

**Cover Photo:** Mother with newborn baby, Ndosho maternity clinic, Goma, Democratic Republic of the Congo. WHO/Christopher Black.













































# Accountability for Maternal, Newborn & Child Survival

An update on progress in priority countries

www.countdown2015mnch.org



#### O World Health Organization 2012

All rights reserved. Publications of the World Health Organization are available on the WHO web site (www.who.iiif).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, pily or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and convenions excepted, the names of proprietary products are distinguished by (world capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader, in no event shall the World Health Organization be liable for damages arrange from its use.

### Contributors

This report has been developed by Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival, in support of the Global Strategy for Women's and Children's Health and the follow-up to the report of the Commission on Information and Accountability for Women's and Children's Health, Keeping Promises, Measuring Results.

Countdown writing team: Jennifer Requejo (JHSPH/PMNCH), Jennifer Bryce (JHSPH), Adam Deixel (FCI), Cesar Victora (University of Pelotas)

Profile development team: Tessa Wardlaw (UNICEF), Archana Dwivedi (UNICEF), Holly Newby (UNICEF)

Production team: Virginia Taddoni (FCI), Adam Deixel (FCI), Lori McDougall (PMNCH), Dina El Husseiny (PMNCH), Jennifer Requejo (JHSPH/PMNCH)

Design: Virginia Taddoni and Sandy Zimmerman (FCI)

Printed in France by PAPRIKA

### Acknowledgements

Countdown to 2015 would like to thank the following:

UNICEF/Statistics and Monitoring Section for use of global databases, preparation of country profiles and review of report text. Particular recognition goes to Priscilla Idele and Danielle Burke for their help with the HIV indicators.

Devinto for its work on developing the profiles

The Countdown Scientific Review Group for its inputs in shaping the report: Cesar Victora (chair). Jennifer Bryce, Jennifer Requejo, Joy Lawn, Bernadette Daelmans, Holly Newby, Peter Berman, Andres de Francisco

The Countdown Leadership Sub-Group for its oversight of the report development process: Mickey Chopra (co-chair), Zulfiqar Bhutta (co-chair), Liz Mason, Carole Presern, Ann Starrs, Cesar Victora, Holly Newby, Jennifer Requejo



### In this publication, Countdown to 2015

provides profiles for the countries where more than 95% of all maternal and child deaths occur. The profiles highlight how well each country is doing in increasing coverage of high-impact interventions that can save the lives of millions of women and children. The core indicators included in these profiles, selected in 2011 by the Commission on Information and Accountability for Women's and Children's Health, encompass key elements of the reproductive, maternal,



newborn, and child health (RMNCH) continuum of care. A snapshot of progress on these core indicators, across the priority countries, reveals promising news as well as challenges that still remain to be addressed.

COUNTDOWN TO 2015 IS A GLOBAL MOVEMENT OF ACADEMICS, GOVERNMENTS, INTERNATIONAL AGENCIES, HEALTH CARE PROFESSIONAL ORGANIZATIONS, DONORS, AND NON-GOVERNMENTAL. ORGANIZATIONS, WITH THE LANCET AS A KEY PARTNER.

#### COUNTDOWN

- Uses country-specific data to track, stimulate, and support country progress towards achieving the health-related Millennium Development Goals (MDGs), particularly MDGs 4 (reduce child mortality) and 5 (improve maternal health)
- Focuses on coverage levels and trends for interventions proven to improve RMNCH, as well as critical determinants of coverage: health systems functionality, health policies, and financing
- Examines equity in coverage across different population groups within and across Countdown countries
- Uses these data to hold countries and their international partners accountable for progress in RMNCH
- Supports country-level Countdowns to promote evidence-based accountability

Since its first set of reports and events in 2005, Countdown has achieved global impact with its focus on accountability and use of available data to hold stakeholders to account for global and national action.

### Countdown and the Accountability Agenda

In September 2010, at a UN General Assembly summit to assess progress on the MDGs, Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health, an unprecedented plan to save the lives of 16 million women and children by 2015.1 This was followed by the establishment of the Commission on Information and Accountability for Women's and Children's Health, charged with developing an accountability framework to monitor and track commitments made to the Global Strategy. In May 2011, the Commission released its report, Keeping Promises, Measuring Results. Drawing on advice from Countdown members and other technical experts, the report identified a set of core indicators which, taken together, enable stakeholders to track progress in improving coverage of interventions across the continuum of care. The report also urged that all coverage data be disaggregated by key equity considerations.2 An independent Expert Review Group (iERG) was appointed by the Secretary-General in September 2011 to report annually on progress in implementing the Commission's recommendations regarding reporting, oversight, and accountability in 75 priority countries.3

Countdown is contributing significantly to this global accountability agenda, through the preparation of:

- Countdown profiles focused on the Commission indicators, updated every year with new data and results
- Special analyses to address accountability questions, and to inform the iERG

CORR WHICATION OF REPORT BY THE COMMISSION ON INEQUINATION AND ACCOUNTABLETY

- Maternal mortality ratio
- Under-5 child mortality, with the proportion of newborn dealtrs
- Children under five who are stunted
- Demand for family planning satisfied (met need for contraception)
- Antenatal care coverage (four or more visits)
- Antiretroviral prophylaxis among HIV-positive pregnant women to prevent mother-to-child transmission of HIV, and antiretroviral therapy for pregnant women who are treatmenteligible
  - Skilled attendant at birth
- Postnatal care for mothers and babies within two days of birth
- Exclusive breastfeeding (< 6 months)
- Three doses of combined diphtheria-tetanus pertussis (DTP3) immunization coverage
- Antibiotic treatment for pneumonia

Country-level Countdown processes that include national consultations, workshops, or publications, and utilize Countdown data and methodological approaches.

The country profiles in this publication, customized to showcase the Commission indicators, are adapted from the full, two-page Countdown country profile, which Countdown produces on a roughly two-year cycle. Full country profiles will be included in Countdown's 2012 Report, to be published later in the year.

<sup>1.</sup> Up to date information on commitments to the Golds Stralegy is available at even everywhereneway child and

Further tentioning guidance on the Commission institutes to exhibite from Country and Services National Market Methods (NHC). Moreovery receiving any property exhibition. Services 2011, ISBN 976-92-4-1502518-5.

<sup>1</sup> Profession provided for 71 of the 75 high-burden countries. Profession functionable for South Sustain and prodicession business and lack at casts assessing at the time of publication



### The Countdown country profile, highlighting the Commission indicators

The Countdown country profile presents in one place the best and latest evidence to enable an assessment of a country's progress in improving RMNCH. Most of the data for the Commission indicators come from household surveys: the two main surveys used to collect nationallyrepresentative data for RMNCH are the USAID-supported Demographic and Health Surveys (DHS) and the UNICEFsupported Multiple Indicator Cluster Surveys (MICS).4

These country profiles reflect the data that are available for each country. Missing values for certain indicators, or estimates that are more than five years old, indicate an urgent need for concerted action to increase data collection efforts so that evidence is available for policy and program development.

### Countdown addresses multiple Millennium Development Goals

- . MDG 4 to reduce child mortality
- . MDG 5 to improve maternal health
- MDG 1 to eradicate extreme poverty and hunger, specifically by addressing nutrition with a focus on infant and young child feeding
- MDG 6 to combat HIV/AIDS, malaria, and other diseases
- MDG 7 to ensure environmental sustainability, through tracking improved access to safe water and improved sanitation

More information on the MDGs is available at: www.un.org/millenniumgoals

<sup>4.</sup> More information about data sources is available at www.measuredts.com and www.childints.org.

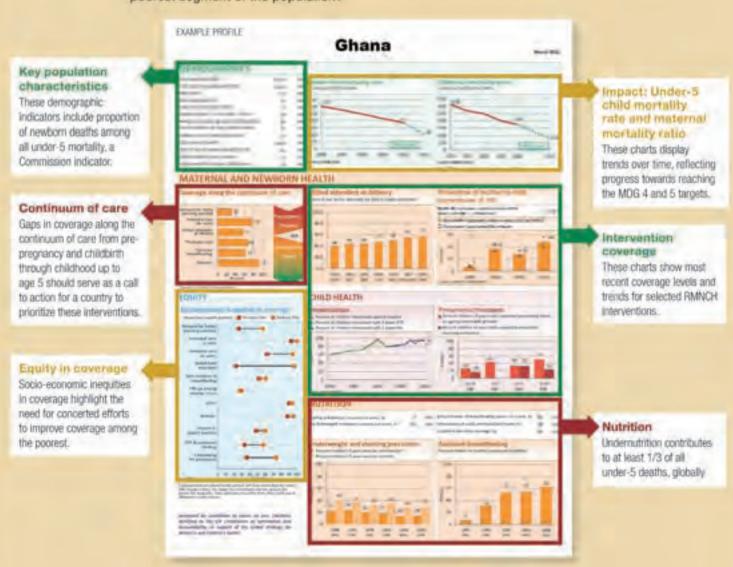
### How to use the country profile



#### REVIEW THE DIFFERENT TYPES OF INFORMATION

The first step is to explore the range of data presented in the profile: demographic factors, mortality measures, coverage of evidence-based interventions, nutritional status measures, and measures of socioeconomic equity in coverage. Key questions to ask in reviewing the data include the following:

- Are trends in mortality and nutritional status moving in the right direction? Is the country on track to achieve the health MDGs?
- How high is coverage for the various interventions? Are trends moving in the right direction towards universal coverage? Are there gaps in coverage for specific interventions?
- How equitable is coverage? Are certain interventions particularly inaccessible for the poorest segment of the population?





#### **IDENTIFY OPPORTUNITIES TO ACCELERATE PROGRESS.**

The second step is to compare progress in different areas, focus on specific coverage gaps, and identify opportunities to address these gaps and accelerate progress in improving coverage and health outcomes. Questions to ask include the following:

- + Are the coverage data consistent with the epidemiological situation? For example,
  - If stunting prevalence is high, are coverage levels low for the infant feeding indicators? Would a focus on early initiation of breastfeeding and exclusive breastfeeding help to drive progress on reducing stunting?
  - In priority countries for the elimination of mother-to-child transmission of HIV, are sufficient resources being targeted to preventing mother-to-child transmission?
    If progress on reducing maternal mortality is lagging, and/or if newborn mortality is high, is this a reflection of low coverage of family planning, antenatal care (four or more visits), skilled attendance at birth, and postnatal care?
- Are there patterns in the coverage data that suggest clear action steps? For example, lower coverage for interventions involving treatment of an acute need (e.g., treatment of childhood diseases, childbirth services) than for interventions delivered routinely through outreach or scheduled in advance (e.g., vaccinations) suggests the need for measures to strengthen health systems, such as a greater policy focus on the training and equitable deployment of skilled health workers to increase access to care.
- Are gaps in coverage along the continuum of care suggestive of a call to action to prioritize specific interventions in future planning activities? For example, is access to labor, delivery, and immediate postnatal care being prioritized in countries with gaps in interventions delivered around the time of birth?

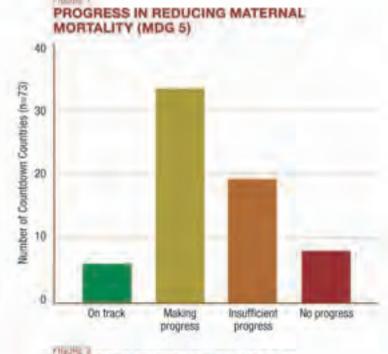
### A snapshot of progress on the Commission Indicators

This section summarizes the data presented in the country profiles included in this publication," providing an overall picture of progress and remaining challenges. Such summaries must be interpreted with care, because aggregate statistics can mask important information about progress or problems in individual countries.

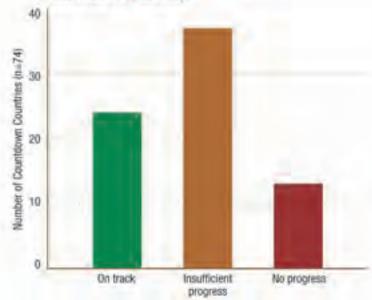
#### IMPACT INDICATORS

These profiles show promising news on maternal mortality, though global progress is insufficient to achieve MDG 5. Thirty-five Countdown countries experienced a decline of 40% or more in maternal mortality between 1990 and 2008. Six countries are now on track to achieve MDG 5, and another 33 are making progress.6 However, progress is insufficient in 19 countries, and there has been no progress towards MDG 5 in another eight countries. Although maternal mortality has dropped in the majority of Countdown countries, 60% still have very high or high maternal mortality levels, indicating the need for continued focus on the provision of high-quality family planning, antenatal, delivery, and postnatal services.

Under-5 mortality is declining! Among the Countdown countries, 24 are now on track to achieve MDG 4, up from 19







<sup>5.</sup> Security of the comion in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent administration to the Dinted Nations on 14 July 2011, disapprepried data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-organic indicators for which Sudan pre-organic and available data daying the time period 2006-2010 include Developed for family planning estated by the time period 2006-2010 include Developed for family planning estated, DTP3, Exclusive breastleading (i-6 involve). Switted attendant at time. This follows the convention used is UNICES's State of the World's Children 2012 Report. The mortality and standing data asia include Sudan pre-cessor).

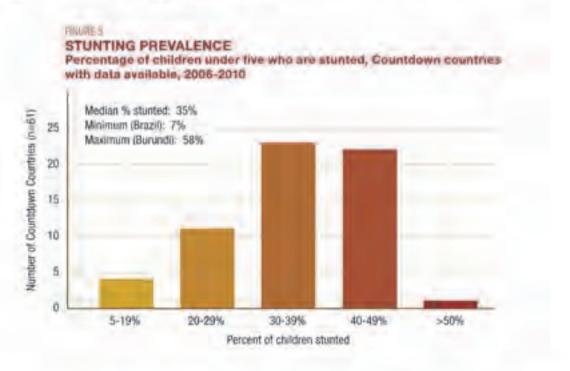
Key: Countries with MMR greater than or equal to 100 are categorized as:
"on track" = 5.5%, decline or more assessibly, "making prograss" = Jeptimed
between 2% and 5.5%; "noufficient prograss" = less than 2% armunity, "so
progress" = an armunit increase in MMR. Countries with MMR less than 190,
in 1900 are not categorized. Source: WHO, UNICE; UNERS, Woold Sank, 2010.
Tracks in Malarma Martally, 1900 to 2009, WHO.

WHO, UNICEF, WIFFIN, World Bank. 2018. Trands in Matureal Morbilly. 1993 in 2008. WHO.

at the time of the 2010 Countdown Report.\* The news is not all good, however, and about half of all under-5 deaths occur in only five Countdown countries: India, Nigeria, Democratic Republic of Congo, Pakistan, and China.

As under-5 mortality declines, the percentage of child deaths that are newborn deaths increases. The latest global estimates, as well as results from the 74 Countdown countries with data available, indicate that approximately 40% of under-5 deaths occur in the neonatal period. Countries must continue to prioritize child survival activities as well as concentrate on reducing newborn mortality.

Stunting is a critical indicator of progress in child survival, reflecting long-term exposure to poor health and nutrition, especially in the first two years of life. Children under the age of five around the world have the same growth potential, and prevalence of stunting above the 3% level expected in a well-nourished population indicates the need for remedial actions. All 61 Countdown countries with data available since 2006 have levels of stunting that require urgent attention. In the majority of these countries, more than one in three children is stunted. Addressing undernutrition through multi-sectoral programs must continue to be a major priority in these countries.



<sup>6</sup> Key: "On back," exhibition that the under 5 montality rate for 2010 is less than 40 per 1,000 or that it is 40 per more with an average around rate of reduction of 1% - 3.9% for 1660-2010, "no programs" indicates that the under 5 montality rate for 2010 is 40 or more with an average around rate of reduction of 1% - 3.9% for 1660-2010, "no programs" indicates that under 5 montality rate for 2010 is 40 or more with on average around rate of reduction of less, than 1% for 1600 to 2010. Source: URICEF, 8HO, World Book, United Michigan Population Deviation (DSSA, 2011, Levella & Transfe in DNM Michigan Report 2017). Estimates streamped by the UN inter-agency group for critical existing assembles. (RICEF)

Source: URCEF, WHO, World Store, United National Population Division/UESA, 2011. Levels & Trends in Child Mertality: Report 2011. Estimates developed by the UN less regimely group for child. Institution. LANCEF.

#### INDICATORS OF INTERVENTION COVERAGE

FIGURE A

The Commission selected eight coverage indicators from among those already in use by Countdown and for tracking progress toward achieving the MDGs. Their choice was strategic, selecting a limited number of interventions along the continuum of care that are likely to be supported by the collection of consistent and timely data.

Figure 4 and Table 1 show the current coverage levels for the Commission indicators based on available data from the Countdown country profiles included in this publication. The HIV indicators selected by the Commission are presented separately below.

These coverage results demonstrate what is possible - for six of the interventions, at least one country has achieved a coverage level above 80%, and for the remaining two interventions, at least one country has achieved a coverage level of over 70%. The results also show, however, that substantial progress is still needed. The median coverage levels hover around 50%, with higher levels for DTP3 vaccine and lower levels for postnatal care for mothers, exclusive breastfeeding, and antibiotic treatment for pneumonia.

COVERAGE ACROSS THE CONTINUUM OF CARE

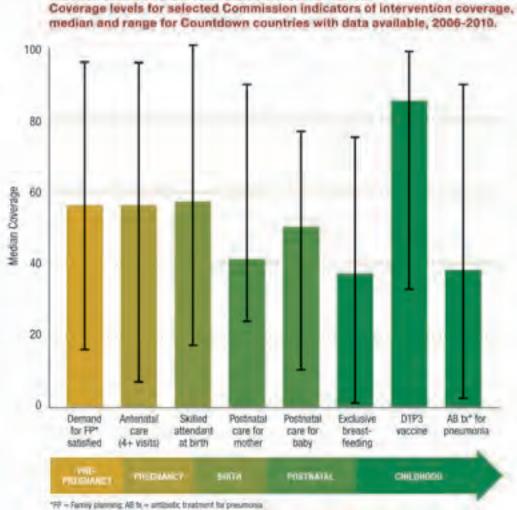


TABLE 1: A snapshot of coverage levels for select Commission indicators, Countdown countries with data available, 2006-2010."

