the quality of food aid distributions. Updated guidance will be made available on distributions as well as on on-site (Food Basket) and Post Distribution Monitoring which are

standard measures in all distributions.

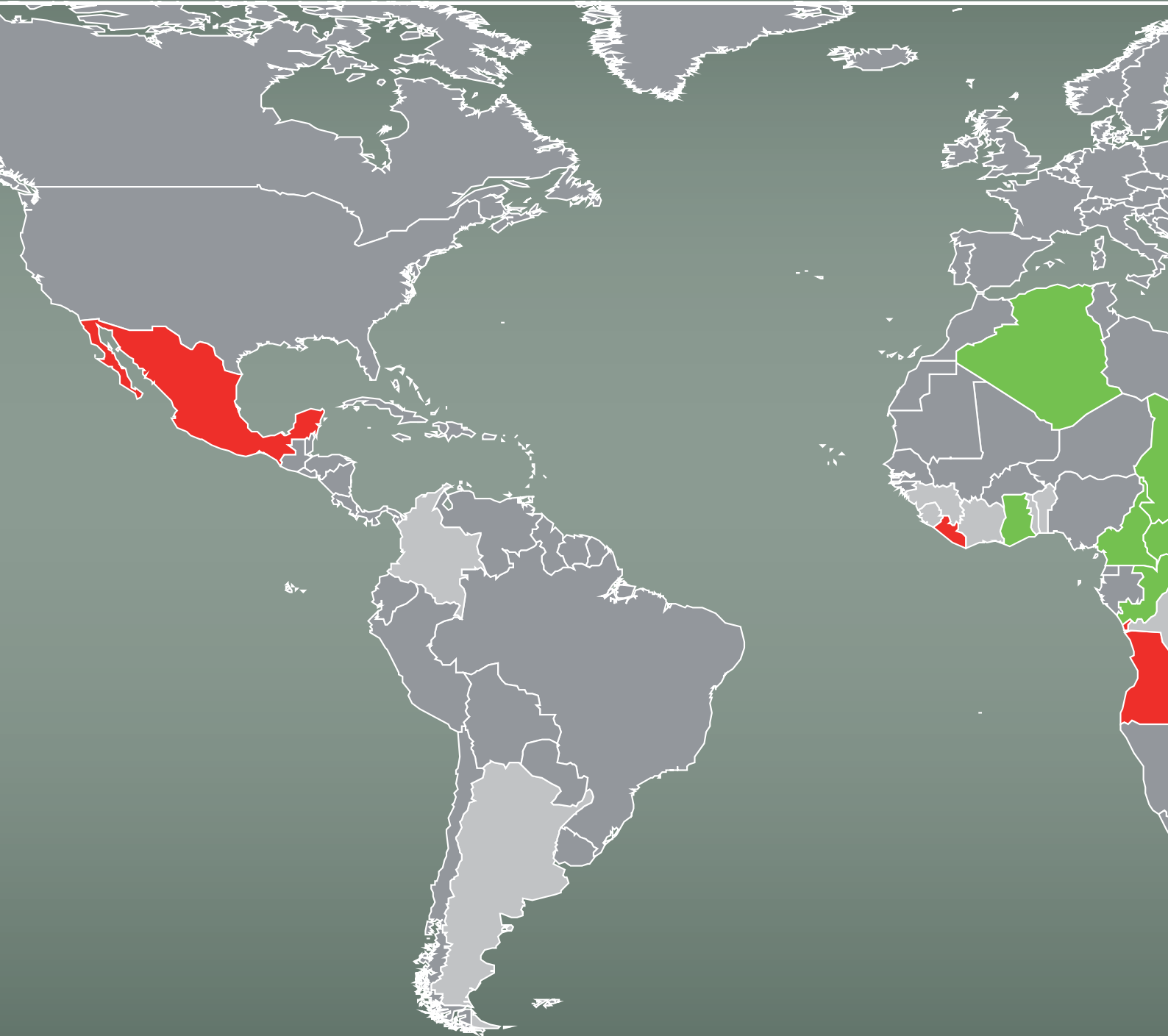
UNHCR will also invest in and scale up the use of cash-based interventions to promote food security of refugees and other PoCs. These will be used to address both acute food security needs as well as to promote early recovery. Further collaboration will be put in place with the Livelihoods Section to ensure that the food security needs of the refugees and PoCs are seen and addressed in a continuum, and that opportunities to promote self-reliance are not missed. Joint food security and livelihoods assessment guidelines will be issued and rolled out. These will complement the food security module of the SENS which provides a snap shot of the food security situation but does not provide detailed information (e.g. on the causality of food security).

Indicators will be reviewed for the strategic plans 2013 - 2016 and will be revised based on the evidence and observations of the implementation of the strategy in 2008 – 2012.

NUTRITION AT A GLANCE

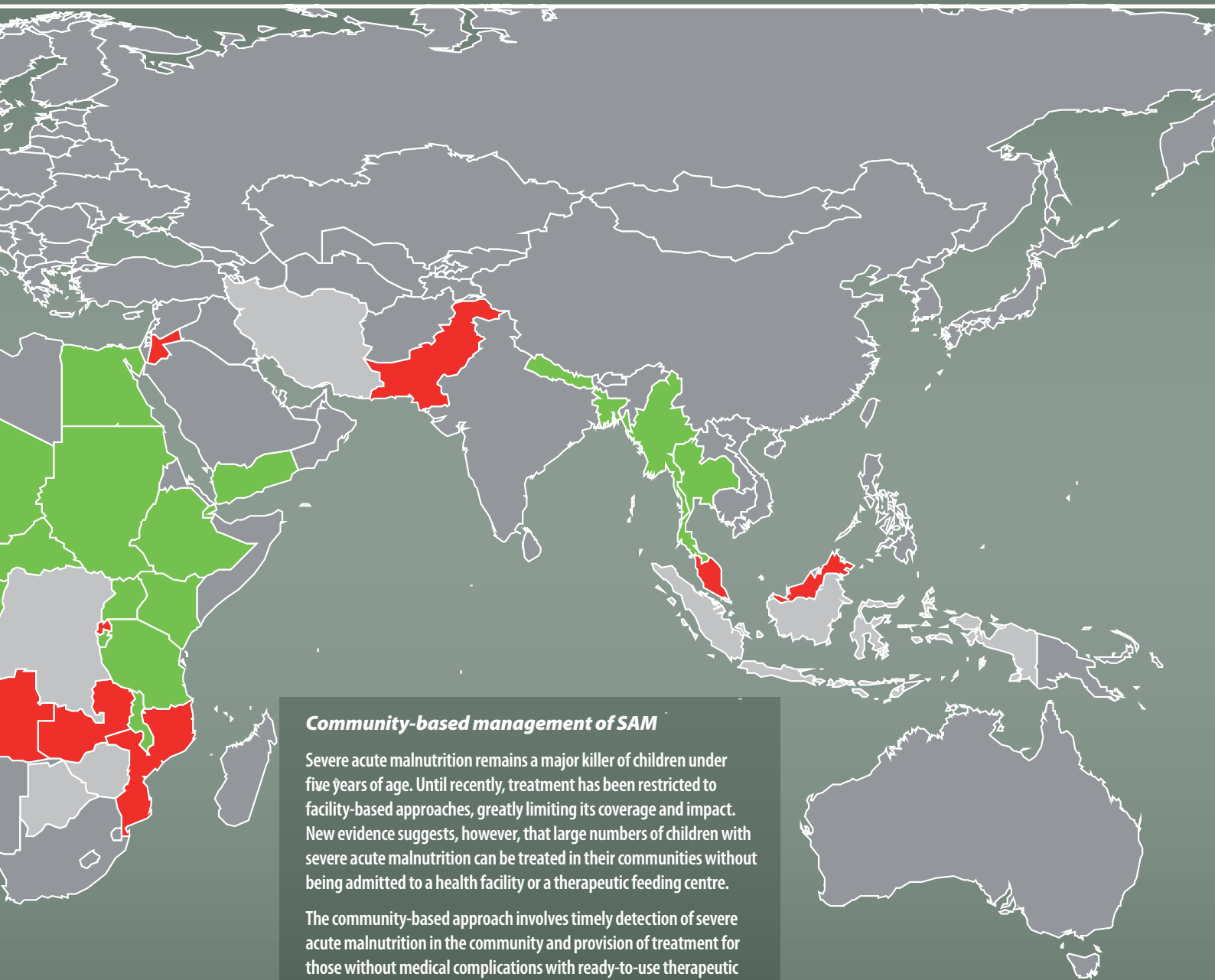
Interim report 2008-2011

FIGURE 3.2: MAP OF COUNTRIES WITH COMMUNITY-BASED MANAGEMENT OF SEVERE ACUTE MALNUTRITION



“In 2011, community based management of SAM was implemented in 72% of countries where determined to be appropriate and necessary compared to 54% in 2008.”

(2011)



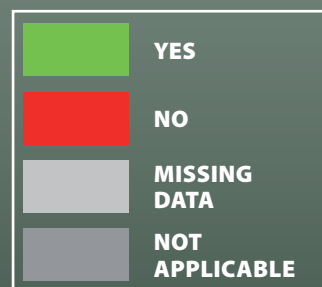
Community-based management of SAM

Severe acute malnutrition remains a major killer of children under five years of age. Until recently, treatment has been restricted to facility-based approaches, greatly limiting its coverage and impact. New evidence suggests, however, that large numbers of children with severe acute malnutrition can be treated in their communities without being admitted to a health facility or a therapeutic feeding centre.

The community-based approach involves timely detection of severe acute malnutrition in the community and provision of treatment for those without medical complications with ready-to-use therapeutic foods or other nutrient-dense foods at home. If properly combined with a facility-based approach for those malnourished children with medical complications and implemented on a large scale, community-based management of severe acute malnutrition could prevent the deaths of hundreds of thousands of children.

UNHCR now advocates for this approach to be adopted in all its operations worldwide.

Source: Community-based management of Severe Acute Malnutrition. A Joint Statement by WHO, UNICEF, WFP and SCN (May 2007)



REPRODUCTIVE HEALTH STRATEGIC PLAN

The United Nations High Commissioner for Refugees' Reproductive Health Strategic Plan for 2008-12 outlines the vision, strategic objectives, and main strategies of UNHCR as well as indicators to measure their implementation. It aims to fully integrate reproductive health into UNHCR's overall mandate of protection of refugees and other persons of concern, and to meet internal and international standards in UNHCR's reproductive health-related policies and programmes. The Strategic Plan supports the existing initiatives such as the Millennium Development Goals, the United Nations humanitarian reform process, and the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) decisions.

This Strategic Plan was developed in coordination with those of other sectors in the Public Health and HIV Section in the Division of Operational Services at UNHCR as well as with other groups in and outside of UNHCR including other UN agencies, non-governmental organisations and academic institutions. This approach will help to ensure a comprehensive and integrated approach across sectors. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings according to all stages of an emergency, as well as for local integration and returnee situations, during the period of 2008-2012.

4

SUMMARY OF PROGRESS TOWARDS KEY STRATEGIC OBJECTIVES AND INDICATORS

↑ Improved	→ Maintained	↓ Declined
Proportion of operations making clean delivery kits available to obviously pregnant women.	Proportion of operations with programmes to protect women's body integrity and reduce harmful practices.	Coverage of antenatal care.
Proportion of operations where deliveries take place in a health centre.		Proportion of operations with emergency obstetric and neonatal care services available at the point of return.
Proportion of operations where deliveries are attended by skilled health worker.		Participation in health cluster where active.
Reduce sexually transmitted infections (STIs) and HIV infections and increase access to STI management.		
Proportion of operations systematically investigating every maternal death.		
Proportion of operations involving men in reproductive health activities.		
Proportion of operations meeting standards for caesarean section.		



Cameroon / UNHCR / 2009

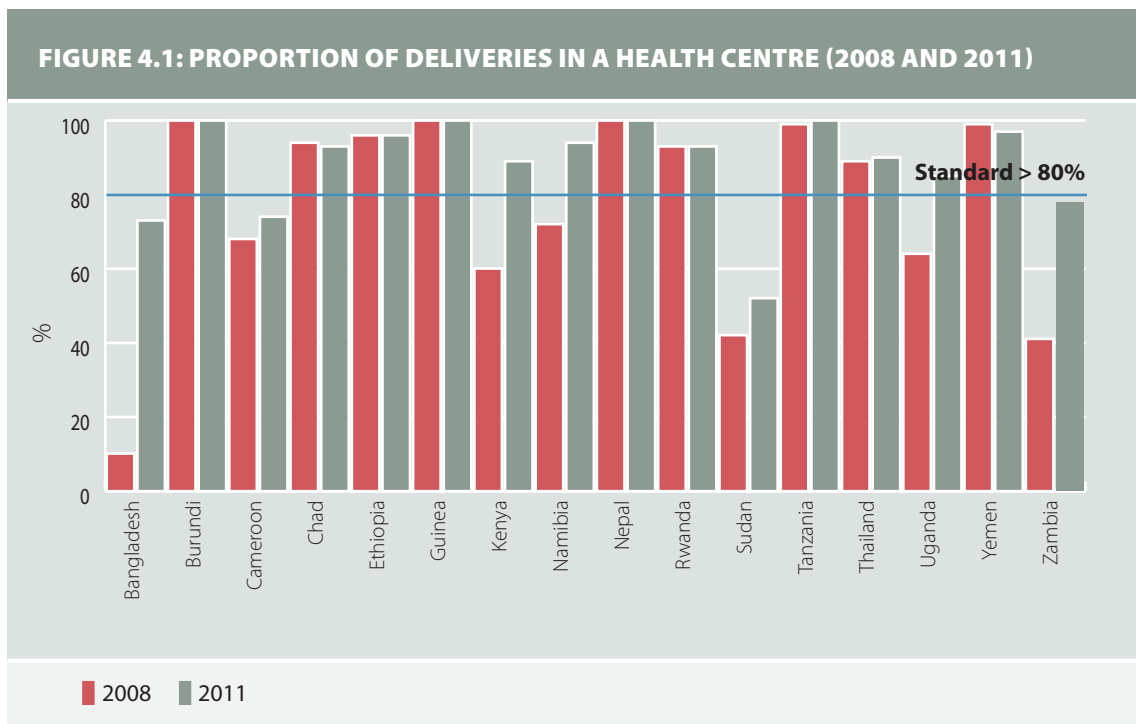
PROTECTION

UNHCR works to ensure that the reproductive health rights of refugees are protected while respecting their dignity and physical and mental integrity, with special attention to vulnerable groups. In line with the Millennium Development Goal (MDG) 5, UNHCR's reproductive health programmes have a strong focus on achieving universal access to reproductive health and reducing maternal mortality.

The Minimum Initial Services Package¹ is a package of life-saving interventions for emergencies. As part of this package, *in operations where refugees have difficulty accessing institutional delivery care, 86% of the operations made clean delivery kits available to pregnant women in 2011 compared with 75% in 2008.*

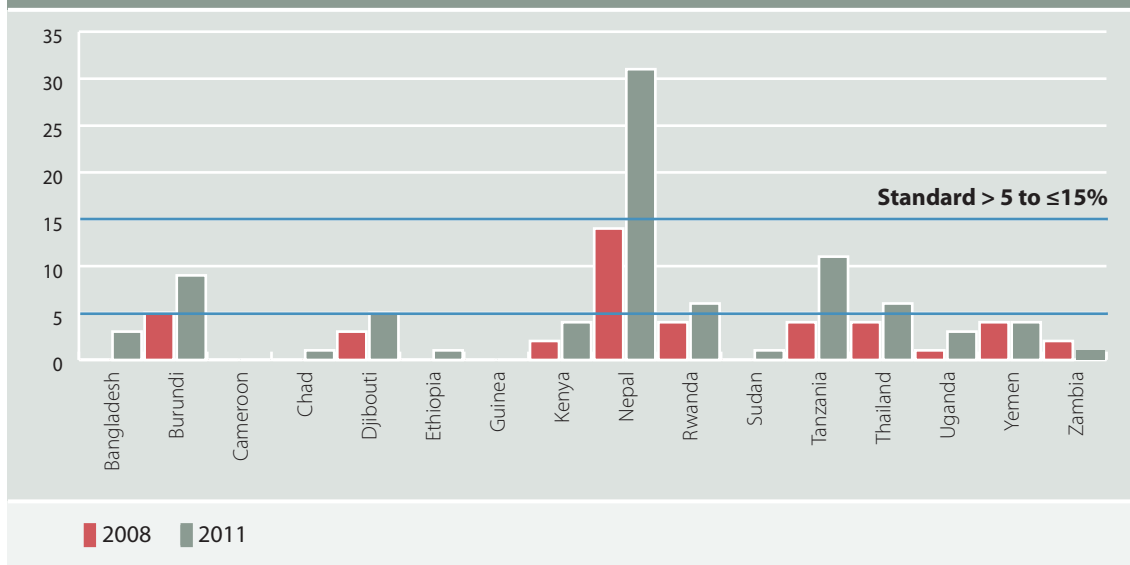
A key strategy in access reproductive health services and the reduction of maternal mortality is to ensure that every pregnant women, new mother and newborn child are cared for by a skilled health professional in a continuum of services. *The number of countries in which at least 80% of deliveries take place in a health centre increased from 48% to 79% from 2008 to 2011.* The greatest improvements were seen in Bangladesh, Kenya and Zambia (see Figure 4.1). There was similar progress in the attendance of deliveries by skilled personnel. *In 2008, 38% of operations were able to meet the standard of at least 90% of deliveries being attended by skilled personnel compared with 52% in 2011.*

The proportion of operations achieving at least 90% coverage of complete antenatal care



¹ <http://www.iawg.net/resources/MISP2011.pdf>

FIGURE 4.2: DELIVERIES BY CAESAREAN SECTION (2008 AND 2011)



decreased from 48% to 30% from 2008 to 2011. Difficult access to antenatal care services, increased number of antenatal visits (from 3 to 4) that have not yet been included in all country protocols, and high staff turnover has contributed to this decline.

To protect the reproductive health rights of refugees, UNHCR also works to establish policies, guidelines and programmes to protect women’s integrity and reduce harmful practices. In East Africa, operations have activities and projects to address the consequences of female genital mutilation (FGM). Although awareness of the risks of FGM is taking place in some operations, comprehensive FGM reduction strategies have not yet been developed at country level. *There was an increase in operations with an obstetric fistula detection and referral programme, from 48% in 2008 to 70% in 2011, with notable improvements in Cameroon, Chad, and Yemen.* This was a result of strengthening active detection of obstetric fistula by service providers and coordination with national obstetric fistula programme in the various countries.

“Bangladesh recorded the greatest improvement in the proportion of deliveries in a health centre, which increased from 10% to 73% between 2008 and 2011.”

Czech Republic / UNHCR / L. Taylor
/ 2009



COORDINATION AND INTEGRATION

UNHCR works to effectively coordinate, advocate for and integrate reproductive health policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.

Since 2008, UNHCR has been establishing mechanisms at country level to ensure that policies and programmes are coordinated and integrated with best practices and standards implemented to reduce maternal mortality. *Operations systematically investigating every*

maternal death increased from 48% to 83% from 2008 to 2011 (see Figure 4.3). The greatest increase was seen in Asia achieving 100% in 2011 as compared to 40%, in 2008. Globally the proportion of operations involving men in reproductive health activities increased from 61% to 78% from 2008 and 2011. Technical support to operations had an important influence on the shift from solely programmes targeting refugee women and girls to involvement of men in reproductive health to improve access to reproductive health services as well as women's health in general.

ACCESS TO EARLY DIAGNOSIS, PROMPT AND EFFECTIVE TREATMENT, AND PREVENTION

Refugees should have access to timely, quality, and effective preventive and curative services delivered by trained personnel working in a professional and respectful manner, with the necessary material and equipment in structures that respect the need for privacy, confidentiality and security.

To ensure appropriate maternal and newborn health preventive services, UNHCR screens all pregnant women for syphilis and in malaria endemic areas provides presumptive treatment for malaria.

Between 2008 and 2011, there was an increase from 6% to 25% of countries where 5-15% of deliveries were performed by caesarean section, resulting in more complications that are detected, referred and managed (see Figure 4.2). Ensuring access to emergency obstetric and newborn care (EmONC) for refugees is a key intervention from the onset of an emergency. In many operations, the 24 hour institutional delivery care has been improved through

By 2011, 94% of operations had standard STIs case management protocols in place compared to 85% in 2008.

the presence of 24 hours shifts by trained nurses/midwives and the establishment of community-based referral systems, whereby women in labour call a “mama-taxi” to bring them to the health centre, including in evening and night hours.

Access to prevention and treatment of sexually transmitted infections (STIs) increased. *At the end of 2011, 94% of operations had standard STI case management protocols in place compared with 85% in 2008. Coverage of syphilis screening for pregnant women at antenatal care (ANC) increased in 13 of 16 (81%) countries during the period. For example, in Chad coverage of syphilis screening increased from 24% to 80% between 2008 and 2011. However, in other countries reductions were observed, for example in Yemen where coverage fell from 42% to 29%.*

DURABLE SOLUTIONS

In operations with programmes in areas of return or reintegration, UNHCR works to incorporate reproductive health strategies and interventions into policies and programmes for durable solutions. *Operations with EmONC services available at the point of return decreased over the 2008 to 2011 period from 70% to 50%.* There is not yet any information available to indicate if public hospitals are supported in areas of return to ensure access to EmONC for returnees.

ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH

UNHCR works to regularly monitor and report on the reproductive health status of PoCs to inform programmatic planning and implementation in a timely manner, to evaluate programme performance and achievements using a results-based management approach, and to develop and carry out operational research on new approaches in reproductive health. *In 2011, 21% of operations conducted operational research in reproductive health issues compared with 6% in 2008.* The information gathered is frequently limited and more research is needed to feed into the different aspects of reproductive health programming. Operational research in maternal deaths and family planning programmes in both refugee

and urban refugee operations was conducted during this reporting period, and practical lessons learned and recommendations provided to further improve reproductive health programmes occurred from this research (e.g. the maternal death reporting form was modified and improved surveillance to ensure all maternal deaths are investigated have been implemented).

CONCLUSIONS AND WAY FORWARD

Significant progress has been made in recent years, however to meet MDG 5, UNHCR and its partners will need to strongly focus on the quality and access to reproductive health programmes for refugees and other PoCs. A strong focus on ensuring that improved access to and quality of ANC to refugee women will be prioritised. The conclusions of the maternal mortality review will be translated into practical recommendations to improve EmONC services. A review on availability and access of EmONC services at point of return will be undertaken. An emphasis on refugee women having even greater access to institutional deliveries and delivery with skilled personnel will be undertaken. Furthermore, in 2012/13, UNHCR will review neonatal deaths to draw lessons and improve programmes.

In the period 2013 - 2016, programmes for family planning and adolescent reproductive health will be further strengthened

UNHCR, as a very active member of the Interagency Working Group for Reproductive Health in Crises, is leading the first global inter-agency evaluation to take place since 2003. This evaluation will look at coverage and quality of reproductive health services during emergency and in protracted situation, as well as the level of funding and agency commitments.

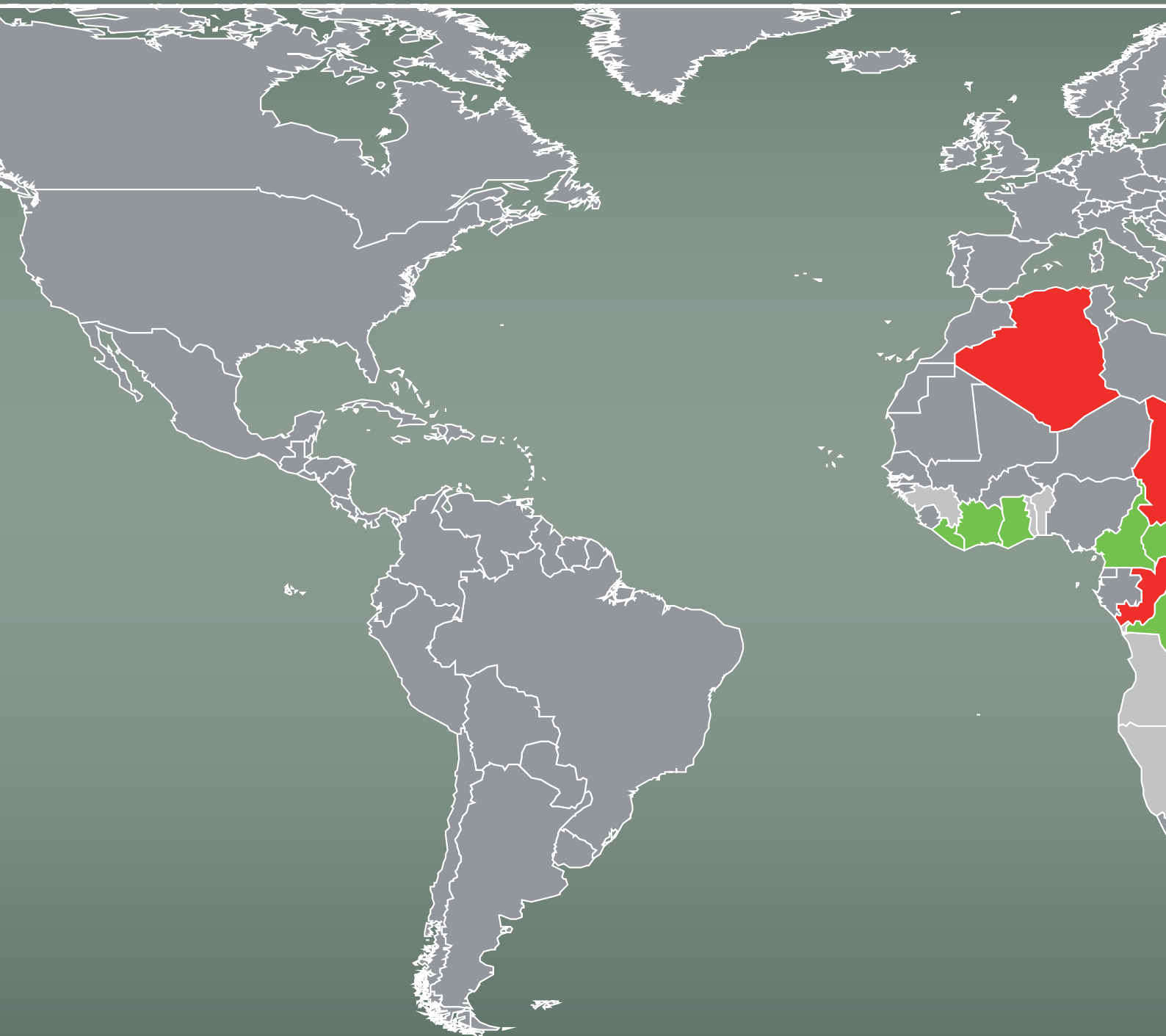
In operations where FGM is practiced, multi-sectoral programmes will be established to develop long term reduction strategy for FGM. Lastly, UNHCR will ensure that in countries where national protocols have included cervical cancer screening, this service will be extended to refugee operations.