COMMISSION INDICATOR	NO. OF COUNTRIES WITH DATA	MEDIAN (%)	RANGE (NI)
Demand for family planning satisfied (met need for contraception)	46	56	17 - 97
Antenatal care (four or more visits)	42	56	6-97
Skilled attendant at birth	65	57	18-100
Postnatal care (within two days)			
for matter	22	41	22 - 87
for baby	4	50	8-77
Exclusive breastfeeding (< 6 months)	57	37	1 - 74
DTP3 vaccine	.74	85	33 - 99
Antibiotic treatment for pneumonia	- 41	38	3 - 88

Each country profile provides a summary graph showing whether coverage for a set of interventions is equitable across poorer and richer households. Analysis of the Countdown data shows that intervention coverage is substantially higher among women and children from richer households, but that inequalities in coverage vary by intervention. Interventions such as presence of a skilled attendant at birth are particularly inequitable, while interventions that do not require a functional health system, such as vaccines, are more equitable."

The Commission selected two HIV indicators, encouraging countries to increase provision of antiretroviral medicines to HIV-infected pregnant women in order to reduce the risk of transmission of HIV to their babies, and for their own health. These indicators are important measures of progress towards MDG 6. New reporting on coverage for the most effective antiretroviral drug regimens, as recommended by WHO, will now enable monitoring of country progress in scaling up these regimens. Table 2 shows coverage levels for the most effective regimens for the prevention of mother-to-child transmission (PMTCT) in the Countdown countries that are considered priority countries for the elimination of mother-to-child transmission. (Ethiopia, India, and Malawi are also priority countries, but they do not have disaggregated data for 2010, and are therefore not included.) The table shows a wide range in coverage levels, with three countries reporting coverage levels of 10% or less and six countries reaching over 75% of the eligible population in need.<sup>13</sup>

<sup>10.</sup> Source: UNCEF Global Department, Neverther 2011, based on Demanaphic and Health Surveys, Multiple Indicator Claims Europe, and other citational surveys.

<sup>11.</sup> Ramos AJD, Rosemans C, Assistan R, Louiza E, Berton AD, Franca DV Bryon J, Science T, Victora CT, Equity in materials, involves and child featile interventions in Contribution to 2015.

In interruption review of survey data from 54 courses, Lincoln, in press.

<sup>12.</sup> Source: WHO, LIMADS, and LAMCEY. 2011. Ground ANY WIRDS requires. Epidemic options and health sector programs become conversal discrete. 7.7, page. 158.

TABLE 2: Estimated antiretroviral coverage for the prevention of mother-to-child transmission using the most effective regimen, priority countries, 2010.

PRIORITY COUNTRY	PERCENT	UNCERTAINTY*
Congo, Democratic Republic of	1	(<1-1)
Chad	7	(5-9)
Nigeria	9	(7-10)
Angola	20	(15-28)
Burundi	36	(32-49)
Uganda	42	(36-51)
Kenya	43	(37-49)
Zimbabwe	46	(40-52)
Ghana	48	(40-57)
Mozambique	52	(44-62)
Cameroon	53	(43-65)
Tanzania, United Republic of	59	(52-68)
Côte d'Ivoire	66	(54-79)
Zambia	75	(67-85)
Lesotho	89	(77->95)
Botswana	>95	(>95->95)
South Africa	>95	(85->95)
Swaziland	>95	(88->95)

<sup>\*</sup>The ranges around the levels of coverage are based on the uncertainty ranges around the estimates of need. Point estimates and ranges are given for countries with a generalized epidemic.

Coverage levels of antiretroviral therapy for HIV+ pregnant women who are treatment-eligible also vary substantially across the Countdown countries that are considered priorities for the elimination of mother-to-child transmission. Of the 17 priority countries with data for 2010, coverage values range from zero in Ghana to a high of 39% in Botswana and Chad.



#### WHAT DO THE 2012 COUNTDOWN DATA TELL US?

- There is important progress in reducing deaths among mothers and children, but efforts must be maintained and accelerated to achieve our goals in 2015 and beyond.
  Maternal and child survival gains must be protected and accelerated. Countries that are flagging must redouble their efforts; within countries—even those that are on track—population groups that are lagging behind must be identified and reached. Efforts targeted at reducing newborn deaths are urgent.
- Undernutrition is a crisis that must be addressed now.
  Stunting prevalence is unacceptably high, even in countries that are making progress in reducing child mortality. Addressing child undernutrition should be a priority for all governments and their partners, especially among children under two years of age.
- We must achieve universal coverage with proven RMNCH interventions.
  Only DTP3 coverage, with a median of 85% based on data from 74 countries, approaches an acceptable level of coverage. All other interventions are reaching fewer than 60% of women and children who need them. Inequities in intervention coverage must be corrected.
- We can and must learn from country successes.

  The ranges in coverage are wide, indicating that for each intervention there are countries that are reaching much higher and much lower proportions of the population than the median. For example, although a median of 56% of women reported four or more antenatal care visits during their last pregnancy, this was true for only 6% of women in Somalia and for 97% of women in Swaziland.

  Countdown is analyzing the factors associated with differences in levels and trends of coverage in the priority countries as a basis for providing better guidance for governments and their partners.

### Countdown country profiles: A basis for action

Information is a powerful force for change. Policies and programs must be developed based on evidence about what works and where improvements are needed. Governments, donors, and other stakeholders must be held accountable for fulfilling their commitments to improving RMNCH.

#### ACTIONS AT COUNTRY LEVEL

Countries can use the Countdown country profiles as a tool for action. Governments and their partners can conduct a "country Countdown" process, potentially involving conferences, reports, and the production of provincial or state-level Countdown profiles. These country Countdowns can:

- Stimulate policy and program improvements targeted at remedying coverage gaps and inequalities in coverage at national, provincial, district, and local levels
- Use evidence to advocate for more resources and greater political prioritization of the health of women and children

#### ACTIONS AT CLUBAL LEVEL

There is a role for each individual and every organization in increasing accountability for women's and children's health. The Countdown profiles offer a concise summary of the burden of maternal, newborn, and child mortality, and evidence on progress in efforts to scale-up proven interventions. Where the evidence shows that the level or focus of effort does not match the needs, decision makers and citizens have a responsibility to stand up and demand change.

Political will, combined with sound evidence, can change the world. Countdown stands ready to help.





### Country profiles

Gabon

The information summarized in the profiles is intended to help policy makers and their partners assess progress, prioritize actions, and ensure accountability for national commitments to reduce maternal, newborn, and child mortality.

The following section contains profiles for 73 countries<sup>12</sup> with high burdens of maternal and/or child mortality, including the 49 lowest-income countries covered by the Global Strategy for Women's and Children's Health. Profiles are included for the following countries:

Afghanistan Gambia Niger
Angola Ghana Nigeria
Azerbaijan Guaternala Pakistan

Bangladesh Guinea Papua New Guinea

Benin Guinea-Bissau Peru Bolivia Haiti Philippines Botswana India Rwanda

Brazil Indonesia Sao Torne and Principe

Burkina Faso Iraq Senegal
Burundi Kenya Sierra Leone
Cambodia Korea, Democratic People's Solomon Islands

Cameroon Republic of Somalia
Central African Republic Kyrgyzstan South Africa
Chad Lao People's Democratic Republic Swaziland
China Lesotho Tajikistan

Comoros Liberia Tanzania, United Republic of

Congo Madagascar Togo
Congo, Democratic Republic of the Malawi Turkmenistan
Côte d'Ivoire Mali Uganda
Djibouti Mauritania Uzbekistan

Egypt Mexico Vietnam
Equatorial Guinea Morocco Yemen
Eritrea Mozambique Zambia
Ethiopia Myanmar Zimbabwe

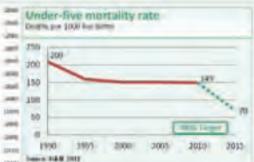
Nepal

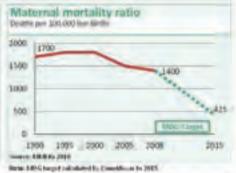
## **Afghanistan**

March 2012



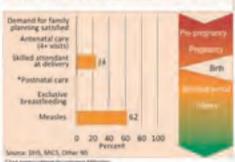






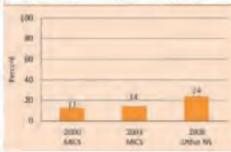
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care









#### Prevention of mother-to-child transmission of HIV

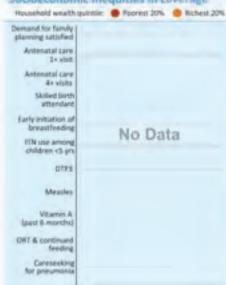
#### Highly Mrs gregored communication of the

- montionable (Novel testal ridge)
- Ferrand HE/s prognant commerceating Allice for PARTY



#### EQUITY

#### Socioeconomic inequities in coverage



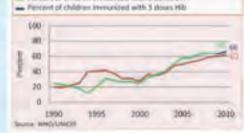
This line sign circles. The larger the less between the tiers groups, the popular the inequality. These estimates may differ from other sharts due to efferences in data assesses.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**

- Percent of children immunited against measles.
- Percent of children invasiond with 3 doses DTP



#### Pneumonia treatment

SHARE UNICEFAINACESWAY

- Percent children <5 years with suspected preumonia taken. to appropriate health provider
- Percent children <5 years with suspected preumonia</p> receiving artibiotics

No Data

#### NUTRITION

Wasting precalence transferate and users. Sci. Low birthweight incidence (molecule and severe, %).

Early initiation of breastfeeding switter ( to of term, %) Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (N)

#### Underweight and stunting prevalence Percent children v5 years who are underweight





#### Exclusive breastfeeding

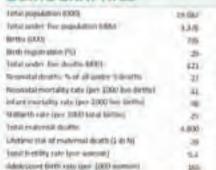
Percent erlants 46 months exclusively bresitfed

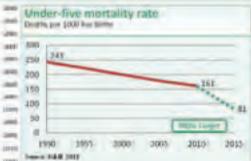
No Data

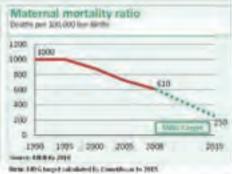
## Angola

March 2012

#### DEMOGRAPHICS

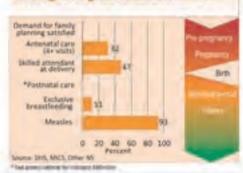






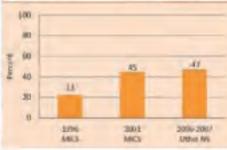
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





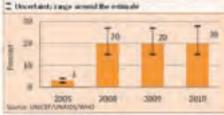




#### Prevention of mother-to-child transmission of HIV

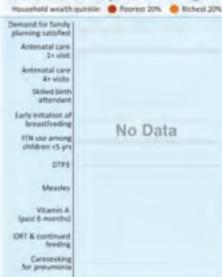
Makin Min gregound resember over his of the Same results after the state of the

Februard HE/s prognant commencerating ARIA for PARTY



#### EQUITY

#### Socioeconomic inequities in coverage



27% (production). The larger the large states of the past groups, the greater the inequality. These estimates may differ from other charts due to efferences in data scenars.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**

- Percent of children immunized against meanles.
- as Percent of children invasiond with 3 doses DTP - Percent of children immunited with 3 doses Hib
- 100 201 40 40 20 Ö 1990 1995 2000 1005 2010

#### Pneumonia treatment

- Percent children +5 years with suspected preumonia taken. to appropriate health provider
- Percent children <5 years with suspected preumonia</p> receiving artibiotics

No Data

#### NUTRITION

Watting prevalence transferate and union, ful-Low birthweight incidence (molecule and severe, %)

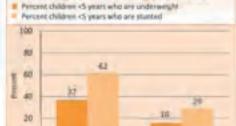
2007

Early initiation of breastfeeding switter 5 to of torm, No

imm Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

Exclusive breastfeeding

29



Underweight and stunting prevalence

Percent infants 46 months exclusively breastfed 100 80 40 20 Ú

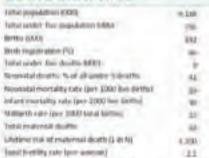


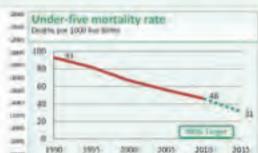
## **Azerbaijan**

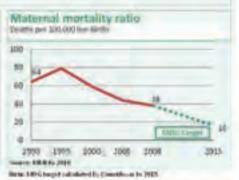
March 2012

#### DEMOGRAPHICS

Addressed forth rate that \$100 moreows.



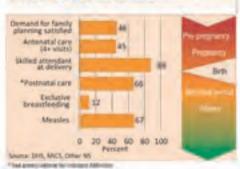




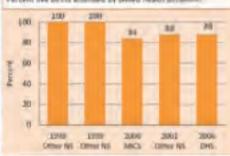
#### MATERNAL AND NEWBORN HEALTH

42

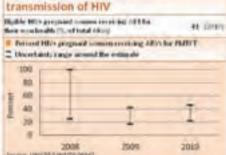
#### Coverage along the continuum of care





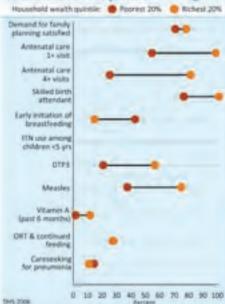


## Prevention of mother-to-child



#### EQUITY

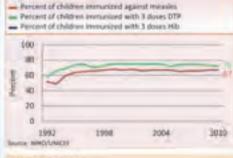
#### Socioeconomic inequities in coverage

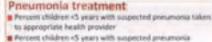


20% (or sign circles). The larger the larger the between the bard groups, the greater the measuring. These estimates may differ from other thants due to differences in state sources.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

#### CHILD HEALTH



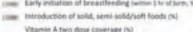


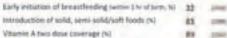


#### NUTRITION



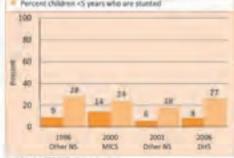




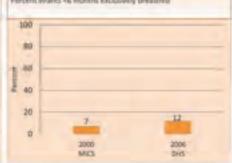


MACO

#### Underweight and stunting prevalence Percent children v5 years who are underweight Percent children <5 years who are stunted



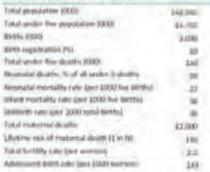
#### Exclusive breastfeeding Percent infants vi6 months exclusively breastfed

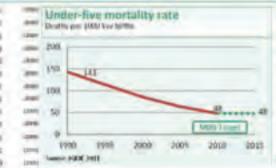


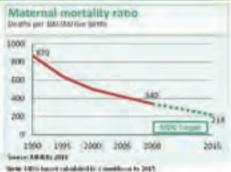
## Bangladesh

March 2012

#### DEMOGRAPHICS

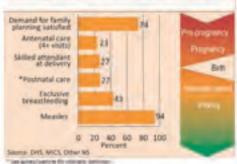






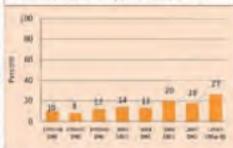
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

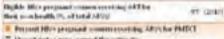


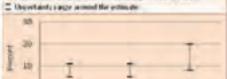


Percent live births attended by skilled health persunnel



## Prevention of mother-to-child transmission of HIV

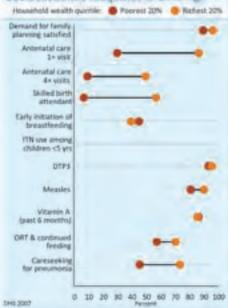




**EDGs** 

#### EQUITY

#### Socioeconomic inequities in coverage

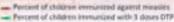


Coverage levels are shown for the poment, 20% (on directed and the rubest, 20% (on angel similes). The longer the line between the being groups, the greater the integrates of dark position.

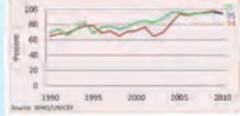
Developed by Countdown to report on sore indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



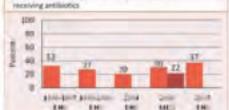


- Percent of children immunited with 3 doies Hills



#### Pneumonia treatment

- Percent thicken <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with suspected pneumonia.



#### NUTRITION

Wasting presidence (motoreto and severe, %)
Low birthweight incidence (motorete and severe, %)

20 mm 10

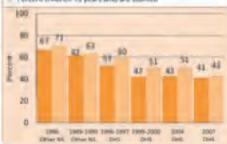
Early initiation of breastfeeding (worm s to of sizes, to introduction of solid, semi-solid/soft foods (%)

191 12 000 191 172 000 190 000

1000

#### Underweight and stunting prevalence

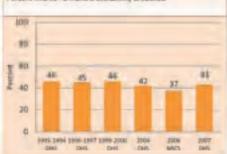
Percent children <5 years who are underweight
Percent children <5 years who are sturted



#### Exclusive breastfeeding

Vitumin A two dose coverage (%)

Perceie infants v6 months exclusively breastfed

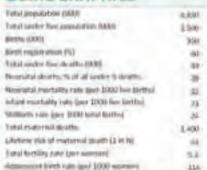


Name Annual and Address of Publishers of Street, or other Desirations of Street, or other Desi

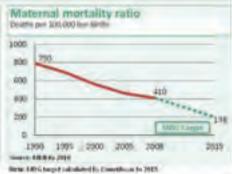
### Benin

March 2012

#### DEMOGRAPHICS

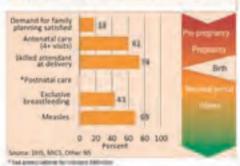






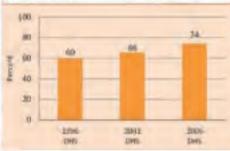
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



#### Skilled attendant at delivery

Percent live births attended by skilled health unrument

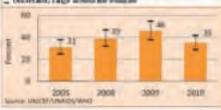


#### Prevention of mother-to-child transmission of HIV

Highly Mrs greyward companies review of the

employed the of total charge Period HE's prepared commerceding African PARTY

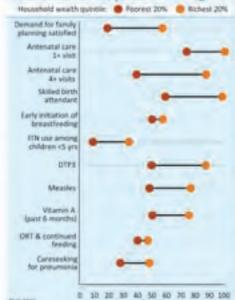
Charlest into word the estimate



#### EQUITY

**SHIP** 2006

#### Socioeconomic inequities in coverage



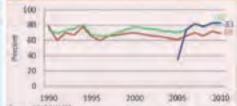
20% (or sign codes). The larger the larger the between the past groups, the greater the measuring. These estimates may differ from other thank due to differences in state sources.

Developed by Countdown to report an eary indicators identified by the UW Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**

- Percent of children immunized against measles.
- as Percent of children invasiond with 3 doses DTP - Percent of children immunited with 3 doses Hib



#### Pneumonia treatment

- Percent children <5 years with suspected preumonia taken. to appropriate health provider
- Percent children <5 years with suspected preumonia receiving artibiotics



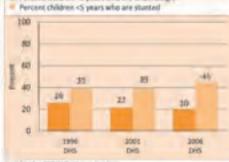
#### NUTRITION

Wasting precilence transferors and union, ful-Low birthweight incidence (molecule and severe, %)

Early initiation of breastfeeding switter ( to of term, %) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

22 inn

#### Underweight and stunting prevalence Percent children v5 years who are underweight



#### Exclusive breastfeeding Percent infants of months exclusively breastfed

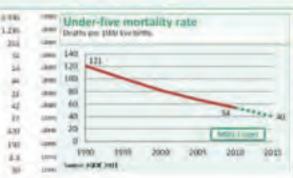


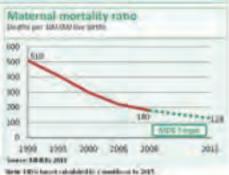
### **Bolivia**

March 2012

#### DEMOGRAPHICS

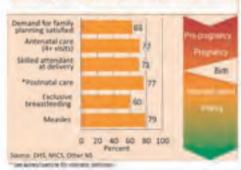




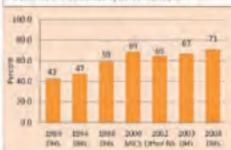


#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





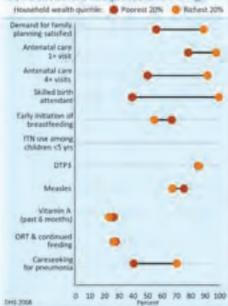


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

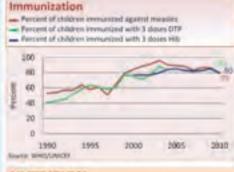
#### Socioeconomic inequities in coverage



Coverage levels are shown for the powers JUN (red septes) and the rubest. 20% to ange similer). The langer the line between the ten proups, the greater the inequality. These estimates may differ from other thans star to differences or did a powers.

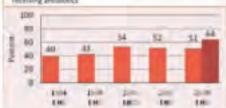
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's ringith

#### CHILD HEALTH



#### Pneumonia treatment

- Percent thikiren +5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with suspected presamonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moderate and severe, %)

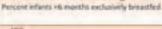
Early initiation of breastfeeding (within 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

22 1 28 -

#### Underweight and stunting prevalence

- Percent children <5 years who are underweight Percent children <5 years who are sturted
- 100 60 165 2 10 10 20 10 5 Dither No. DHS DAG

#### **Exclusive breastfeeding**

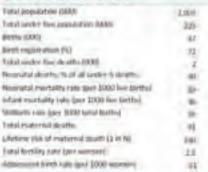


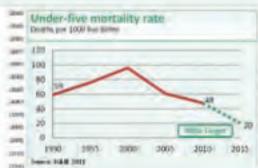


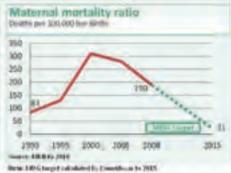
### **Botswana**

March 2012

#### DEMOGRAPHICS

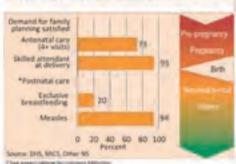






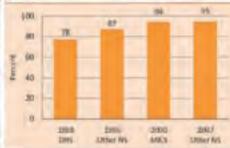
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

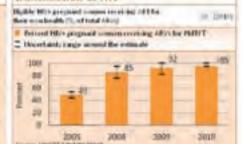






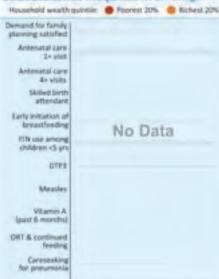


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

#### Socioeconomic inequities in coverage



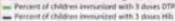
27% (production). The larger the line between the new groups, the greater the inequality. These estimates may differ from other charts due to efferences in data scenars.

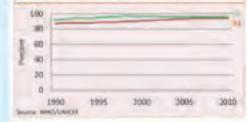
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**







#### Pneumonia treatment

- Percent children <5 years with suspected preumona taken. to appropriate health provider
- Percent children <5 years with suspected preumonia</p> receiving artibiotics



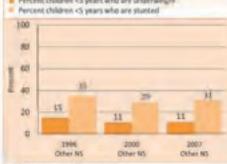
#### NUTRITION

Wasting precalence transferate and users. Sci. Low birthweight incidence (molecule and severe, %)

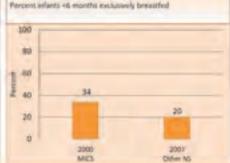
Early initiation of breastfeeding twitter 3 to of turn, 30 imm introduction of solid, semi-solid/soft foods (%) Vitamin A two door coverage (N)

200

Underweight and stunting prevalence Percent children v5 years who are underweight



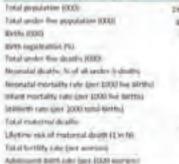
#### Exclusive breastfeeding



### Brazil

March 2012

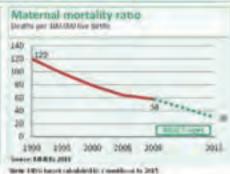
#### DEMOGRAPHICS





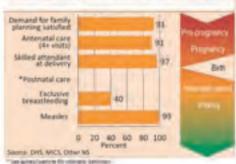
33





#### MATERNAL AND NEWBORN HEALTH

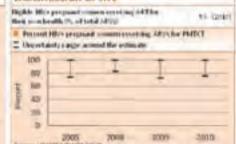
#### Coverage along the continuum of care





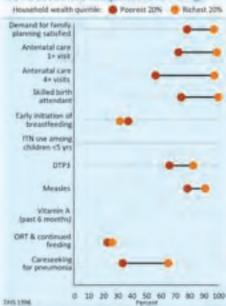


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

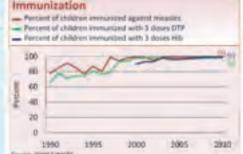
#### Socioeconomic inequities in coverage



Coverage levels are shown for the powers JON (need organ) and the rubest. 20% (nearpy similes). The langer the line between the ten proups, the greater the inequality. These estimates may differ from other thans she be differences or diel powers.

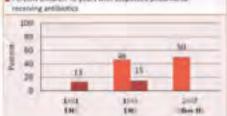
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's ringith

#### CHILD HEALTH



#### Pneumonia treatment

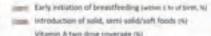
- Percent thildren +5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with tuspected pneumonia

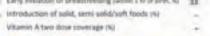


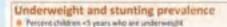
#### NUTRITION



Percent children <5 years who are sturted







2



#### Exclusive breastfeeding Percent infants +6 months exclusively breastfed

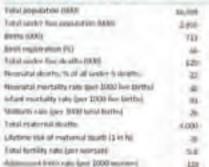




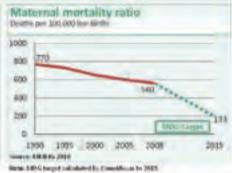
### **Burkina Faso**

March 2012

#### DEMOGRAPHICS

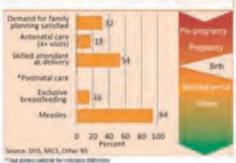






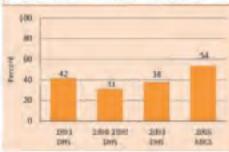
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



#### Skilled attendant at delivery



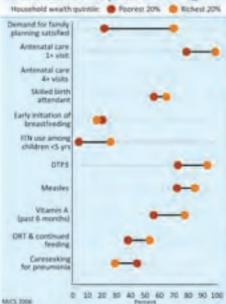


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

#### Socioeconomic inequities in coverage



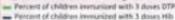
20% (or sign circles). The larger the larger the between the paragraph, the greater the measuring. These estimates may differ from other thanks due to differences in sides exercise.

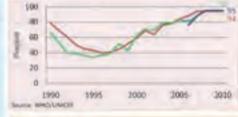
Developed by Countdown to report an eary indicators identified by the UW Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**







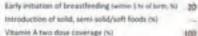
#### Pneumonia treatment

- Percent children <5 years with suspected preumona taken. to appropriate health provider
- Fercent children «S years with suspected preumonia receiving artibiotics

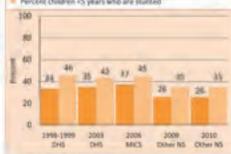


#### NUTRITION

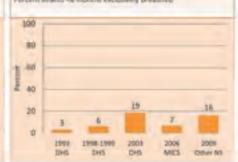
Wasting precalence transferate and users. Sci. Low birthweight incidence (molerate and seven, %).







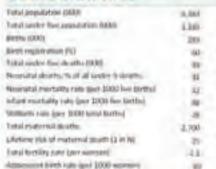
#### Exclusive breastfeeding Percent infants of months exclusively breastfed

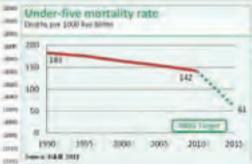


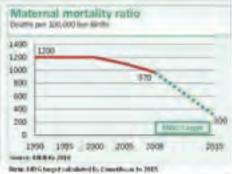
### Burundi

March 2012

#### DEMOGRAPHICS

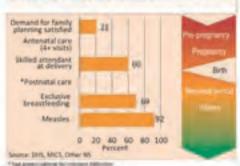






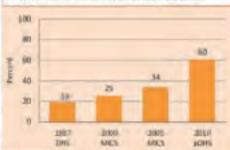
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



#### Skilled attendant at delivery

Percent live births attended by skilled health unrument



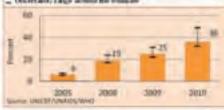
#### Prevention of mother-to-child transmission of HIV

Highly Mrs greyward companies received AFT for

montimeth (filed total skip)

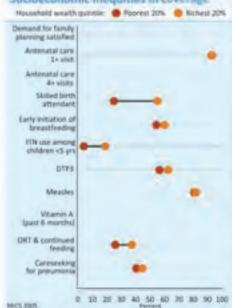
Personal Hill's prognant commercerating All's for PMITT

Charlest into word the establish



#### EQUITY

#### Socioeconomic inequities in coverage



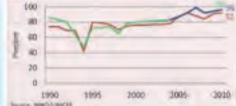
20% (or sign codes). The larger the larger the between the part groups, the greater the measuring. These estimates may differ from other thanks due to differences in sides exercise.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **immunization**

- Percent of children immunited against measles.
- as Percent of children invasiond with 3 doses DTP - Percent of children immunited with 3 doses Hib



#### Pneumonia treatment

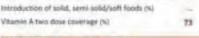
- Percent children <5 years with suspected preumona taken. to appropriate health provider
- Fercent children «S years with suspected preumonia



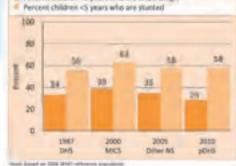
#### NUTRITION

Wasting precalence transferate and union, ful-Low birthweight incidence (molecule and severe, %).

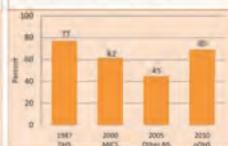
Early initiation of breastfeeding twitter 5 to of tirm, %3 Introduction of solid, semi-solid/soft foods (%)



#### Underweight and stunting prevalence Percent children v5 years who are underweight



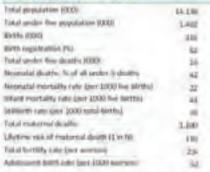
#### Exclusive breastfeeding Percent infants 46 months exclusively breastfed

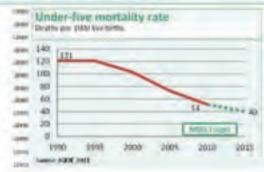


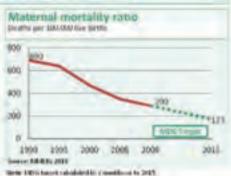
## Cambodia

March 2012

#### DEMOGRAPHICS

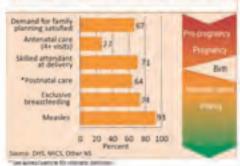




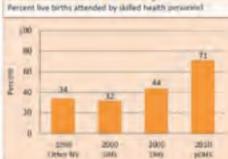


#### MATERNAL AND NEWBORN HEALTH

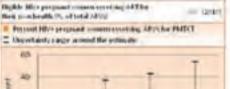
#### Coverage along the continuum of care







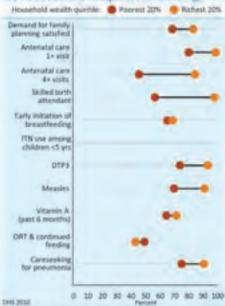
#### Prevention of mother-to-child transmission of HIV





#### EQUITY

#### Socioeconomic inequities in coverage

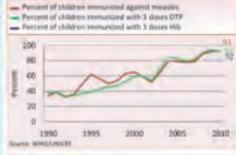


Coverage levels are shown for the powers 20% lend organized and the rutest. 20% loange similes). The langer the line between the ten proups, the greater the integration from several tenth of the powers and the land tenth of the language of the land tenth of the land the l

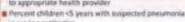
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

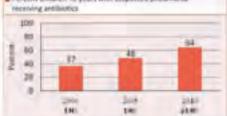
#### CHILD HEALTH

**Immunization** 

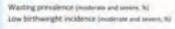


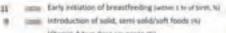
#### Pneumonia treatment Percent thildren +5 years with suspected pneumonia taken to appropriate health provider





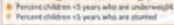
#### NUTRITION

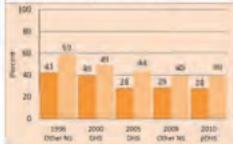




### Vitamin A two dose coverage (%)

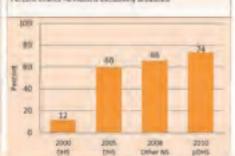
#### Underweight and stunting prevalence





#### **Exclusive breastfeeding**

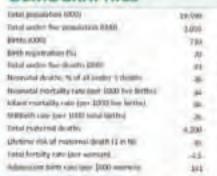


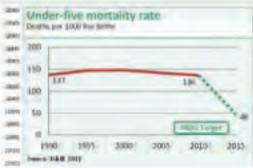


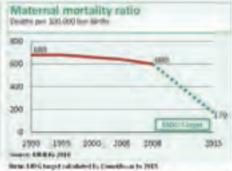
### Cameroon

March 2012

#### DEMOGRAPHICS

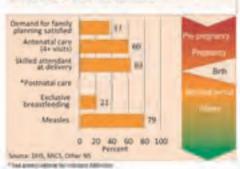




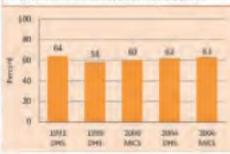


#### MATERNAL AND NEWBORN HEALTH

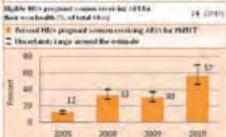
#### Coverage along the continuum of care





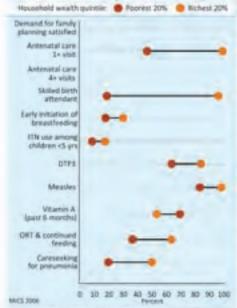


## Prevention of mother-to-child transmission of HIV



#### EQUITY

#### Socioeconomic inequities in coverage



Coverage livers are sharen for the popered 20% (red circles), and the victors 20% (landing colles). We larger the feet betweet the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report an apre indicators identified by the UN Commission on Information and Accountability. In support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH

#### Immunization

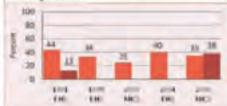
- Percent of children immunited against minariles
- Percent of children immunized with 3 doses DTP
   Percent of children immunized with 3 doses Hib
- 100

2000

2005

# Preumonia treatment Process children 45 years with suspected preumonia taken to appropriate health provider Preumonia children 45 years with suspected preumonia

 Percent children «S years with suspected presumonia receiving artibiotics



#### NUTRITION

1990

Ö

Watting prevalence (molaruse and severe, %)
Low birthweight incidence (molaruse and severe, %)

1995

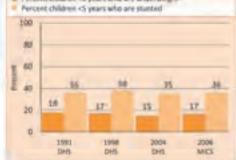


2010

Early initiation of breastfeeding swiss-1 to of birm, %)
Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose (oversee (%))



### Underweight and stunting prevalence



### Exclusive breastfeeding Percent whether the months exclusively breastfed

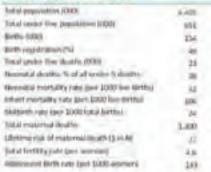


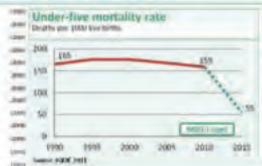


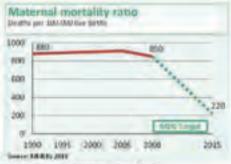
## **Central African Republic**

March 2012

#### DEMOGRAPHICS



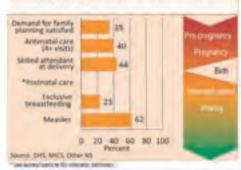




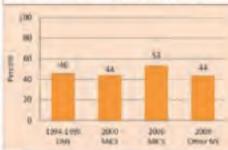
tarte (10% have ababled in constitute to 2015)

#### MATERNAL AND NEWBORN HEALTH

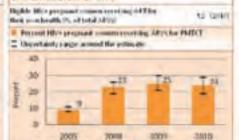
#### Coverage along the continuum of care





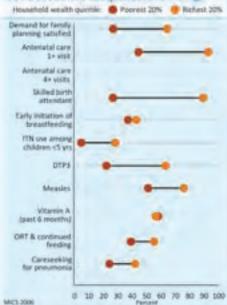


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

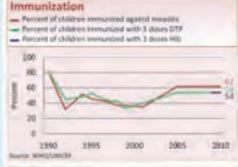
#### Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and orgins) and the rothest 20% (average circles). The langest the line fastween the tans process, the greater the inequality. These posteriors may differ from other charts also be differences in data positions.