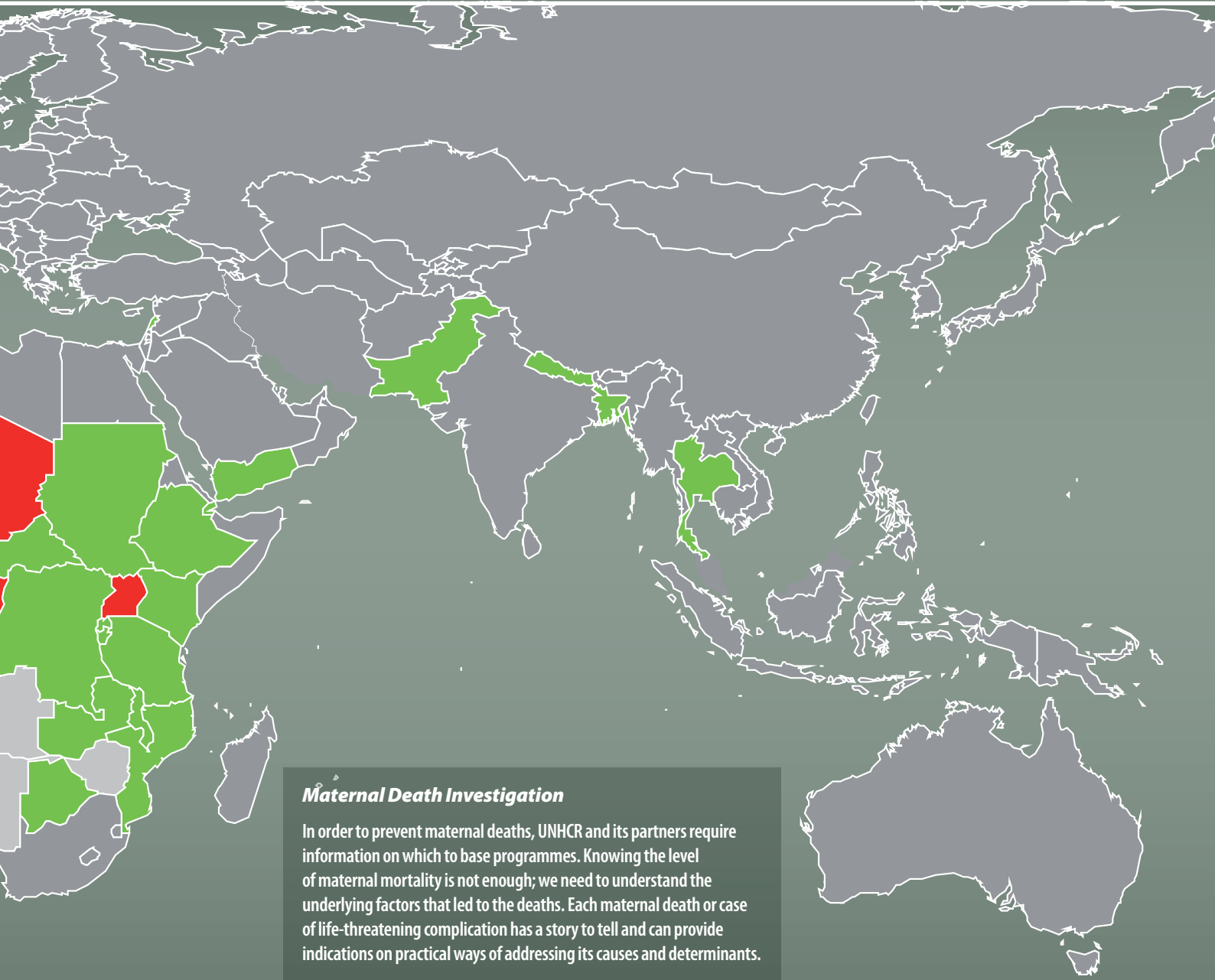
REPRODUCTIVE HEALTH AT A GLANCE

Interim report 2008-2011

FIGURE 4.3: MAP OF COUNTRIES SYSTEMATICALLY INVESTIGATING MATERNAL DEATHS (2011)



“Between 2008 and 2011, the proportion of operations systematically investigating every maternal death increased from 48% to 83%.”



Maternal Death Investigation

In order to prevent maternal deaths, UNHCR and its partners require information on which to base programmes. Knowing the level of maternal mortality is not enough; we need to understand the underlying factors that led to the deaths. Each maternal death or case of life-threatening complication has a story to tell and can provide indications on practical ways of addressing its causes and determinants.

Maternal death investigations provide a way of understanding where the main challenges in overcoming maternal mortality and morbidity may lie, produce an analysis of what can be done in practical terms, and highlight the key areas requiring recommendations for health sector and community action as well as guidelines for improving clinical outcomes. The information gained from such enquiries must be used as a prerequisite for action.

UNHCR requires all maternal deaths within its operations to be investigated within 48 hours of being reported.

	YES
	NO
	MISSING DATA
	NOT APPLICABLE

WATER AND SANITATION STRATEGIC PLAN

UNHCR's Strategic Plan for Water and Sanitation (2008-2012) outlines the overall objectives and main strategies to address Water and Sanitation (WatSan) within the context of UNHCR's mandate to protect refugees, internally displaced persons and other persons of concern.

The Strategic Plan aims to complement the UNHCR Standards and Indicators specific to the WatSan sectors (UNHCR's Standard and Indicators Handbook, 2006), the Millennium Development Goals, the United Nations Humanitarian Reform Initiative (HRI), the internationally recognised right to adequate water, and other global commitments and processes in the WatSan sectors.

This Strategic Plan takes into account the need for close coordination among the essential service sectors of UNHCR including protection, community services, ealth, nutrition, food security, shelter, HIV/AIDS, environment and education. These linkages will ensure a comprehensive and integrated approach across technical sectors covered by UNHCR's Public Health and HIV Section aswell as other divisions within UNHCR. The Strategic Plan aims to guide operations in camp, urban and other noncamp settings as well as in local integration and returnee situations during the period of 2008-2012

5

SUMMARY OF PROGRESS TOWARDS KEY STRATEGIC OBJECTIVES AND INDICATORS

↑ Improved	→ Maintained	↓ Declined
Participation in WASH cluster where active.		Proportion of countries able to achieve 85% coverage of latrines.
Inclusion of cholera in epidemic preparedness plans.		Proportion of countries with less than 80 persons per water tap.
Proportion of countries with less than 20 persons per drophole in a communal latrine.		Proportion of families receiving > 250g of soap per person per month.
		Proportion of the population living within 200m from a water point.
		Proportion of countries providing at least 20 litres of potable water per person per day.



Thailand / UNHCR / J. Redfern / June 2006

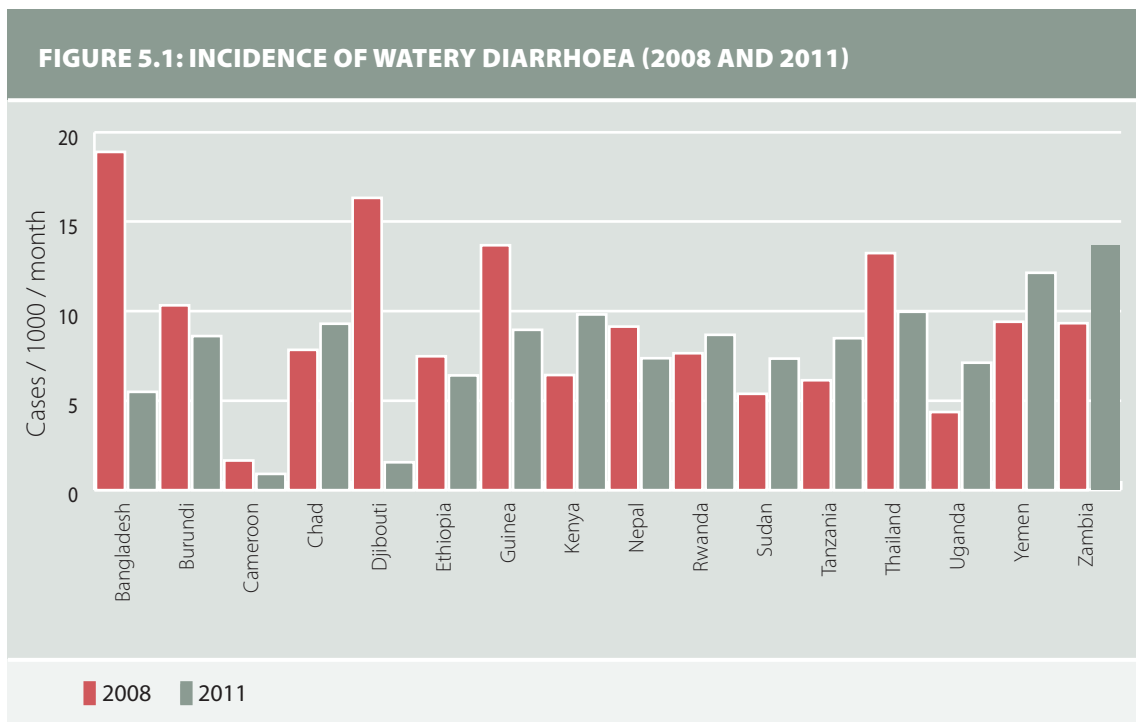
PROTECTION

The lack of access to safe water and sanitation services combined with poor hygiene awareness and practices are major contributors to mortality and morbidity as well as loss of dignity in many refugee situations.

UNHCR’s objective is to ensure that refugees and other PoCs have equitable access to safe and adequate water and sanitation services. *The proportion of countries meeting the UNHCR standard of providing 20 litres or more of potable water per person per day showed a decrease from 64% to 38% between 2008 and 2011. There has been a decrease globally from 32% to 22% of countries meeting the UNHCR standard of less than 80 persons per water tap. Between 2008 and 2011, there was an increase from 25% to 38% in the proportion operations meeting UNHCR standards for the number of persons per drop hole in communal latrines. However, the proportion of countries able to achieve >85% coverage of latrines declined from 26% to 16% during the period.*

COORDINATION AND INTEGRATION

UNHCR works to coordinate, advocate for and effectively integrate WASH programmes. During the past two years, UNHCR has expanded its WASH interventions and is working closely with universities and public/private partners to improve the water and sanitation programmes in refugee camp operations.





Furthermore, UNHCR established multi-sectoral epidemic response plans. *In countries where cholera is endemic, 69% of countries had included cholera in their epidemic preparedness and response plans in 2011 compared to 53% in 2008. The greatest increase was in East Africa, where the proportion of countries with cholera in their epidemic preparedness plans increased from 50% in 2008 to 100% 2011.*

PREVENTION

UNHCR aims to reduce transmission of disease associated with insufficient WASH services through provision of appropriate, reliable, accessible and adequate multi-sectoral hygiene promotion and community participation programmes, such as the establishment of refugee-led water committees.

Unfortunately, *the number of operations where populations live within 200 metres of a water point showed a steep decline. In 2008, 42% of operations met the UNHCR standard of 90% compared with just 28% in 2011. A similar decline was also observed in the proportion of operations providing soap to families. In 2008 54% of operations were able to provide soap to at least 100% of families compared with 35% in 2011.*

“Nepal had the highest latrine coverage in Asia, and maintained 100% coverage between 2008 and 2011.”

 *The number of operations where cholera was included in epidemic preparedness plans increased from 53% to 69% between 2008 and 2011.* 

The incidence of watery diarrhoea is an important indicator used to measure the effectiveness of WASH programmes. *The incidence of watery diarrhoea was seen to increase in 9 of 19 (47%) of camp-based operations between 2008 and 2011 (see Figure 5.1). Proportional mortality and morbidity due to watery diarrhoea remained largely constant throughout the period.* However, exceptions were seen in Ethiopia, Yemen and Zambia, which all saw large increases in the proportion of crude and under five deaths due to watery diarrhoea between 2008 and 2011.

DURABLE SOLUTIONS

In operations with WASH programmes in areas of return or reintegration, UNHCR works to incorporate WASH components in local integration or reintegration operations so as to guarantee sustainability in return operations.

ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH

Monitoring of WASH programmes is essential. *The proportion of operations conducting monthly water quality testing in all camps increased from 31% to 37% from 2008 to 2011. Operations conducting WASH operational research increased from 11% to 15% between 2008 and 2011.*

Furthermore in 2011, UNHCR established the WASH information system in eight operations. This system includes the collection of standardised WASH practices at camp, community and household levels.

CONCLUSIONS AND WAY FORWARD

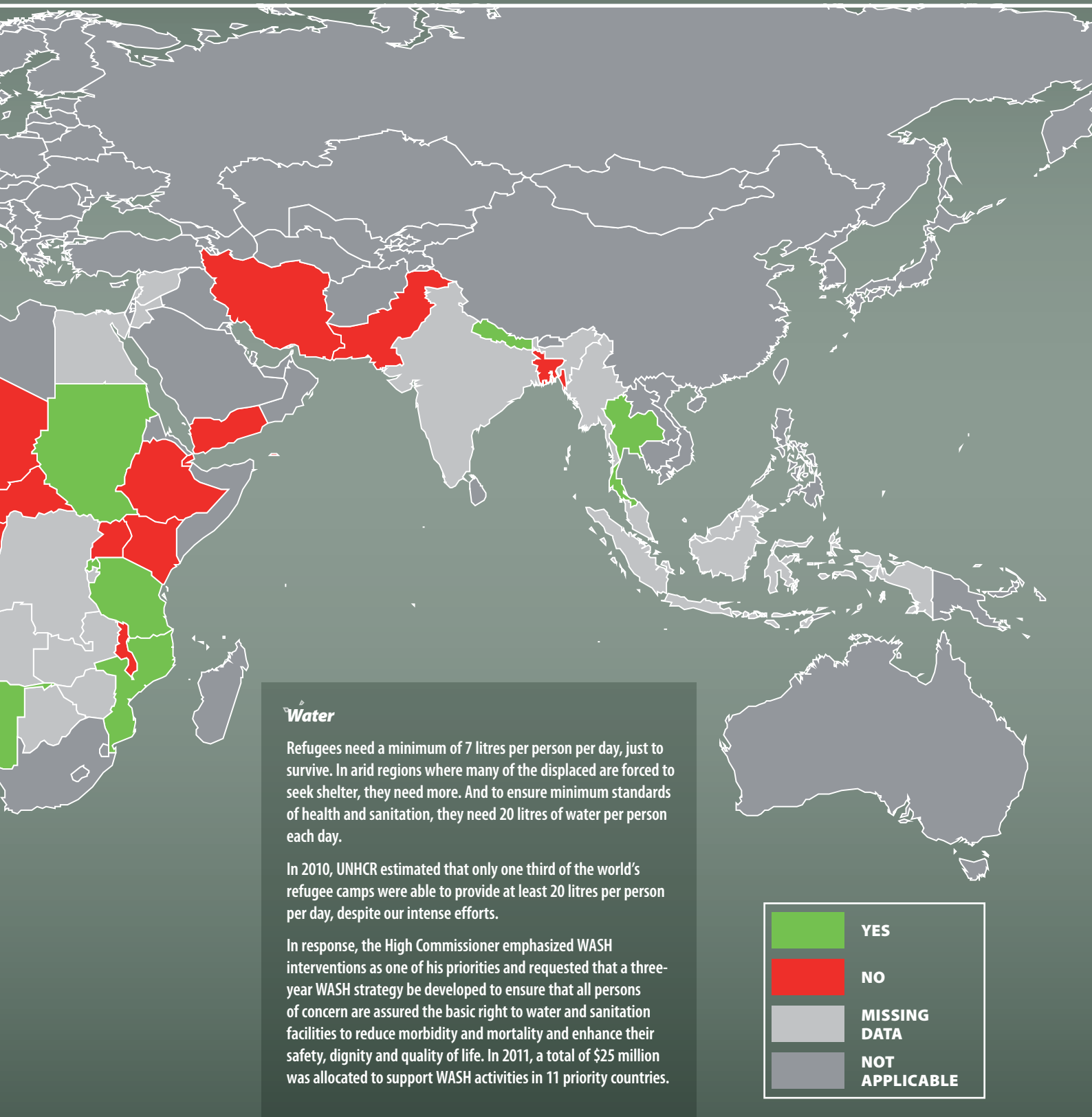
There is a mixed picture of WASH interventions in many refugee settings. Improvement in some areas (e.g. number of drop holes per person in communal latrines, countries with

cholera epidemic preparedness and response plans, increased monthly water quality testing, and increased operational research) have been noted from 2008 to 2011. However, in other important standards, there has been a regression (e.g. amount of potable water provided per refugee per day, number of persons per water tap, latrine coverage, living within certain distance from water points, provision of soap, and incidence of watery diarrhoea). As in nutrition and food security, careful interpretation of these data needs to occur because UNHCR and its partners have significantly improved WASH data collection and quality in many more settings in 2011 than in 2008. Furthermore, there have been an increasing number of refugee emergencies in 2010 and 2011, where refugees were often integrated into existing camps that were not meant to host such a large number of persons.

In 2010, a revised three-year WASH operational strategy (2010-12) was developed after extensive assessments and missions of the various WASH settings globally, with an emphasis on camp situations. Based on this and additional analyses carried out in 2010, UNHCR allocated USD25 million in 2011 to WASH interventions in addition to existing country budgets in 11 countries. To ensure this major investment is sustained and maintained for the following years, the High Commissioner agreed to enhance UNHCR's WASH capacity. In 2010, there were only 15 WASH Officers globally (and only 3 in the expert category (P), with the rest being mostly consultants and UN Volunteers. In 2012, UNHCR will recruit an additional 8 WASH expert P staff and 15 national officers. The aim is to allow UNHCR to provide adequate technical support and coordination to regions and countries.

Monitoring and evaluation is one of strategic objectives for WASH 2008-2012 strategic plan. These indicators, originally provided by UNHCR's Standards and Indicators, focus on key aspects at a camp level and were reported annually; thus, neither spatial nor temporal variations in water and sanitation provision could be considered. To overcome this issue, an increase in frequency and type of reporting (e.g. household surveys) will be central to better understanding the dynamics at the camp level. A new WASH monitoring and evaluation system, which that will be integrated into WebHIS, was rolled out in 8 countries in 2011.

“The proportion of countries meeting the UNHCR standard of providing 20 litres of potable water per person per day showed a decrease from 64% in 2008 to 38% in 2011.”



Cameroon / UNHCR / F. Noy /
October 2009



STATISTICAL ANNEXES

ANNEX I - GLOBAL INDICATOR ANNEXES

GENERAL INDICATORS.....	56
HIV AND AIDS STRATEGIC PLAN	57
MALARIA STRATEGIC PLAN	58
NUTRITION AND FOOD SECURITY STRATEGIC PLAN	59
REPRODUCTIVE HEALTH STRATEGIC PLAN.....	60
WATER AND SANITATION STRATEGIC PLAN	61

ANNEX II - COUNTRY AND REGIONAL INDICATOR ANNEXES

GENERAL INDICATORS.....	62
HIV AND AIDS STRATEGIC PLAN	66
MALARIA STRATEGIC PLAN	78
NUTRITION AND FOOD SECURITY STRATEGIC PLAN	85
REPRODUCTIVE HEALTH STRATEGIC PLAN.....	104
WATER AND SANITATION STRATEGIC PLAN	112

Section 1: Population	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 Total population		4,386,147	4,797,951	11,753,249	13,140,889	8,754,742	↑
1.2 Under five population		775,034	864,488	1,713,084	1,980,352	1,205,318	↑
1.3 Women of reproductive age		972,174	935,658	3,990,905	2,669,114	1,696,940	↑
Section 2: Mortality Rates	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Crude Mortality Rate (/1000/month)	< 0.75	89%	100%	100%	93%	4%	↑
2.2 Under five Mortality Rate (/1000/month)	< 1.5	92%	90%	100%	96%	4%	↑
2.2 Neonatal Mortality Rate (/1000 livebirths)	< 20	89%	100%	100%	100%	11%	↑
Section 3: Other	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Was the UN System in your country clusterized according to the humanitarian reform process?		40%	40%	45%	47%	7%	↑
3.2 Was a new emergency declared within your operation?		16%	16%	16%	38%	22%	↑
3.3 Did you have IDPs in your operation?		27%	24%	21%	24%	-3%	↓
3.4 Was malaria endemic in your operation or was it of public health concern?		74%	74%	74%	74%	0%	↔
3.5 Did you have refugee programmes in areas of return or integration?		44%	46%	49%	43%	-1%	↓

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 2.1 - Crude Mortality Rate (CMR): "In 2008, 89% of countries reported a CMR less than 0.75/1000/month. In 2011, the proportion of countries meeting the standard increased to 93%. The overall change between 2008 and 2011 was an increase by 4%." Detailed data per region and country is available in Annex II.

HIV and AIDS Strategic Plan Indicator Standards, Global Values and Changes

2008 - 2011

Strategic Objective 1: Protection	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 Did you have legislation protecting the rights of HIV positive asylum seekers?	Yes	51%	51%	51%	57%	6%	↑
1.2 Did you have legislation protecting PoCs from mandatory testing for HIV?	Yes	63%	63%	63%	68%	5%	↑
1.3 Do PoCs have equal access to ART as the host population?	Yes	79%	88%	88%	88%	9%	↑
Strategic Objective 2: Coordination and Integration	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Did UNHCR actively participate in the Joint UN Theme Group on HIV in your country?	Yes	94%	94%	94%	83%	-11%	↓
2.2 Did the cluster system in your country include HIV/AIDS as cross-cutting issue?	Yes	91%	100%	100%	100%	9%	↑
2.3 Did PoCs benefit from additional HIV funding from the Presidents Emergency Relief Fund against AIDS (PEPFAR)?	Yes	13%	13%	13%	13%	0%	↔
2.4 Did PoCs benefit from additional HIV funding from World Bank regional proposals and initiatives?	Yes	22%	25%	27%	18%	-4%	↓
2.5 Did PoCs benefit from additional HIV funding from the UNAIDS Programme Acceleration Fund?	Yes	2%	2%	0%	5%	3%	↑
Strategic Objective 3: Prevention	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Do PoCs have access to appropriate IEC materials?	Yes	73%	80%	82%	100%	27%	↑
3.2 Proportion of blood units screened for HIV	100%	54%	100%	90%	83%	29%	↑
3.3 Did all camps have satisfactory universal precautions?	Yes	79%	79%	86%	89%	10%	↑
3.4 Prevalence of syphilis (OPD)							
3.5 Ratio of contacts tested : syphilis positive cases							
3.6 Did you address at least one of the most-at-risk populations with appropriate HIV prevention programmes?	Yes	57%	69%	73%	81%	24%	↑
3.7 Proportion of VCT clients who receive post-test counselling and result	100%	91%	100%	82%	89%	-2%	↓
3.8 PMTCT coverage	100%	31%	32%	35%	39%	8%	↑
3.9 Proportion of PMTCT clients who receive post-test counselling and result	100%	50%	57%	60%	50%	0%	↔
3.10 Incidence of rape (/10,000/year)							
3.11 Proportion of rape survivors who received PEP < 72 hours	100%	50%	56%	21%	26%	-24%	↓
3.12 Proportion of rape survivors who received ECP < 120 hours	100%	50%	71%	27%	24%	-26%	↓
3.13 Proportion of rape survivors who received STI prophylaxis < 2 weeks	100%	50%	53%	28%	30%	-20%	↓
3.14 Condom distribution rate (/person/month)	≥ 0.5	45%	50%	43%	48%	3%	↑
Strategic Objective 4: Care, Support and Treatment	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
4.1 Proportion of HIV positive infants receiving co-trimoxazole	100%	50%	38%	0%	21%	-29%	↓
4.2 Proportion of HIV positive mothers receiving co-trimoxazole	100%	42%	46%	9%	0%	-42%	↓
Strategic Objective 5: Durable Solutions	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
5.1 Did you have provisions for continuation of Antiretroviral Therapy (ART) for refugees and other PoCs that require it in areas of return or integration?	Yes	70%	70%	80%	100%	30%	↑
5.2 Did you provide refugees with appropriate returnee HIV packages in areas with a generalised HIV epidemic?	Yes	40%	44%	67%	88%	48%	↑
5.3 Did you design and integrate HIV policies and programmes into your exit strategy in areas of return or integration?	Yes	57%	50%	60%	75%	18%	↑
Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation and Operational Research	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
7.1 Did you conduct HIV sentinel surveillance?	Yes	19%	26%	19%	14%	-5%	↓
7.2 Did you conduct quality control for rapid HIV testing?	Yes	61%	64%	67%	72%	11%	↑

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 1.1 - Did you have legislation protecting the rights of HIV positive asylum seekers? "In 2008, 51% of countries had legislation protecting the rights of HIV positive asylum seekers. In 2011, the proportion of countries with such legislation increased to 57%. The overall change between 2008 and 2011 was an increase by 6%." Detailed data per region and country is available in Annex II.

Malaria Strategic Plan Indicator Standards, Global Values and Changes

2008 - 2011

Strategic Objective 1: Protection	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 % mortality due to malaria (crude)							
1.2 % mortality due to malaria (under 5)							
1.3 % morbidity due to malaria (crude)							
1.4 % morbidity due to malaria (under 5)							
1.5 Incidence of malaria (crude) (/1000/month)							
1.6 Incidence of malaria (under 5) (/1000/month)							
Strategic Objective 2: Coordination and Integration	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Were refugees included in the Malaria National Strategic Plan?	Yes	90%	90%	90%	83%	-7%	↓
2.2 Did PoCs benefit from additional malaria funding from the UN Foundation "Nothing But Nets" Campaign?	Yes	15%	0%	35%	12%	-3%	↓
Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Treatment, and Prevention	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Has ACT been introduced as 1st line treatment for malaria?	Yes	88%	100%	100%	100%	12%	↑
3.2 Did any camps report a stock-out of Artemisinin-Combination Therapies (ACTs) in the emergency phase?	No	67%	67%	100%	100%	33%	↑
3.3 Did any camps report a stock-out of Artemisinin-Combination Therapies (ACTs) during the post-emergency/stable phase?	No	78%	78%	78%	90%	12%	↑
3.4 Did all camps in your operation implement community-based malaria management?	Yes	70%	71%	71%	73%	3%	↑
Strategic Objective 4: Durable Solutions	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
4.1 Did you provide refugees with a LLITN as part of a returnee package?	Yes	57%	57%	57%	50%	-7%	↓
4.2 Did you design and integrate malaria control into your exit strategy in areas of return or integration?	Yes	29%	29%	17%	0%	-29%	↓
4.3 Did you offer malaria control services at the point of return?	Yes	50%	50%	50%	50%	0%	↔
Strategic Objective 6: Assessments, Surveillance, Monitoring and Evaluation and Operational Research	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
6.1 Did you conduct a malaria bed net coverage survey?	Yes	16%	22%	39%	12%	-4%	↓

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 2.1 - Were refugees included in the Malaria National Strategic Plan? "In 2008, refugees were included in the Malaria National Strategic Plan in 90% of countries. In 2011, this proportion of countries decreased to 83%. The overall change between 2008 and 2011 was a decrease of 7%." Detailed data per region and country is available in Annex II.

Nutrition and Food Security Strategic Plan Indicator Standards, Global Values and Changes | 2008 - 2011

Strategic Objective 1: Protection	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 Global Acute Malnutrition rate (GAM)	< 10%	45%	56%	58%	45%	0%	↔↔
1.2 Severe Acute Malnutrition rate (SAM)	< 2%	42%	45%	57%	54%	12%	↑
1.3 Did you implement any projects with a specific focus on reducing food insecurity in the population?	Yes	67%	82%	80%	95%	28%	↑
Strategic Objective 2: Coordination and Integration	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Did you have a Joint Plan of Action with World Food Programme (WFP)?	Yes	66%	63%	61%	64%	-2%	↓
2.2 Did you regularly participate in Nutrition cluster meetings?	Yes	62%	75%	81%	64%	2%	↑
Strategic Objective 3: Prevention	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Prevalence of stunting	< 20%	3%	15%	13%	11%	8%	↑
3.2 Proportion of low birth weight deliveries	< 15%	95%	100%	96%	100%	5%	↑
3.3 Anaemia (Under 5)	< 20%	3%	0%	0%	0%	-3%	↓
3.4 Anaemia (Women of reproductive age)	< 20%	17%	52%	23%	15%	-2%	↓
Strategic Objective 4: Care, Support and Treatment	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
4.1 Recovery rate (SFP)	> 75%	81%	81%	67%	72%	-9%	↓
4.2 Death rate (SFP)	< 3%	100%	94%	100%	94%	-6%	↓
4.3 Default rate (SFP)	< 15%	87%	94%	80%	78%	-9%	↓
4.4 Referral rate (SFP)							
4.5 Was community-based management of SAM implemented where UNHCR determined it to be appropriate and necessary?	Yes	54%	64%	71%	72%	18%	↑
4.6 Recovery rate (CTC)	> 75%	17%	10%	30%	17%	0%	↔↔
4.7 Death rate (CTC)	< 10%	67%	100%	100%	100%	33%	↑
4.8 Default rate (CTC)	< 15%	100%	60%	80%	75%	-25%	↓
4.9 Referral rate (CTC)							
4.10 Proportion of children requiring stabilisation (CTC)							
Strategic Objective 5: Durable Solutions	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
5.1 Did you provide refugees with an appropriate returnee food package?	Yes	60%	56%	60%	60%	0%	↔↔
5.2 Did you design and integrate Nutrition and Food Security policies and programmes into your exit strategy in areas of return or integration?	Yes	33%	30%	36%	50%	17%	↑
Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation and Operational Research	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
7.1 Did you conduct a population-based Nutrition survey?	Yes	44%	39%	45%	37%	-7%	↓
7.2 Did you implement food basket monitoring during each general food distribution?	Yes	64%	61%	66%	70%	6%	↑
7.3 Did you implement post-distribution monitoring at household/community level after at least every third general food distribution?	Yes	56%	56%	61%	62%	6%	↑
7.4 Did you undertake a Joint Assessment Mission (JAM) with WFP?	Yes	46%	34%	27%	33%	-13%	↓
7.5 Did you conduct any Nutrition or Food Security operational research?	Yes	20%	23%	27%	30%	10%	↑

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 1.1-Global Acute Malnutrition rate (GAM): "In 2008, 45% of surveyed locations had a GAM of less than 10%. In 2011, the proportion of surveyed locations meeting the standard remained constant at 45%. There was therefore no overall change between 2008 and 2011." Detailed data per country and survey location is available in Annex II.