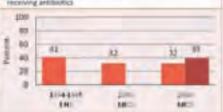
Developed by Countdown to report on sore indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



## Preumonia treatment Percent dishren 43 years with suspected pneumonia taken to appropriate health provider

Percent children+5 years with suspected preumonia receiving antibiotics



#### NUTRITION

Wasting presidence (motivate and severe, %)
Low birthweight incidence (motivate and severe, %)

11 = 10

Early initiation of breastfeeding (within I to of sires, %) introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

dried to the con-

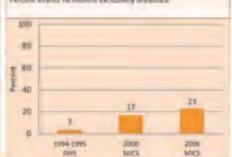
#### Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed



Name Annual and Address of Owner, Street, or other Designations

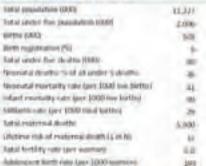
### Chad

March 2012

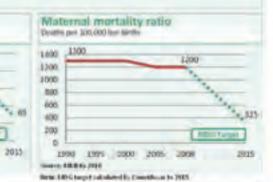
or Design

100



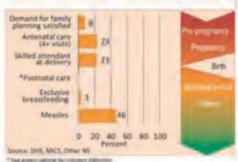






#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



#### Skilled attendant at delivery

3505

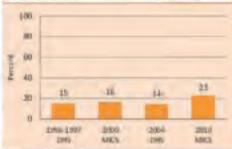
1990

Percent live births attended by skilled health unrument

2000

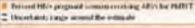
2005

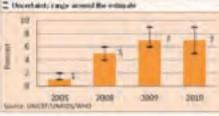
1010



#### Prevention of mother-to-child transmission of HIV

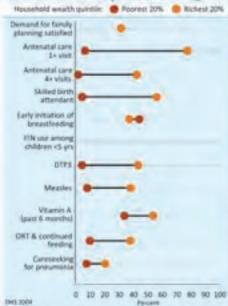






#### EQUITY

#### Socioeconomic inequities in coverage



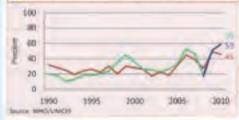
20% (or sign croter). The larger the larger the between the bar groups, the greater the measuring. These estimates may differ from other thanks due to differences in sides exercise.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**

- Percent of children immunited against minusies.
- Percent of children invasiond with 3 doses DTP
- Percent of children immunited with 3 doses Hib



#### Pneumonia treatment

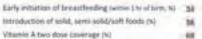
- Percent children <5 years with suspected pneumonia taken. to appropriate health provider
- Percent children «S years with suspected preumonia receiving artibiotics



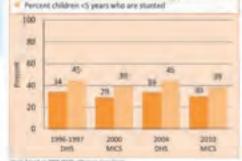
#### NUTRITION

Wasting presidence transferate and union, ful-Low birthweight incidence (molecule and severe, %).

imm introduction of solid, semi-solid/soft foods (%)



#### Underweight and stunting prevalence Percent children v5 years who are underweight



#### Exclusive breastfeeding Percent infants of months exclusively breastfed



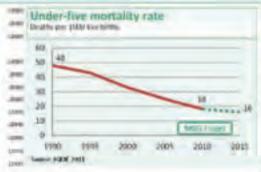
### China

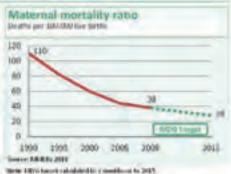
March 2012

or Control



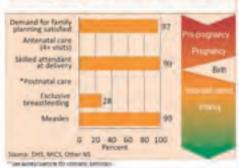




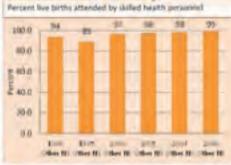


#### MATERNAL AND NEWBORN HEALTH

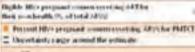
#### Coverage along the continuum of care

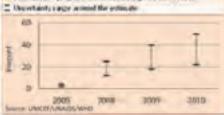






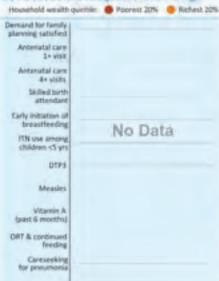
#### Prevention of mother-to-child transmission of HIV





#### EQUITY

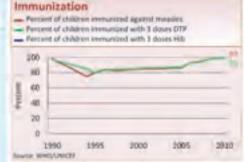
#### Socioeconomic inequities in coverage



overage levels are shown for the powers 20% (red order) and the nutrest No low argor similer). The longest the line between the two groups, the eater the inequality. Three estimates may differ from other chains also be foremen in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH

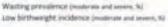


Pneumonia treatment

- Percent children 45 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected pneumonia. receiving antibiotics

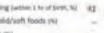
No Data

#### NUTRITION





Early instation of breastfeeding (within 1 to of birth, NJ introduction of solid, semi-solid/soft foods (%) Vitumin A two dose coverage (%)



#### Underweight and stunting prevalence Percere children <5 years who are underweight



(Direct Rd. Chinar Rd. (Direct Rd. (Direct Rd. Chinar No. Chinar Rd. Chi

#### Exclusive breastfeeding Percent infants +6 months exclusively breastfed

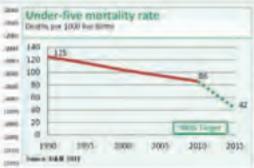


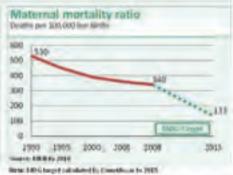
### Comoros

March 2012



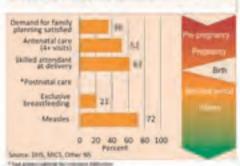




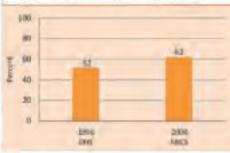


#### MATERNAL AND NEWBORN HEALTH

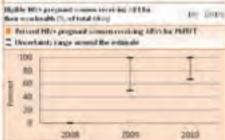
#### Coverage along the continuum of care





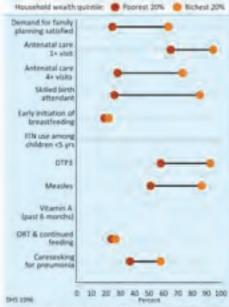


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

#### Socioeconomic inequities in coverage



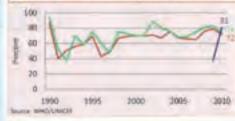
276 (or edge colons). The larger the large the between the tiers groups, the greater the inequality. These estimates may able from other charts due to differences in data sources.

Developed by Countdown to report an early indicators identified by the UN Commission on Information and Accountability, in support of the Glabal Strategy for Women's and Children's Health

#### CHILD HEALTH



Percent of children immunited against minusies.

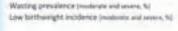


### Pneumonia treatment

Percent children <5 years with suspected preumona taken. to appropriate health provider ■ Percent children <5 years with suspected preumonia



#### NUTRITION





Early initiation of breastfeeding switter 5 to of torm, %) imtroduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

644

### 18 0400

4447

#### Underweight and stunting prevalence

Fercent children <5 years who are underweight Percent children <5 years who are stunted

No Data

#### Exclusive breastfeeding Percent infants 46 months exclusively breastfed

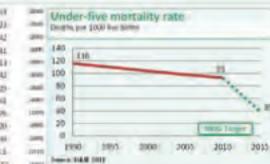
80 40 20 Ú 1996

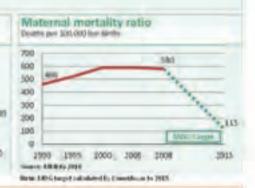
# Congo

March 2012



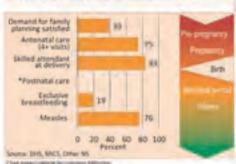




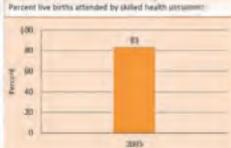


#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care







## Prevention of mother-to-child transmission of HIV

Madde Mits gregated respective receiver of the Steep were bought (it, of total charge

Ferrand HE/s progned commerceding Alice for PARTY Discontainty imply account the extension



7008

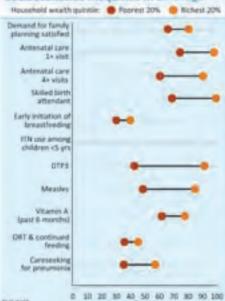
3009

SELE

#### EQUITY

**SHIP** 2005

#### Socioeconomic inequities in coverage



20% (brange circles). The larger the larger the between the paragraph, the greater the measuring. These estimates may differ from other thanks due to differences in state sources.

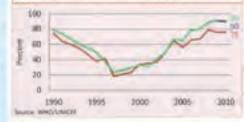
Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

#### CHILD HEALTH

## **Immunization**



- Percent of children invasiond with 3 doses DTP - Percent of children immunized with 3 doses Hib



#### Pneumonia treatment

■ Percent shildren +5 years with suspected presmonia tilken. to appropriate health provider

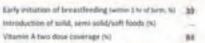
■ Percent children «S years with suspected preumonia receiving artibiotics



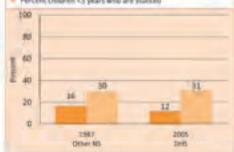
### NUTRITION

Wasting precalence transferate and users. Sci. Low birthweight incidence (molecule and severe, %)

introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)



#### Underweight and stunting prevalence Percent children v5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding Percent infants of months exclusively breastfed

80 40 tu 20 Ú

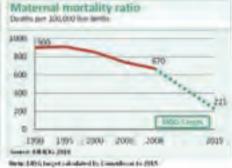


## Congo, **Democratic Republic of the**



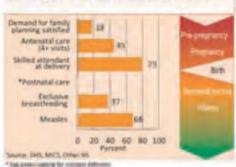






## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





WHEN SHIP





### Prevention of mother-to-child transmission of HIV

Highlife Hit is projected to make the string of the More more breath (%, of total titles)

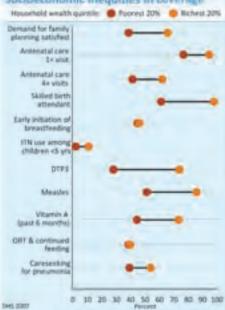
Excessed Hill's programal communicationing Africa for Phillips

Charitanty range around the estimate



#### EQUITY

#### Socioeconomic inegulties in coverage



Expertuge invests are alsown for the popular 20% and crystal, and the reduct 20% (orange circles). The larger the line between the heal groups, the greater the inequality. These estimates may differ from other charts than to differences in data country.

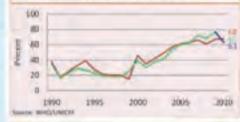
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

## Immunization

Percent of children immunited against measles

- Percent of children immuniced with 3 doses DTP - Percent of children immunized with 3 doses Hib



## Pneumonia treatment

Fercent children <5 years with suspected pneumonia taken to appropriate health provider

Percent children <5 years with suspected pneumonia receiving antibiotics



## NUTRITION

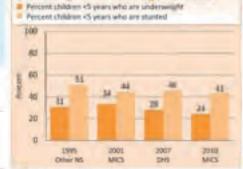
Wanting prevalence (made not into labora, %) Low birthweight incidence (materials and errors, %)

Early initiation of breastfeeding twens to be of lives, to Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

17

83

## Underweight and stunting prevalence



## Exclusive breastfeeding





# Côte d'Ivoire

March 2012

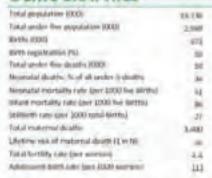
2010

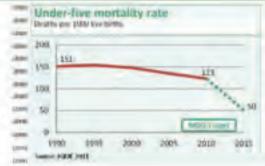
81

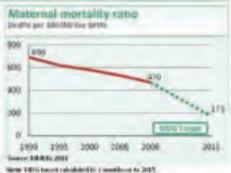
1

2009

## DEMOGRAPHICS

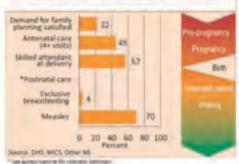




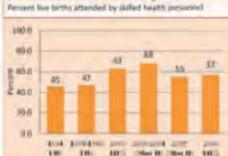


## MATERNAL AND NEWBORN HEALTH

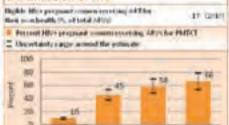
#### Coverage along the continuum of care







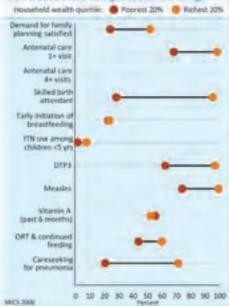
## Prevention of mother-to-child transmission of HIV



700%

#### EQUITY

## Socioeconomic inequities in coverage

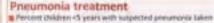


Coverage levels are shown for the poment 20% (and sepiral and the richest 20% (awayer circles). The langer the line between the ten process, the greater the broughting Three points was all the broughting their points and differences in data position.

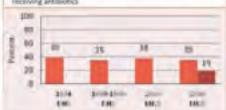
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH





to appropriate health provider Percent children +5 years with suspected pneumonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moserate and severe, %)

27

Early institution of bregstfeeding system ( to of tiver, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%) 100

#### Underweight and stunting prevalence Percere children <5 years who are underweight



#### Exclusive breastfeeding



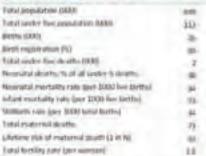
# Djibouti

March 2012

Arr Drawn



Attraction times rate and 2000 warrant

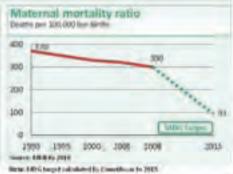




3005

2015

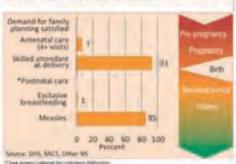
2013



## MATERNAL AND NEWBORN HEALTH

br.

### Coverage along the continuum of care



## Skilled attendant at delivery

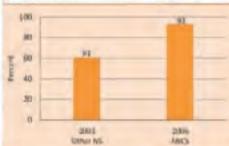
2995

1990

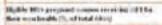
Seen HAR DOLL

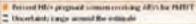


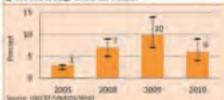
2000



# Prevention of mother-to-child transmission of HIV

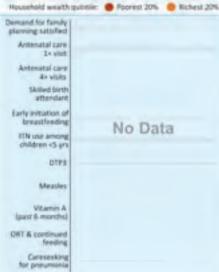






#### EQUITY

#### Socioeconomic inequities in coverage



Caresesking for prejumenta

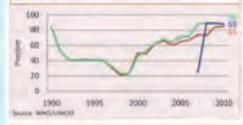
27% (protes crutes). The larger the tree between the new groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report an spre indicators identified by the UN Commission on Information and Accountability. In support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

## Immunization

- Percent of children immunized against minutes.
- Percent of children immunized with 3 doses DTP
   Percent of children immunized with 3 doses Hib



#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- # Percent children +5 years with suspected presumonia receiving artiblotics



### NUTRITION

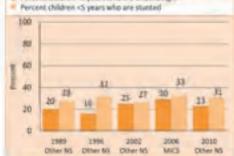
Watting prevalence (malarase and severe, %)
Low birthweight incidence (malarase and severe, %)

16 mm

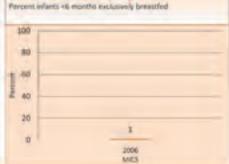
Early initiation of broadfeeding (within 1 to of larm, %) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

N H ==

## Underweight and stunting prevalence



## Exclusive breastfeeding

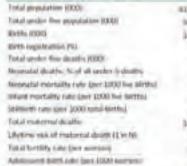


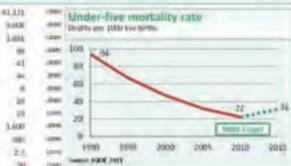
THE REST OF THE WAY OFFICE PRINTING

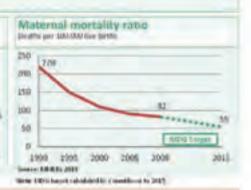
# Egypt

March 2012

## DEMOGRAPHICS

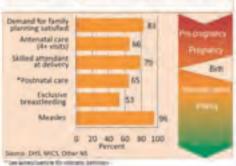




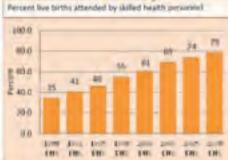


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care



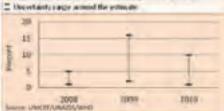




### Prevention of mother-to-child transmission of HIV

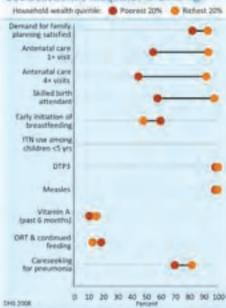
Highly Mile prepared consenses of this deliber

Present HIV's prepared commissioning Alloche PMICE



#### EQUITY

## Socioeconomic inequities in coverage

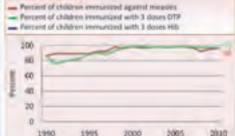


overage levels are shown for the pomer 20% (red signed and the richest. Notice the imperior the less present the ten proper, the safet the imperior Treet estimates may differ from other share size to ference in data pomer.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Châdren's riegith

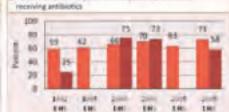
## CHILD HEALTH

Immunization



## Pneumonia treatment

- Percent children 45 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with suspected pneumonia



#### NUTRITION

Low birthweight incidence (moderate and severe, %)

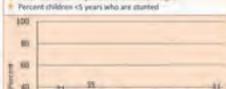
25

Early initiation of breastfeeding system 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

70 68

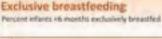
2000

#### Underweight and stunting prevalence Percera children <5 years who are underweight



TOHO

Det





-11

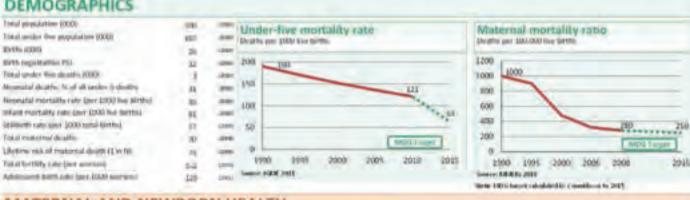
tests

20

# **Equatorial Guinea**

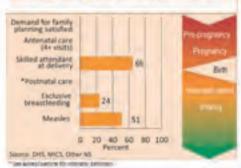
March 2012

## DEMOGRAPHICS

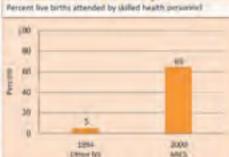


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

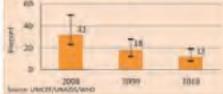


### Skilled attendant at delivery



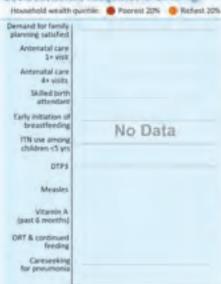
## Prevention of mother-to-child transmission of HIV





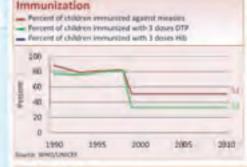
#### EQUITY

## Socioeconomic inequities in coverage



Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected presumonia. receiving antibiotics

No Data

#### NUTRITION





## Early initiation of breastfeeding system 1 to of turn, No introduction of solid, semi-solid/soft foods (%) Vitumin A two dose coverage (%)

#### Underweight and stunting prevalence Percerc children <5 years who are underweight



#### **Exclusive breastfeeding** Percent infants +6 months exclusively breastfed



77 000

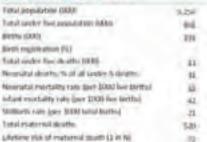
## **Eritrea**

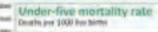
March 2012

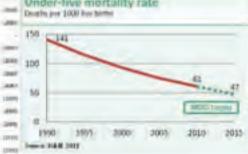


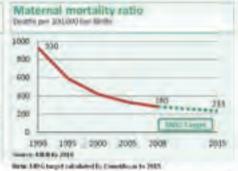
fund forelity sate (per surround)

Account tivel rate and 2000 warms







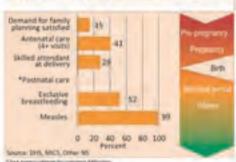


## MATERNAL AND NEWBORN HEALTH

45

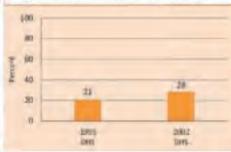
100

### Coverage along the continuum of care

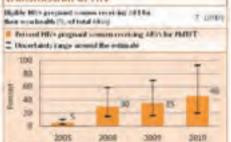


## Skilled attendant at delivery

Percent live births attended by skilled health unnumer

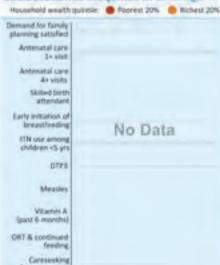


## Prevention of mother-to-child transmission of HIV



#### EQUITY

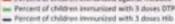
#### Socioeconomic inequities in coverage

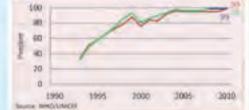


CHILD HEALTH



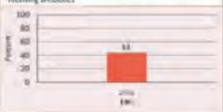






#### Pneumonia treatment

- Percent children <5 years with suspected preumonia taken. to appropriate health provider
- Percent children «S years with suspected preumonia receiving artibiotics



NUTRITION





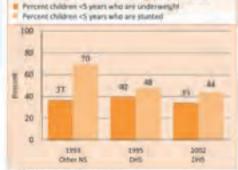
#### Early initiation of breastfeeding twitter 1 to of tirm, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)



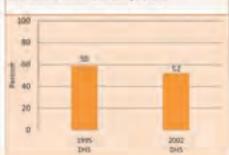
27% (protes crotes). The larger the larger the tree proups give any parties of the property of

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## Underweight and stunting prevalence



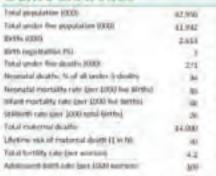
#### Exclusive breastfeeding Percent infants v6 months exclusively breastfed

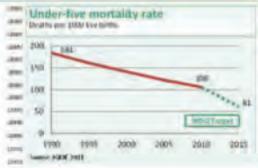


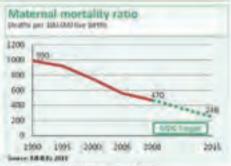
# Ethiopia

March 2012

### DEMOGRAPHICS



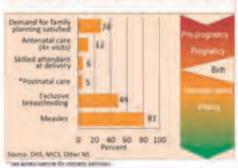




three 1975 havet calculated in constitute to 2015.

## MATERNAL AND NEWBORN HEALTH

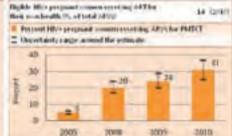
## Coverage along the continuum of care





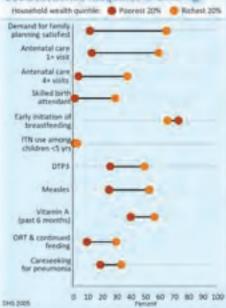


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

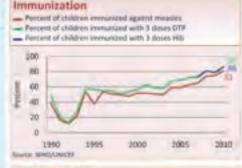
## Socioeconomic inequities in coverage

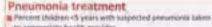


Coverage levels are shown for the powers JUN (and circles) and the ruhest low lowage circles). The longer the line between the low proper, the greater the forecastly. These estimates may differ from other thans also be differences in did a powers.

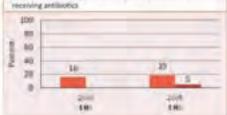
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH





to appropriate health provider ■ Percent children +5 years with tuspected pneumonia



#### NUTRITION

Low birthweight incidence (moterate and severe, %)

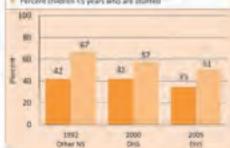
32 20

Early initiation of breastfeeding (within 1 to of birth, NJ introduction of solid, semi-solid/soft foods (%)

## Vitamin A two dose coverage (%) 81

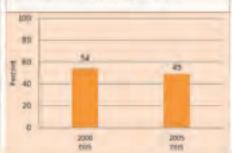
## Underweight and stunting prevalence

Percere children <5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed

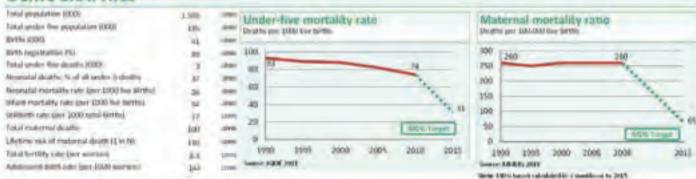




## Gabon

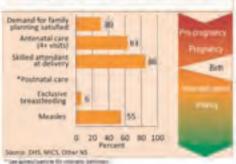
March 2012

## DEMOGRAPHICS

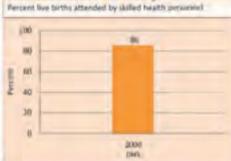


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care



## Skilled attendant at delivery

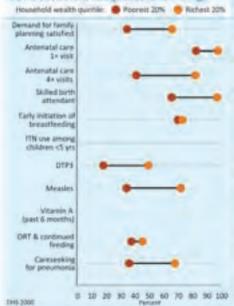


## Prevention of mother-to-child transmission of HIV



#### EQUITY

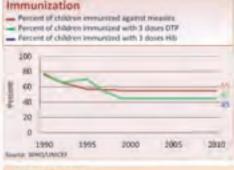
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (sed singles) and the rotest. 20% (senger circles). The largest the line between the ten groups, the greater the increasing. These estimates may differ from other charts star to differences in their position.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH

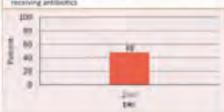


## Pneumonia treatment

Percent children +5 years with suspected pneumonia taken to appropriate health provider

7000

 Percent children +5 years with trapected presynonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moserate and severe, %) 34

Early instation of breastfeeding (within 1 to of pres. No introduction of solid, semi-solid/soft foods (%) Vitumin A two dose coverage (%) 7 =

## Underweight and stunting prevalence



#### Exclusive breastfeeding Percent infanes +6 months exclusively breastfed





20

# Gambia

March 2012

## DEMOGRAPHICS

Tetal propulation (SAR) betylanter for association risks SUTTLE SOUTH

Birth registration (%)

Total coster fine deaths (SSS)

Neuralital decembers of all species is disconne-

Newsystal prior pility ratio (see: \$500° live \$1000).

tehant reactably tota (per 1000 ten tertha) bulliares rura (per 1000 total fireful

Timal maternal deaths

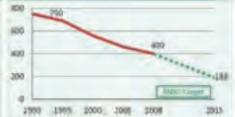
Obstine tisk of maternal mosts (2 in No. Total fortility rate (nor success)

American tries rate and \$000 services



Maternal mortality ratio

Deaths per 100,000 har fileths



Barter 640-G bergit calculated by Connections in 1985.

NULL CORRESPOND

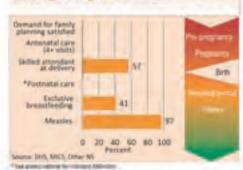
## MATERNAL AND NEWBORN HEALTH

-

48

int

#### Coverage along the continuum of care



#### Skilled attendant at delivery

3505

1990

Jane 114.6 (01)

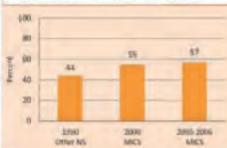
Percent live births attended by skilled health unrunner

20001

3005

1000

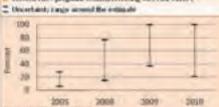
2015



### Prevention of mother-to-child transmission of HIV

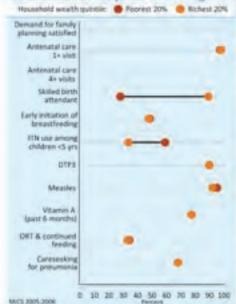
Highlig Mits gregated coupes received ART So.

ecologis (first total skip) Felical HIVs prepared commissionshing ARIA for PARTY



#### EQUITY

#### Socioeconomic inequities in coverage



276 Strateg criting. The larger the largerest between the two groups, the greater the imagazing. These estimates may differ from other charts due to differences in data courses.

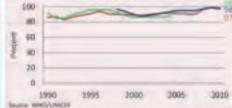
Developed by Countdown to report an eary indicators identified by the UW Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

#### CHILD HEALTH

## **Immunization**

Percent of children immunited against measles.

- Percent of children invitationd with 3 doses DTP - Percent of children immunited with 3 doses Hib



#### Pneumonia treatment

Percent children <5 years with suspected preumonia taken. to appropriate health provider

Fercent children «S years with suspected preumonia



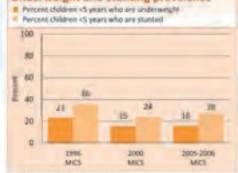
### NUTRITION

Wasting precilence transience and users. Sil Low birthweight incidence (molecule and severe, %).

Transmit Early initiation of breakfeeding twine 1 to of torm, to 26 com one Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

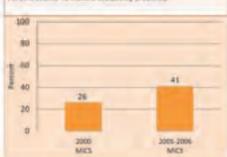
inh

Underweight and stunting prevalence



## Exclusive breastfeeding

Percent infants vi6 months exclusively breastfed

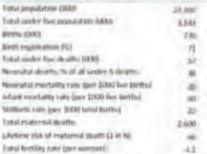


## Ghana

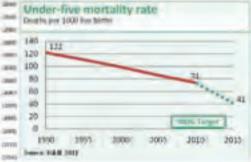
March 2012

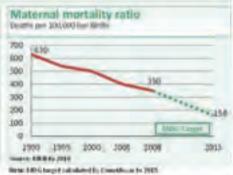


Attacount tive rate and 2000 worses





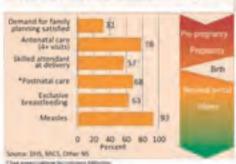




## MATERNAL AND NEWBORN HEALTH

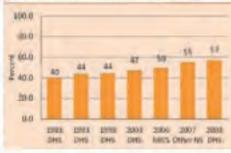
170

### Coverage along the continuum of care

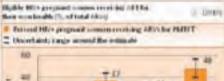


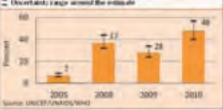
Skilled attendant at delivery





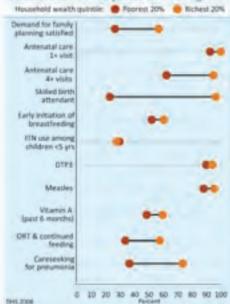
## Prevention of mother-to-child transmission of HIV





#### EQUITY

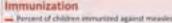
#### Socioeconomic inequities in coverage

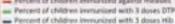


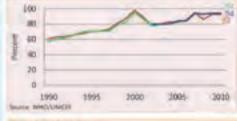
20% (in sign coding). The larger the larger the between the bars groups, the greater the measuring. These estimates may differ from other thanks due to differences in sides exercise.

Developed by Countdown to report an eary indicators identified by the UW Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH







#### Pneumonia treatment

- Percent children <5 years with suspected preumonia tilken to appropriate health provider
- Fercent children <5 years with suspected preumonia receiving artibiotics



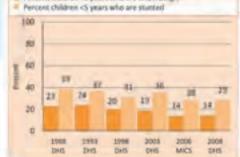
## NUTRITION

Wasting precalence transferate and union, ful-Low birthweight incidence (molecule and severe, %).

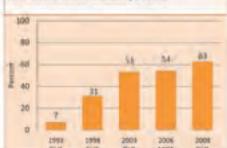
Early initiation of breastfeeding twitter 5 to of turn, No. Introduction of solid, semi-solid/soft foods (%) Vitamin A two door coverage (N)

76. W. -

#### Underweight and stunting prevalence Percent children v5 years who are underweight



#### Exclusive breastfeeding Percent infants +6 months exclusively breastfed



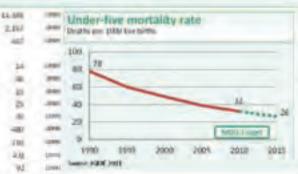
# Guatemala

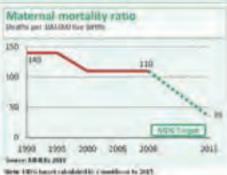
March 2012

### DEMOGRAPHICS



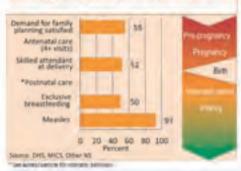
Administration & Sept. Labor Sport, \$18,80 according



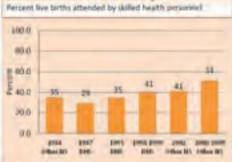


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care



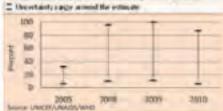




## Prevention of mother-to-child transmission of HIV

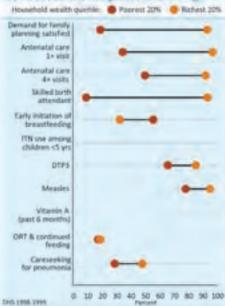
Highly Mile prepared consenses of the deliber

Propert HIV's proposed assessmentating Allerine PMICT



#### EQUITY

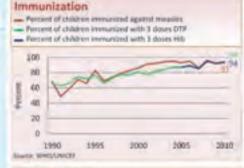
## Socioeconomic inequities in coverage



Coverage levels are shower for the powers 20% (sed orgins) and the richest 20% (senger circles). The langer the line between the two proups, the greater the inequality. These estimates way differ from other charts also be differences in these powers.

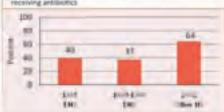
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH



#### Pneumonia treatment

- Percent children 45 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected pneumonia receiving antibiotics



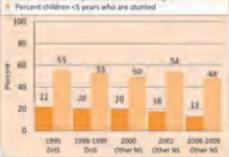
#### NUTRITION

Low birthweight incidence (moterate and severe, %)

E-cost zone: Early institution of bregstfeeding system ( to of tires, No

15 case introduction of solid, semi-solid/soft foods (N) Vitamin A two dose coverage (%)

## Exclusive breastfeeding



Underweight and stunting prevalence

Percent children <5 years who are underweight

## Percent infants +6 months exclusively breastfed



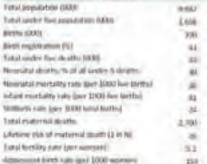
Cellwy No

Other NS.