Reproductive Health Strategic Plan Indicator Standards, Global Values and Changes | 2008 - 2011

Strategic Objective 1: Protection	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 Did PoCs have difficulty accessing institutional deliveries?	No	89%	89%	89%	88%	-1%	↓
1.2 Did you make clean delivery kits available for women who were obviously pregnant?	Yes	75%	75%	80%	86%	11%	↑
1.3 Was FGM practiced?	No	81%	81%	81%	80%	-1%	↓
1.4 Did you have reduction strategy for FGM?	Yes	0%	0%	0%	0%	0%	↔
1.5 Did you have an obstetric fistula detection and referral programme?	Yes	48%	55%	60%	70%	22%	↑
1.6 Proportion of deliveries in a health centre	> 80%	48%	68%	76%	79%	31%	↑
1.7 Coverage of complete antenatal care	> 90%	48%	48%	38%	30%	-18%	↓
1.8 Proportion of deliveries attended by skilled personnel	> 90%	38%	62%	59%	52%	14%	↑
Strategic Objective 2: Coordination and Integration	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Did you regularly participate in Health cluster meetings?	Yes	100%	100%	100%	93%	-7%	↓
2.2 Did you systematically investigate every maternal death?	Yes	48%	75%	75%	83%	35%	↑
2.3 Did you involve men in reproductive health activities, including family planning?	Yes	61%	71%	75%	78%	17%	↑
Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Treatment, and Prevention	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Proportion of deliveries performed by caesarean section	> 5% to ≤ 15%	6%	22%	24%	25%	19%	↑
3.2 Did you have standard STIs case management protocols in place?	Yes	85%	88%	88%	94%	9%	↑
3.3 Prevalence of antenatal syphilis							
3.4 Coverage of antenatal syphilis screening in pregnancy							
3.5 Coverage of antenatal intermittent presumptive treatment for malaria							
Strategic Objective 4: Durable Solutions	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
4.1 Were EmONC services available at the point of return?	Yes	70%	78%	78%	50%	-20%	↓
Strategic Objective 6: Assessments, Surveillance, Monitoring and Evaluation and Operational Research	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
6.1 Did you conduct any Reproductive Health operational research?	Yes	6%	12%	11%	21%	15%	↑

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 1.6 - Proportion of deliveries in a health centre: "In 2008, 48% of countries were able to meet the standard of at least 80% of deliveries in a health centre. In 2011, this proportion of countries increased to 79%. The overall change between 2008 and 2011 was an increase of 31%." Detailed data per region and country is available in Annex II.

Water and Sanitation Strategic Plan Indicator Standards, Global Values and Changes | 2008 - 2011

Strategic Objective 1: Protection	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
1.1 % mortality due to watery diarrhoea (crude)							
1.2 % mortality due to watery diarrhoea (under 5)							
1.3 % morbidity due to watery diarrhoea (crude)							
1.4 % morbidity due to watery diarrhoea (under 5)							
1.5 Incidence of watery diarrhoea (crude) (/1000/month)							
1.6 Incidence of watery diarrhoea (under 5) (/1000/month)							
1.7 Average quantity of potable water / person / day	≥ 20	64%	59%	40%	38%	-26%	↓
1.8 Number of persons per water tap	< 80	32%	39%	42%	22%	-10%	↓
1.9 Proportion of families with latrines	> 85%	26%	18%	22%	16%	-10%	↓
Strategic Objective 2: Coordination and Integration	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
2.1 Did you regularly participate in WASH cluster meetings?	Yes	40%	62%	60%	50%	10%	↑
Strategic Objective 3: Prevention	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
3.1 Proportion of families receiving > 250g soap/person/month	> 85%	54%	42%	31%	35%	-19%	↓
3.2 Number of persons per drop-hole in communal latrine	< 20	25%	31%	29%	38%	13%	↑
3.3 Proportion of population living within 200m from a water point	> 90%	42%	39%	25%	28%	-14%	↓
3.4 Did you have an epidemic preparedness plan that includes cholera?	Yes	53%	58%	69%	69%	11%	↑
Strategic Objective 5: Durable Solutions	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
5.1 Did you design and integrate WASH policies and programmes into your exit strategy in areas of return or integration?	Yes	38%	33%	40%	0%	-38%	↓
Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation and Operational Research	Standard	2008	2009	2010	2011	Change 2008 - 2011	Trend
7.1 Did you conduct monthly water quality testing in all camps?	Yes	31%	35%	37%	37%	6%	↑
7.2 Did you conduct any WASH operational research?	Yes	11%	24%	19%	15%	4%	↑

Note on interpretation of indicators in this Annex.

The indicators presented in this annex show the proportion of countries globally that met the standard. The following is an example of how to interpret the results for Indicator 1.7 - Average quantity of potable water/person/day: "In 2008, 64% of countries were able to meet the standard of at least 20 litres of potable water per person per day. In 2011, the proportion of countries meeting the standard was 38%. The overall change between 2008 and 2011 was a decrease of 26%." Detailed data per country and survey location is available in Annex II.

Country	1.1 Total population*				1.2 Under five population*				1.3 Women of reproductive age*			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria †	.	.	90,000	90,000	.	.	16,812	16,812	.	.	27,891	27,891
Angola	.	21,309	35,903	36,413	.	1,739	5,820	5,820	.	7,905	8,144	8,266
Argentina	.	.	4,164	.	.	.	833	.	.	.	833	.
Bangladesh	28,123	28,342	42,703	43,506	5,364	5,286	7,434	7,319	5,625	5,668	8,541	9,064
Benin	.	.	7,240	7,240	.	.	906	906	.	.	1,662	1,448
Botswana	3,201	.	.	.	562	.	.	.	549	.	.	.
Brazil	.	.	5,229	5,229	.	.	56	56	.	.	1,268	1,046
Burundi	16,762	21,115	20,224	22,165	3,749	3,931	4,164	4,194	3,352	4,223	4,045	4,433
Cameroon	4,442	3,626	40,422	65,837	811	665	7,881	6,175	888	725	8,084	13,167
Central African Republic	8,571	.	8,000	13,544	1,952	.	1,597	2,594	2,626	.	2,155	2,786
Chad	253,168	260,409	323,871	469,782	42,645	48,133	58,816	85,495	50,634	52,082	64,819	93,956
Colombia †	.	2,000,000	.	.	.	400,000	.	.	.	400,000	.	.
Congo	.	.	125,941	131,782	.	.	26,831	18,037	.	.	27,276	28,934
Congo (DR)	.	.	11,262	31,281	.	.	2,797	12,290	.	.	2,340	6,520
Costa Rica	.	.	19,880	19,880	.	.	3,976	3,976	.	.	3,976	3,976
Côte d'Ivoire	24,811	21,282	24,604	30,747	3,702	2,479	3,063	1,690	4,963	4,257	4,510	6,150
Djibouti	8,924	12,080	13,133	19,485	1,354	1,859	2,483	1,837	1,785	2,416	2,627	4,021
Egypt	.	.	107,914	107,914	.	.	3,346	3,346	.	.	11,323	21,583
Ethiopia	67,030	98,460	100,306	234,712	13,269	18,361	16,875	51,024	13,000	19,692	20,061	46,942
Ghana	17,477	.	12,476	19,513	1,640	.	1,316	2,040	5,815	.	4,129	5,842
Guinea	3,500	3,500	3,368	5,199	560	572	673	832	700	700	674	1,040
India	.	17,881	20,931	20,484	.	862	1,582	1,524	.	5,309	6,368	6,481
Indonesia	.	.	1,790	1,790	.	.	63	63	.	.	182	358
Iran	979,428	1,066,243	1,068,417	1,926,382	195,883	191,924	213,032	384,815	195,883	191,924	214,141	387,582
Jordan	52,668	.	33,608	33,608	3,834	.	3,137	3,137	14,112	.	8,743	6,722
Kenya	288,031	329,825	377,898	548,603	41,158	52,382	69,032	107,818	57,606	66,034	77,390	110,020
Lebanon	10,245	11,660	10,050	10,050	957	955	1,038	1,038	2,015	2,570	2,331	2,010
Liberia	.	.	.	36,645	.	.	.	7,378	.	.	.	9,160
Malawi	9,345	10,216	.	16,853	1,551	1,803	.	2,762	1,800	2,162	.	3,561
Malaysia	46,600	.	91,985	96,691	5,222	.	7,586	8,804	10,071	.	18,047	20,687
Mexico	.	.	1,408	1,398	.	.	20	31	.	.	461	450
Mozambique	6,225	4,751	6,911	9,581	1,000	780	1,008	1,095	1,207	939	1,229	1,916
Myanmar †	740,151	.	7,314,373	7,314,373	129,541	.	966,632	966,632	186,123	.	3,061,765	1,462,875
Namibia	6,763	7,271	7,481	6,960	902	975	1,071	960	1,449	1,454	1,496	1,392
Nepal	101,638	85,830	72,170	101,200	7,856	7,206	6,289	8,815	20,328	17,166	14,434	20,240
Pakistan	758,233	.	1,040,730	950,719	134,845	.	169,207	154,025	189,189	.	228,780	205,774
Rwanda	53,846	52,205	52,536	54,088	10,442	9,108	11,724	9,671	10,769	10,441	10,507	10,818
Sierra Leone	7,826	3,818	.	.	841	191	.	.	2,301	1,054	.	.
Sudan	96,880	98,378	71,822	72,000	9,288	9,575	9,811	10,994	19,376	19,676	14,935	15,156
Syria	242,000	168,871	140,678	140,678	60,500	25,000	11,650	11,650	60,500	25,000	36,974	28,136
Tanzania	176,183	121,891	98,306	100,771	35,240	24,378	20,128	18,944	35,237	24,378	19,661	20,154
Thailand	150,565	144,567	144,684	143,700	19,704	18,278	19,207	19,407	30,280	28,980	28,937	28,740
Togo	1,676	622	.	.	186	41	.	.	215	118	.	.
Uganda	114,203	114,349	110,784	111,540	20,710	21,919	22,568	23,598	22,136	22,870	22,157	22,107
Yemen	49,349	50,708	58,115	61,058	8,997	9,033	6,951	7,532	9,870	10,142	11,623	12,212
Zambia	54,288	35,242	31,932	27,488	10,412	6,449	5,669	5,216	10,858	7,048	6,386	5,498
Zimbabwe	3,995	3,500	.	.	357	604	.	.	912	725	.	.

Total cumulative population globally and in each region:

Americas	.	2,000,000	30,681	26,507	.	400,000	4,885	4,063	.	400,000	6,538	5,472
Asia	2,804,738	1,342,863	9,797,783	10,598,845	498,415	223,556	1,391,032	1,551,404	637,499	249,047	3,581,195	2,141,801
Central Africa	336,789	337,355	582,256	788,479	59,599	61,837	113,810	138,456	68,269	67,471	119,226	160,614
East Africa	751,251	774,983	772,249	1,087,111	121,019	128,474	140,897	214,215	149,140	155,066	156,831	218,400
MENA	354,262	231,239	440,365	443,308	74,288	34,988	42,934	43,515	86,497	37,712	98,885	98,554
Southern Africa	83,817	82,289	82,227	97,295	14,784	12,350	13,568	15,853	16,775	20,233	17,255	20,633
West Africa	55,290	29,222	47,688	99,344	6,929	3,283	5,958	12,846	13,994	6,129	10,975	23,640
Global	4,386,147	4,797,951	11,753,249	13,140,889	775,034	864,488	1,713,084	1,980,352	972,174	935,658	3,990,905	2,669,114

*ThesourcesofpopulationdataforthemajorityofcountriesinthisreportareofficialUNHCRorhostgovernmentregistrationfigures.Theexceptionsarecountriesmarkedwiththesymbol†where the population figures are derived from estimates.

General Indicators | 2008 - 2011

Mortality Rates

Country	2.1 Crude Mortality Rate				2.2 Under 5 Mortality Rate				2.3 Neonatal Mortality Rate			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	0.34	0.30	0.39	0.28	0.61	0.33	0.65	0.63	4.70	3.64	10.60	10.10
Benin	.	.	0.21	.	.	.	0.02	.	.	.	.	.
Botswana	0.13	.	.	.	0.01	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	0.30	0.26	0.25	0.18	0.65	0.69	0.78	0.46	13.07	6.73	12.31	9.19
Cameroon	0.98	0.42	0.10	0.19	2.69	0.78	0.24	0.41	14.29	.	.	0.10
Central African Republic	0.78	.	.	0.31	0.84	.	1.00	0.66	.	.	.	5.85
Chad	0.25	0.32	0.25	0.21	0.76	1.03	0.76	0.53	4.40	5.12	5.36	3.50
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	0.05	0.07	.	.	0.12	0.16	.	.	2.70	12.04
Congo (DR)	.	.	0.09	0.09	.	.	0.39	0.94	.	.	5.09	4.45
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	0.35	0.04	0.01	0.02	0.81	0.01	.	.	.	.	.	.
Djibouti	0.17	0.27	0.23	0.13	0.34	0.48	0.53	0.29	.	8.33	3.68	6.60
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	0.12	0.13	0.11	0.75	0.24	0.35	0.19	2.37	4.27	5.45	0.89	1.48
Ghana	0.04	.	.	0.35	0.03	.	.	0.65	1.50	.	.	.
Guinea	0.68	0.38	.	0.15	4.16	1.54	.	.	7.04	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	0.02	0.00	.	.	0.00	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	0.20	0.17	0.12	0.24	0.55	0.56	0.28	0.77	2.11	4.95	3.95	8.59
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	0.44	.	.	.	0.70	.	.	.	5.99
Malawi	0.16	0.09	.	0.17	.	0.09	.	0.30	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	0.06	0.05	.	0.85	0.11	0.01	.	1.00	20.80	15.00	.	.
Myanmar	.	.	.	.	.	.	.	.	26.80	.	.	.
Namibia	1.52	0.16	0.04	0.13	0.76	0.51	.	0.28	.	.	.	.
Nepal	0.37	0.33	0.37	0.31	0.43	0.32	0.53	0.31	5.92	4.63	10.79	5.19
Pakistan	0.10	.	0.65	0.20	0.29	.	0.90	0.29	3.90	.	4.85	6.48
Rwanda	0.16	0.19	.	0.20	0.30	0.35	.	0.23	9.59	7.30	.	4.91
Sierra Leone	0.30	.	.	.	1.00	.	.	.	.	.	.	.
Sudan	0.28	0.34	0.41	0.32	1.13	1.51	1.11	0.75	3.96	3.26	4.59	1.77
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	0.25	0.27	0.31	0.27	0.63	0.91	0.68	0.61	4.99	4.05	4.64	4.71
Thailand	0.28	0.32	0.25	0.26	0.48	0.45	0.36	0.33	9.10	7.77	3.60	7.35
Togo	0.04	0.01	.	.	0.04	.	.	.	.	.	.	.
Uganda	0.18	0.24	0.20	0.18	0.58	0.65	0.68	0.52	3.25	1.68	1.91	1.64
Yemen	0.09	0.10	0.24	0.17	0.20	0.28	0.68	0.49	7.92	12.97	14.41	4.90
Zambia	0.14	0.13	0.13	0.14	0.42	0.32	0.32	0.48	0.85	0.52	4.30	.
Zimbabwe	0.02	0.01	.	.	0.06	0.01	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%
Central Africa	60%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%
East Africa	100%	100%	100%	83%	100%	83%	100%	83%	100%	100%	100%	100%
MENA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Southern Africa	83%	100%	100%	75%	100%	100%	100%	100%	50%	100%	100%	0%
West Africa	100%	100%	100%	100%	80%	50%	100%	100%	100%	0%	0%	100%
Global	89%	100%	100%	93%	92%	90%	100%	96%	89%	100%	100%	100%

.../...

Country	3.1 Was the UN System in your country clustered according to the humanitarian reform process?*				3.2 Was a new emergency declared within your operation?				3.3 Did you have IDPs in your operation?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	No	No	No	No	No	No	No	No
Angola	No	No	No	No	No	Yes	No	.	No	No	No	No
Argentina	No	No	No	No	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Benin	No	No	Yes	Yes	.	.	.	.	.	.	.	.
Botswana	No	No	No	No	No	No	No	.	No	No	No	No
Brazil	No	No	No	No	No	No	No	.	No	No	No	No
Burundi	Yes	Yes	Yes	Yes	No	No	No	.	Yes	Yes	Yes	Yes
Cameroon	No	No	No	No	Yes	No	No	No	No	No	No	No
Central African Republic	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Chad	Yes	Yes	Yes	Yes	No	Yes	No	.	Yes	Yes	Yes	Yes
Colombia	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Congo	No	No	No	No	No	Yes	No	.	No	No	No	No
Congo (DR)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Costa Rica	No	No	No	No	No	No	No	No	No	No	No	No
Côte d'Ivoire	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Djibouti	No	No	No	Yes	No	No	No	Yes	DK	No	No	No
Egypt	No	No	No	No	No	No	No	.	No	No	No	.
Ethiopia	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
Ghana	No	No	No	No	No	No	Yes	Yes	No	No	No	No
Guinea	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
India	No	No	No	No	No	No	No	No	No	No	No	No
Indonesia	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Iran	No	No	No	No	.	.	.	.	.	.	.	.
Jordan	No	No	No	No	No	No	No	No	No	No	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Lebanon	Yes	Yes	Yes	Yes	No	No	No	.	No	No	No	No
Liberia	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Malawi	No	No	No	No	No	No	No	No	No	No	No	No
Malaysia	No	No	No	No	No	No	No	No	No	No	No	No
Mexico	No	No	No	No	No	No	No	.	No	No	No	No
Mozambique	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
Myanmar	Yes	Yes	Yes	Yes	Yes	No	Yes	.	Yes	Yes	Yes	Yes
Namibia	No	No	No	No	No	No	No	.	No	No	No	No
Nepal	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No
Pakistan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rwanda	No	No	No	No	No	No	No	.	No	No	No	No
Sierra Leone	No	No	No	No	No	No	No	.	No	No	No	No
Sudan	No	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes
Syria	No	No	No	No	No	No	No	Yes	No	No	No	No
Tanzania	No	No	No	No	No	No	No	No	No	No	No	No
Thailand	No	No	No	No	No	No	No	No	No	No	No	No
Togo	No	No	No	No	.	.	.	.	.	.	.	.
Uganda	Yes	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes
Yemen	No	No	Yes	Yes	NA	Yes	Yes	No	Yes	Yes	Yes	Yes
Zambia	No	No	No	No	No	No	No	.	No	No	No	No
Zimbabwe	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that responded yes:

Americas	20%	20%	20%	20%	0%	0%	0%	0%	0%	0%	0%	0%
Asia	63%	63%	63%	63%	29%	14%	29%	17%	43%	29%	29%	29%
Central Africa	57%	57%	57%	57%	29%	43%	14%	33%	57%	57%	57%	57%
East Africa	50%	50%	50%	67%	33%	0%	0%	50%	40%	33%	17%	33%
MENA	14%	14%	29%	29%	0%	17%	17%	25%	17%	17%	17%	20%
Southern Africa	29%	29%	29%	29%	0%	17%	0%	50%	0%	0%	0%	0%
West Africa	43%	43%	57%	57%	0%	0%	67%	100%	0%	0%	0%	0%
Global	40%	40%	45%	47%	16%	16%	16%	38%	27%	24%	21%	24%

*This indicator only reflects formal implementation of the Cluster Approach within a country. It does not include countries where the Cluster Approach is dormant or where it is operated in an informal manner.

Country	3.4 Was malaria endemic in your operation or was it of public health concern?				3.5 Did you have refugee programmes in areas of return or integration?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	No	No	No	No
Angola	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	No	No	No	No
Benin	.	.	.	.	.	.	.	.
Botswana	Yes	Yes	Yes	Yes	No	No	No	.
Brazil	No	No	No	No	Yes	Yes	Yes	.
Burundi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Cameroon	Yes	Yes	Yes	Yes	No	No	No	Yes
Central African Republic	Yes	Yes	Yes	Yes	No	No	No	No
Chad	Yes	Yes	Yes	Yes	No	No	Yes	.
Colombia	.	.	.	.	.	.	.	.
Congo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Congo (DR)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Costa Rica	No	No	No	No	Yes	Yes	Yes	Yes
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	Yes	Yes	Yes	Yes	No	No	No	No
Egypt	No	No	No	No	No	No	No	.
Ethiopia	Yes	Yes	Yes	Yes	No	No	No	No
Ghana	Yes	Yes	Yes	Yes	No	No	No	No
Guinea	.	.	.	.	.	.	.	.
India	Yes	Yes	Yes	Yes	No	No	No	No
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	No	No	No	No	Yes	Yes	Yes	No
Kenya	Yes	Yes	Yes	Yes	NA	NA	NA	NA
Lebanon	No	No	No	No	Yes	No	No	.
Liberia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malaysia	No	No	No	No	No	No	No	No
Mexico	No	No	No	No	Yes	Yes	Yes	.
Mozambique	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Myanmar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Namibia	Yes	Yes	Yes	Yes	No	No	No	.
Nepal	No	No	No	No	No	No	No	Yes
Pakistan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Rwanda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Sierra Leone	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Sudan	Yes	Yes	Yes	Yes	No	No	No	Yes
Syria	No	No	No	No	Yes	Yes	Yes	Yes
Tanzania	Yes	Yes	Yes	Yes	No	No	No	No
Thailand	Yes	Yes	Yes	Yes	No	No	No	Yes
Togo	.	.	.	.	.	.	.	.
Uganda	Yes	Yes	Yes	Yes	No	No	No	No
Yemen	Yes	Yes	Yes	Yes	NA	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	Yes	No	No	No	.
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that responded yes:

Americas	0%	0%	0%	0%	100%	100%	100%	100%
Asia	71%	71%	71%	71%	29%	29%	29%	33%
Central Africa	100%	100%	100%	100%	57%	57%	71%	67%
East Africa	100%	100%	100%	100%	0%	0%	0%	20%
MENA	17%	17%	17%	17%	60%	50%	50%	50%
Southern Africa	100%	100%	100%	100%	33%	50%	50%	50%
West Africa	100%	100%	100%	100%	67%	67%	67%	50%
Global	74%	74%	74%	74%	44%	46%	49%	43%

ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
 HIV and AIDS Strategic Plan Indicators

Country	1.1 Did you have legislation protecting the rights of HIV positive asylum seekers?				1.2 Did you have legislation protecting PoCs from mandatory testing for HIV?				1.3 Do PoCs have equal access to ART as the host population?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	.	Yes
Angola	No	No	No	.	No	No	No	.	.	Yes	Yes	Yes
Argentina	.	.	.	.	.	.	.	.	.	.	Yes	Yes
Bangladesh	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benin	.	.	.	.	.	.	.	.	.	.	Yes	Yes
Botswana	NA	NA	NA	.	NA	NA	NA	.	No	No	No	No
Brazil	Yes	Yes	Yes	.	Yes	Yes	Yes	.	.	.	Yes	Yes
Burundi	NA	NA	NA	.	NA	NA	NA	.	Yes	Yes	Yes	Yes
Cameroon	No	No	No	NA	NA	NA	NA	NA	Yes	Yes	Yes	Yes
Central African Republic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chad	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colombia	.	.	.	.	.	.	.	.	.	No	.	.
Congo	No	No	No	.	No	No	No	.	.	.	Yes	Yes
Congo (DR)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	Yes	Yes
Costa Rica	No	No	No	No	No	No	No	No	.	.	Yes	Yes
Côte d'Ivoire	.	.	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Djibouti	No	No	No	No	NA	NA	NA	NA	Yes	Yes	Yes	Yes
Egypt	No	No	No	No	No	No	No	.	No	.	Yes	Yes
Ethiopia	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	Yes	Yes
Guinea	.	.	.	.	.	.	.	.	Yes	.	.	.
India	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes
Indonesia	.	.	.	.	.	.	.	.	.	.	No	No
Iran	.	.	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Jordan	No	No	No	No	No	No	No	No	No	.	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	No	No	No	No	No	No	No	.	No	Yes	Yes	Yes
Liberia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	.	Yes
Malawi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malaysia	No	No	No	No	No	No	No	No	No	No	No	No
Mexico	No	No	No	No	Yes	Yes	Yes	.	.	.	Yes	Yes
Mozambique	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes
Myanmar	.	.	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Namibia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	Yes	Yes	Yes
Nepal	No	No	No	No	No	No	No	NA	Yes	Yes	Yes	Yes
Pakistan	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
Rwanda	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Sierra Leone	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.	.	Yes	.	.
Sudan	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Syria	No	No	No	No	No	No	No	No	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Togo	.	.	.	.	.	.	.	.	.	Yes	.	.
Uganda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Zambia	No	No	No	.	No	No	No	.	Yes	Yes	Yes	Yes
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	33%	33%	33%	0%	67%	67%	67%	0%	0%	0%	100%	100%
Asia	33%	33%	33%	33%	50%	50%	50%	60%	83%	86%	75%	75%
Central Africa	67%	67%	67%	100%	75%	75%	75%	100%	100%	100%	100%	100%
East Africa	50%	50%	50%	50%	80%	80%	80%	80%	100%	100%	100%	100%
MENA	33%	33%	33%	33%	33%	33%	33%	25%	33%	75%	67%	71%
Southern Africa	60%	60%	60%	100%	60%	60%	60%	100%	67%	83%	83%	83%
West Africa	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Global	51%	51%	51%	57%	63%	63%	63%	68%	79%	88%	88%	88%

Strategic Objective 2: Coordination and Integration | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	2.1 Did UNHCR actively participate in the Joint UN Theme Group on HIV in your country?				2.2 Did the cluster system in your country include HIV/AIDS as cross-cutting issue?				2.3 Did PoCs benefit from additional HIV funding from the Presidents Emergency Relief Fund against AIDS (PEPFAR)?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	NA	NA	NA	No	.	.	.	.	No	No	No	No
Angola	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Argentina	.	.	.	.	.	.	.	.	No	No	No	No
Bangladesh	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Benin	.	.	.	.	.	.	.	.	No	No	No	No
Botswana	Yes	Yes	Yes	.	.	.	.	.	Yes	Yes	Yes	Yes
Brazil	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Burundi	Yes	Yes	Yes	.	.	Yes	Yes	.	No	No	No	No
Cameroon	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes	No	No	No	No
Central African Republic	Yes	Yes	Yes	Yes	NA	NA	NA	Yes	No	No	No	No
Chad	Yes	Yes	Yes	.	Yes	Yes	Yes	Yes	No	No	No	No
Colombia	.	.	.	.	.	.	.	.	No	No	No	No
Congo	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Congo (DR)	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No
Costa Rica	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Côte d'Ivoire	.	.	.	.	.	.	.	Yes	No	No	No	No
Djibouti	NA	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Egypt	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Ethiopia	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Guinea	.	.	.	.	.	.	.	.	No	No	No	No
India	Yes	Yes	No	No	.	.	.	.	No	No	No	No
Indonesia	.	.	.	.	.	.	.	.	No	No	No	No
Iran	.	.	.	.	.	.	.	.	No	No	No	No
Jordan	DK	No	Yes	Yes	.	.	.	Yes	No	No	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Liberia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Malawi	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Malaysia	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Mexico	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Mozambique	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No
Myanmar	Yes	Yes	Yes	.	Yes	Yes	Yes	.	No	No	No	No
Namibia	Yes	Yes	Yes	.	.	.	.	.	No	No	No	No
Nepal	Yes	Yes	Yes	No	DK	DK	DK	Yes	No	No	No	No
Pakistan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Rwanda	Yes	Yes	Yes	.	.	.	.	.	Yes	Yes	Yes	Yes
Sierra Leone	Yes	Yes	Yes	.	Yes	Yes	Yes	.	No	No	No	No
Sudan	.	.	.	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Syria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Tanzania	No	No	No	Yes	.	.	.	.	Yes	Yes	No	No
Thailand	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Togo	.	.	.	.	.	.	.	.	No	No	No	No
Uganda	Yes	Yes	Yes	Yes	Yes	.	.	.	No	No	Yes	Yes
Yemen	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes	No	No	No	No
Zambia	Yes	Yes	Yes	.	.	.	.	.	Yes	Yes	Yes	Yes
Zimbabwe	.	.	.	.	.	.	.	.	No	No	No	No