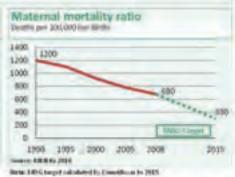
# Guinea

March 2012



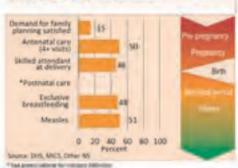






#### MATERNAL AND NEWBORN HEALTH

### Coverage along the continuum of care



## Skilled attendant at delivery Percent live births attended by skilled health unturner

2000

12005

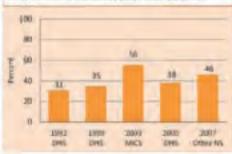
2010

2015

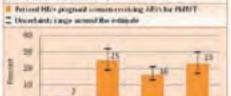
3555

1350

June 114.6 (11)



## Prevention of mother-to-child transmission of HIV

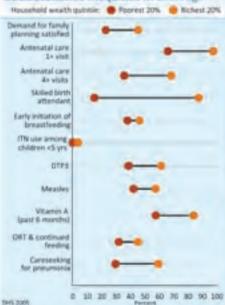


3009

SMIR.

#### EQUITY

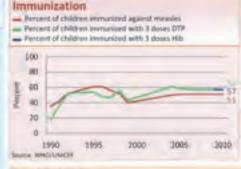
#### Socioeconomic inequities in coverage



Coverage liveris, are shaken for the popered 20% (and onclude), and the victoria 20% (analogo control). We langue the time between the time proups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

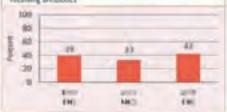
Developed by Countdown to report an apre indicators identified by the UN Commission on Information and Accountability. In support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH





- Percent shidren <3 years with suspected presumonia taken
  to appropriate health provider
- Forcest children «S years with suspected preservorial receiving are blottes.



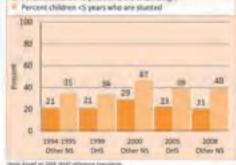
#### NUTRITION

Watting prevalence (mularuse and unions, %) Low birthweight incidence (mularuse and seven, %) A com t

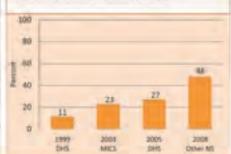
Early initiation of breastfeeding (wmin 5 to of birm, %)
(see Introduction of solid, semi-solid/solf foods (%)
Vitamin A two dose (member (%))

tion, to ab

## Underweight and stunting prevalence



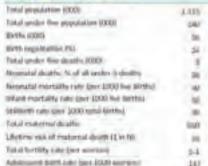
## Exclusive breastfeeding Percent infants 46 months exclusively breastfed

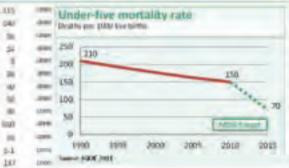


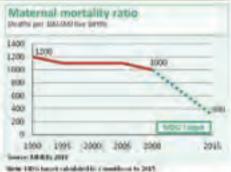
# Guinea-Bissau

March 2012

### DEMOGRAPHICS



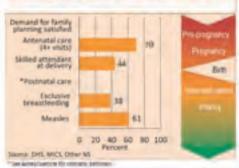




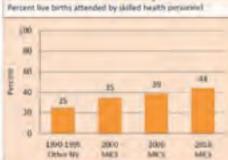
#### and the printer of the second

## MATERNAL AND NEWBORN HEALTH

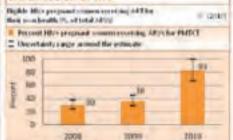
## Coverage along the continuum of care





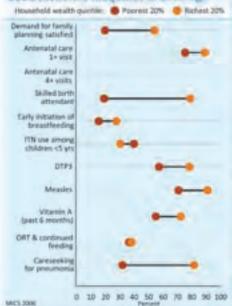


## Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and sirpled and the richest 20% (average sincles). The langer the line between the ten groups, the greater the invasable. These estimates may differ from other charts star to differences in it data position.

Developed by Countdown to report on sore indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



## Pneumonia treatment

- Precent Children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children+5 years with suspected presencing receiving antibiotics



#### NUTRITION

Wasting pressionce (moterate and severe, %)
Low birthweight incidence (moterate and severe, %)

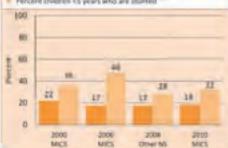
# == 0 # == 0

Early initiation of breastfeeding (within I to of sires, NI introduction of solid, semi-solid/soft foods (NI) Vitamin A two dose coverage (NI)

40 == 100 ==

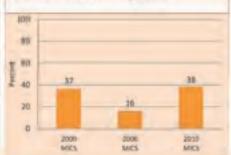
## Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are sturted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed



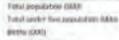
Name Annual and Address of the Owner, where the

## Haiti

March 2012

et ameri





Birth registration (%)

folial under forcide after (00%)

Neuralital aborts, to all all senter 5 strates.

Househal mortality rate (see \$500 less perma) indused recordability trades (more \$2000) from tartelline. Milliotti eate lower SCER burnel bratters!

Intel mercula scatte.

Lifetime this of maternal most (3 in No. fund forelity sate (per surround)

Account tive rate and 2000 warners

-

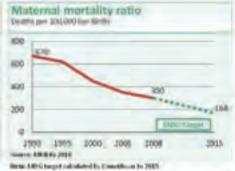
19-5100

124/

Trial.

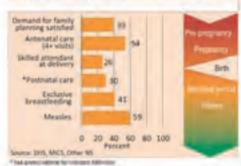
M.





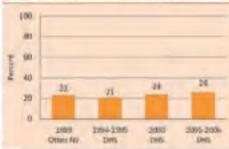
## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

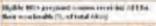


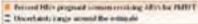
## Skilled attendant at delivery

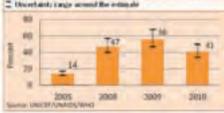
Percent live births attended by skilled health unnumer



## Prevention of mother-to-child transmission of HIV



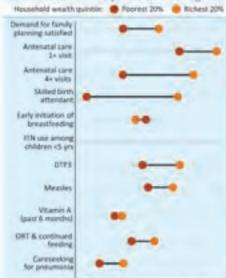




#### EQUITY

THE 2005-2006

#### Socioeconomic inequities in coverage



20% (in sign circle). The larger the larger the between the part groups, the greater the measuring. These estimates may differ from other thank due to differences in sides exercise.

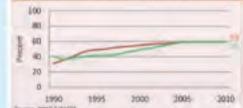
10 20 30 40 50 60 70 80 90 100

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

## CHILD HEALTH

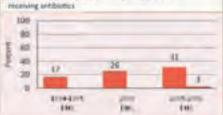
#### **Immunization**

- Percent of children immunized against measles.
- Percent of children invasiond with 3 doses DTP - Percent of children immunized with 3 doses Hib



#### Pneumonia treatment

- Percent children <5 years with suspected preumonia taken. to appropriate health provider
- Fercent children «S years with suspected preumonia



#### NUTRITION

Wasting precilence transience and users. Sil Low birthweight incidence (molecule and severe, %).

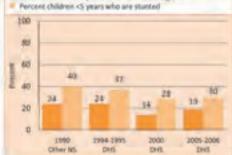
Early initiation of breastfeeding twitter 1 to of turn, 30 25 com-see introduction of solid, semi-solid/soft foods (N)

Vitamin A two dose coverage (N)

90 care-ine 23 -

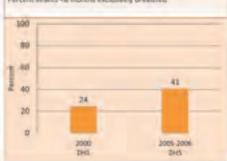
## Underweight and stunting prevalence

Percent children v5 years who are underweight Percent children <5 years who are stunted



## Exclusive breastfeeding

Percent infants vi6 months exclusively breastfed

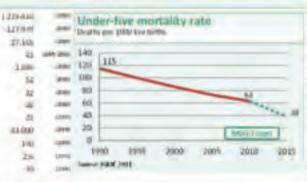


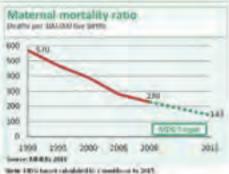
## India

March 2012

### DEMOGRAPHICS

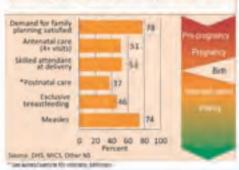




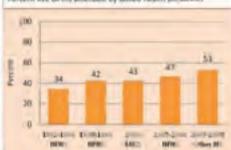


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







## Prevention of mother-to-child transmission of HIV

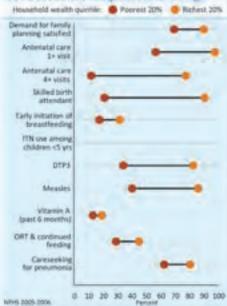
Highly Mrs prepared consensurating Affiles they may be alth Dr. of total Affile

Propert HIV's proposed assessmentation, Allertha PMICT Theoretainty caspr around the estimate



#### EQUITY

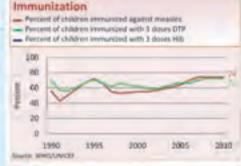
## Socioeconomic inequities in coverage



Coverage levels are shower for the powers 20% (sed sirgies) and the richest. 20% (searge circles). The langer the line between the two proups, the greater the inequality. These estimates way differ from other charts also be differences in tilde powers.

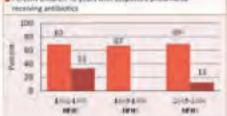
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment

- Percent children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children +5 years with suspected pneumonia



#### NUTRITION

Low birthweight incidence (mozerate and severe, %)

Early instation of breastfeeding system to of pres, No introduction of solid, semi-solid/soft foods (%) Vitumin A two dose coverage (%)

41 -SA CONTRACT

M ..

2010

2009

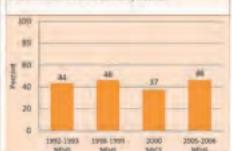
## Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed

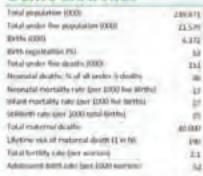


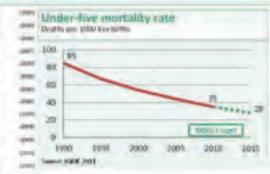


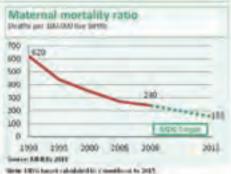
# Indonesia

March 2012

## DEMOGRAPHICS

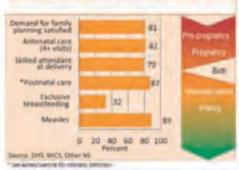




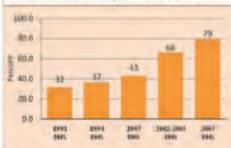


## MATERNAL AND NEWBORN HEALTH

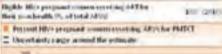
## Coverage along the continuum of care

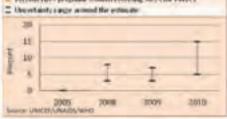






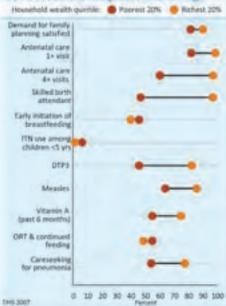
## Prevention of mother-to-child transmission of HIV





#### EQUITY

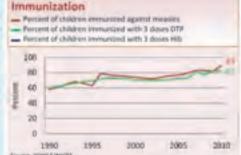
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and circles) and the richest. 20% (average circles). The langue the line between the ten process, the greater the introducts. Then a point the process of the process of the point o

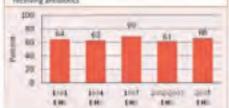
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Châdren's riegith

## CHILD HEALTH

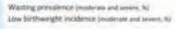


#### Pneumonia treatment Percent children 45 years with suspected pneumonia taken to appropriate health provider

 Percent children +5 years with traspected pneumonia receiving antibiotics



#### NUTRITION

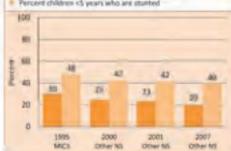


35 .

Early initiation of breastfeeding (within 1 to of tires, No introduction of solid, semi-solid/soft foods (%) -Vitamin A two dose coverage (%) 80 1

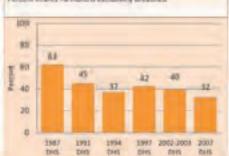
## Underweight and stunting prevalence

Percerc children <5 years who are underweight Percent children <5 years who are sturted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed



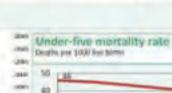
# Iraq

March 2012

1 Desire







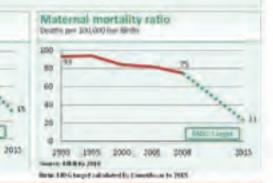
3555

-36

215

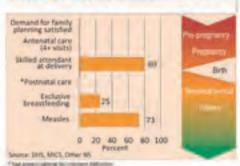
15

1990



#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

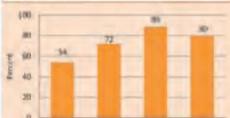




2000

2005

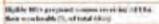
2010

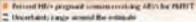


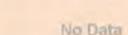
(MX)

(2006)

## Prevention of mother-to-child transmission of HIV



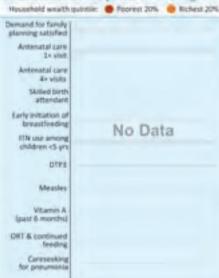




SHARE SHIPT THE RESIDENCE

#### EQUITY

#### Socioeconomic inequities in coverage



27% (analog cruting). The larger the large between the past groups, the paster the inequality. These estimates may differ from other thank due to effection in data sources.

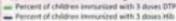
Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

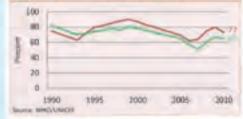
## CHILD HEALTH

1986









#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken. to appropriate health provider
- Percent children +5 years with suspected pneumonia



#### NUTRITION

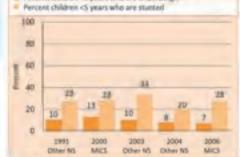
Wasting precilence transferors and users. Sci. Low birthweight incidence (molecule and severe, %).

2016-2007

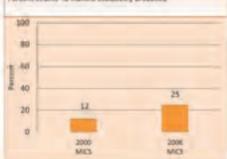
Officer RVS

Early initiation of breastfeeding switter 5 to of turn, No Introduction of solid, semi-solid/soft foods (%) Vitamin A two door coverage (N)

#### Underweight and stunting prevalence Percent children v5 years who are underweight



#### Exclusive breastfeeding Percent infants 46 months exclusively breastfed



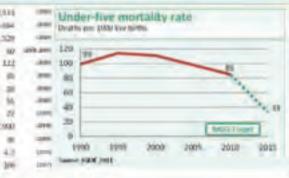


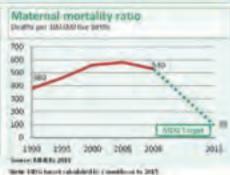
# Kenya

March 2012

## DEMOGRAPHICS

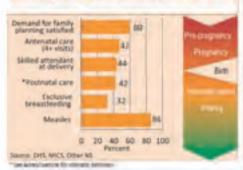




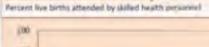


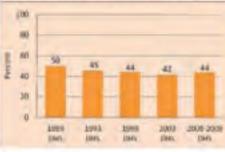
## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

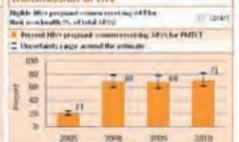






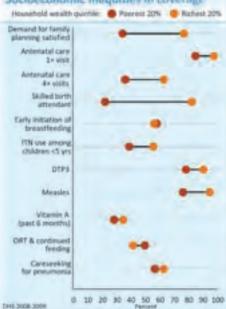


## Prevention of mother-to-child transmission of HIV



#### EQUITY

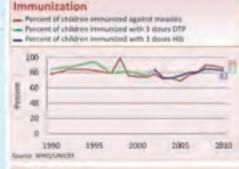
## Socioeconomic inequities in coverage



Coverage levels are shower for the poment 20% (sed arrived and the richest 20% (searge circles). The langer the line between the two proups, the greater the inequality. These estimates way differ from other charts star to differences in their parts of the position.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment

Percent children 45 years with suspected pneumonia taken to appropriate health provider

**70HB** 

 Percent children +5 years with suspected presumonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moterate and severe, %)

Early initiation of breastfeeding (within 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitumin A two dose coverage (%)

G concern MA CHINADON 67 (300)

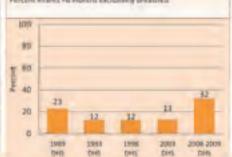
## Underweight and stunting prevalence

Percerc children <5 years who are underweight Percent children <5 years who are stunted



#### **Exclusive breastfeeding**

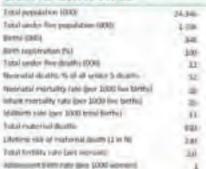
Percent infants +6 months exclusively breastfed

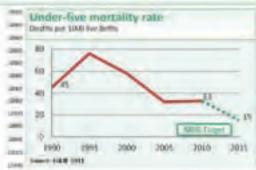


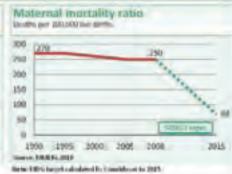
# Korea, Democratic People's Republic of

March 2012



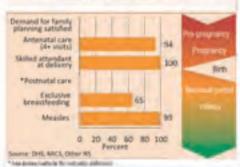






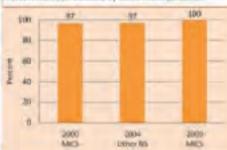
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care









### Prevention of mother-to-child transmission of HIV

Markle Min proposed reason to at top 1870 at they says health I'm 1810 A 1870

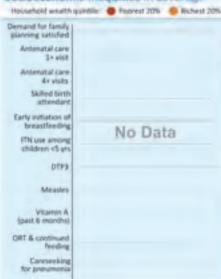
Francis His proposit -- management Africa Parists

I the estably cargo around the estimate

No Data

#### EQUITY

#### Socioeconomic inequities in coverage





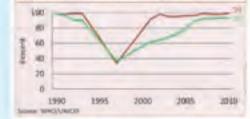
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Warnen's and Children's Health

## CHILD HEALTH

#### Immunization

- Parcent of children immunited against missiles

Percent of children immunions with 3 doses DTP
 Petrent of children immunions with 3 doses Hill.