Proportion of countries globally and in each region that met the standard:

Americas	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Asia	100%	100%	86%	67%	100%	100%	100%	100%	0%	0%	0%	0%
Central Africa	86%	100%	100%	100%	50%	100%	100%	100%	14%	14%	14%	14%
East Africa	75%	80%	80%	100%	100%	100%	100%	100%	50%	50%	50%	50%
MENA	100%	80%	100%	75%	100%	100%	100%	100%	0%	0%	0%	0%
Southern Africa	100%	100%	100%	50%	100%	100%	100%	100%	29%	29%	29%	29%
West Africa	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%
Global	94%	94%	94%	83%	91%	100%	100%	100%	13%	13%	13%	13%

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Country	2.4 Did PoCs benefit from additional HIV funding from World Bank regional proposals and initiatives?				2.5 Did PoCs benefit from additional HIV funding from the UNAIDS Programme Acceleration Fund?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	No	No	No	No
Angola	No	No	No	No	No	No	No	No
Argentina	.	.	.	.	.	.	.	.
Bangladesh	No	No	No	No	No	No	No	No
Benin	.	.	.	.	.	.	.	.
Botswana	No	No	No	No	No	No	No	No
Brazil	DK	DK	DK	No	No	No	No	No
Burundi	Yes	Yes	Yes	No	No	Yes	No	No
Cameroon	No	No	No	Yes	No	No	No	No
Central African Republic	No	No	No	No	No	No	No	No
Chad	No	No	No	No	No	No	No	No
Colombia	.	.	.	.	.	.	.	.
Congo	No	No	No	No	No	No	No	No
Congo (DR)	Yes	Yes	Yes	No	No	No	No	No
Costa Rica	No	No	No	No	No	No	No	No
Côte d'Ivoire	.	.	.	.	No	No	No	No
Djibouti	No	No	Yes	Yes	No	No	No	No
Egypt	No	No	No	.	No	No	No	No
Ethiopia	No	No	Yes	Yes	No	No	No	No
Ghana	No	No	No	No	Yes	No	No	No
Guinea	.	.	.	.	No	No	No	No
India	DK	DK	DK	DK	No	No	No	No
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	No	No	No	No	No	No	No	No
Kenya	Yes	Yes	Yes	Yes	No	No	No	Yes
Lebanon	No	No	No	No	No	No	No	No
Liberia	NA	NA	No	No	No	No	No	No
Malawi	No	No	No	No	No	No	No	No
Malaysia	No	No	No	No	No	No	No	No
Mexico	No	No	No	No	No	No	No	No
Mozambique	No	No	No	No	No	No	No	No
Myanmar	DK	DK	DK	DK	No	No	No	No
Namibia	DK	DK	DK	DK	No	No	No	No
Nepal	No	No	No	No	No	No	No	No
Pakistan	Yes	Yes	No	No	No	No	No	No
Rwanda	Yes	Yes	Yes	No	No	No	No	No
Sierra Leone	No	No	No	No	No	No	No	No
Sudan	No	Yes	Yes	Yes	No	No	No	No
Syria	No	No	No	No	No	No	No	No
Tanzania	Yes	Yes	Yes	No	No	No	No	No
Thailand	No	No	No	No	No	No	No	No
Togo	.	.	.	.	.	.	.	.
Uganda	Yes	Yes	Yes	Yes	No	No	No	No
Yemen	NA	NA	NA	NA	No	No	No	No
Zambia	No	No	No	No	No	No	No	No
Zimbabwe	.	.	.	.	No	No	No	Yes

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	0%	0%	0%	0%
Asia	20%	20%	0%	0%	0%	0%	0%	0%
Central Africa	43%	43%	43%	14%	0%	14%	0%	0%
East Africa	50%	67%	100%	83%	0%	0%	0%	17%
MENA	0%	0%	0%	0%	0%	0%	0%	0%
Southern Africa	0%	0%	0%	0%	0%	0%	0%	14%
West Africa	0%	0%	0%	0%	20%	0%	0%	0%
Global	22%	25%	27%	18%	2%	2%	0%	5%

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Strategic Objective 3: Prevention | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	3.1 Do PoCs have access to appropriate IEC materials?				3.2 Proportion of blood units screened for HIV				3.3 Did all camps have satisfactory universal precautions?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Angola	.	Yes	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	Yes	Yes	Yes	Yes	100%	100%	100%	100%	Yes	Yes	Yes	Yes
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	Yes	Yes	Yes	Yes	83%	100%	100%	100%	No	Yes	Yes	Yes
Cameroon	Yes	Yes	Yes	Yes	100%	100%	100%	94%	No	No	Yes	Yes
Central African Republic	Yes	Yes	Yes	Yes	100%	.	.	.	Yes	Yes	Yes	Yes
Chad	No	Yes	Yes	Yes	7%	.	.	.	Yes	Yes	Yes	Yes
Colombia	No	No	No	Yes	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	Yes	No	No	Yes
Congo (DR)	.	.	.	.	.	.	.	.	No	No	No	No
Costa Rica	No	No	No	Yes	.	.	.	.	.	.	.	.
Côte d'Ivoire	No	No	No	Yes	.	.	.	.	.	.	.	.
Djibouti	No	No	Yes	Yes	.	.	.	100%	No	No	Yes	Yes
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Ghana	.	.	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Guinea	Yes	.	.	.	.	.	.	.	.	.	.	.
India	.	Yes	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	Yes	No	.	.	100%	100%	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	NA	NA	NA	Yes
Kenya	Yes	Yes	Yes	Yes	60%	100%	99%	92%	Yes	Yes	Yes	Yes
Lebanon	.	Yes	.	.	.	100%	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	100%	Yes	Yes	Yes	Yes
Malawi	Yes	Yes	.	.	100%	100%	100%	100%	Yes	Yes	Yes	Yes
Malaysia	Yes	.	.	.	100%	100%	100%	100%	.	.	.	.
Mexico	No	No	No	Yes	.	.	.	.	.	.	.	.
Mozambique	.	Yes	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Myanmar	Yes	.	.	.	.	.	.	.	.	.	.	.
Namibia	Yes	Yes	Yes	Yes	100%	100%	100%	100%	Yes	Yes	Yes	Yes
Nepal	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Pakistan	No	.	.	.	.	.	.	.	Yes	Yes	Yes	Yes
Rwanda	Yes	Yes	.	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Sierra Leone	.	.	.	.	.	.	.	.	Yes	Yes	Yes	NA
Sudan	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Syria	No	.	.	.	.	.	.	.	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes	52%	100%	100%	100%	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes	97%	100%	100%	100%	Yes	Yes	Yes	Yes
Togo	.	Yes	.	.	.	.	.	.	.	.	.	.
Uganda	Yes	Yes	Yes	Yes	45%	100%	100%	100%	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	Yes	.	.	.	.	Yes	Yes	Yes	Yes
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	100%	.	.	.	.	0%	0%	0%	0%
Asia	83%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%
Central Africa	80%	100%	100%	100%	50%	100%	100%	50%	57%	57%	71%	86%
East Africa	83%	83%	100%	100%	0%	100%	67%	75%	67%	67%	83%	83%
MENA	75%	75%	100%	100%	100%	100%	0%	0%	67%	67%	67%	75%
Southern Africa	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
West Africa	50%	50%	0%	100%	0%	0%	0%	100%	100%	100%	100%	100%
Global	73%	80%	82%	100%	54%	100%	90%	83%	79%	79%	86%	89%

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Country	3.4 Prevalence of syphilis (OPD)			
	2008	2009	2010	2011
Algeria
Angola
Argentina	.	.	.	.
Bangladesh	.	1%	1%	2%
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	.	.	.	.
Burundi	2%	4%	1%	1%
Cameroon	2%	2%	0%	7%
Central African Republic	.	.	.	12%
Chad	11%	11%	10%	9%
Colombia	.	.	.	.
Congo	.	.	.	.
Congo (DR)	.	.	.	.
Costa Rica	.	.	.	.
Côte d'Ivoire	.	.	.	.
Djibouti	.	.	.	8%
Egypt	.	.	.	.
Ethiopia	4%	1%	1%	3%
Ghana	.	.	.	.
Guinea	.	.	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	.	.	.	.
Kenya	2%	1%	2%	2%
Lebanon	.	.	.	.
Liberia	.	.	.	.
Malawi	.	.	.	.
Malaysia	.	.	.	.
Mexico	.	.	.	.
Mozambique	.	.	.	.
Myanmar	.	.	.	.
Namibia	.	0%	10%	0%
Nepal	1%	0%	0%	0%
Pakistan	.	.	.	.
Rwanda	1%	1%	1%	1%
Sierra Leone	.	.	.	.
Sudan	9%	2%	2%	1%
Syria	.	.	.	.
Tanzania	4%	3%	3%	5%
Thailand	9%	3%	3%	1%
Togo	.	.	.	.
Uganda	11%	11%	7%	5%
Yemen	7%	6%	4%	2%
Zambia	5%	4%	3%	9%
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

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Strategic Objective 3: Prevention | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	3.5 Ratio of contacts tested: syphilis positive cases				3.6 Did you address at least one of the most-at-risk populations with appropriate HIV prevention programmes?				3.7 Proportion of VCT clients who receive post-test counselling and result			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	No	No	No	No	.	.	.	.
Angola	.	.	.	.	No	No	No	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	75%	57%	43%	No	Yes	Yes	Yes	.	.	100%	.
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Brazil	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Burundi	.	11%	.	97%	Yes	Yes	Yes	Yes	100%	94%	.	100%
Cameroon	.	.	.	21%	NA	NA	NA	NA	99%	100%	100%	92%
Central African Republic	.	.	.	53%	Yes	Yes	Yes	Yes	.	.	.	66%
Chad	18%	11%	50%	58%	No	No	No	No	86%	99%	98%	100%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	No	No	No	.	.	.	.	.
Congo (DR)	.	.	.	.	Yes	No	No	Yes	.	.	.	.
Costa Rica	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	100%	8%	27%	70%	No	No	Yes	Yes	.	.	97%	100%
Egypt	.	.	.	.	No	No	No	.	.	.	.	.
Ethiopia	14%	21%	5%	41%	No	Yes	Yes	Yes	100%	100%	100%	98%
Ghana	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Guinea	72%	.	.	90%	.	.	.	.	100%	.	.	.
India	.	.	.	.	No	Yes	Yes	Yes	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	DK	DK	No	No	.	.	.	.
Kenya	5%	9%	7%	11%	Yes	Yes	Yes	Yes	98%	100%	100%	100%
Lebanon	.	.	.	.	No	Yes	Yes	.	.	.	.	.
Liberia	.	.	.	.	NA	NA	Yes	Yes	.	.	.	.
Malawi	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Malaysia	.	.	.	.	No	No	No	No	.	.	.	.
Mexico	.	.	.	.	No	No	No	Yes	.	.	.	.
Mozambique	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Myanmar	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Namibia	.	.	.	.	Yes	Yes	Yes	Yes	.	.	100%	100%
Nepal	.	.	.	.	Yes	Yes	Yes	Yes	100%	100%	100%	99%
Pakistan	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Rwanda	43%	19%	.	17%	No	No	Yes	Yes	100%	100%	.	98%
Sierra Leone	.	.	.	.	Yes	Yes	Yes	.	.	.	.	.
Sudan	36%	19%	100%	7%	No	Yes	Yes	No	100%	95%	89%	93%
Syria	.	.	.	.	No	No	No	No	.	.	.	.
Tanzania	30%	19%	23%	47%	Yes	Yes	Yes	Yes	100%	100%	100%	100%
Thailand	10%	5%	3%	4%	Yes	Yes	Yes	Yes	100%	98%	100%	100%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	12%	13%	10%	29%	Yes	Yes	Yes	Yes	93%	100%	98%	99%
Yemen	2%	7%	27%	54%	Yes	Yes	Yes	Yes	100%	100%	71%	99%
Zambia	63%	85%	21%	49%	Yes	Yes	Yes	Yes	100%	98%	100%	100%
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	67%	67%	67%	100%	.	.	.	.
Asia	57%	86%	86%	86%	100%	100%	100%	100%
Central Africa	50%	33%	50%	80%	67%	100%	100%	67%
East Africa	50%	83%	100%	83%	100%	100%	75%	100%
MENA	20%	40%	33%	25%	100%	100%	0%	0%
Southern Africa	83%	83%	83%	100%	100%	0%	100%	100%
West Africa	100%	100%	100%	100%	100%	0%	0%	0%
Global	57%	69%	73%	81%	91%	100%	82%	89%

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ANNEX II
Strategic Objective 3: Prevention | 2008 - 2011
 HIV and AIDS Strategic Plan Indicators

Country	3.8 PMTCT coverage				3.9 Proportion of PMTCT clients who receive post-test counselling and result				3.10 Incidence of rape			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	100%	100%	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	3%	.	.	.	.	.	5.3	6.6	5.8
Benin	.	.	29%	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	43%	55%	.	82%	100%	99%	98%	97%	.	0.7	.	0.0
Cameroon	44%	100%	88%	39%	82%	100%	100%	98%	.	2.8	0.0	0.0
Central African Republic	.	.	100%	59%	.	.	.	89%	.	.	2.00	.
Chad	2%	21%	57%	55%	0%	90%	81%	99%	.	0.3	3.7	0.9
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	0.7	3.7
Congo (DR)	.	.	.	.	.	.	.	.	.	.	59.0	49.7
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	1.2	5.8
Djibouti	51%	77%	91%	98%	45%	92%	100%	100%	.	7.3	1.6	3.9
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	70%	88%	88%	74%	100%	100%	100%	99%	.	0.8	2.8	2.1
Ghana	97%	.	100%	100%	.	.	.	.	.	.	.	.
Guinea	33%	.	.	.	100%	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	24%	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	70%	77%	96%	94%	100%	100%	100%	100%	.	0.8	3.2	4.4
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	91%	.	.	.	.	.	.	.	.
Malawi	.	100%	.	100%	.	.	.	.	.	.	.	.
Malaysia	100%	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	100%	100%	80%	85%	.	.	.	.	.	2.0	6.0	5.0
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	100%	.	76%	100%	.	.	100%	100%	.	.	3.2	.
Nepal	0%	45%	88%	75%	.	100%	100%	99%	.	2.6	2.0	3.2
Pakistan	.	.	.	.	.	.	.	.	.	.	.	.
Rwanda	92%	100%	100%	100%	100%	100%	100%	100%	.	1.8	7.2	4.4
Sierra Leone	.	10%	.	.	.	.	.	.	.	.	.	.
Sudan	.	0%	9%	6%	.	99%	99%	95%	.	0.0	0.0	0.0
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	100%	100%	100%	100%	98%	100%	100%	100%	.	4.0	4.4	4.5
Thailand	77%	82%	100%	100%	99%	99%	98%	100%	.	0.5	1.6	1.3
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	56%	72%	88%	91%	97%	99%	98%	98%	.	8.0	13.5	12.8
Yemen	.	6%	15%	19%	.	100%	97%	100%	.	3.4	7.9	4.1
Zambia	36%	58%	58%	60%	100%	100%	100%	100%	.	0.7	1.3	0.4
Zimbabwe	100%	100%	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	33%	0%	50%	33%	0%	50%	50%	50%	.	.	.	.
Central Africa	0%	50%	50%	20%	50%	50%	50%	20%	.	.	.	.
East Africa	20%	17%	25%	33%	40%	50%	67%	50%	.	.	.	.
MENA	0%	0%	50%	50%	0%	100%	0%	100%	.	.	.	.
Southern Africa	75%	75%	0%	50%	100%	100%	100%	100%	.	.	.	.
West Africa	0%	0%	50%	100%	100%	0%	0%	0%	.	.	.	.
Global	31%	32%	35%	39%	50%	57%	60%	50%	.	.	.	.

Strategic Objective 3: Prevention | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	3.11 Proportion of rape survivors who received PEP < 72 hours				3.12 Proportion of rape survivors who received ECP < 120 hours				3.13 Proportion of rape survivors who received STI prophylaxis < 2 weeks			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria
Angola
Argentina
Bangladesh	.	71%	87%	93%	.	92%	100%	90%	.	93%	100%	96%
Benin	.	.	79%	.	.	.	.	.	.	.	21%	.
Botswana	2%	.	.	.	5%	.	.	.	5%	.	.	.
Brazil
Burundi	.	.	70%	80%	.	.	75%	80%	.	.	90%	100%
Cameroon	.	100%	.	23%	.	100%	.	23%	.	100%	.	23%
Central African Republic	.	.	100%	.	.	.	100%	.	.	.	100%	.
Chad	.	86%	45%	32%	.	100%	38%	94%	.	100%	28%	43%
Colombia
Congo	.	.	14%	21%	.	.	10%	40%	.	.	73%	67%
Congo (DR)	.	.	83%	23%	.	.	71%	68%	.	.	23%	46%
Costa Rica
Côte d'Ivoire	.	.	29%	45%	.	.	29%	45%	.	.	0%	0%
Djibouti	.	0%	100%	100%	.	0%	100%	100%	.	14%	100%	100%
Egypt	.	.	70%	.	.	.	70%	.	.	.	.	.
Ethiopia	.	6%	100%	86%	.	100%	73%	90%	.	60%	65%	57%
Ghana	.	.	.	57%	.	.	.	57%	.	.	.	57%
Guinea
India	.	.	2%	.	.	.	2%	.	.	.	.	.
Indonesia
Iran
Jordan
Kenya	.	100%	54%	75%	.	100%	86%	91%	.	100%	72%	84%
Lebanon	.	100%	100%	.	.	100%	100%	.	.	.	.	.
Liberia
Malawi	.	100%	.	100%	.	.	.	100%	.	100%	.	100%
Malaysia	.	.	100%	100%	.	.	100%	100%	.	.	.	.
Mexico
Mozambique	.	100%	83%	100%	.	.	83%	100%	.	.	83%	100%
Myanmar	.	.	4%	.	.	.	4%	.	.	.	.	.
Namibia	100%	.	.	.	100%	.	.	.	100%	.	100%	.
Nepal	.	79%	94%	81%	.	95%	100%	89%	.	92%	100%	95%
Pakistan
Rwanda	.	100%	.	100%	.	100%	.	43%	.	100%	.	100%
Sierra Leone
Sudan
Syria	.	.	0%	.	.	.	.	.	.	.	.	.
Tanzania	.	49%	65%	68%	.	48%	77%	86%	.	80%	90%	92%
Thailand	.	100%	44%	67%	.	100%	83%	60%	.	100%	29%	94%
Togo
Uganda	.	46%	36%	43%	.	100%	72%	73%	.	83%	45%	54%
Yemen	.	100%	11%	62%	.	100%	78%	92%	.	100%	41%	88%
Zambia	.	.	50%	.	.	.	50%	100%	.	33%	.	100%
Zimbabwe	.	100%	.	.	.	100%	.	.	.	100%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	0%	33%	17%	25%	0%	33%	50%	25%	0%	33%	67%	0%
Central Africa	0%	67%	20%	20%	0%	100%	20%	0%	0%	100%	20%	33%
East Africa	0%	20%	40%	20%	0%	60%	20%	20%	0%	20%	20%	20%
MENA	0%	100%	25%	0%	0%	100%	33%	0%	0%	100%	0%	0%
Southern Africa	50%	100%	0%	100%	50%	100%	0%	100%	50%	67%	50%	100%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Global	50%	56%	21%	26%	50%	71%	27%	24%	50%	53%	28%	30%

.../...

Country	3.14 Condom distribution rate			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	.	0.10	.	.
Argentina	.	.	.	.
Bangladesh	0.17	0.25	0.50	0.37
Benin	.	.	0.08	.
Botswana	10.00	.	.	.
Brazil	.	.	.	.
Burundi	1.17	1.12	0.96	1.14
Cameroon	0.90	1.34	0.24	0.16
Central African Republic	0.40	.	2.00	0.84
Chad	0.07	0.08	0.06	0.04
Colombia	.	.	.	.
Congo	.	.	0.88	0.96
Congo (DR)	.	.	0.00	0.02
Costa Rica	.	.	.	.
Côte d'Ivoire	0.34	.	.	.
Djibouti	0.18	0.09	0.06	0.12
Egypt	.	.	.	.
Ethiopia	0.36	0.35	0.24	0.15
Ghana	1.23	.	.	.
Guinea	1.65	0.93	.	0.73
India	.	0.10	.	.
Indonesia	.	.	.	.
Iran	.	11.50	0.15	.
Jordan	.	.	.	.
Kenya	0.14	0.11	0.09	0.10
Lebanon	.	.	.	.
Liberia	.	.	.	1.11
Malawi	0.13	.	.	1.00
Malaysia	0.90	.	.	.
Mexico	.	.	.	.
Mozambique	0.59	7.00	.	.
Myanmar	0.05	.	.	.
Namibia	0.01	0.84	0.93	0.52
Nepal	0.36	0.43	0.45	0.39
Pakistan	0.01	.	2.48	1.55
Rwanda	0.73	0.78	.	0.66
Sierra Leone	1.00	.	.	.
Sudan	0.03	0.04	0.04	0.05
Syria	.	.	.	.
Tanzania	0.56	0.63	0.64	0.56
Thailand	0.05	0.10	0.10	0.10
Togo	14.00	.	.	.
Uganda	0.75	0.73	0.86	1.30
Yemen	0.04	0.03	0.06	0.10
Zambia	1.17	0.78	0.50	0.17
Zimbabwe	0.02	4.00	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	17%	0%	50%	25%
Central Africa	60%	75%	50%	57%
East Africa	33%	33%	33%	33%
MENA	0%	50%	0%	0%
Southern Africa	50%	80%	100%	67%
West Africa	80%	100%	0%	100%
Global	45%	50%	43%	48%

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Strategic Objective 4: Care, Support and Treatment | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	4.1 Proportion of HIV positive infants receiving co-trimoxazole				4.2 Proportion of HIV positive mothers receiving co-trimoxazole			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	.	.	.	.	10%
Benin	.	.	.	.	.	.	.	.
Botswana	100%	.	.	.	100%	.	.	.
Brazil	.	.	.	.	.	.	.	.
Burundi	.	100%	67%	33%	.	100%	60%	3%
Cameroon	50%	100%	25%	100%	100%	100%	50%	11%
Central African Republic	100%	.	.	33%	100%	.	.	2%
Chad	.	11%	17%	79%	.	9%	38%	5%
Colombia	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.
Congo (DR)	.	.	.	.	.	.	.	4%
Costa Rica	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	.	.	0%	100%	.	.	100%	4%
Egypt	.	.	.	.	.	.	.	.
Ethiopia	15%	31%	36%	22%	9%	22%	38%	3%
Ghana	32%	.	.	.	32%	.	.	.
Guinea	.	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.
Iran	.	9%	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.
Kenya	.	.	.	18%	11%	6%	15%	4%
Lebanon	.	100%	.	.	.	100%	.	.
Liberia	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	100%	.	.
Malaysia	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.
Mozambique	100%	100%	.	.	100%	100%	.	.
Myanmar	.	.	.	.	.	.	.	.
Namibia	100%	.	.	67%	100%	.	67%	1%
Nepal	.	.	.	.	.	.	.	8%
Pakistan	.	.	.	.	.	.	.	.
Rwanda	100%	36%	.	100%	33%	.	.	5%
Sierra Leone	.	.	.	.	.	.	.	.
Sudan	.	.	.	.	.	.	.	1%
Syria	.	.	.	.	.	.	.	.
Tanzania	31%	22%	50%	79%	21%	52%	77%	4%
Thailand	.	12%	3%	22%	.	29%	8%	11%
Togo	.	.	.	.	.	.	.	.
Uganda	.	17%	45%	57%	30%	93%	92%	3%
Yemen	.	.	.	24%	.	.	.	3%
Zambia	85%	92%	68%	43%	15%	65%	52%	6%
Zimbabwe	.	100%	.	.	.	100%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.
Asia	0%	0%	0%	0%	0%	0%	0%	0%
Central Africa	67%	50%	0%	40%	67%	67%	0%	0%
East Africa	0%	0%	0%	20%	0%	0%	20%	0%
MENA	0%	50%	0%	0%	0%	100%	0%	0%
Southern Africa	75%	67%	0%	0%	75%	75%	0%	0%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%
Global	50%	38%	0%	21%	42%	46%	9%	0%

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ANNEX II
Strategic Objective 5: Durable Solutions | 2008 - 2011
 HIV and AIDS Strategic Plan Indicators

Country	5.1 Did you have provisions for continuation of Antiretroviral Therapy (ART) for refugees and other PoCs that require it in areas of return or integration?				5.2 Did you provide refugees with appropriate returnee HIV packages in areas with a generalised HIV epidemic?				5.3 Did you design and integrate HIV policies and programmes into your exit strategy in areas of return or integration?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	No	No	No	.	No	No	No	.	No	No	No	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	.	.	.	.	.	.	.	.	.
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	Yes	Yes	Yes	.	NA	NA	NA	.	NA	NA	NA	.
Burundi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	No	No	.
Cameroon	NA	NA	NA	NA	.	.	.	.	.	.	.	NA
Central African Republic	.	.	.	.	.	.	.	.	.	.	.	.
Chad	.	.	.	.	.	.	.	.	.	.	DK	.
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Congo (DR)	NA	NA	NA	NA	No	No	No	Yes	No	No	Yes	Yes
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	.	.	.	.	.	.	.	.	.	.	.	.
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	.	.	.	.	.	.	.	.	.	.	.	.
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	.	.	.	.	.	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	.	.	.	.	.	.	.	.	.	.	.	.
Lebanon	Yes	.	.	.	No	.	.	.	NA	.	.	.
Liberia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	Yes	Yes
Malawi	.	NA	NA	NA	.	.	.	.	No	No	No	No
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Myanmar	NA	NA	NA	NA	.	.	.	.	Yes	Yes	Yes	Yes
Namibia	NA	NA	NA	NA	.	.	.	.	.	.	.	.
Nepal	NA	NA	NA	NA	.	.	.	.	.	.	.	.
Pakistan	No	No	No	.	NA	NA	NA	.	DK	DK	No	No
Rwanda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sierra Leone	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Sudan	No	No	Yes	Yes	Yes	Yes	Yes	Yes	.	.	.	.
Syria	.	.	.	.	No	No	No	No	.	.	.	.
Tanzania	.	.	.	.	.	.	.	.	.	.	.	.
Thailand	.	.	.	.	.	.	.	.	.	.	.	.
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	.	.	.	.	.	.	.	.	.	.	.	.
Yemen	.	NA	NA	NA	.	NA	NA	NA	.	NA	NA	NA
Zambia	.	.	.	.	.	.	.	.	.	.	.	.
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asia	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	50%	50%
Central Africa	100%	100%	100%	100%	50%	50%	75%	100%	67%	50%	75%	100%
East Africa	0%	0%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%
MENA	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Southern Africa	0%	50%	50%	100%	0%	0%	0%	0%	0%	0%	0%	0%
West Africa	100%	100%	100%	100%	50%	50%	100%	100%	100%	100%	100%	100%
Global	70%	70%	80%	100%	40%	44%	67%	88%	57%	50%	60%	75%

Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation and Operational Research | 2008 - 2011