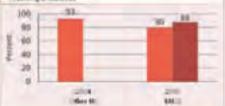


#### Pneumonia treatment

Persons children <5 years with suspected presumonia taken
to appropriate health provider

Percent children <5 years with suspected pneumorsa

receiving antibiotics



## NUTRITION

Wasting prevalence (maleron and severe, NJ Low birthweight incidence (malerons and severe, NJ

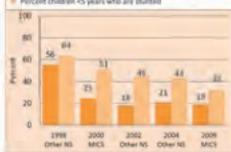
-

Early initiation of foreastfeeding (wittin 1 to artists, %) introduction of solid, semi-solid/soft foods (%) Vitamin A two dose overage (%)



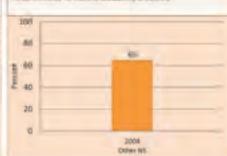
## Underweight and stunting prevalence

Percent children <5 years who are underwe Percent children <5 years who are stunted



## Exclusive breastfeeding

Percent infants of months exclusively breastfed

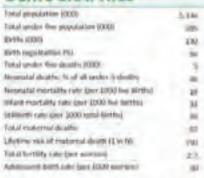


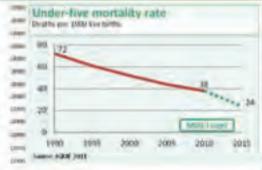
Name Annual and ADM AND ADDRESS OF PERSONS

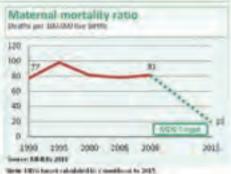
# Kyrgyzstan

March 2012

## DEMOGRAPHICS

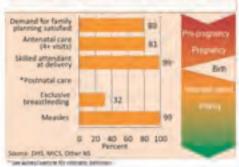




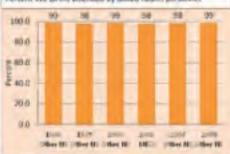


## MATERNAL AND NEWBORN HEALTH

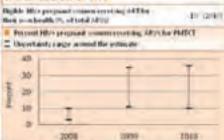
## Coverage along the continuum of care





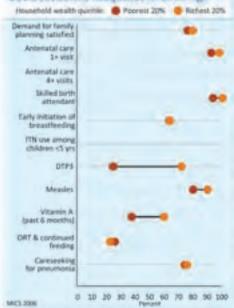


## Prevention of mother-to-child transmission of HIV



#### EQUITY

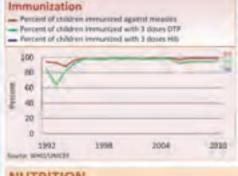
## Socioeconomic inequities in coverage



Coverage levels are shower for the poment 20% (sed singles) and the richest. 20% (senger singles). The langer the line between the ten proups, the greater the invasions. These estimates way differ from other charts star to differences in these poments.

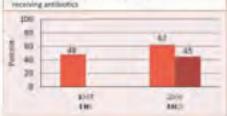
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment

- Percent children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children +5 years with suspected pneumonia receiving antibiotics



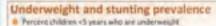
#### NUTRITION

Low birthweight incidence (moterate and severe, %)

4

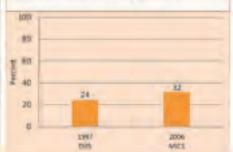
Early institution of breastfeeding system 1 to of turn. No introduction of solid, semi-solid/soft foods (%)

KO. Contract Vitamin A two dose coverage (%) 187 1000





#### **Exclusive breastfeeding** Percent infanes +6 months exclusively breastfed



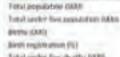


# Lao People's **Democratic Republic**

March 2012

et Jones





Total under facilities to 1995.

Intel material scatte.

- Neuralital absorbs; to all all santing 5 directions
- Newsytal mentalty rate (ser 1000 live sormal indicate recentainty valve (over \$100) from teet from Million care loser SCH bond butted
- Lifetime this of maternal more (3 in No. Early foreling sater (per surreged)
- Attraction times rate and 2000 women





#### MATERNAL AND NEWBORN HEALTH

14,255

461

1141

72

-

41

42

14

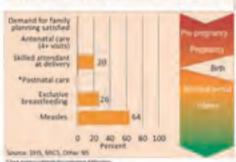
Miles.

-

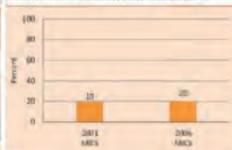
2.1

too

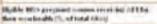
### Coverage along the continuum of care

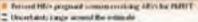






## Prevention of mother-to-child transmission of HIV



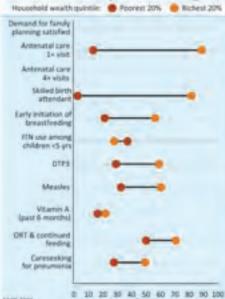




#### EQUITY

**NACS 2006** 

## Socioeconomic inequities in coverage



20% (or sign circles). The larger the larger the between the paragraph, the greater the measuring. These estimates may differ from other thanks due to differences in state sources.

Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

## CHILD HEALTH



- Percent of children immunited against minusies
- Percent of children invasiond with 3 doses DTP - Percent of children immunized with 3 doses Hib



2000

2005

## Pneumonia treatment Percent children <5 years with suspected preumonia tilken. to appropriate health provider

- Forcest children <5 years with suspected preumonia
- receiving artibiotics



### NUTRITION

1990

ä

Wasting prevalence transferate and users. Sci. Low birthweight incidence (molecule and severe, %).

1995

3010

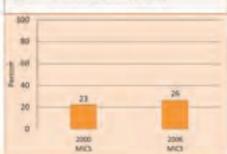
Early initiation of breastfeeding twitter 1 to of tirm, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

41 RX

#### Underweight and stunting prevalence Percent children vS years who are underweight



#### Exclusive breastfeeding Percent infants 46 months exclusively breastfed



# Lesotho

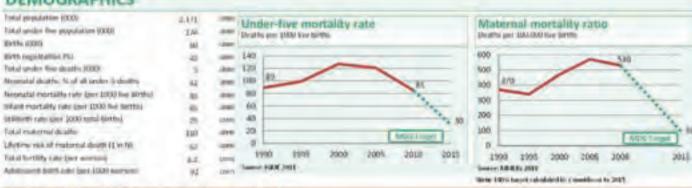
March 2012

34 kmin

2010

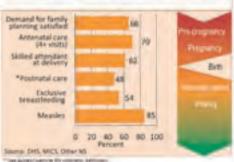
2009

### DEMOGRAPHICS



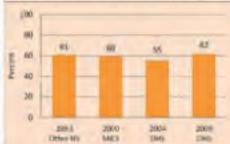
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care



## Skilled attendant at delivery

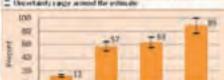
Percent live births attended by skilled health personnel



### Prevention of mother-to-child transmission of HIV

Highly Mile programment over extended 44 fine. New year bruth, 1%, at total 14 (1)

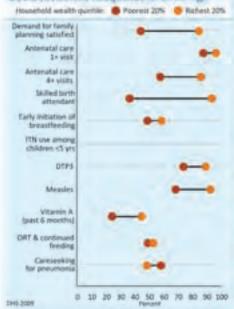
Forcest HIV's prepaid commissioning Africa's PMDCT
 Overstanty cases around the estimate



THE RESIDENCE OF STREET, SHOWING

## EQUITY

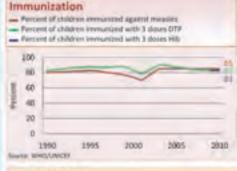
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% level circles) and the richest. 20% los args (incles). The longer the line between the best groups, the grater the longuality. These estimates may differ from other than star facilities and the financial start than the differences of data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH

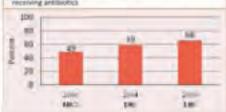


#### Pneumonia treatment

Precent Children 45 years with suspected pneumonia laken to appropriate health provider

7000

Percent children -5 years with suspected preumonia receiving antibiotics



#### NUTRITION

Wasting presidence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

1 = 1

Early initiation of breastfeeding (within a to of sires, No introduction of solid, semi-solid/soft foods (No Vitamin A two dose coverage (No

10 E

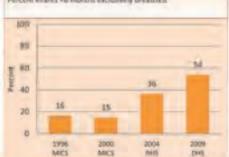
## Underweight and stunting prevalence

Percent children <5 years who are underweight
 Percent children <5 years who are stunted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed



Name Annual and Publishers and Administration of Publishers

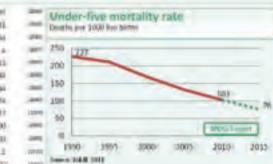
# Liberia

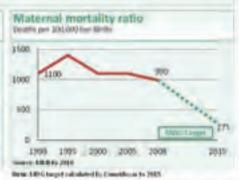
March 2012

to dress



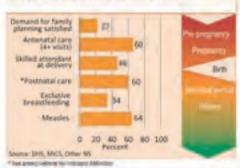






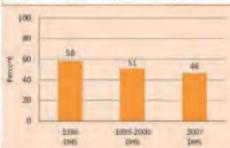
#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

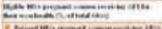


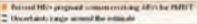


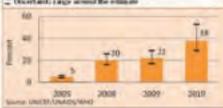
Percent live births attended by skilled health unrumner



## Prevention of mother-to-child transmission of HIV



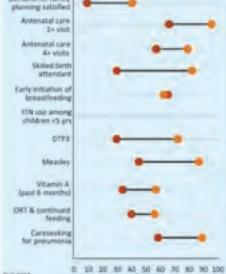


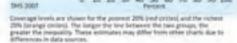


#### EQUITY

#### Socioeconomic inequities in coverige







Developed by Countdown to report an eary indicators identified by the UN Commission on Information and Accountability, in support of the Glubal Strategy for Women's and Children's Health

## CHILD HEALTH

#### **Immunization**









#### Pneumonia treatment

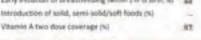
- Percent children <5 years with suspected preumona taken. to appropriate health provider
- Percent children «S years with suspected preumonia receiving artibiotics



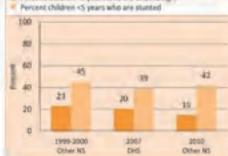
## NUTRITION

Wasting prevalence transferate and users. Sci. Low birthweight incidence (molecule and severe, %)

Early initiation of breakfleeding twitter ( to of torm, %) introduction of solid, semi-solid/soft foods (%)

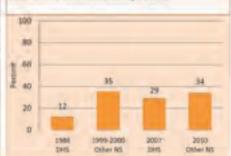


## Underweight and stunting prevalence Percent children v5 years who are underweight



## Exclusive breastfeeding





# Madagascar

2000

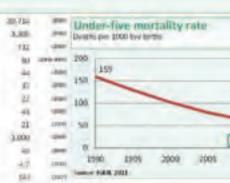
March 2012

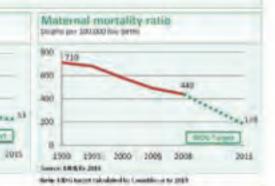
e gravi

## DEMOGRAPHICS



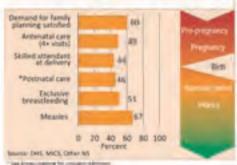
Addressed Birth rate (see 1000 support





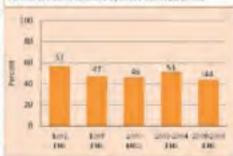
## MATERNAL AND NEWBORN HEALTH

### Coverage along the continuum of care





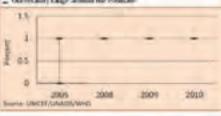
Percent live births attended by skilled health perposent



## Prevention of mother-to-child transmission of HIV

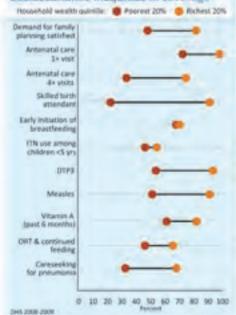
Digital Hirt perpisant comtheir some bought its, of total bitter

Forced Hit/s prognant communicating Afficials PMICE I theretainly caste around the extension



## EQUITY

#### Socioeconomic inequities in coverage



is (orange circles). The tinger the line between the line groups, the also the megacity. These solimates may fifter from other charts due to evenous or data lowers.

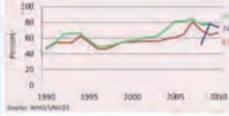
Developed by Countdown to report on core indicators identified by the LIN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Medith

## CHILD HEALTH

## **Immunization**

 Percent of children immunized against measles. - Percent of children immunited with 3 dozes DTP

- Percent of children invounded with 3 doses 16b



#### Pneumonia treatment

■ Percent children <5 years with suspected pneuroonia taken</p> to appropriate health provider

# Percent children <5 years with suspected presumons receiving antibiotics.

100 80 -60



Wasting prevalence (moderate and severe, %) Low birthweight incidence involves and severe. No

\$5 common. Early systation of broautfeeding system 6 to at sore, 50

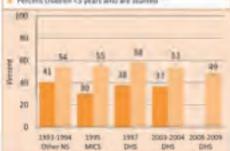
36 complement introduction of solid, semi-solid/soft foods its Vitamin A two door coverage (%)



100 100

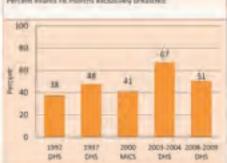
#### Underweight and stunting prevalence Percent children «S years who are underweigt

Percent children <5 years who are sturted



#### Exclusive breastfeeding

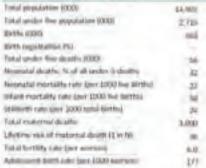
Percent infants of months inclinively breastfed

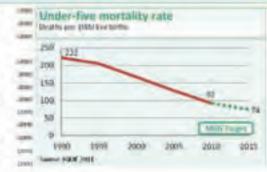


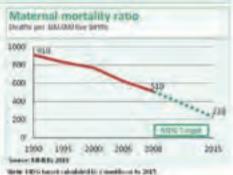
# Malawi

March 2012

### DEMOGRAPHICS

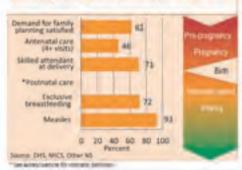






## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

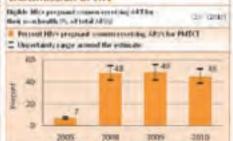




Percent live births attended by skilled health personnel

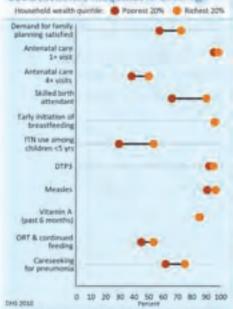


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

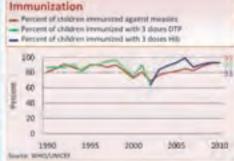
## Socioeconomic inequities in coverage



Coverage levels are shown for the powers 20% lend organized and the inchest. 20% loanges similers, The langer the line between the ten propos, the greater the inequality. These estimates may differ from other thans star for differences or did a powers.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH

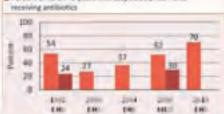


## Pneumonia treatment

Percent children <5 years with suspected pneumonia laken to appropriate health provider

7000

Percent children +5 years with traspected pheramonia



#### NUTRITION

Low birthweight incidence (moderate and severe, %)

25

Early initiation of breastfeeding system 1 to of Sires, NJ introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

88 (202) 100 12003

## Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are stunted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed



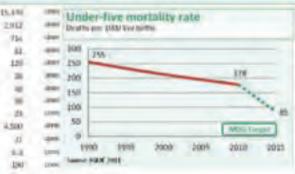
# Mali

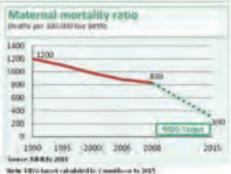
March 2012

AT COME

## DEMOGRAPHICS

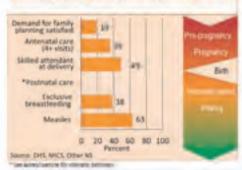






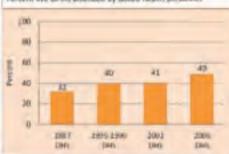
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

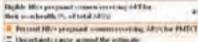


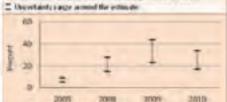


Percent live births attended by skilled health personnel



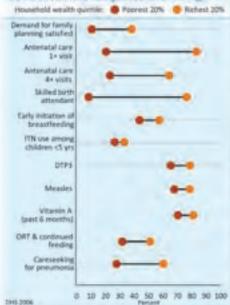
# Prevention of mother-to-child transmission of HIV





#### EQUITY

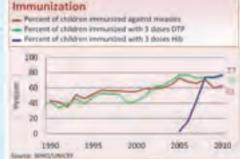
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% and circlest and the richest. The larger circlest, The largest the line between the best groups, the cristor the inequality. These estimates may differ from other charts and full effections in data sources.