HIV and AIDS Strategic Plan Indicators

Country	7.1 Did you conduct HIV sentinel surveillance?				7.2 Did you conduct quality control for rapid HIV testing?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	NA	NA	Yes	Yes
Angola	Yes	Yes	Yes	NA	No	No	No	.
Argentina	NA	NA	NA	NA	.	.	.	.
Bangladesh	No	No	No	No	No	No	Yes	Yes
Benin	NA	NA	NA	NA	.	.	.	.
Botswana	No	No	No	.	Yes	Yes	Yes	Yes
Brazil	NA	NA	NA	.	NA	NA	NA	.
Burundi	No	No	No	No	No	No	No	No
Cameroon	No	No	No	No	No	No	No	No
Central African Republic	No	No	No	No	Yes	Yes	Yes	Yes
Chad	No	No	No	No	Yes	Yes	Yes	Yes
Colombia	.	.	.	.	.	.	.	.
Congo	No	No	No	No	No	No	No	No
Congo (DR)	No	No	No	No	No	No	No	No
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.	.	.	.	Yes
Djibouti	DK	DK	Yes	No	NA	NA	NA	NA
Egypt	NA	NA	NA	NA	No	No	No	.
Ethiopia	No	No	No	No	Yes	Yes	Yes	Yes
Ghana	No	No	No	No	Yes	Yes	Yes	Yes
Guinea	.	.	.	.	.	.	.	.
India	NA	NA	NA	NA	NA	NA	NA	NA
Indonesia	.	.	.	.	.	.	.	.
Iran	NA	NA	NA	NA	.	.	.	.
Jordan	.	.	No	No	Yes	Yes	Yes	Yes
Kenya	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Lebanon	NA	NA	NA	NA	NA	NA	NA	NA
Liberia	NA	NA	No	No	No	No	No	No
Malawi	No	No	No	No	Yes	Yes	Yes	Yes
Malaysia	No	No	No	No	No	Yes	Yes	Yes
Mexico	NA	NA	NA	NA	NA	NA	NA	NA
Mozambique	No	No	No	No	Yes	No	No	No
Myanmar	No	No	No	No	NA	NA	NA	NA
Namibia	No	No	No	No	Yes	Yes	Yes	Yes
Nepal	DK	DK	No	No	Yes	Yes	Yes	Yes
Pakistan	No	No	No	No	DK	DK	No	No
Rwanda	.	.	.	.	Yes	Yes	Yes	Yes
Sierra Leone	No	No	No	No	NA	NA	NA	NA
Sudan	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Syria	No	No	No	No	Yes	Yes	Yes	Yes
Tanzania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Togo	.	.	.	.	.	.	.	.
Uganda	Yes	Yes	No	No	No	Yes	Yes	Yes
Yemen	No	Yes	Yes	Yes	No	No	No	No
Zambia	No	No	No	No	Yes	Yes	Yes	Yes
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	0%	0%	0%	0%
Asia	20%	20%	17%	17%	50%	75%	80%	80%
Central Africa	0%	0%	0%	0%	43%	43%	43%	43%
East Africa	60%	80%	50%	33%	80%	100%	100%	100%
MENA	0%	33%	25%	25%	50%	50%	60%	75%
Southern Africa	17%	17%	17%	0%	83%	67%	67%	80%
West Africa	0%	0%	0%	0%	50%	50%	50%	67%
Global	19%	26%	19%	14%	61%	64%	67%	72%

ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
Malaria Strategic Plan Indicators

MALARIA

Country	1.1 % mortality due to malaria (crude)				1.2 % mortality due to malaria (under 5)				1.3 % morbidity due to malaria (crude)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	3%	.	.	.	7%	.	.	.	1%
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	6%	17%	28%	20%	10%	19%	38%	27%	3%	2%	3%	2%
Cameroon	8%	11%	17%	19%	7%	17%	29%	25%	10%	10%	9%	7%
Central African Republic	.	.	.	.	.	.	.	.	.	.	.	.
Chad	8%	4%	8%	4%	11%	5%	12%	4%	6%	4%	6%	4%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	.	.
Congo (DR)	.	.	3%	2%	.	.	.	3%	.	.	1%	2%
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	1%	1%	.	.
Djibouti	.	.	3%	.	.	.	7%	.	.	1%	1%	2%
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	2%	2%	4%	2%	3%	.	2%	.	2%	2%	2%	3%
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	22%	.	.	.	27%	.	.	.	12%	15%	9%	8%
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	11%	5%	5%	1%	15%	6%	5%	1%	2%	1%	2%	1%
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.	30%	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.	53%	35%	.	.
Myanmar	.	.	.	.	.	.	.	.	4%	.	.	.
Namibia	.	.	.	.	.	.	.	.	3%	.	.	.
Nepal	.	.	.	.	.	.	.	.	.	1%	1%	1%
Pakistan	.	.	.	.	.	.	.	.	6%	.	.	.
Rwanda	3%	5%	4%	1%	.	4%	5%	.	2%	3%	2%	1%
Sierra Leone	.	.	.	.	.	.	.	.	5%	4%	.	.
Sudan	24%	25%	21%	21%	27%	27%	16%	23%	4%	5%	4%	4%
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	17%	29%	20%	24%	18%	32%	22%	25%	14%	21%	18%	19%
Thailand	1%	1%	1%	.	.	.	.	.	2%	2%	1%	2%
Togo	.	.	.	.	.	.	.	.	.	1%	.	.
Uganda	26%	38%	22%	18%	31%	42%	24%	20%	3%	7%	14%	15%
Yemen	4%	3%	.	.	8%	3%	.	.	.	.	.	.
Zambia	13%	13%	12%	37%	20%	14%	18%	46%	8%	8%	22%	18%
Zimbabwe	.	.	.	.	.	.	.	.	.	4%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

Strategic Objective 1: Protection | 2008 - 2011

Malaria Strategic Plan Indicators

Country	1.4 % morbidity due to malaria (under 5)				1.5 Incidence of malaria (crude)				1.6 Incidence of malaria (under 5)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	1%	0.84	0.37	0.84	1.98	0.16	0.06	1.09	2.45
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	3%	2%	2%	2%	7.57	6.66	9.61	6.37	16.11	13.01	15.30	13.52
Cameroon	9%	9%	12%	10%	37.08	27.31	8.81	3.64	33.41	39.92	18.85	10.12
Central African Republic	.	.	.	.	.	.	.	.	.	.	.	.
Chad	7%	6%	7%	5%	6.88	4.96	6.55	4.63	18.93	16.80	20.37	12.27
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	.	.
Congo (DR)	.	.	1%	2%	.	.	3.64	5.40	.	.	5.18	10.31
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	9.20	5.50	.	.	13.70	8.10	.	.
Djibouti	.	.	1%	1%	0.02	0.41	1.19	0.63	.	0.42	2.31	1.97
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	2%	1%	1%	1%	2.10	3.22	2.60	2.71	4.57	3.24	2.52	2.15
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	22%	24%	18%	17%	54.27	35.60	36.22	28.56	255.99	105.95	108.84	79.53
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	1%	.	1%	1%	2.98	0.68	2.23	1.19	3.22	0.54	1.78	1.62
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.	.	.	.	.
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	.	.	.	12.00	.	0.09	0.01	.	.	0.09	0.25
Nepal	.	.	.	.	0.19	0.28	0.13	0.06	0.10	0.11	0.02	0.01
Pakistan	.	.	.	.	61.00	.	.	.	.	.	.	.
Rwanda	1%	3%	2%	1%	2.00	3.79	3.13	1.24	1.76	8.38	5.76	1.76
Sierra Leone	.	.	.	.	45.30	44.30	.	.	47.80	45.90	.	.
Sudan	5%	7%	5%	4%	5.62	7.44	7.75	8.31	19.68	27.54	22.16	19.72
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	11%	18%	19%	19%	27.50	52.36	56.34	50.07	45.50	97.30	121.83	109.85
Thailand	1%	1%	.	.	5.94	5.02	3.65	3.42	4.34	3.34	2.29	1.99
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	5%	8%	15%	14%	4.50	8.27	24.96	26.54	14.26	18.25	50.42	44.49
Yemen	.	.	.	.	0.06	0.23	0.14	0.09	0.12	0.56	0.18	0.16
Zambia	7%	7%	19%	16%	11.40	9.37	40.13	32.95	23.04	18.37	70.52	56.14
Zimbabwe	.	.	.	.	.	43.40	.	.	.	24.30	.	.

MALARIA

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

Country	2.1 Were refugees included in the Malaria National Strategic Plan?				2.2 Did PoCs benefit from additional malaria funding from the UN Foundation "Nothing But Nets" Campaign?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	-	-	-	-	-	-	-	-
Angola	Yes	Yes	Yes	-	No	No	No	No
Argentina	-	-	-	-	-	-	-	-
Bangladesh	No	No	No	No	No	No	No	No
Benin	-	-	-	-	-	-	-	-
Botswana	-	-	-	-	-	-	-	-
Brazil	-	-	-	-	-	-	-	-
Burundi	Yes	Yes	Yes	Yes	No	No	Yes	No
Cameroon	No	No	No	No	Yes	No	No	No
Central African Republic	Yes	Yes	Yes	Yes	No	No	Yes	No
Chad	Yes	Yes	Yes	Yes	No	No	Yes	No
Colombia	-	-	-	-	-	-	-	-
Congo	Yes	Yes	Yes	Yes	No	No	No	No
Congo (DR)	-	-	-	Yes	No	No	Yes	No
Costa Rica	-	-	-	-	-	-	-	-
Côte d'Ivoire	-	-	-	-	-	-	-	-
Djibouti	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Egypt	-	-	-	-	-	-	-	-
Ethiopia	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Ghana	Yes	Yes	Yes	Yes	No	No	No	No
Guinea	-	-	-	-	-	-	-	-
India	Yes	Yes	-	Yes	No	No	No	No
Indonesia	-	-	-	-	-	-	-	-
Iran	-	-	-	-	-	-	-	-
Jordan	-	-	-	-	-	-	-	-
Kenya	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Lebanon	-	-	-	-	-	-	-	-
Liberia	Yes	Yes	Yes	Yes	No	No	Yes	No
Malawi	Yes	Yes	Yes	Yes	No	No	No	No
Malaysia	-	-	-	-	-	-	-	-
Mexico	-	-	-	-	-	-	-	-
Mozambique	-	-	-	Yes	No	No	No	No
Myanmar	-	-	-	-	No	No	No	No
Namibia	-	-	-	-	-	-	-	-
Nepal	-	-	-	-	-	-	-	-
Pakistan	-	-	-	No	No	No	No	No
Rwanda	-	-	-	-	No	No	Yes	No
Sierra Leone	Yes	Yes	Yes	No	No	No	Yes	No
Sudan	Yes	Yes	Yes	Yes	No	No	No	No
Syria	-	-	-	-	-	-	-	-
Tanzania	Yes	Yes	Yes	Yes	Yes	No	No	No
Thailand	Yes	Yes	Yes	Yes	No	No	No	No
Togo	-	-	-	-	-	-	-	-
Uganda	Yes	Yes	Yes	Yes	Yes	No	No	No
Yemen	Yes	Yes	Yes	Yes	No	No	No	No
Zambia	Yes	Yes	Yes	Yes	No	No	No	No
Zimbabwe	-	-	-	-	-	-	-	-

Proportion of countries globally and in each region that met the standard:

Americas	-	-	-	-	-	-	-	-
Asia	67%	67%	50%	50%	0%	0%	0%	0%
Central Africa	80%	80%	80%	83%	14%	0%	71%	0%
East Africa	100%	100%	100%	100%	50%	0%	33%	50%
MENA	100%	100%	100%	100%	0%	0%	0%	0%
Southern Africa	100%	100%	100%	100%	0%	0%	0%	0%
West Africa	100%	100%	100%	67%	0%	0%	67%	0%
Global	90%	90%	90%	83%	15%	0%	35%	12%

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Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Treatment, and Prevention | 2008 - 2011

Malaria Strategic Plan Indicators

Country	3.1 Has ACT been introduced as 1st line treatment for malaria?				3.2 Did any camps report a stock-out of Artemisinin-Combination Therapies (ACTs) in the emergency phase?				3.3 Did any camps report a stock-out of Artemisinin-Combination Therapies (ACTs) during the post-emergency/stable phase?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	Yes	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	Yes	Yes	Yes	Yes	.	.	.	.	Yes	No	No	No
Cameroon	Yes	Yes	Yes	Yes	No	.	.	.	No	No	No	No
Central African Republic	Yes	Yes	Yes	Yes	.	No	No	.	No	No	No	No
Chad	Yes	Yes	Yes	Yes	.	Yes	.	.	Yes	Yes	Yes	No
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	Yes	.	No	.	.	Yes	Yes	Yes	No
Congo (DR)	.	.	.	.	.	.	.	.	.	.	.	.
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Djibouti	Yes	Yes	Yes	Yes	.	.	.	No	No	Yes	No	No
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	Yes	Yes	Yes	Yes	.	.	.	No	No	No	No	No
Ghana	.	.	.	Yes	.	.	No	No	No	No	No	No
Guinea	No	.	.	Yes	.	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	Yes	Yes	Yes	Yes	No	.	.	No	No	No	No	Yes
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	Yes	.	.	No	No	.	.	.	No
Malawi	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Malaysia	No	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	Yes	Yes	Yes	Yes	.	.	.	No	.	.	.	No
Myanmar	Yes	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Nepal	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Pakistan	Yes	Yes	Yes	Yes	.	.	.	No	.	.	.	No
Rwanda	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	.
Sierra Leone	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.
Sudan	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	Yes	Yes	Yes	Yes	.	.	.	.	No	No	Yes	No
Thailand	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	Yes	Yes	Yes	Yes	Yes	.	.	.	Yes	Yes	Yes	Yes
Yemen	No	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Zambia	Yes	Yes	Yes	Yes	.	.	.	.	No	No	No	No
Zimbabwe	Yes	Yes	Yes	Yes	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	83%	100%	100%	100%	0%	0%	0%	100%	100%	100%	100%	100%
Central Africa	100%	100%	100%	100%	100%	67%	100%	0%	50%	67%	67%	100%
East Africa	100%	100%	100%	100%	50%	0%	0%	100%	83%	67%	67%	67%
MENA	50%	100%	100%	100%	0%	0%	0%	0%	100%	100%	100%	100%
Southern Africa	100%	100%	100%	100%	0%	0%	0%	100%	100%	100%	100%	100%
West Africa	67%	100%	100%	100%	0%	0%	100%	100%	100%	100%	100%	100%
Global	88%	100%	100%	100%	67%	67%	100%	100%	78%	78%	78%	90%

.../...

Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Treatment, and Prevention | 2008 - 2011

Malaria Strategic Plan Indicators

Country	3.4 Did all camps in your operation implement community-based malaria management?*			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	.	.	.	.
Argentina	.	.	.	.
Bangladesh	No	No	No	No
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	.	.	.	.
Burundi	Yes	Yes	Yes	Yes
Cameroon	No	No	No	Yes
Central African Republic	Yes	Yes	Yes	Yes
Chad	No	No	No	No
Colombia	.	.	.	.
Congo	No	No	No	No
Congo (DR)	No	No	No	No
Costa Rica	.	.	.	.
Côte d'Ivoire	.	.	.	.
Djibouti	.	.	Yes	No
Egypt	.	.	.	.
Ethiopia	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes
Guinea	.	.	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	.	.	.	.
Kenya	Yes	Yes	Yes	Yes
Lebanon	.	.	.	.
Liberia	Yes	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes
Malaysia	.	.	.	.
Mexico	.	.	.	.
Mozambique	.	.	.	.
Myanmar	Yes	Yes	Yes	Yes
Namibia	.	.	.	.
Nepal	.	.	.	.
Pakistan	.	.	.	Yes
Rwanda	Yes	Yes	Yes	Yes
Sierra Leone	Yes	Yes	.	.
Sudan	No	No	No	No
Syria	.	.	.	.
Tanzania	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes
Togo	.	.	.	.
Uganda	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	Yes
Zambia	.	Yes	Yes	Yes
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	67%	67%	67%	75%
Central Africa	43%	43%	43%	57%
East Africa	80%	80%	83%	67%
MENA	100%	100%	100%	100%
Southern Africa	100%	100%	100%	100%
West Africa	100%	100%	100%	100%
Global	70%	71%	71%	73%

.../...

*e.g.malariapreventionandawarenessraisingcampaignswithcommunity healthworkers,distributionoflong-lastinginsecticidetreatedbednetsat household level.

Strategic Objective 4: Durable Solutions | 2008 - 2011

Malaria Strategic Plan Indicators

Country	4.1 Did you provide refugees with a LLITN as part of a returnee package?				4.2 Did you design and integrate malaria control into your exit strategy in areas of return or integration?				4.3 Did you offer malaria control services at the point of return?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria
Angola	No	No	No	No	No	No	No	No	No	No	No	.
Argentina
Bangladesh
Benin
Botswana
Brazil
Burundi	Yes	Yes	Yes	.	No	No	No	.	Yes	Yes	Yes	.
Cameroon
Central African Republic
Chad	Yes	.
Colombia
Congo	No	No	No	.	No	No	No	.	No	No	No	.
Congo (DR)	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes
Costa Rica
Côte d'Ivoire
Djibouti
Egypt
Ethiopia
Ghana
Guinea
India
Indonesia
Iran
Jordan
Kenya
Lebanon
Liberia	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	Yes	Yes	NA	NA
Malawi	No	No	No	No	No	No	No	No
Malaysia
Mexico
Mozambique
Myanmar
Namibia
Nepal
Pakistan
Rwanda	No	No	No	No	.	.	.	.	Yes	Yes	Yes	.
Sierra Leone	Yes	Yes	Yes	.	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Sudan
Syria
Tanzania
Thailand
Togo
Uganda
Yemen
Zambia
Zimbabwe

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Central Africa	50%	50%	50%	50%	0%	0%	0%	0%	50%	50%	60%	100%
East Africa	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
MENA	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Southern Africa	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
West Africa	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	0%
Global	57%	57%	57%	50%	29%	29%	17%	0%	50%	50%	50%	50%

.../...

Country	6.1 Did you conduct a malaria bed net coverage survey?			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	No	No	No	No
Argentina	.	.	.	.
Bangladesh	No	Yes	No	No
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	.	.	.	.
Burundi	No	No	No	No
Cameroon	No	No	No	No
Central African Republic	NA	NA	NA	No
Chad	Yes	Yes	Yes	No
Colombia	.	.	.	.
Congo	No	No	No	No
Congo (DR)	No	No	Yes	No
Costa Rica	.	.	.	.
Côte d'Ivoire	.	.	.	.
Djibouti	No	No	No	Yes
Egypt	.	.	.	.
Ethiopia	No	No	No	No
Ghana	No	No	No	No
Guinea	.	.	.	.
India	No	No	No	No
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	.	.	.	.
Kenya	Yes	No	Yes	Yes
Lebanon	.	.	.	.
Liberia	NA	No	No	No
Malawi	No	No	No	No
Malaysia	.	.	.	.
Mexico	.	.	.	.
Mozambique	No	No	No	No
Myanmar	No	No	Yes	No
Namibia	.	.	.	.
Nepal	.	.	.	.
Pakistan	.	.	.	No
Rwanda	.	.	.	.
Sierra Leone	No	No	No	No
Sudan	No	No	Yes	No
Syria	.	.	.	.
Tanzania	No	No	Yes	Yes
Thailand	.	Yes	Yes	No
Togo	.	.	.	.
Uganda	Yes	Yes	Yes	No
Yemen	NA	Yes	Yes	No
Zambia	DK	No	No	No
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	0%	50%	50%	0%
Central Africa	20%	20%	40%	0%
East Africa	33%	17%	67%	50%
MENA	0%	100%	100%	0%
Southern Africa	0%	0%	0%	0%
West Africa	0%	0%	0%	0%
Global	16%	22%	39%	12%

Strategic Objective 1: Protection | 2008 - 2011
Nutrition and Food Security Strategic Plan Indicators

Country	1.1 GAM (WHO)				1.2 SAM (WHO)			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.
Auserd	18%	.	6%	.	5%	.	2%	.
Dajhla	18%	.	13%	.	5%	.	3%	.
Layounne	18%	.	6%	.	5%	.	1%	.
Smara	18%	.	9%	.	5%	.	1%	.
Bangladesh	.	.	.	.	.	.	.	.
Kutupalong	.	18%	14%	18%	.	2%	1%	1%
Leda	.	.	.	.	.	.	.	.
Nayapara	.	19%	16%	15%	.	2%	2%	1%
Burundi	.	.	.	.	.	.	.	.
Gasorwe Camp	5%	.	3%	.	1%	.	0%	.
Gihinga Camp	.	.	.	.	.	.	.	.
Gwagiriza and Butare	.	.	6%	.	.	.	2%	.
Musasa camp	10%	.	4%	.	3%	.	2%	.
Cameroon	.	.	.	.	.	.	.	.
Adamaoua	.	.	15%	.	.	.	.	3%
Est	.	.	17%	.	.	.	.	4%
Chad	.	.	.	.	.	.	.	.
Eastern Chad - Am Nabak	12%	.	16%	14%	3%	.	3%	1%
Eastern Chad - Bredjing	10%	.	11%	12%	1%	.	1%	1%
Eastern Chad - Djabal	9%	.	5%	8%	1%	.	0%	1%
Eastern Chad - Farchana	13%	.	16%	10%	2%	.	3%	1%
Eastern Chad - Gaga	13%	.	10%	13%	3%	.	1%	2%
Eastern Chad - Goz Amer	11%	.	4%	7%	2%	.	0%	1%
Eastern Chad - Iridimi	11%	.	14%	14%	1%	.	2%	1%
Eastern Chad - Kounongou	13%	.	10%	11%	1%	.	3%	1%
Eastern Chad - Mile	11%	.	18%	16%	1%	.	3%	2%
Eastern Chad - Ouri Cassoni	15%	20%	12%	14%	2%	2%	2%	2%
Eastern Chad - Touloum	11%	.	14%	12%	1%	.	1%	2%
Eastern Chad - Treguine	12%	.	14%	9%	2%	.	3%	2%
Southern Chad - Amboko	4%	.	5%	4%	1%	.	1%	0%
Southern Chad - Daha	.	.	5%	.	.	.	1%	.
Southern Chad - Dosseye	10%	.	6%	12%	2%	.	1%	2%
Southern Chad - Gondjé	4%	.	7%	3%	1%	.	1%	0%
Southern Chad - Haraze	.	.	6%	8%	.	.	1%	2%
Southern Chad - Moula	5%	.	1%	2%	1%	.	0%	0%
Southern Chad - Yaroungou	6%	.	3%	3%	1%	.	0%	0%
Djibouti	.	.	.	.	.	.	.	.
Ali Addeh camps	13%	.	17%	15%	5%	.	6%	3%
Eritrea	.	.	.	.	.	.	.	.
Emkulu camp	.	.	28%	.	.	.	9%	.
Ethiopia	.	.	.	.	.	.	.	.
Adiharush	.	.	.	6%	.	.	.	2%
Aw-barre	.	13%	9%	.	.	3%	1%	.
Aysayta	.	.	30%	19%	.	.	3%	6%
Bokolomayo	.	.	16%	33%	.	.	2%	11%
Fugnido	.	10%	10%	.	.	2%	1%	.
Kobe	.	.	.	48%	.	.	.	19%
Kebri Beyah	.	11%	6%	.	.	2%	1%	.
Hilaweyn	.	.	.	51%	.	.	.	19%
Mayaini	.	4%	4%	4%	.	0%	1%	1%
Melkadida	.	.	.	33%	.	.	.	12%
Sheder	.	8%	6%	.	.	2%	1%	.
Sherkole	.	8%	.	13%	.	1%	.	2%
Shimelba	.	11%	9%	7%	.	1%	1%	1%

.../...

ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
 Nutrition and Food Security Strategic Plan Indicators

Country	1.1 GAM (WHO)				1.2 SAM (WHO)			
	2008	2009	2010	2011	2008	2009	2010	2011
Kenya	.	.	.	.	.	.	.	.
Dadaab - Dagahaley	13%	12%	11%	23%	2%	1%	2%	8%
Dadaab - Hagadera	12%	13%	6%	17%	2%	1%	1%	5%
Dadaab - Ifo	15%	13%	8%	22%	3%	2%	1%	7%
Kakuma	11%	17%	9%	8%	2%	3%	1%	0%
Malawi	.	.	.	.	.	.	.	.
Dzaleka	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.
Maratane camp	.	.	2%	.	.	.	1%	.
Myanmar	.	.	.	.	.	.	.	.
Buthidaung	23%	21%	.	.	3%	3%	.	.
Maungdaw	20%	21%	.	.	2%	3%	.	.
Namibia	.	.	.	.	.	.	.	.
Osire camp	.	.	5%	.	.	.	1%	.
Nepal	.	.	.	.	.	.	.	.
Damak (All camps)	9%	7%	8%	7%	1%	1%	0%	0%
Rwanda	.	.	.	.	.	.	.	.
Gihembe	.	.	.	6%	.	.	.	3%
Kibiza	.	.	.	6%	.	.	.	3%
Nyabiheke	.	.	.	6%	.	.	.	3%
South Sudan	.	.	.	.	.	.	.	.
Ezo	.	.	15%	.	.	.	8%	.
Lasu	.	.	10%	.	.	.	6%	.
Lologo	.	.	10%	.	.	.	5%	.
Makpandu	.	.	17%	.	.	.	7%	.
Pochalla	.	.	7%	.	.	.	3%	.
Sudan East	.	.	.	.	.	.	.	.
Abuda	.	14%	17%	12%	.	4%	4%	1%
Fau 5	.	7%	12%	12%	.	3%	1%	1%
Girba	.	17%	17%	12%	.	4%	3%	1%
Kilo26	.	15%	13%	18%	.	2%	3%	4%
Shagarab	.	21%	15%	18%	.	8%	2%	4%
Suki	.	8%	14%	12%	.	2%	3%	1%
Um Gargour	.	26%	17%	18%	.	8%	2%	4%
Wad Sherifey	.	16%	16%	18%	.	.	3%	4%
Syria	.	5%	.	.	.	2%	.	.
Tanzania	.	.	.	.	.	.	.	.
Lugufu	1%	.	.	.	0%	.	.	.
Mtabila	2%	.	1%	.	0%	.	0%	.
Nyarugusu	1%	.	1%	.	0%	.	1%	.
Togo	.	.	.	.	.	.	.	.
Centrale	4%	5%	4%	.	.	.	.	.
Kara	8%	9%	6%	.	.	.	.	.
Lomé Commune	6%	6%	3%	.	.	.	.	.
Maritime	5%	6%	4%	.	.	.	.	.
Plateaux	5%	6%	4%	.	.	.	.	.
Savanes	9%	11%	8%	.	.	.	.	.

.../...

Strategic Objective 1: Protection | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	1.1 GAM (WHO)				1.2 SAM (WHO)			
	2008	2009	2010	2011	2008	2009	2010	2011
Uganda	.	.	.	.	.	.	.	.
Kyaka II	.	3%	2%	4%	.	1%	1%	1%
Kyangwali	.	3%	2%	4%	.	1%	1%	1%
Nakivale	.	3%	2%	3%	.	1%	1%	0%
Oruchinga	.	3%	2%	3%	.	1%	1%	0%
Adjumani	.	4%	2%	5%	.	0%	0%	1%
Imvepi	.	4%	2%	5%	.	0%	0%	1%
Kiryandongo	.	4%	2%	5%	.	0%	0%	1%
Palorinya	.	4%	2%	5%	.	0%	0%	1%
Rhino camp	.	4%	2%	5%	.	0%	0%	1%
Yemen	.	.	.	.	.	.	.	.
Basateen	.	9%	.	.	.	1%	.	.
Kharaz camp	.	8%	9%	.	.	.	2%	.
Sana'a	.	11%	.	.	.	2%	.	.
Zambia	.	.	.	.	.	.	.	.
Kala	5%	2%	.	.	3%	0%	.	.
Maheba	3%	6%	.	.	1%	2%	.	.
Mayukwayukwa	8%	4%	.	.	3%	2%	.	.
Mwange	8%	2%	.	.	3%	0%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.
Asia	33%	20%	33%	33%	33%	20%	67%	100%
Central Africa	32%	0%	50%	52%	58%	0%	59%	48%
East Africa	38%	50%	53%	42%	38%	52%	55%	53%
MENA	0%	75%	80%	0%	0%	33%	40%	0%
Southern Africa	100%	100%	100%	0%	25%	50%	100%	0%
West Africa	100%	83%	100%	0%	0%	0%	0%	0%
Global	45%	56%	58%	45%	42%	45%	57%	54%

.../...

Country	1.3 Did you implement any projects with a specific focus on reducing food insecurity in the population			
	2008	2009	2010	2011
Algeria	Yes	Yes	Yes	Yes
Angola	Yes	Yes	Yes	.
Argentina	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes
Benin	.	.	.	.
Botswana	Yes	Yes	Yes	.
Brazil	NA	NA	NA	.
Burundi	Yes	Yes	Yes	.
Cameroon	No	Yes	No	Yes
Central African Republic	No	Yes	Yes	Yes
Chad	No	Yes	Yes	.
Colombia	.	.	.	.
Congo	Yes	Yes	Yes	.
Congo (DR)	No	No	No	.
Costa Rica	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.
Djibouti	No	No	Yes	Yes
Egypt	No	No	No	.
Ethiopia	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes
Guinea	.	.	.	.
India	Yes	Yes	Yes	Yes
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	Yes	Yes	Yes	Yes
Kenya	Yes	Yes	Yes	Yes
Lebanon	Yes	Yes	Yes	.
Liberia	NA	NA	Yes	Yes
Malawi	Yes	Yes	Yes	Yes
Malaysia	No	No	No	Yes
Mexico	No	No	No	.
Mozambique	Yes	Yes	Yes	Yes
Myanmar	Yes	Yes	Yes	.
Namibia	Yes	Yes	Yes	.
Nepal	Yes	Yes	Yes	Yes
Pakistan	DK	DK	No	No
Rwanda	.	.	.	.
Sierra Leone	No	No	No	.
Sudan	No	Yes	Yes	Yes
Syria	Yes	Yes	Yes	Yes
Tanzania	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes
Togo	.	.	.	.
Uganda	Yes	Yes	Yes	Yes
Yemen	No	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	.
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%
Asia	83%	83%	71%	83%
Central Africa	33%	83%	67%	100%
East Africa	67%	83%	100%	100%
MENA	67%	83%	83%	100%
Southern Africa	100%	100%	100%	100%
West Africa	50%	50%	67%	100%
Global	67%	82%	80%	95%

.../...

Strategic Objective 2: Coordination and Integration | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	2.1 Did you have a Joint Plan of Action with World Food Programme (WFP)?				2.2 Did you regularly participate in Nutrition cluster meetings?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	.	.	.	.
Angola	No	No	No	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	.	.	.	.
Benin	.	.	.	.	.	.	.	.
Botswana	No	No	No	.	.	.	.	.
Brazil	NA	NA	NA	.	.	.	.	.
Burundi	Yes	Yes	Yes	.	.	Yes	Yes	.
Cameroon	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes
Central African Republic	NA	NA	Yes	No	Yes	Yes	Yes	Yes
Chad	DK	Yes	Yes	.	Yes	Yes	Yes	.
Colombia	.	.	.	.	.	.	.	.
Congo	No	No	Yes	.	.	.	.	.
Congo (DR)	DK	DK	No	Yes	Yes	Yes	Yes	No
Costa Rica	NA	NA	NA	NA	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	Yes	Yes	Yes	Yes	.	.	.	Yes
Egypt	No	No	No	.	.	.	.	.
Ethiopia	Yes	Yes	Yes	Yes	.	.	.	.
Ghana	Yes	No	No	Yes	.	.	.	.
Guinea	.	.	.	.	.	.	.	.
India	No	No	No	No	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	DK	DK	No	No	.	.	.	No
Kenya	Yes	Yes	Yes	Yes	No	No	No	No
Lebanon	No	No	No	.	.	.	.	.
Liberia	NA	Yes	Yes	NA	NA	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Malaysia	No	No	No	No	.	.	.	.
Mexico	No	No	No	.	.	.	.	.
Mozambique	Yes	No	No	Yes	No	No	No	No
Myanmar	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Namibia	Yes	Yes	Yes	.	.	.	.	.
Nepal	Yes	Yes	Yes	Yes	DK	DK	DK	DK
Pakistan	DK	DK	No	No	Yes	Yes	Yes	Yes
Rwanda	Yes	Yes	Yes	.	.	.	.	.
Sierra Leone	Yes	Yes	Yes	.	No	No	No	.
Sudan	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Syria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tanzania	Yes	Yes	Yes	Yes	.	.	.	.
Thailand	DK	No	No	No	No	No	Yes	Yes
Togo	.	.	.	.	.	.	.	.
Uganda	No	Yes	Yes	Yes	Yes	.	.	.
Yemen	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	.	.	.	.	.
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	.	.	.	.	.
Asia	60%	50%	43%	33%	67%	67%	100%	100%
Central Africa	75%	80%	86%	67%	100%	100%	100%	67%
East Africa	83%	100%	100%	83%	33%	50%	50%	67%
MENA	40%	40%	33%	50%	100%	100%	100%	67%
Southern Africa	67%	50%	50%	100%	50%	50%	50%	0%
West Africa	100%	67%	67%	100%	0%	50%	50%	100%
Global	66%	63%	61%	64%	62%	75%	81%	64%

.../...

Country	3.1 Prevalence of Stunting			
	2008	2009	2010	2011
Algeria				
Auserd	32%	.	26%	.
Dajhla	32%	.	32%	.
Layounne	32%	.	34%	.
Smara	32%	.	28%	.
Bangladesh	.	.	.	.
Kutupalong	.	41%	64%	59%
Leda	.	.	.	.
Nayapara	.	40%	71%	59%
Burundi	.	.	.	.
Gasorwe Camp	52%	.	49%	.
Gihinga Camp	25%	.	.	.
Gwagiriza and Butare	.	.	30%	.
Musasa camp	45%	.	48%	.
Cameroon	.	.	.	.
Adamaoua	.	.	.	59%
Est	.	.	.	58%
Chad	.	.	.	.
Eastern Chad - Am Nabak	37%	.	58%	50%
Eastern Chad - Bredjing	53%	.	67%	63%
Eastern Chad - Djabal	49%	.	67%	58%
Eastern Chad - Farchana	48%	.	57%	58%
Eastern Chad - Gaga	40%	.	56%	59%
Eastern Chad - Goz Amer	39%	.	55%	54%
Eastern Chad - Iridimi	37%	.	54%	56%
Eastern Chad - Kounongou	40%	.	55%	51%
Eastern Chad - Mile	35%	.	63%	55%
Eastern Chad - Ouri Cassoni	38%	.	55%	56%
Eastern Chad - Touloum	35%	.	55%	48%
Eastern Chad - Treguine	43%	.	54%	58%
Southern Chad - Amboko	34%	.	41%	44%
Southern Chad - Daha	.	.	37%	.
Southern Chad - Dosseye	52%	.	55%	51%
Southern Chad - Gondjé	34%	.	42%	34%
Southern Chad - Haraze	.	.	40%	38%
Southern Chad - Moula	39%	.	33%	26%
Southern Chad - Yaroungou	31%	.	38%	37%
Djibouti	.	.	.	.
Ali Addeh camps	.	.	.	41%
Eritrea	.	.	.	.
Emkulu camp	.	.	48%	.
Ethiopia	.	.	.	.
Adiharush	.	.	.	33%
Aw-barre	.	25%	28%	.
Aysayta	.	.	41%	39%
Bokolomayo	.	.	14%	.
Fugnido	.	12%	12%	.
Hilaweyn	.	.	.	23%
Kebri Beyah	.	28%	12%	.
Kobe	.	.	.	33%
Mayaini	.	23%	24%	33%
Melkadida	.	.	.	.
Sheder	.	24%	20%	.
Sherkole	.	15%	.	17%
Shimelba	.	33%	31%	39%

.../...

Strategic Objective 3: Prevention | 2008 - 2011
Nutrition and Food Security Strategic Plan Indicators

Country	3.1 Prevalence of Stunting			
	2008	2009	2010	2011
Kenya	.	.	.	.
Dadaab - Dagahaley	.	.	21%	21%
Dadaab - Hagadera	.	.	32%	22%
Dadaab - Ifo	.	.	24%	23%
Kakuma	.	.	21%	26%
Malawi	.	.	.	.
Dzaleka	.	.	.	.
Mozambique	.	.	.	.
Maratane camp	.	.	38%	.
Myanmar	.	.	.	.
Buthidaung	20%	.	.	.
Maungdaw	26%	.	.	.
Namibia	.	.	.	.
Osire camp	.	.	24%	.
Nepal	.	.	.	.
Damak (All camps)	33%	28%	23%	29%
Rwanda	.	.	.	.
Gihembe	.	.	.	33%
Kibiza	.	.	.	33%
Nyabiheke	.	.	.	33%
South Sudan	.	.	.	.
Ezo	.	.	31%	.
Lasu	.	.	35%	.
Lologo	.	.	41%	.
Makpandu	.	.	28%	.
Pochalla	.	.	37%	.
Sudan East	.	.	.	.
Abuda	.	.	.	42%
Fau 5	.	.	.	42%
Girba	.	.	.	42%
Kilo26	.	.	.	51%
Shagarab	.	.	.	51%
Suki	.	.	.	42%
Um Gargour	.	.	.	51%
Wad Sherifey	.	.	.	51%
Syria	.	12%	.	.
Tanzania	.	.	.	.
Lugufu	43%	.	.	.
Mtabila	43%	.	45%	.
Nyarugusu	46%	.	48%	.
Togo	.	.	.	.
Centrale	23%	22%	30%	.
Kara	25%	28%	30%	.
Lomé Commune	11%	17%	14%	.
Maritime	25%	29%	25%	.
Plateaux	29%	26%	33%	.
Savanes	41%	36%	41%	.

Country	3.1 Prevalence of Stunting			
	2008	2009	2010	2011
Uganda	.	.	.	.
Kyaka II	.	40%	36%	38%
Kyangwali	.	40%	36%	38%
Nakivale	.	40%	36%	35%
Oruchinga	.	40%	36%	35%
Adjumani	.	20%	18%	14%
Imvepi	.	20%	18%	14%
Kiryandongo	.	20%	18%	14%
Palorinya	.	20%	18%	14%
Rhino camp	.	20%	18%	14%
Yemen	.	.	.	.
Basateen	.	.	.	.
Kharaz camp	.	.	42%	.
Sana'a	.	.	.	.
Zambia	.	.	.	.
Kala	53%	58%	.	.
Maheba	42%	.	.	.
Mayukwayukwa	38%	.	.	.
Mwange	38%	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	0%	0%	0%	0%
Central Africa	0%	0%	0%	0%
East Africa	0%	13%	28%	21%
MENA	0%	100%	0%	0%
Southern Africa	0%	0%	0%	0%
West Africa	17%	17%	17%	0%
Global	3%	15%	13%	11%

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Strategic Objective 3: Prevention | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	3.2 Proportion of low birth weight deliveries			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	.	.	.	.
Argentina	.	.	.	.
Bangladesh	7%	10%	13%	10%
Benin	.	.	2%	.
Botswana	6%	.	.	.
Brazil	.	.	.	.
Burundi	1%	4%	1%	3%
Cameroon	4%	1%	.	11%
Central African Republic	.	.	2%	2%
Chad	5%	4%	6%	5%
Colombia	.	.	.	.
Congo	.	.	2%	1%
Congo (DR)	.	.	2%	4%
Costa Rica	.	.	.	.
Côte d'Ivoire	13%	10%	2%	.
Djibouti	8%	5%	5%	4%
Egypt	.	.	.	.
Ethiopia	2%	3%	2%	3%
Ghana	4%	.	7%	1%
Guinea	1%	4%	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	0%	0%
Jordan	.	.	.	.
Kenya	5%	4%	4%	4%
Lebanon	.	.	.	.
Liberia	.	.	.	.
Malawi	.	1%	.	2%
Malaysia	.	.	.	.
Mexico	.	.	.	.
Mozambique	3%	12%	6%	4%
Myanmar	3%	.	.	.
Namibia	.	.	12%	1%
Nepal	7%	7%	7%	8%
Pakistan	1%	.	3%	1%
Rwanda	1%	2%	.	5%
Sierra Leone	.	.	.	.
Sudan	2%	0%	2%	1%
Syria	.	.	.	.
Tanzania	6%	6%	5%	4%
Thailand	10%	11%	11%	11%
Togo	.	.	.	.
Uganda	4%	3%	3%	3%
Yemen	20%	6%	17%	3%
Zambia	5%	6%	3%	6%
Zimbabwe	.	3%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	100%	100%	100%	100%
Central Africa	100%	100%	100%	100%
East Africa	100%	100%	100%	100%
MENA	0%	100%	50%	100%
Southern Africa	100%	100%	100%	100%
West Africa	100%	100%	100%	100%
Global	95%	100%	96%	100%

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Country	3.3 Anaemia (Under 5)				3.4 Anaemia (Women child-bearing age)			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.
Auserd	62%	.	48%	.	55%	.	48%	.
Dajhla	62%	.	46%	.	55%	.	45%	.
Layounne	62%	.	61%	.	55%	.	62%	.
Smara	62%	.	52%	.	55%	.	41%	.
Bangladesh	.	.	.	.	.	.	.	.
Kutupalong	48%	23%	46%	38%	.	.	.	27%
Leda	.	.	.	.	.	.	.	.
Nayapara	48%	33%	52%	35%	.	.	.	23%
Burundi	.	.	.	.	.	.	.	.
Gasorwe Camp	.	.	32%	.	.	.	18%	.
Gihinga Camp	.	.	.	.	.	.	.	.
Gwagiriza and Butare	.	.	38%	.	.	.	16%	.
Musasa camp	.	.	29%	.	.	.	20%	.
Cameroon	.	.	.	.	.	.	.	.
Adamaoua	.	.	.	.	.	.	.	.
Est	.	.	.	.	.	.	.	.
Chad	.	.	.	.	.	.	.	.
Eastern Chad - Am Nabak	28%	.	60%	47%	26%	.	24%	21%
Eastern Chad - Bredjing	34%	.	47%	60%	37%	.	19%	33%
Eastern Chad - Djabal	28%	.	47%	54%	23%	.	30%	22%
Eastern Chad - Farchana	32%	.	41%	43%	40%	.	26%	25%
Eastern Chad - Gaga	30%	.	45%	48%	27%	.	19%	23%
Eastern Chad - Goz Amer	26%	.	40%	54%	18%	.	14%	20%
Eastern Chad - Iridimi	25%	.	57%	58%	28%	.	38%	32%
Eastern Chad - Kounongou	36%	.	41%	45%	32%	.	17%	21%
Eastern Chad - Mile	34%	.	50%	43%	26%	.	25%	27%
Eastern Chad - Ouri Cassoni	38%	48%	61%	64%	33%	27%	22%	24%
Eastern Chad - Touloum	26%	.	63%	49%	31%	.	35%	26%
Eastern Chad - Treguine	34%	.	45%	45%	31%	.	24%	23%
Southern Chad - Amboko	.	.	84%	70%	.	.	65%	43%
Southern Chad - Daha	.	.	61%	.	.	.	46%	.
Southern Chad - Dosseye	.	.	82%	70%	.	.	69%	59%
Southern Chad - Gondjé	.	.	90%	74%	.	.	71%	32%
Southern Chad - Haraze	.	.	64%	52%	.	.	43%	21%
Southern Chad - Moula	.	.	67%	62%	.	.	35%	36%
Southern Chad - Yaroungou	.	.	69%	63%	.	.	36%	25%
Djibouti	.	.	.	.	.	.	.	.
Ali Addeh camps	67%	.	42%	39%	45%	.	38%	27%
Eritrea	.	.	.	.	.	.	.	.
Emkulu camp	.	.	78%	.	.	.	51%	.
Ethiopia	.	.	.	.	.	.	.	.
Adiharush	.	.	.	20%	.	.	.	10%
Aw-barre	36%	32%	30%	.	.	15%	13%	.
Aysayta	.	.	44%	38%	.	.	36%	35%
Bokolomayo	.	.	34%	53%	.	.	26%	.
Fugnido	39%	42%	34%	.	.	28%	26%	.
Hilaweyn	.	.	.	53%	.	.	.	40%
Kebri Beyah	36%	38%	25%	.	.	14%	16%	.
Kobe	.	.	.	52%	.	.	.	42%
Mayaini	.	.	28%	21%	.	.	5%	8%
Melkadida	.	.	.	56%
Sheder	.	38%	27%	.	.	19%	14%	.
Sherkole	.	22%	.	38%	.	6%	.	9%
Shimelba	36%	21%	22%	21%	.	.	7%	13%

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Strategic Objective 3: Prevention | 2008 - 2011
Nutrition and Food Security Strategic Plan Indicators

Country	3.3 Anaemia (Under 5)				3.4 Anaemia (Women of reproductive age)			
	2008	2009	2010	2011	2008	2009	2010	2011
Kenya
Dadaab - Dagahaley	73%	77%	65%	48%	68%	73%	65%	50%
Dadaab - Hagadera	71%	71%	72%	45%	67%	64%	61%	43%
Dadaab - Ifo	71%	81%	73%	54%	63%	72%	69%	51%
Kakuma	73%	74%	74%	44%	31%	34%	61%	31%
Malawi
Dzaleka
Mozambique
Maratane camp	.	.	79%	.	.	.	74%	.
Myanmar
Buthidaung
Maungdaw
Namibia
Osire camp
Nepal
Damak (All camps)	44%	36%	40%	26%	.	14%	.	.
Rwanda
Gihembe	.	.	.	60%	.	.	.	73%
Kibiza	.	.	.	60%	.	.	.	73%
Nyabiheke	.	.	.	60%	.	.	.	73%
South Sudan
Ezo	.	.	80%	.	.	.	19%	.
Lasu	.	.	45%	.	.	.	3%	.
Lologo	.	.	78%	.	.	.	37%	.
Makpandu	.	.	77%	.	.	.	13%	.
Pochalla	.	.	74%	.	.	.	22%	.
Sudan East
Abuda	.	49%	67%	45%	.	.	50%	32%
Fau 5	.	53%	33%	45%	.	.	38%	32%
Girba	.	56%	60%	45%	.	.	48%	32%
Kilo26	.	60%	61%	50%	.	.	53%	40%
Shagarab	.	50%	67%	50%	.	.	50%	40%
Suki	.	70%	62%	45%	.	.	29%	32%
Um Gargour	.	66%	31%	50%	.	.	56%	40%
Wad Sherifey	.	60%	61%	50%	.	.	44%	40%
Syria	.	54%	.	.	.	.	.	.
Tanzania
Lugufu	21%	.	.	.	9%	.	.	.
Mtabila	16%	.	48%	.	7%	.	17%	.
Nyarugusu	25%	.	56%	.	6%	.	34%	.
Togo
Centrale
Kara
Lomé Commune
Maritime
Plateaux
Savanes

.../...

Country	3.3 Anaemia (Under 5)				3.4 Anaemia (Women child-bearing age)			
	2008	2009	2010	2011	2008	2009	2010	2011
Uganda	.	.	.	.	.	.	.	.
Kyaka II	.	39%	43%	48%	.	12%	26%	18%
Kyangwali	.	39%	43%	48%	.	12%	26%	18%
Nakivale	.	39%	43%	29%	.	12%	26%	11%
Oruchinga	.	39%	43%	29%	.	12%	26%	11%
Adjumani	.	70%	58%	60%	.	50%	36%	21%
Imvepi	.	70%	58%	60%	.	50%	36%	21%
Kiryandongo	.	70%	58%	60%	.	50%	36%	21%
Palorinya	.	70%	58%	60%	.	50%	36%	21%
Rhino camp	.	70%	58%	60%	.	50%	36%	21%
Yemen	.	.	.	.	.	.	.	.
Basateen	62%	48%	.	.	.	.	.	.
Kharaz camp	68%	78%	59%	.	.	.	48%	.
Sana'a	.	44%	.	.	.	31%	.	.
Zambia	.	.	.	.	.	.	.	.
Kala	57%	52%	.	.	.	12%	.	.
Maheba	74%	53%	.	.	.	12%	.	.
Mayukwayukwa	67%	52%	.	.	.	13%	.	.
Mwange	63%	38%	.	.	.	11%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.
Asia	0%	0%	0%	0%	0%	100%	0%	0%
Central Africa	0%	0%	0%	0%	8%	0%	27%	0%
East Africa	8%	0%	0%	0%	38%	44%	24%	28%
MENA	0%	0%	0%	0%	0%	0%	0%	0%
Southern Africa	0%	0%	0%	0%	0%	100%	0%	0%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%
Global	3%	0%	0%	0%	17%	52%	23%	15%

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Strategic Objective 4: Care, Support and Treatment | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	4.1 Recovery rate (SFP)				4.2 Death rate (SFP)				4.3 Default rate (SFP)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	98%	96%	70%	68%	0%	0%	0%	0%	1%	1%	2%	1%
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	85%	86%	91%	96%	0%	0%	0%	0%	5%	5%	7%	3%
Cameroon	60%	97%	100%	77%	0%	0%	0%	0%	29%	0%	0%	14%
Central African Republic	.	.	.	84%	.	.	.	0%	.	.	.	3%
Chad	81%	79%	84%	80%	1%	0%	0%	0%	9%	8%	7%	8%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	.	.
Congo (DR)	.	.	.	94%	.	.	.	0%	.	.	.	3%
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	77%	82%	72%	77%	1%	0%	0%	0%	20%	11%	17%	18%
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	88%	86%	80%	59%	0%	0%	0%	0%	6%	5%	13%	24%
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	75%	.	.	.	.	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	94%	95%	96%	93%	0%	0%	0%	0%	3%	2%	1%	2%
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.	.	.	.	.
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	27%	57%	65%	.	7%	0%	8%	.	23%	38%	27%
Nepal	85%	88%	70%	37%	1%	0%	0%	0%	0%	2%	3%	5%
Pakistan	.	.	.	.	.	.	.	.	.	.	.	.
Rwanda	96%	98%	.	99%	0%	0%	.	0%	1%	1%	.	0%
Sierra Leone	.	.	.	.	.	.	.	.	.	.	.	.
Sudan	88%	71%	87%	84%	0%	0%	0%	0%	2%	3%	3%	6%
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	78%	90%	95%	95%	0%	0%	0%	0%	11%	0%	0%	0%
Thailand	63%	49%	33%	39%	0%	0%	0%	0%	6%	7%	8%	6%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	93%	92%	82%	79%	0%	1%	0%	0%	5%	6%	16%	16%
Yemen	88%	93%	100%	100%	0%	0%	0%	0%	6%	6%	0%	0%
Zambia	95%	98%	100%	100%	1%	0%	0%	0%	1%	0%	0%	0%
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	67%	67%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Central Africa	75%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%
East Africa	100%	83%	83%	83%	100%	100%	100%	100%	83%	100%	67%	50%
MENA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Southern Africa	100%	50%	50%	50%	100%	50%	100%	50%	100%	50%	50%	50%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Global	81%	81%	67%	72%	100%	94%	100%	94%	87%	94%	80%	78%

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Country	4.4 Referral rate (SFP)				4.5 Was community-based management of SAM implemented where UNHCR determined it to be appropriate and necessary?				4.6 Recovery rate (CTC)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Angola	.	.	.	.	No	No	No	No	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	0%	1%	10%	8%	No	No	Yes	Yes	92%	74%	85%	86%
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	DK	DK	DK	DK	.	.	.	.
Brazil	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Burundi	6%	5%	2%	1%	Yes	Yes	Yes	Yes	.	.	.	.
Cameroon	6%	1%	0%	8%	No	No	Yes	Yes	.	.	.	21%
Central African Republic	.	.	.	1%	Yes	Yes	Yes	Yes	.	.	.	35%
Chad	6%	7%	5%	7%	Yes	Yes	Yes	Yes	28%	35%	46%	64%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	No	No	Yes	Yes	.	.	.	.
Congo (DR)	.	.	.	0%	DK	DK	DK	DK	.	.	.	.
Costa Rica	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	2%	2%	4%	1%	No	DK	Yes	Yes	.	60%	60%	70%
Egypt	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Ethiopia	5%	6%	3%	14%	Yes	Yes	Yes	Yes	33%	49%	58%	71%
Ghana	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Guinea	25%	.	.	.	.	.	.	.	.	.	.	.
India	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	DK	DK	DK	No	.	.	.	.
Kenya	1%	2%	3%	4%	Yes	Yes	Yes	Yes	75%	78%	88%	72%
Lebanon	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Liberia	.	.	.	.	No	NA	No	Yes	.	.	.	.
Malawi	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Malaysia	.	.	.	.	No	No	No	No	.	.	.	.
Mexico	.	.	.	.	No	No	No	No	.	.	.	.
Mozambique	.	.	.	.	No	No	No	No	.	.	.	.
Myanmar	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Namibia	.	20%	2%	0%	NA	NA	NA	NA	.	.	.	.
Nepal	7%	9%	24%	44%	Yes	Yes	Yes	Yes	.	.	.	.
Pakistan	.	.	.	.	DK	DK	No	No	.	.	.	.
Rwanda	1%	1%	.	1%	No	No	No	No	48%	36%	.	43%
Sierra Leone	.	.	.	.	DK	DK	DK	DK	.	.	.	.
Sudan	1%	2%	2%	1%	No	Yes	Yes	Yes	.	74%	86%	79%
Syria	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Tanzania	11%	9%	5%	5%	Yes	Yes	Yes	Yes	45%	69%	74%	74%
Thailand	6%	1%	1%	1%	Yes	Yes	Yes	Yes	.	.	.	.
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	0%	0%	0%	0%	No	Yes	Yes	Yes	.	.	7%	50%
Yemen	1%	1%	0%	0%	Yes	Yes	Yes	Yes	.	30%	63%	14%
Zambia	0%	1%	0%	0%	DK	No	No	No	.	19%	39%	.
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	.	.	.	.
Asia	60%	60%	67%	67%	100%	0%	100%	100%
Central Africa	50%	50%	83%	83%	0%	0%	0%	0%
East Africa	50%	100%	100%	100%	0%	20%	33%	17%
MENA	100%	100%	100%	75%	0%	0%	0%	0%
Southern Africa	33%	25%	25%	25%	0%	0%	0%	0%
West Africa	50%	100%	50%	100%	0%	0%	0%	0%
Global	54%	64%	71%	72%	17%	10%	30%	17%

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Strategic Objective 4: Care, Support and Treatment | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	4.7 Death rate (CTC)				4.8 Default rate (CTC)				4.9 Referral rate (CTC)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria
Angola
Argentina
Bangladesh	1%	1%	0%	0%	2%	3%	3%	2%	2%	12%	5%	2%
Benin
Botswana
Brazil
Burundi
Cameroon	.	.	.	0%	.	.	.	14%	.	.	.	1%
Central African Republic	3%	.	.	.	.
Chad	10%	7%	3%	1%	3%	7%	6%	6%	0%	7%	11%	5%
Colombia
Congo
Congo (DR)
Costa Rica
Côte d'Ivoire
Djibouti	.	1%	1%	1%	.	29%	17%	4%	.	11%	22%	25%
Egypt
Ethiopia	0%	6%	0%	1%	14%	17%	14%	37%	21%	9%	2%	2%
Ghana
Guinea
India
Indonesia
Iran
Jordan
Kenya	9%	8%	3%	4%	9%	8%	4%	13%	6%	3%	2%	3%
Lebanon
Liberia
Malawi
Malaysia
Mexico
Mozambique
Myanmar
Namibia
Nepal
Pakistan
Rwanda	0%	0%	.	0%	0%	0%	.	0%	0%	0%	.	0%
Sierra Leone
Sudan	.	5%	2%	4%	.	4%	3%	5%	.	3%	3%	1%
Syria
Tanzania	12%	8%	2%	3%	14%	6%	0%	1%	14%	9%	2%	2%
Thailand
Togo
Uganda	.	.	3%	0%	.	.	37%	22%	.	.	0%	2%
Yemen	.	0%	0%	3%	.	50%	7%	17%	.	3%	10%	20%
Zambia	.	0%	2%	.	.	60%	0%	.	.	0%	3%	.
Zimbabwe

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.
Asia	100%	100%	100%	100%	100%	100%	100%	100%	100%
Central Africa	50%	100%	100%	100%	100%	100%	100%	100%	100%
East Africa	67%	100%	100%	100%	100%	60%	67%	67%	67%
MENA	0%	100%	100%	100%	0%	0%	100%	0%	0%
Southern Africa	0%	100%	100%	0%	0%	0%	100%	0%	0%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%	0%
Global	67%	100%	100%	100%	100%	60%	80%	75%	

.../...

Country	4.10 Proportion of children requiring stabilisation (CTC)			
	2008	2009	2010	2011
Algeria
Angola
Argentina
Bangladesh	1%	9%	16%	7%
Benin
Botswana
Brazil
Burundi
Cameroon	.	.	.	0%
Central African Republic
Chad	0%	1%	1%	2%
Colombia
Congo
Congo (DR)
Costa Rica
Côte d'Ivoire
Djibouti	.	0%	1%	0%
Egypt
Ethiopia	4%	1%	1%	0%
Ghana
Guinea
India
Indonesia
Iran
Jordan
Kenya	2%	1%	0%	3%
Lebanon
Liberia
Malawi
Malaysia
Mexico
Mozambique
Myanmar
Namibia
Nepal
Pakistan
Rwanda	0%	0%	.	0%
Sierra Leone
Sudan	.	0%	2%	6%
Syria
Tanzania	2%	1%	0%	0%
Thailand
Togo
Uganda	.	.	3%	1%
Yemen	.	0%	1%	0%
Zambia	.	0%	0%	.
Zimbabwe

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

Strategic Objective 5: Durable Solutions | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	5.1 Did you provide refugees with an appropriate returnee food package?				5.2 Did you design and integrate Nutrition and Food Security policies and programmes into your exit strategy in areas of return or integration?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.
Angola	No	No	No	.	NA	NA	NA	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	.	.	.	.	.
Benin	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.
Brazil	NA	NA	NA	.	NA	NA	NA	.
Burundi	Yes	Yes	Yes	.	No	No	No	.
Cameroon	.	.	.	NA	.	.	.	NA
Central African Republic	.	.	.	.	.	.	.	.
Chad	.	.	Yes	.	.	.	DK	.
Colombia	.	.	.	.	.	.	.	.
Congo	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Congo (DR)	No	No	No	Yes	No	No	No	Yes
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	.	.	.	.	.	.	.	.
Egypt	.	.	.	.	.	.	.	.
Ethiopia	.	.	.	.	.	.	.	.
Ghana	.	.	.	.	.	.	.	.
Guinea	.	.	.	.	.	.	.	.
India	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	NA	NA	NA	.	NA	NA	NA	.
Kenya	.	.	.	.	.	.	.	.
Lebanon	Yes	.	.	.	NA	.	.	.
Liberia	Yes	Yes	Yes	Yes	NA	NA	Yes	Yes
Malawi	No	No	No	No	No	No	No	No
Malaysia	.	.	.	.	.	.	.	.
Mexico	No	No	No	.	No	No	No	.
Mozambique	.	NA	NA	.	.	No	No	.
Myanmar	NA	NA	NA	.	Yes	Yes	Yes	.
Namibia	.	.	.	.	.	.	.	.
Nepal	.	.	.	.	.	.	.	.
Pakistan	.	.	.	.	No	No	No	.
Rwanda	.	.	.	.	.	.	.	.
Sierra Leone	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Sudan	.	.	.	No	.	.	.	.
Syria	Yes	Yes	Yes	Yes	No	No	No	No
Tanzania	.	.	.	.	.	.	.	.
Thailand	.	.	.	NA	.	.	.	NA
Togo	.	.	.	.	.	.	.	.
Uganda	.	.	.	.	.	.	.	.
Yemen	.	NA	NA	NA	.	NA	NA	NA
Zambia	.	.	.	.	.	.	.	.
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	.	0%	0%	0%	.
Asia	.	.	.	.	50%	50%	50%	.
Central Africa	67%	67%	75%	100%	33%	33%	33%	100%
East Africa	.	.	.	0%	.	.	.	.
MENA	100%	100%	100%	100%	0%	0%	0%	0%
Southern Africa	0%	0%	0%	0%	0%	0%	0%	0%
West Africa	100%	100%	100%	100%	100%	100%	100%	100%
Global	60%	56%	60%	60%	33%	30%	36%	50%

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Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation, Operational Research | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	7.1 Did you conduct a population-based Nutrition survey?				7.2 Did you implement food basket monitoring during each general food distribution?				7.3 Did you implement post-distribution monitoring at household/community level after at least every third general food distribution?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Angola	No	No	No	No	NA	NA	NA	.	NA	NA	NA	.
Argentina	NA	NA	NA	NA	.	.	.	.	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	No	No	No	No	Yes	Yes	Yes	.	No	No	No	.
Brazil	NA	NA	NA	NA	NA	NA	NA	.	NA	NA	NA	.
Burundi	Yes	No	Yes	No	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Cameroon	Yes	No	DK	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Central African Republic	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chad	Yes	No	Yes	Yes	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	No	No	No	No	No	No	No	.	No	No	No	.
Congo (DR)	No	No	No	No	No	No	No	No	DK	DK	DK	No
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Egypt	No	No	No	No	NA	NA	NA	.	NA	NA	NA	.
Ethiopia	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Ghana	Yes	Yes	Yes	Yes	Yes	NA	NA	Yes	Yes	NA	NA	No
Guinea	.	.	.	.	.	.	.	.	.	.	.	.
India	No	No	No	No	NA	NA	NA	No	NA	NA	NA	NA
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	DK	DK	No	No	NA	NA	NA	No	NA	NA	NA	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	No	No	No	No	NA	NA	NA	.	Yes	Yes	Yes	.
Liberia	NA	NA	No	No	NA	NA	Yes	Yes	NA	NA	Yes	Yes
Malawi	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No
Malaysia	No	No	No	No	No	No	No	No	No	No	No	No
Mexico	No	No	No	No	No	No	No	.	No	No	No	.
Mozambique	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Myanmar	Yes	Yes	No	No	Yes	Yes	Yes	.	NA	NA	NA	.
Namibia	No	No	Yes	Yes	Yes	Yes	Yes	.	No	No	No	.
Nepal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pakistan	No	No	No	No	No	No	No	No	No	No	No	NA
Rwanda	No	No	No	Yes	.	.	.	.	.	.	.	.
Sierra Leone	No	No	No	No	No	No	No	.	No	No	No	.
South Sudan	No	No	Yes	No								
Sudan	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Syria	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tanzania	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes
Togo	Yes	Yes	Yes	No	.	.	.	.	.	.	.	.
Uganda	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	No	DK	Yes	Yes	Yes	DK	Yes	Yes	No
Zambia	Yes	Yes	No	Yes	Yes	No	No	.	Yes	Yes	Yes	.
Zimbabwe	.	.	No	No	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	.
Asia	57%	57%	29%	29%	67%	67%	67%	50%	40%	40%	40%	75%
Central Africa	43%	0%	33%	57%	50%	50%	50%	67%	80%	80%	80%	67%
East Africa	43%	71%	100%	71%	50%	50%	67%	67%	50%	50%	67%	67%
MENA	40%	40%	33%	0%	100%	100%	100%	75%	100%	100%	100%	50%
Southern Africa	33%	17%	29%	33%	100%	80%	80%	100%	40%	40%	40%	50%
West Africa	67%	67%	50%	25%	50%	0%	50%	100%	50%	0%	50%	50%
Global	44%	39%	45%	37%	64%	61%	66%	70%	56%	56%	61%	62%

Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation, Operational Research | 2008 - 2011

Nutrition and Food Security Strategic Plan Indicators

Country	7.4 Did you undertake a Joint Assessment Mission (JAM) with WFP?				7.5 Did you conduct any Nutrition or Food Security operational research?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	Yes	No	Yes	No	No	No	No
Angola	No	No	No	.	No	No	No	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	Yes	NA	Yes	NA	No	Yes	Yes	No
Benin	.	.	.	.	.	.	.	.
Botswana	NA	NA	NA	.	No	No	No	.
Brazil	NA	NA	NA	.	NA	NA	NA	.
Burundi	Yes	No	Yes	.	Yes	Yes	Yes	.
Cameroon	Yes	Yes	Yes	Yes	No	No	No	No
Central African Republic	NA	NA	Yes	No	No	No	No	No
Chad	Yes	Yes	No	.	No	No	No	.
Colombia	.	.	.	.	.	.	.	.
Congo	No	No	Yes	.	No	No	No	.
Congo (DR)	DK	DK	DK	Yes	No	No	No	No
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	DK	Yes	No	No	DK	DK	No	No
Egypt	No	No	No	.	No	No	No	.
Ethiopia	Yes	No	Yes	No	No	No	No	No
Ghana	Yes	No	No	No	No	Yes	Yes	No
Guinea	.	.	.	.	.	.	.	.
India	No	No	No	No	No	No	No	No
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	DK	DK	No	No	DK	DK	No	No
Kenya	Yes	No	Yes	No	Yes	No	Yes	No
Lebanon	No	No	No	.	No	No	No	.
Liberia	NA	NA	No	No	NA	NA	No	No
Malawi	No	Yes	No	No	No	No	No	Yes
Malaysia	No	No	No	No	Yes	No	No	No
Mexico	No	No	No	.	No	No	No	.
Mozambique	Yes	No	No	No	No	No	No	Yes
Myanmar	No	No	No	.	No	No	No	.
Namibia	Yes	Yes	No	Yes	No	No	No	.
Nepal	Yes	No	No	No	DK	DK	DK	No
Pakistan	No	No	No	No	No	No	No	No
Rwanda	Yes	No	No	Yes	.	.	.	.
Sierra Leone	No	No	No	.	No	No	No	.
Sudan	No	Yes	No	Yes	No	No	Yes	Yes
Syria	No	Yes	No	No	Yes	Yes	Yes	Yes
Tanzania	Yes	No	Yes	No	Yes	Yes	Yes	Yes
Thailand	DK	DK	DK	DK	DK	DK	DK	Yes
Togo	.	.	Yes	Yes	.	.	.	.
Uganda	No	Yes	No	Yes	No	Yes	Yes	Yes
Yemen	NA	Yes	NA	No	Yes	Yes	Yes	No
Zambia	Yes	No	No	.	No	No	No	.
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	0%	0%	0%	.
Asia	33%	0%	17%	0%	20%	20%	20%	17%
Central Africa	80%	40%	67%	75%	17%	17%	17%	0%
East Africa	60%	50%	50%	33%	40%	40%	67%	50%
MENA	0%	60%	0%	25%	40%	40%	33%	25%
Southern Africa	60%	40%	0%	33%	0%	0%	0%	100%
West Africa	50%	0%	25%	33%	0%	50%	33%	0%
Global	46%	34%	27%	33%	20%	23%	27%	30%

Country	1.1 Did PoCs have difficulty accessing institutional deliveries?				1.2 Did you make clean delivery kits available for women who were obviously pregnant?				1.3 Was FGM practiced?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Angola	Yes	Yes	Yes	.	NA	NA	NA	NA	NA	NA	NA	NA
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	No	No	No	.	NA	NA	NA	NA	.	.	.	.
Brazil	No	No	No	.	NA	NA	NA	NA	No	NA	NA	NA
Burundi	No	No	No	.	NA	NA	NA	NA	No	No	No	No
Cameroon	No	No	No	No	NA	NA	NA	NA	NA	NA	NA	NA
Central African Republic	No	No	No	Yes	NA	NA	NA	NA	NA	NA	NA	NA
Chad	No	No	No	.	No	No	No	No	Yes	Yes	Yes	Yes
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	No	No	No	.	NA	NA	Yes	NA	No	No	No	No
Congo (DR)	No	No	No	No	NA	NA	NA	NA	.	.	.	No
Costa Rica	Yes	Yes	Yes	Yes	NA	NA	NA	NA	No	No	No	No
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	No	No	No	No	NA	NA	NA	NA	Yes	Yes	Yes	Yes
Egypt	No	No	No	.	NA	NA	NA	NA	Yes	Yes	Yes	Yes
Ethiopia	No	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No
Ghana	No	No	No	No	NA	NA	NA	Yes	DK	No	No	No
Guinea	.	.	.	.	.	.	.	.	.	.	.	.
India	No	No	No	No	NA	NA	NA	NA	DK	DK	DK	DK
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	No	No	No	No	NA	NA	NA	NA	NA	NA	NA	NA
Kenya	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	Yes	Yes	Yes	.	NA	NA	NA	.	NA	NA	NA	NA
Liberia	No	No	No	No	NA	NA	NA	Yes	No	No	No	No
Malawi	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Malaysia	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Mexico	No	No	No	.	NA	NA	NA	NA	No	No	No	No
Mozambique	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Myanmar	Yes	Yes	Yes	.	NA	NA	NA	NA	No	No	No	No
Namibia	No	No	No	.	NA	NA	NA	NA	No	No	No	No
Nepal	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Pakistan	No	No	No	No	NA	NA	Yes	Yes	No	No	No	NA
Rwanda	No	No	No	.	.	.	.	.	No	No	No	No
Sierra Leone	No	No	No	.	NA	NA	NA	NA	.	.	.	.
Sudan	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Syria	No	No	No	No	NA	NA	NA	NA	NA	NA	NA	NA
Tanzania	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Thailand	No	No	No	No	NA	NA	NA	NA	No	No	No	No
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	No	No	No	No	NA	NA	NA	NA	.	.	.	.
Yemen	No	No	No	Yes	NA	NA	NA	NA	Yes	Yes	Yes	Yes
Zambia	No	No	No	.	NA	NA	NA	NA	No	No	No	.
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	67%	67%	67%	0%	0%	0%	0%	0%	100%	100%	100%	100%
Asia	86%	86%	86%	100%	0%	0%	0%	100%	100%	100%	100%	100%
Central Africa	100%	100%	100%	67%	0%	0%	50%	50%	75%	75%	75%	80%
East Africa	100%	100%	100%	100%	100%	100%	100%	100%	60%	60%	60%	60%
MENA	83%	83%	83%	75%	0%	0%	0%	0%	33%	33%	33%	33%
Southern Africa	83%	83%	83%	100%	0%	0%	0%	0%	100%	100%	100%	100%
West Africa	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Global	89%	89%	89%	88%	75%	75%	80%	86%	81%	81%	81%	80%

Strategic Objective 1: Protection | 2008 - 2011

Reproductive Health Strategic Plan Indicators

Country	1.4 Did you have reduction strategy for FGM?				1.5 Did you have an obstetric fistula detection and referral programme?				1.6 Proportion of deliveries in a health centre			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	NA	NA	NA	NA	Yes	Yes	Yes	Yes	.	.	.	.
Angola	NA	NA	NA	NA	NA	NA	NA	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	NA	NA	NA	NA	Yes	Yes	Yes	Yes	10%	53%	72%	73%
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	No	No	No	.	.	.	.	.
Brazil	NA	NA	NA	NA	NA	NA	NA	.	.	.	.	.
Burundi	NA	NA	NA	NA	Yes	Yes	Yes	.	100%	100%	.	100%
Cameroon	NA	NA	NA	NA	No	No	No	Yes	68%	90%	99%	74%
Central African Republic	NA	NA	NA	NA	.	.	Yes	Yes	.	.	.	97%
Chad	No	No	No	No	No	Yes	Yes	Yes	94%	97%	96%	93%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	NA	NA	NA	.	No	Yes	Yes	Yes	.	.	.	.
Congo (DR)	.	.	.	No	No	No	No	No	.	77%	97%	93%
Costa Rica	NA	NA	NA	NA	NA	NA	NA	NA	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	94%	97%	.	.
Djibouti	No	No	No	No	No	No	No	No	.	.	95%	99%
Egypt	No	No	No	No	No	No	No	No	.	.	.	.
Ethiopia	NA	NA	NA	NA	Yes	Yes	Yes	Yes	96%	98%	98%	96%
Ghana	NA	NA	NA	NA	Yes	Yes	Yes	Yes	27%	.	.	.
Guinea	.	.	.	.	.	.	.	.	100%	100%	100%	100%
India	NA	NA	NA	NA	No	No	No	No	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	NA	NA	NA	NA	DK	DK	DK	DK	.	.	.	.
Kenya	No	No	No	No	Yes	Yes	Yes	Yes	60%	80%	87%	89%
Lebanon	NA	NA	NA	NA	Yes	Yes	Yes	Yes	.	.	.	.
Liberia	NA	NA	NA	No	Yes	Yes	Yes	Yes	.	.	.	.
Malawi	NA	NA	NA	NA	Yes	Yes	Yes	Yes	.	.	.	.
Malaysia	NA	NA	NA	NA	No	No	No	No	.	.	.	.
Mexico	NA	NA	NA	NA	NA	NA	NA	NA	.	.	.	.
Mozambique	NA	NA	NA	NA	No	No	No	Yes	3%	.	.	.
Myanmar	NA	NA	NA	NA	Yes	Yes	Yes	Yes	2%	.	.	.
Namibia	NA	NA	NA	NA	Yes	Yes	Yes	Yes	72%	96%	86%	94%
Nepal	NA	NA	NA	NA	Yes	Yes	Yes	Yes	100%	100%	100%	100%
Pakistan	NA	NA	NA	NA	No	No	No	No	24%	.	.	.
Rwanda	NA	NA	NA	NA	NA	NA	NA	.	93%	89%	91%	93%
Sierra Leone	.	.	.	.	No	No	No	NA	.	.	.	.
Sudan	NA	NA	NA	NA	Yes	Yes	Yes	Yes	42%	44%	47%	52%
Syria	NA	NA	NA	NA	No	No	No	No	.	.	.	.
Tanzania	NA	NA	NA	NA	Yes	Yes	Yes	Yes	99%	100%	100%	100%
Thailand	NA	NA	NA	NA	DK	DK	DK	DK	89%	88%	88%	90%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	.	.	.	.	No	No	No	No	64%	63%	76%	85%
Yemen	No	No	No	No	No	No	Yes	Yes	99%	100%	98%	97%
Zambia	NA	NA	NA	NA	DK	DK	DK	DK	41%	56%	78%	78%
Zimbabwe	.	.	.	.	.	.	.	.	.	87%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	0%	0%	0%	0%	.	.	.	.
Asia	0%	0%	0%	0%	50%	50%	50%	50%	40%	67%	67%	67%
Central Africa	0%	0%	0%	0%	20%	60%	67%	80%	75%	80%	100%	83%
East Africa	0%	0%	0%	0%	67%	67%	67%	67%	40%	40%	67%	83%
MENA	0%	0%	0%	0%	40%	40%	60%	60%	100%	100%	100%	100%
Southern Africa	0%	0%	0%	0%	50%	50%	50%	100%	0%	67%	50%	50%
West Africa	0%	0%	0%	0%	67%	67%	67%	100%	67%	100%	100%	100%
Global	0%	0%	0%	0%	48%	55%	60%	70%	48%	68%	76%	79%

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ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
 Reproductive Health Strategic Plan Indicators

Country	1.7 Coverage of complete antenatal care				1.8 Proportion of deliveries attended by skilled personnel			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	40%	40%	.	.	80%	80%
Angola	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	89%	94%	93%	82%	10%	54%	70%	71%
Benin	.	.	42%	.	.	.	42%	.
Botswana	100%	.	.	.	100%	.	.	.
Brazil	.	.	.	.	.	.	.	.
Burundi	44%	45%	70%	58%	100%	97%	100%	100%
Cameroon	40%	95%	94%	41%	77%	98%	100%	66%
Central African Republic	85%	.	100%	76%	.	.	100%	97%
Chad	77%	79%	70%	74%	69%	68%	72%	63%
Colombia	.	.	.	.	.	.	.	.
Congo	.	.	14%	53%	.	.	96%	97%
Congo (DR)	.	25%	39%	18%	.	67%	93%	87%
Costa Rica	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	29%	.
Djibouti	97%	31%	20%	33%	79%	94%	100%	100%
Egypt	.	.	.	.	.	.	.	.
Ethiopia	100%	92%	96%	88%	98%	98%	95%	97%
Ghana	100%	.	67%	90%	80%	.	100%	49%
Guinea	96%	100%	95%	95%	99%	100%	93%	100%
India	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.
Iran	100%	.	1%	1%	.	.	0%	1%
Jordan	.	.	.	.	.	.	.	.
Kenya	85%	79%	83%	76%	55%	83%	87%	89%
Lebanon	.	.	.	.	.	.	.	.
Liberia	.	.	.	100%	.	.	.	85%
Malawi	.	100%	.	100%	32%	100%	.	97%
Malaysia	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.
Mozambique	100%	100%	100%	100%	97%	100%	100%	100%
Myanmar	68%	.	.	.	36%	.	.	.
Namibia	100%	60%	68%	60%	80%	96%	74%	96%
Nepal	91%	94%	97%	98%	100%	100%	100%	100%
Pakistan	89%	.	88%	83%	53%	.	51%	50%
Rwanda	6%	16%	24%	14%	87%	91%	92%	84%
Sierra Leone	.	.	.	.	.	.	.	.
Sudan	100%	100%	92%	99%	95%	97%	94%	96%
Syria	.	.	.	.	.	.	.	.
Tanzania	97%	99%	99%	100%	95%	91%	100%	100%
Thailand	89%	97%	95%	94%	94%	94%	95%	93%
Togo	.	.	.	.	.	.	.	.
Uganda	89%	62%	57%	70%	66%	62%	77%	86%
Yemen	68%	88%	83%	80%	57%	86%	92%	99%
Zambia	68%	77%	76%	65%	49%	49%	47%	45%
Zimbabwe	100%	13%	.	.	59%	87%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.
Asia	20%	100%	75%	50%	40%	67%	50%	50%
Central Africa	0%	20%	29%	0%	25%	60%	86%	43%
East Africa	67%	50%	50%	33%	50%	67%	67%	67%
MENA	50%	0%	0%	0%	0%	0%	33%	33%
Southern Africa	80%	40%	33%	50%	33%	60%	33%	75%
West Africa	100%	100%	33%	67%	50%	100%	50%	33%
Global	48%	48%	38%	30%	38%	62%	59%	52%

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Strategic Objective 2: Coordination and Integration | 2008 - 2011

Reproductive Health Strategic Plan Indicators

Country	2.1 Did you regularly participate in Health cluster meetings?				2.2 Did you systematically investigate every maternal death?				2.3 Did you involve men in reproductive health activities, including family planning?			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	No	No	No	No	NA	NA	NA	NA
Angola	.	.	.	.	No	No	No	NA	No	No	No	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	.	.	.	.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Brazil	.	.	.	.	NA	NA	NA	NA	NA	NA	NA	.
Burundi	.	Yes	Yes	.	No	Yes	Yes	Yes	Yes	Yes	Yes	.
Cameroon	.	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Central African Republic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	Yes	Yes	Yes
Chad	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes	.
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	No	No	No	No	Yes	Yes	Yes	.
Congo (DR)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes
Costa Rica	.	.	.	.	NA	NA	NA	NA	No	No	No	No
Côte d'Ivoire	.	.	.	Yes	.	.	.	.	.	.	.	.
Djibouti	.	.	.	.	DK	Yes	Yes	Yes	DK	DK	Yes	Yes
Egypt	.	.	.	.	NA	NA	NA	NA	Yes	No	No	.
Ethiopia	.	.	.	.	No	Yes	No	Yes	No	No	No	No
Ghana	.	.	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guinea	.	.	.	.	.	.	.	.	.	.	.	.
India	.	.	.	.	NA	NA	NA	NA	No	Yes	Yes	Yes
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	Yes	Yes	Yes	Yes	NA	NA	NA	NA	DK	DK	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	Yes	Yes	Yes	Yes	NA	NA	NA	NA	Yes	Yes	Yes	.
Liberia	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malaysia	.	.	.	.	NA	NA	NA	NA	No	Yes	Yes	Yes
Mexico	.	.	.	.	NA	NA	NA	NA	No	No	No	.
Mozambique	.	.	.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Myanmar	Yes	Yes	Yes	.	No	Yes	Yes	NA	No	Yes	Yes	.
Namibia	.	.	.	.	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Nepal	.	.	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pakistan	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rwanda	.	.	.	.	Yes	Yes	Yes	.	No	Yes	Yes	.
Sierra Leone	Yes	Yes	Yes	Yes	NA	NA	NA	NA	Yes	Yes	Yes	.
Sudan	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No
Syria	.	.	.	.	NA	NA	NA	NA	No	No	No	No
Tanzania	.	.	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thailand	DK	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	Yes	.	.	.	No	No	No	No	Yes	Yes	Yes	Yes
Yemen	.	NA	NA	.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Zambia	.	.	.	.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%	.	.	.	.	0%	0%	0%	0%
Asia	100%	100%	100%	100%	40%	80%	80%	100%	57%	100%	100%	100%
Central Africa	100%	100%	100%	100%	29%	57%	71%	67%	33%	57%	86%	100%
East Africa	100%	100%	100%	100%	40%	83%	67%	83%	60%	60%	67%	67%
MENA	100%	100%	100%	100%	0%	50%	50%	50%	75%	50%	40%	33%
Southern Africa	100%	100%	100%	50%	83%	83%	83%	100%	83%	83%	83%	100%
West Africa	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Global	100%	100%	100%	93%	48%	75%	75%	83%	61%	71%	75%	78%

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Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Prevention and Treatment | 2008 - 2011

Reproductive Health Strategic Plan Indicators

Country	3.1 Proportion of deliveries performed by caesarean section				3.2 Did you have standard STIs case management protocols in place?				3.3 Prevalence of antenatal syphilis			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	10%	12%	No	No	No	No	.	.	.	.
Angola	.	.	.	.	No	No	No	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	0%	2%	2%	3%	Yes	Yes	Yes	Yes	0%	0%	1%	1%
Benin	.	.	1%	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Brazil	.	.	.	.	NA	NA	NA	.	.	.	.	.
Burundi	5%	6%	6%	9%	Yes	Yes	Yes	Yes	3%	1%	1%	0%
Cameroon	0%	2%	1%	0%	Yes	Yes	Yes	Yes	0%	0%	4%	2%
Central African Republic	.	.	.	1%	Yes	Yes	Yes	Yes	.	.	.	15%
Chad	0%	1%	1%	1%	Yes	Yes	Yes	Yes	10%	10%	8%	7%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	0%	2%	1%	Yes	Yes	Yes	Yes	.	.	.	.
Congo (DR)	.	.	7%	6%	No	No	No	Yes	.	.	1%	2%
Costa Rica	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	3%	2%	5%	5%	No	Yes	Yes	Yes	0%	1%	1%	4%
Egypt	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Ethiopia	0%	1%	1%	1%	Yes	Yes	Yes	Yes	3%	1%	1%	5%
Ghana	.	.	1%	2%	Yes	Yes	Yes	Yes	.	.	.	.
Guinea	0%	3%	0%	0%	.	.	.	.	29%	16%	15%	15%
India	.	.	.	.	NA	NA	NA	NA	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	0%	0%	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Kenya	2%	5%	5%	4%	Yes	Yes	Yes	Yes	1%	1%	2%	1%
Lebanon	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Liberia	.	.	.	2%	Yes	Yes	Yes	Yes	.	.	.	.
Malawi	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Malaysia	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Mexico	.	.	.	.	NA	NA	NA	.	.	.	.	.
Mozambique	.	.	2%	.	Yes	Yes	Yes	Yes	.	.	.	.
Myanmar	.	.	.	.	Yes	Yes	Yes	Yes	.	.	.	.
Namibia	.	0%	0%	0%	Yes	Yes	Yes	Yes	.	0%	0%	0%
Nepal	14%	15%	23%	31%	Yes	Yes	Yes	Yes	0%	0%	0%	0%
Pakistan	.	.	0%	.	Yes	Yes	Yes	Yes	.	.	.	.
Rwanda	4%	6%	9%	6%	Yes	Yes	Yes	.	1%	1%	1%	1%
Sierra Leone	.	.	.	.	Yes	Yes	Yes	.	.	.	.	.
Sudan	0%	3%	3%	1%	Yes	Yes	Yes	Yes	8%	10%	10%	1%
Syria	.	.	.	.	No	No	No	No	.	.	.	.
Tanzania	4%	10%	12%	11%	Yes	Yes	Yes	Yes	1%	2%	1%	1%
Thailand	4%	5%	7%	6%	Yes	Yes	Yes	Yes	0%	0%	0%	0%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	1%	3%	3%	3%	Yes	Yes	Yes	Yes	6%	3%	4%	3%
Yemen	4%	5%	4%	4%	Yes	Yes	Yes	Yes	7%	3%	5%	4%
Zambia	2%	1%	1%	1%	Yes	Yes	Yes	Yes	2%	1%	3%	4%
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	33%	33%	25%	33%	100%	100%	100%	100%	.	.	.	.
Central Africa	0%	40%	50%	43%	86%	86%	86%	100%	.	.	.	.
East Africa	0%	17%	17%	17%	83%	100%	100%	100%	.	.	.	.
MENA	0%	0%	33%	33%	67%	67%	67%	67%	.	.	.	.
Southern Africa	0%	0%	0%	0%	83%	83%	83%	100%	.	.	.	.
West Africa	0%	0%	0%	0%	100%	100%	100%	100%	.	.	.	.
Global	6%	22%	24%	25%	85%	88%	88%	94%	.	.	.	.

Strategic Objective 3: Access to Early Diagnosis, Prompt and Effective Prevention and Treatment | 2008 - 2011

Reproductive Health Strategic Plan Indicators

Country	3.4 Coverage of antenatal syphilis screening in pregnancy				3.5 Coverage of antenatal intermittent presumptive treatment for malaria			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	26%	74%	92%	94%	0%	0%	0%	0%
Benin	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.
Burundi	69%	64%	91%	91%	0%	1%	0%	0%
Cameroon	47%	97%	95%	44%	87%	97%	94%	62%
Central African Republic	.	.	.	19%	.	.	.	105%
Chad	24%	36%	72%	80%	79%	81%	89%	92%
Colombia	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.
Congo (DR)	.	.	27%	8%	.	.	76%	25%
Costa Rica	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	59%	89%	87%	74%	98%	89%	87%	90%
Egypt	.	.	.	.	.	.	.	.
Ethiopia	94%	73%	84%	71%	66%	56%	43%	3%
Ghana	.	.	.	.	.	.	.	.
Guinea	25%	82%	95%	95%	101%	112%	95%	95%
India	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.
Kenya	78%	90%	90%	87%	86%	85%	86%	80%
Lebanon	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.
Myanmar	.	.	.	.	.	.	.	.
Namibia	.	66%	75%	98%	.	43%	32%	29%
Nepal	93%	98%	99%	100%	0%	0%	0%	0%
Pakistan	.	.	.	.	.	.	.	.
Rwanda	91%	87%	84%	81%	72%	44%	26%	2%
Sierra Leone	.	.	.	.	.	.	.	.
Sudan	7%	20%	6%	12%	.	.	73%	89%
Syria	.	.	.	.	.	.	.	.
Tanzania	97%	96%	95%	100%	97%	99%	99%	100%
Thailand	61%	63%	66%	69%	0%	0%	0%	0%
Togo	.	.	.	.	.	.	.	.
Uganda	56%	50%	49%	71%	92%	66%	55%	78%
Yemen	42%	53%	45%	29%	26%	24%	26%	28%
Zambia	100%	97%	75%	70%	110%	80%	80%	81%
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

Country	4.1 Were EmONC services available at the point of return?			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	No	No	No	.
Argentina	.	.	.	.
Bangladesh	.	.	.	.
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	Yes	Yes	Yes	.
Burundi	Yes	Yes	Yes	.
Cameroon	.	.	.	NA
Central African Republic	.	.	.	.
Chad	.	.	Yes	.
Colombia	.	.	.	.
Congo	Yes	Yes	Yes	.
Congo (DR)	No	DK	DK	No
Costa Rica	No	No	No	No
Côte d'Ivoire	.	.	.	.
Djibouti	.	.	.	.
Egypt	.	.	.	.
Ethiopia	.	.	.	.
Ghana	.	.	.	.
Guinea	.	.	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	NA	NA	NA	NA
Kenya	.	.	.	.
Lebanon	NA	NA	NA	NA
Liberia	Yes	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes
Malaysia	.	.	.	.
Mexico	NA	NA	NA	.
Mozambique	.	NA	NA	.
Myanmar	NA	NA	NA	.
Namibia	.	.	.	.
Nepal	.	.	.	.
Pakistan	DK	DK	DK	.
Rwanda	Yes	Yes	Yes	.
Sierra Leone	Yes	Yes	DK	.
Sudan	.	.	.	.
Syria	NA	NA	NA	NA
Tanzania	.	.	.	.
Thailand	.	.	.	NA
Togo	.	.	.	.
Uganda	.	.	.	.
Yemen	.	NA	NA	NA
Zambia	.	.	.	.
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	50%	50%	50%	0%
Asia	0%	0%	0%	0%
Central Africa	75%	100%	100%	0%
East Africa	0%	0%	0%	0%
MENA	0%	0%	0%	0%
Southern Africa	50%	50%	50%	100%
West Africa	100%	100%	100%	100%
Global	70%	78%	78%	50%

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Strategic Objective 6: Assessment, Surveillance, Monitoring and Evaluation and Operational Research | 2008 - 2011

Reproductive Health Strategic Plan Indicators

Country	6.1 Did you conduct any Reproductive Health operational research?			
	2008	2009	2010	2011
Algeria	No	No	No	No
Angola	No	No	No	.
Argentina	.	.	.	.
Bangladesh	No	No	No	No
Benin	.	.	.	.
Botswana	No	No	No	.
Brazil	NA	NA	NA	.
Burundi	No	No	No	.
Cameroon	No	No	No	No
Central African Republic	No	No	No	No
Chad	No	No	No	.
Colombia	.	.	.	.
Congo	No	No	No	.
Congo (DR)	No	No	No	No
Costa Rica	No	No	No	No
Côte d'Ivoire	.	.	.	.
Djibouti	No	No	No	Yes
Egypt	No	No	No	.
Ethiopia	No	No	No	No
Ghana	No	No	No	No
Guinea	.	.	.	.
India	No	Yes	No	No
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	DK	No	No	Yes
Kenya	No	No	Yes	No
Lebanon	No	No	No	.
Liberia	No	No	No	No
Malawi	No	No	No	No
Malaysia	No	Yes	Yes	Yes
Mexico	NA	NA	NA	.
Mozambique	No	No	No	No
Myanmar	No	No	Yes	.
Namibia	Yes	Yes	No	.
Nepal	DK	DK	No	No
Pakistan	DK	DK	No	No
Rwanda	.	.	.	.
Sierra Leone	No	No	No	.
Sudan	No	No	No	No
Syria	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes
Thailand	No	No	No	No
Togo	.	.	.	.
Uganda	No	No	No	Yes
Yemen	No	No	No	No
Zambia	No	No	No	.
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%
Asia	0%	40%	29%	17%
Central Africa	0%	0%	0%	0%
East Africa	17%	17%	33%	50%
MENA	0%	0%	0%	25%
Southern Africa	17%	17%	0%	0%
West Africa	0%	0%	0%	0%
Global	6%	12%	11%	21%

ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
 Water and Sanitation Strategic Plan Indicators

Country	1.1 % mortality due to watery diarrhoea (crude)				1.2 % mortality due to watery diarrhoea (under 5)				1.3 % morbidity due to watery diarrhoea (crude)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	2%	1%	0%	0%	5%	0%	0%	0%	6%	5%	4%	3%
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	8%	6%	0%	0%	19%	12%	0%	0%	4%	3%	2%	3%
Cameroon	0%	6%	0%	5%	0%	17%	0%	10%	0%	0%	1%	2%
Central African Republic	.	.	.	4%	.	.	.	10%	.	.	.	6%
Chad	6%	6%	6%	5%	10%	7%	7%	7%	7%	7%	8%	9%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	.	.
Congo (DR)	.	.	0%	7%	.	.	0%	6%	.	.	9%	9%
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	6%	6%	11%	0%	20%	22%	29%	0%	6%	4%	3%	1%
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	1%	5%	3%	13%	3%	5%	5%	22%	6%	6%	5%	6%
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	0%	0%	0%	0%	0%	0%	0%	.	3%	3%	2%	3%
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	7%	11%	6%	10%	13%	17%	13%	16%	5%	7%	6%	9%
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.	.	.	.	.
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	0%	0%	0%	.	0%	.	0%	.	10%	11%	11%
Nepal	0%	0%	0%	0%	0%	0%	0%	0%	3%	3%	3%	3%
Pakistan	.	.	.	.	.	.	.	.	.	.	.	.
Rwanda	0%	0%	1%	1%	0%	0%	5%	0%	7%	6%	6%	7%
Sierra Leone	.	.	.	.	.	.	.	.	.	.	.	.
Sudan	1%	0%	2%	2%	2%	1%	6%	2%	4%	3%	4%	4%
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	1%	1%	0%	3%	1%	2%	0%	5%	3%	3%	4%	3%
Thailand	0%	1%	1%	1%	1%	4%	2%	1%	5%	5%	5%	5%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	6%	3%	3%	3%	6%	3%	1%	4%	3%	4%	4%	4%
Yemen	11%	2%	3%	13%	15%	3%	9%	33%	14%	13%	10%	10%
Zambia	5%	5%	8%	21%	9%	11%	9%	32%	7%	5%	7%	8%
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

Strategic Objective 1: Protection | 2008 - 2011

Water and Sanitation Strategic Plan Indicators

Country	1.4 % morbidity due to watery diarrhoea (under 5)				1.5 Incidence of watery diarrhoea (crude)				1.6 Incidence of watery diarrhoea (under 5)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	.	.	.	.	.	.	.	.	.	.
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	9%	8%	6%	4%	18.89	14.91	9.38	5.47	54.97	43.38	29.39	17.52
Benin	.	.	.	.	.	.	.	.	.	.	.	.
Botswana	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	8%	7%	5%	6%	10.31	11.29	8.6	8.59	44.43	43.57	36.06	38.27
Cameroon	1%	0%	3%	4%	1.63	0.18	1.35	0.88	4.8	0.26	4.75	3.95
Central African Republic	.	.	.	10%	.	.	.	19.79	.	.	.	61.87
Chad	12%	11%	12%	14%	7.82	7.62	9.24	9.28	29.68	27.84	35.08	35.57
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	.	.	.	.	.	.
Congo (DR)	.	.	13%	13%	.	.	23.69	22.82	.	.	72.47	68.68
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	13%	9%	5%	2%	16.32	10.51	5.09	1.53	77.53	49.11	19.9	8.27
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	12%	12%	12%	13%	7.46	9.22	7.79	6.39	33.64	38.18	36.41	23.11
Ghana	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	4%	3%	3%	5%	13.67	5.98	7.21	8.94	47.19	12.95	16.97	23.87
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	10%	14%	15%	17%	6.41	8.28	8.04	9.8	37.76	43.06	42.28	48.42
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	.	.	.	.	.	.	.	.	.	.	.
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	19%	19%	18%	.	16.7	19.04	18.24	.	82.77	76.34	67.89
Nepal	6%	5%	5%	5%	9.12	7.4	7.2	7.35	63.25	50.79	46.27	47.51
Pakistan	.	.	.	.	.	.	.	.	.	.	.	.
Rwanda	12%	9%	8%	9%	7.63	9.06	8.35	8.66	24.82	26.51	20.03	23.36
Sierra Leone	.	.	.	.	.	.	.	.	.	.	.	.
Sudan	9%	6%	7%	6%	5.36	4.85	8.88	7.33	31.99	25.44	35.79	28.03
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	5%	5%	5%	4%	6.12	8.57	12.4	8.47	21.38	29.5	35.58	24.61
Thailand	10%	11%	10%	10%	13.23	13.82	12.39	9.95	58.36	65.31	57.42	47.91
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	5%	7%	7%	7%	4.34	5.16	7.78	7.1	16.13	15.02	23.25	21.48
Yemen	25%	23%	19%	16%	9.39	14.97	13.35	12.13	35.5	58.38	72.22	66.61
Zambia	10%	9%	11%	12%	9.31	6.54	11.93	13.66	33.97	21.78	40.44	39.99
Zimbabwe	.	.	.	.	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	
Asia	
Central Africa	
East Africa	
MENA	
Southern Africa	
West Africa	
Global	

.../...

ANNEX II
Strategic Objective 1: Protection | 2008 - 2011
 Water and Sanitation Strategic Plan Indicators

Country	1.7 Average quantity of potable water / person / day				1.8 Number of persons per water tap				1.9 Proportion of families with latrines			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	20	20	.	.	184	184	.	.	100%	100%
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	27	21	14	19	84	100	54	121	.	.	.	.
Benin	.	.	5	.	.	.	14	.	.	.	0%	.
Botswana	40	.	.	.	35	.	.	.	60%	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	20	22	.	.	72	74	.	.	4%	13%	.	.
Cameroon	22	24	.	16	138	83	.	.	.	2%	.	.
Central African Republic	20	.	13	.	3,200	.	583	677	10%	.	0%	55%
Chad	14	12	14	12	267	182	184	119	19%	41%	36%	.
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	4	4	.	.	392	394	.	.	0%	1%
Congo (DR)	.	.	22	.	.	.	33	.	.	.	.	.
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	20	16	13	13	110	71	225	203	22%	20%	25%	43%
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	9	13	18	14	90	57	112	143	16%	34%	53%	31%
Ghana	.	.	20	18	321	.	227	309	10%	.	0%	22%
Guinea	42	.	.	.	.	.	.	.	1%	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	16	16	15	18	200	213	180	.	14%	48%	36%	27%
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	17	.	.	.	93	.	.	.	5%
Malawi	.	.	.	18	.	426	.	.	66%	36%	.	34%
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	22	22	23	22	256	250	393	393	82%	80%	1%	1%
Myanmar	.	.	.	.	.	.	.	.	74%	.	.	.
Namibia	29	29	.	41	67	67	.	50	27%	.	.	46%
Nepal	25	25	28	28	117	92	117	107	100%	100%	100%	100%
Pakistan	17	.	4	3	52	.	20	8	100%	.	0%	12%
Rwanda	16	19	.	20	84	75	.	82	100%	100%	.	2%
Sierra Leone	.	.	.	.	.	.	.	.	.	55%	.	.
Sudan	21	29	31	31	156	91	.	.	71%	24%	24%	26%
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	27	25	32	33	85	66	86	97	93%	71%	95%	98%
Thailand	52	54	50	25	76	86	79	226	98%	98%	77%	49%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	15	16	12	15	108	184	22	64	47%	65%	54%	59%
Yemen	11	11	10	4	25	20	17	10	12%	18%	19%	8%
Zambia	20	.	19	.	50	.	48	.	100%	.	89%	.
Zimbabwe	16	35	.	.	196	110	.	.	1%	10%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	75%	100%	50%	50%	50%	0%	75%	25%	75%	100%	33%	33%
Central Africa	60%	50%	25%	25%	20%	50%	25%	0%	25%	25%	0%	0%
East Africa	50%	33%	33%	33%	0%	50%	20%	25%	17%	0%	17%	17%
MENA	0%	0%	50%	50%	100%	100%	50%	50%	0%	0%	50%	50%
Southern Africa	80%	100%	50%	67%	60%	25%	50%	50%	17%	0%	50%	0%
West Africa	100%	0%	50%	0%	0%	0%	50%	0%	0%	0%	0%	0%
Global	64%	59%	40%	38%	32%	39%	42%	22%	26%	18%	22%	16%

Strategic Objective 2: Coordination and Integration | 2008 - 2011

Water and Sanitation Strategic Plan Indicators

Country	2.1 Did you regularly participate in WASH cluster meetings?			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	.	.	.	.
Argentina	.	.	.	.
Bangladesh	.	.	.	.
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	.	.	.	.
Burundi	.	Yes	Yes	.
Cameroon	.	NA	NA	NA
Central African Republic	NA	Yes	Yes	Yes
Chad	Yes	Yes	Yes	.
Colombia	.	.	.	.
Congo	.	.	.	.
Congo (DR)	No	No	No	.
Costa Rica	.	.	.	.
Côte d'Ivoire	.	.	.	.
Djibouti	.	.	.	Yes
Egypt	.	.	.	.
Ethiopia	.	.	.	.
Ghana	.	.	.	.
Guinea	.	.	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	.	.	.	No
Kenya	No	No	No	No
Lebanon	.	.	.	.
Liberia	NA	NA	Yes	Yes
Malawi	No	No	No	No
Malaysia	.	.	.	.
Mexico	.	.	.	.
Mozambique	Yes	Yes	Yes	Yes
Myanmar	Yes	Yes	Yes	.
Namibia	.	.	.	.
Nepal	DK	DK	DK	DK
Pakistan	DK	DK	No	No
Rwanda	.	.	.	.
Sierra Leone	Yes	Yes	Yes	.
Sudan	No	Yes	Yes	Yes
Syria	No	No	No	No
Tanzania	.	.	.	.
Thailand	DK	No	No	No
Togo	.	.	.	.
Uganda	No	.	.	.
Yemen	.	Yes	Yes	Yes
Zambia	.	.	.	.
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.
Asia	100%	50%	33%	0%
Central Africa	50%	75%	75%	100%
East Africa	0%	50%	50%	67%
MENA	0%	50%	50%	33%
Southern Africa	50%	50%	50%	50%
West Africa	100%	100%	100%	100%
Global	40%	62%	60%	50%

.../...

ANNEX II
Strategic Objective 3: Prevention | 2008 - 2011
 Water and Sanitation Strategic Plan Indicators

Country	3.1 Proportion of families receiving > 250g soap/person/month				3.2 Number of persons per drop-hole in communal latrine				3.3 Proportion of population living within 200m from a water point			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	.	.	31%	25%	.	.	15	15	.	.	100%	100%
Angola	.	.	.	.	.	.	.	.	.	.	.	.
Argentina	.	.	.	.	.	.	.	.	.	.	.	.
Bangladesh	90%	100%	68%	68%	18	19	20	26	100%	100%	68%	73%
Benin	.	.	.	.	.	.	0	.	.	.	0%	.
Botswana	.	.	.	.	50	.	.	.	30%	.	.	.
Brazil	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	.	.	.	.	15	17	.	.	100%	100%	.	.
Cameroon	.	.	.	.	35	21	.	16	80%	80%	.	.
Central African Republic	.	.	1%	1%	.	.	20	19	75%	.	1%	81%
Chad	1%	64%	8%	68%	130	15	73	43	58%	71%	89%	69%
Colombia	.	.	.	.	.	.	.	.	.	.	.	.
Congo	.	.	.	.	.	.	53	.	.	.	0%	6%
Congo (DR)	.	.	44%	.	.	.	7	.	.	.	44%	.
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.
Côte d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	.	.	.	.	750	17	768	1656	30%	50%	61%	61%
Egypt	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	59%	54%	96%	65%	17	21	49	43	50%	53%	86%	54%
Ghana	.	.	.	38%	102	.	74	45	80%	.	1%	51%
Guinea	1%	.	.	.	.	.	.	.	1%	.	.	.
India	.	.	.	.	.	.	.	.	.	.	.	.
Indonesia	.	.	.	.	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	0	0	.	.	.	.
Jordan	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	100%	100%	89%	91%	27	22	23	20	92%	84%	61%	65%
Lebanon	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	.	.	21%	.	.	.	27	.	.	.	.
Malawi	100%	.	.	100%	.	42	.	18	100%	90%	.	100%
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.
Mexico	.	.	.	.	.	.	.	.	.	.	.	.
Mozambique	.	80%	1%	1%	443	.	26	26	90%	90%	1%	1%
Myanmar	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	100%	.	100%	.	12	.	0	100%	100%	.	100%
Nepal	100%	100%	100%	100%	124	78	74	13	100%	100%	100%	100%
Pakistan	.	.	.	.	29	.	0	0	83%	.	0%	13%
Rwanda	99%	100%	.	87%	20	20	.	22	100%	100%	.	85%
Sierra Leone	.	.	.	.	.	.	.	.	.	.	.	.
Sudan	21%	19%	.	.	50	94	200	.	65%	78%	74%	.
Syria	.	.	.	.	.	.	.	.	.	.	.	.
Tanzania	100%	77%	100%	100%	22	33	32	26	93%	74%	97%	96%
Thailand	25%	60%	43%	41%	50	41	2	58	99%	100%	99%	50%
Togo	.	.	.	.	.	.	.	.	.	.	.	.
Uganda	.	16%	21%	19%	33	34	64	47	32%	30%	37%	.
Yemen	23%	.	23%	11%	17	.	216	90	23%	25%	60%	35%
Zambia	95%	.	.	.	9	.	774	.	100%	.	91%	.
Zimbabwe	.	.	.	.	46	22	.	.	85%	100%	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.	.	.	.	.
Asia	67%	67%	33%	33%	25%	33%	50%	50%	75%	100%	50%	25%
Central Africa	50%	50%	0%	33%	25%	50%	25%	50%	40%	50%	0%	0%
East Africa	50%	20%	75%	50%	17%	17%	0%	0%	33%	0%	17%	25%
MENA	0%	0%	0%	0%	100%	0%	67%	67%	0%	0%	50%	50%
Southern Africa	100%	50%	0%	67%	25%	33%	0%	67%	50%	50%	50%	67%
West Africa	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%	0%	0%
Global	54%	42%	31%	35%	25%	31%	29%	38%	42%	39%	25%	28%

Strategic Objective 3 | 2008 - 2011

Water and Sanitation Strategic Plan Indicators

Country	3.4 Did you have an epidemic preparedness plan that includes cholera?			
	2008	2009	2010	2011
Algeria	No	No	No	No
Angola	No	No	No	No
Argentina	.	.	.	.
Bangladesh	Yes	Yes	Yes	Yes
Benin	.	.	.	.
Botswana	Yes	Yes	Yes	Yes
Brazil	NA	NA	NA	NA
Burundi	Yes	Yes	Yes	Yes
Cameroon	NA	NA	NA	NA
Central African Republic	Yes	Yes	Yes	Yes
Chad	Yes	Yes	Yes	Yes
Colombia	.	.	.	.
Congo	No	No	No	No
Congo (DR)	DK	DK	DK	DK
Costa Rica	NA	NA	NA	NA
Côte d'Ivoire	.	.	.	.
Djibouti	No	No	Yes	Yes
Egypt	No	No	No	No
Ethiopia	No	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes
Guinea	.	.	.	.
India	NA	NA	NA	NA
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	No	No	No	No
Kenya	Yes	Yes	Yes	Yes
Lebanon	No	No	No	No
Liberia	NA	Yes	Yes	Yes
Malawi	Yes	Yes	Yes	Yes
Malaysia	No	No	No	No
Mexico	NA	NA	NA	NA
Mozambique	No	No	Yes	Yes
Myanmar	Yes	Yes	Yes	Yes
Namibia	Yes	Yes	Yes	Yes
Nepal	No	No	Yes	Yes
Pakistan	DK	DK	No	No
Rwanda	Yes	Yes	Yes	Yes
Sierra Leone	Yes	Yes	Yes	Yes
Sudan	No	No	Yes	Yes
Syria	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes
Thailand	Yes	Yes	Yes	Yes
Togo	.	.	.	.
Uganda	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	Yes
Zambia	No	No	No	No
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%
Asia	60%	60%	67%	67%
Central Africa	80%	80%	80%	80%
East Africa	50%	67%	100%	100%
MENA	17%	17%	17%	17%
Southern Africa	50%	50%	67%	67%
West Africa	100%	100%	100%	100%
Global	53%	58%	69%	69%

.../...

Country	5.1 Did you design and integrate WASH policies and programmes into your exit strategy in areas of return or integration?			
	2008	2009	2010	2011
Algeria	.	.	.	.
Angola	NA	NA	NA	.
Argentina	.	.	.	.
Bangladesh	.	.	.	.
Benin	.	.	.	.
Botswana	.	.	.	.
Brazil	NA	NA	NA	.
Burundi	No	No	No	.
Cameroon	.	.	.	NA
Central African Republic	.	.	.	.
Chad	.	.	DK	.
Colombia	.	.	.	.
Congo	Yes	Yes	Yes	.
Congo (DR)	No	No	No	.
Costa Rica	No	No	No	No
Côte d'Ivoire	.	.	.	.
Djibouti	.	.	.	.
Egypt	.	.	.	.
Ethiopia	.	.	.	.
Ghana	.	.	.	.
Guinea	.	.	.	.
India	.	.	.	.
Indonesia	.	.	.	.
Iran	.	.	.	.
Jordan	NA	NA	NA	.
Kenya	.	.	.	.
Lebanon	NA	.	.	.
Liberia	NA	NA	NA	NA
Malawi	No	No	No	No
Malaysia	.	.	.	.
Mexico	NA	NA	NA	.
Mozambique	.	No	No	.
Myanmar	Yes	Yes	Yes	.
Namibia	.	.	.	.
Nepal	.	.	.	.
Pakistan	DK	DK	Yes	.
Rwanda	.	.	.	.
Sierra Leone	Yes	Yes	Yes	.
Sudan	.	.	.	.
Syria	No	No	No	No
Tanzania	.	.	.	.
Thailand	.	.	.	NA
Togo	.	.	.	.
Uganda	.	.	.	.
Yemen	.	NA	NA	No
Zambia	.	.	.	.
Zimbabwe	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	0%	0%	0%	0%
Asia	100%	100%	100%	0%
Central Africa	33%	33%	33%	0%
East Africa	0%	0%	0%	0%
MENA	0%	0%	0%	0%
Southern Africa	0%	0%	0%	0%
West Africa	100%	100%	100%	0%
Global	38%	33%	40%	0%

.../...

Strategic Objective 7: Assessments, Surveillance, Monitoring and Evaluation and Operational Research | 2008 - 2011

Water and Sanitation Strategic Plan Indicators

Country	7.1 Did you conduct monthly water quality testing in all camps?				7.2 Did you conduct any WASH operational research?			
	2008	2009	2010	2011	2008	2009	2010	2011
Algeria	No	No	No	No	No	No	No	No
Angola	NA	NA	NA	.	No	No	No	.
Argentina	.	.	.	.	.	.	.	.
Bangladesh	No	Yes	Yes	Yes	No	Yes	No	No
Benin	.	.	.	.	.	.	.	.
Botswana	NA	NA	NA	.	No	No	No	.
Brazil	NA	NA	NA	.	NA	NA	NA	.
Burundi	No	No	Yes	.	No	No	No	.
Cameroon	No	No	No	No	No	No	No	No
Central African Republic	No	No	No	No	No	No	No	No
Chad	Yes	Yes	Yes	.	No	No	No	.
Colombia	.	.	.	.	.	.	.	.
Congo	No	No	No	.	No	No	No	.
Congo (DR)	No	No	No	.	No	No	No	.
Costa Rica	NA	NA	NA	NA	No	No	No	No
Côte d'Ivoire	.	.	.	.	.	.	.	.
Djibouti	No	No	No	No	DK	DK	No	Yes
Egypt	NA	NA	NA	.	NA	NA	NA	.
Ethiopia	No	No	No	Yes	No	No	No	No
Ghana	No	No	No	No	No	No	No	No
Guinea	.	.	.	.	.	.	.	.
India	NA	NA	NA	NA	NA	NA	NA	NA
Indonesia	.	.	.	.	.	.	.	.
Iran	.	.	.	.	.	.	.	.
Jordan	NA	NA	NA	DK	No	No	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Lebanon	NA	NA	NA	.	No	No	No	.
Liberia	NA	NA	No	No	No	No	No	No
Malawi	Yes	Yes	Yes	Yes	No	No	Yes	No
Malaysia	NA	NA	NA	NA	No	No	No	No
Mexico	NA	NA	NA	.	NA	NA	NA	.
Mozambique	No	No	No	No	No	No	No	No
Myanmar	NA	NA	NA	.	No	No	No	.
Namibia	Yes	Yes	Yes	.	Yes	Yes	Yes	.
Nepal	Yes	Yes	Yes	Yes	DK	DK	DK	DK
Pakistan	No	No	No	No	DK	DK	No	No
Rwanda	No	No	No	.	.	.	.	.
Sierra Leone	No	No	No	.	No	No	No	.
Sudan	No	No	No	No	No	Yes	No	No
Syria	No	No	No	No	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Thailand	Yes	Yes	Yes	Yes	DK	DK	DK	DK
Togo	.	.	.	.	.	.	.	.
Uganda	No	No	No	No	No	Yes	Yes	Yes
Yemen	No	No	No	No	NA	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	.	No	No	No	.
Zimbabwe	.	.	.	.	.	.	.	.

Proportion of countries globally and in each region that met the standard:

Americas	.	.	.	.	.	.	.	.
Asia	50%	75%	75%	75%	0%	33%	0%	0%
Central Africa	14%	14%	29%	0%	0%	0%	0%	0%
East Africa	33%	33%	33%	50%	40%	80%	50%	33%
MENA	0%	0%	0%	0%	0%	20%	20%	25%
Southern Africa	75%	75%	75%	50%	17%	17%	33%	0%
West Africa	0%	0%	0%	0%	0%	0%	0%	0%
Global	31%	35%	37%	37%	11%	24%	19%	15%

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