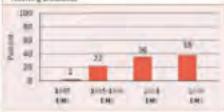
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH



## Pneumonia treatment

- Percent thicken <5 years with suspected pneumonia taken
  to appropriate health provider
- Percent disiden+5 years with suspected preumonia receiving antibiotics



#### NUTRITION

Wasting presidence (motives and severe, %)
Low birthweight incidence (motivate and severe, %)

# == Ex-

Early initiation of breastfeeding (within a to of sine, No introduction of solid, semi-solid/soft foods (No Vitamin A two dose coverage (No

191 28 191 28

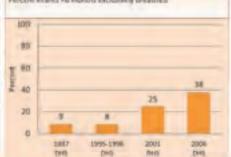
## Underweight and stunting prevalence

Percent children <5 years who are underweight
Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percere infants +6 months exclusively breastfed



Name Annual and Address of Owner, where the

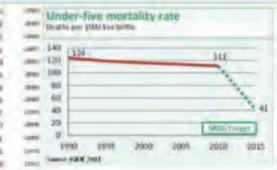
# Mauritania

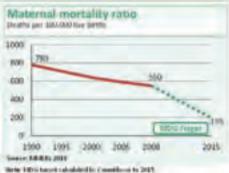
March 2012

54 Grant

### DEMOGRAPHICS

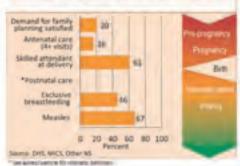






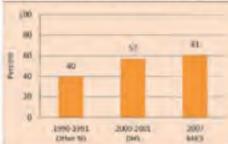
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care



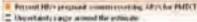


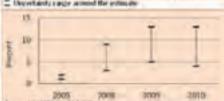




## Prevention of mother-to-child transmission of HIV

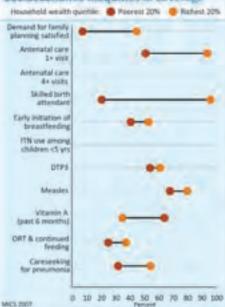






#### EQUITY

## Socioeconomic inequities in coverage



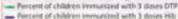
Coverage levels are shown for the poment 20% (sed singles) and the richest. 20% (senger circles). The langer the line between the two proups, the greater the invasions. These pointers way differ from other charts also be

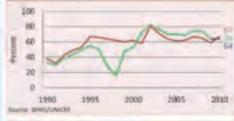
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH

### **Immunization**

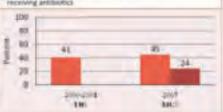






#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with trapected presymonia receiving antibiotics



## NUTRITION

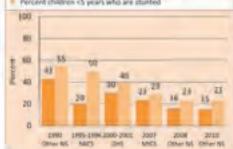
Low birthweight incidence (moterate and severe, %)

Early instution of breastfeeding (within 1 to of turn, %) introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)



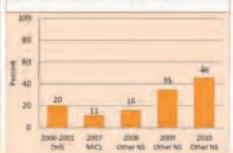
## Underweight and stunting prevalence

- Percera children <5 years who are underweight
- Percent children <5 years who are sturted



#### **Exclusive breastfeeding**

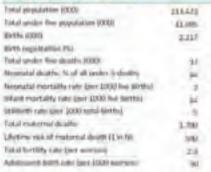
Percent infants +6 months exclusively breastfed

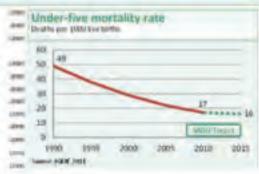


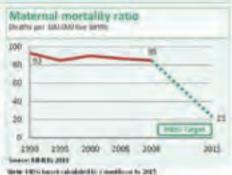
# Mexico

March 2012

## DEMOGRAPHICS

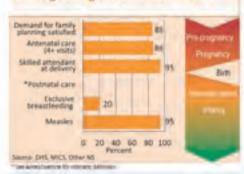




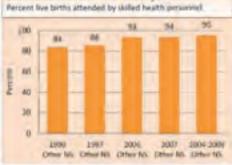


## MATERNAL AND NEWBORN HEALTH

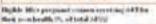
## Coverage along the continuum of care







#### Prevention of mather-to-child transmission of HIV

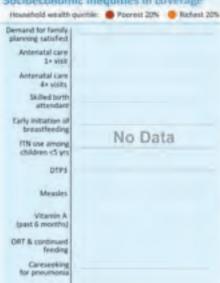






#### EQUITY

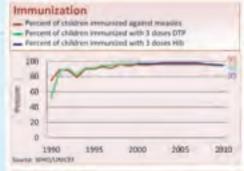
## Socioeconomic inequities in coverage



versignt levels are shown for the journest 20% (and ordins) and the nutriest. In the large circles, The langest the line between the two groups, the later the investment three estimates may differ from other charts shall be ferences in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH

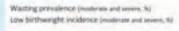


#### Pneumonia treatment

- Percent children +5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected preumonia. receiving antibiotics

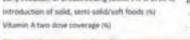
No Data

#### NUTRITION

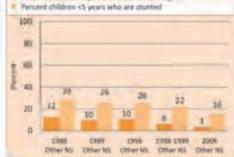




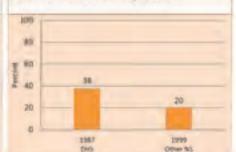
## Early instation of breastfeeding (within 1 to of birth, N) introduction of solid, semi-solid/soft foods (%)



#### Underweight and stunting prevalence Percera children <5 years who are underweight



#### **Exclusive breastfeeding** Percent infants +6 months exclusively breastfed

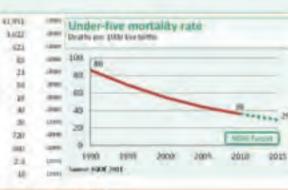


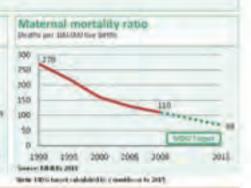
## Morocco

March 2012

### DEMOGRAPHICS

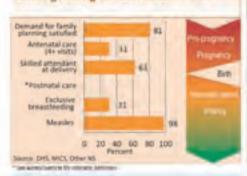




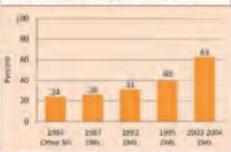


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







#### Prevention of mother-to-child transmission of HIV

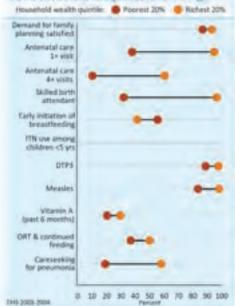
Highly Mile prepared consenses of the Affile.

Personal Hilly programed communications, Allert for PMICT



#### EQUITY

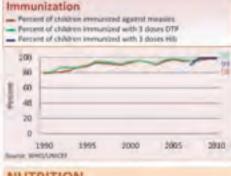
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and arrived and the richest 20% (awayer circles). The longer the line between the ten process, the greater the breaking. These pointed is may differ from a their sharts shall be differences in data position.

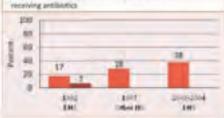
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment

- Percent thikkren <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected pneumonia



#### NUTRITION

100

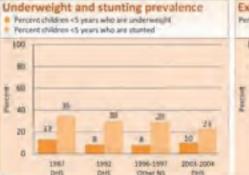
60

160 140

20

Low birthweight incidence (moderate and severe, %)

- Early initiation of breastfeeding system 1 to of tires, No
  - introduction of solid, semi-solid/soft foods (%)
  - Vitamin A two dose coverage (%)



## **Exclusive breastfeeding**



40

2000

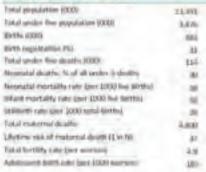
19E DH

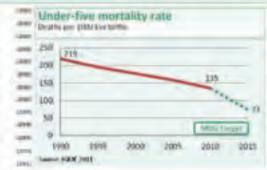
DHILL

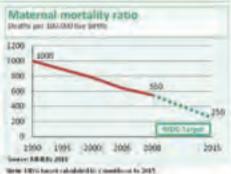
# Mozambique

March 2012

## DEMOGRAPHICS

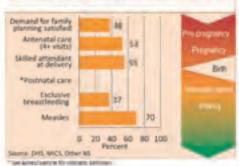




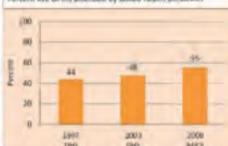


## MATERNAL AND NEWBORN HEALTH

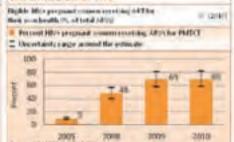
## Coverage along the continuum of care





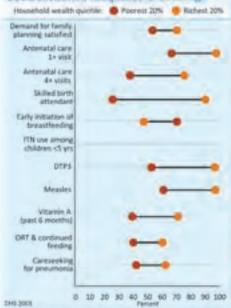


### Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage

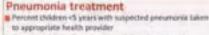


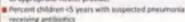
Coverage levels are shower for the poment 20% (and sincise) and the richest 20% (average sincise). The langer the line between the ten groups, the greater the invasable. These estimates may differ from other sharts star to differences in it data passing.

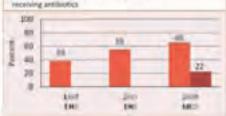
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH







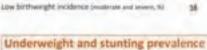


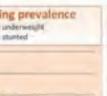
88 000

100

1000

#### NUTRITION

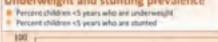




## introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

Early initiation of breastfeeding system 1 to of birth. No







Name Annual and Add Street, or other Designation

# Myanmar

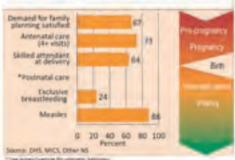
March 2012

### DEMOGRAPHICS



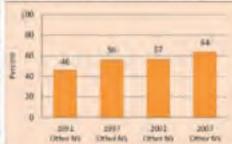
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

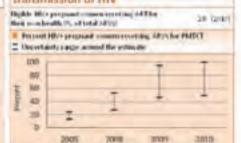


## Skilled attendant at delivery



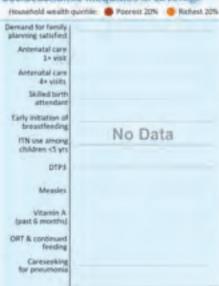


### Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage



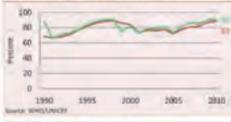
overage levels are shown for the powers 20% (red order) and the nutrest No low argor similer). The longest the line between the two groups, the eater the inequality. Three estimates may differ from other chains also be ferences in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH

**Immunization** 

## - Percent of children emmanated against measing Percent of children immunized with 3 dozes DTF - Percent of children immunited with 3 doies Hits 200



### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with trapected presynonia



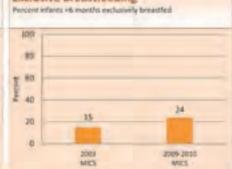
#### NUTRITION

Low birthweight incidence (moderate and severe, %)

Early instation of breastfeeding (worm a to of some, for 178) introduction of solid, semi-solid/soft foods (%)

Vitumin A two dose coverage (%)

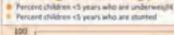




100

100

## Underweight and stunting prevalence

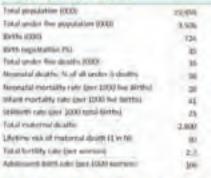


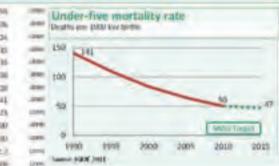


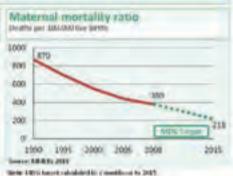
# Nepal

March 2012

### DEMOGRAPHICS

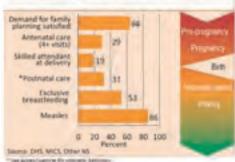






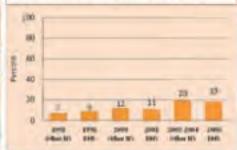
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

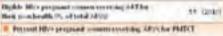








## Prevention of mother-to-child transmission of HIV



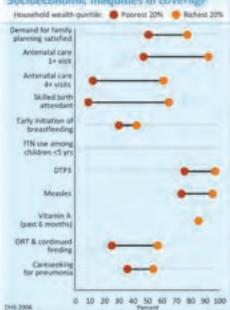


2000

1000

## EQUITY

## Socioeconomic inequities in coverage

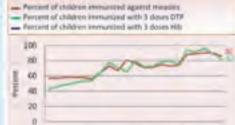


Coverage levels are shown for the journey JUN (red circles) and the richest you having circles). The larger the line between the bar groups, the greater the forecastly. These estimates may differ from other thans also be difference; in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

## CHILD HEALTH

**Immunization** 

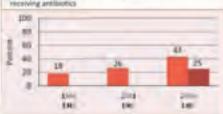


2000

3005

## Pneumonia treatment

- Percent thikines 45 years with suspected pneumonia lakes to appropriate health provider
- Percent children -5 years with suspected preumonia receiving antibiotics



#### NUTRITION

Wasting presidence (motorate and severe, %) Low birthweight incidence (motirate and severe, %)

1995

n = n

2010

Early institution of breastfeeding (wow, s.to of sizes, %) introduction of solid, semi-solid/soft foods (%)

introduction of solid, semi-solid/soft foods (N) 13
Vitamin A two dose coverage (N) 81

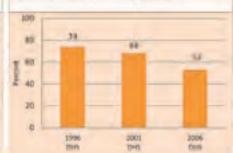
## Underweight and stunting prevalence

## Percent children <5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed

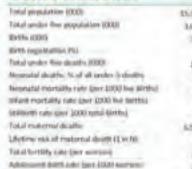


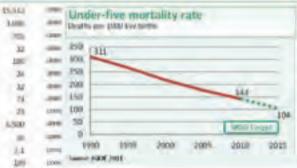
Name Annual and Address of Owner, where the

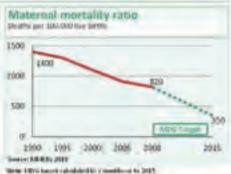
# Niger

March 2012

## DEMOGRAPHICS

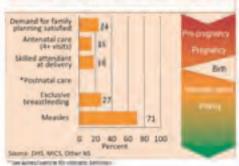




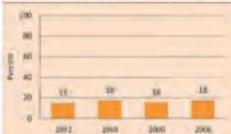


## MATERNAL AND NEWBORN HEALTH

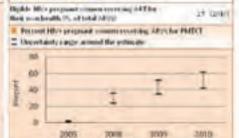
#### Coverage along the continuum of care





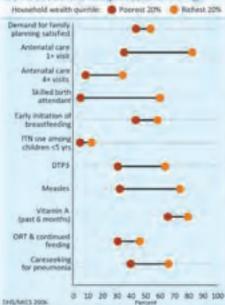


## Prevention of mother-to-child transmission of HIV



#### EQUITY

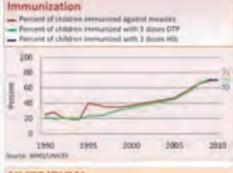
## Socioeconomic inequities in coverage



overage level) are shown for the poment 20% (and orcinal and the richest. No (average circles). The longer the line between the two process, the value the interpolity. These estimates may differ from other charts also be ferenced in data process.

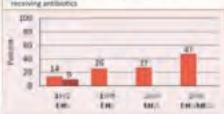
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



### Pneumonia treatment

- Percent children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children+5 years with impected preumonia receiving antibiotics



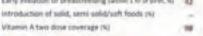
#### NUTRITION

Low birthweight incidence (mozerate and severe, %)

15 22

DHIMMS

Early institution of bregstfeeding system ( to of tives, No introduction of solid, semi-solid/soft foods (%)



#### Underweight and stunting prevalence Percera children <5 years who are underweight



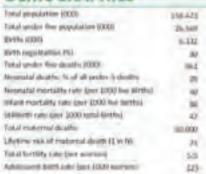
#### **Exclusive breastfeeding** Percent infants +6 months exclusively breastfed



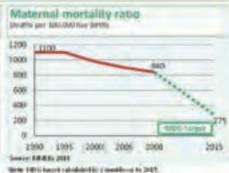
# Nigeria

March 2012

## DEMOGRAPHICS

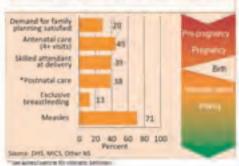




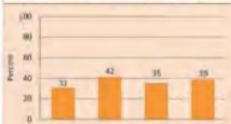


## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



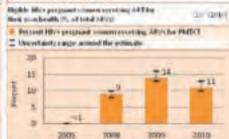




1003

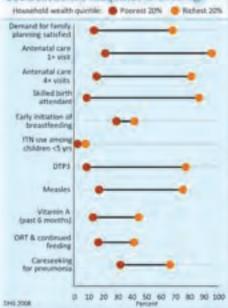
2008

## Prevention of mother-to-child transmission of HIV



#### EQUITY

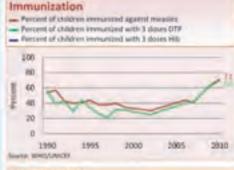
## Socioeconomic inequities in coverage

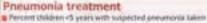


Coverage levels are shown for the powers JUN (red circles) and the richest powers coulded, The larger the line between the law proses, the greater the forecastly. These estimates may differ from other thans also be differences in data powers.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH





- to appropriate health provider Percent children +5 years with traspected pneumonia receiving antibiotics
- 100 80 86 33 40 200 EHI DRO

## NUTRITION

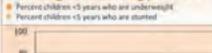
Low birthweight incidence (moserate and severe, %)

38 Ħ

Early initiation of breastfeeding system 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

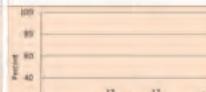
78 1000 11 100

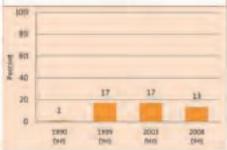
## Underweight and stunting prevalence





#### **Exclusive breastfeeding** Percent infancs +6 months exclusively breastfed

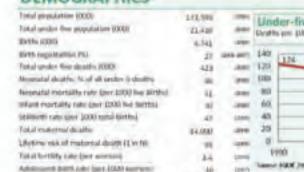


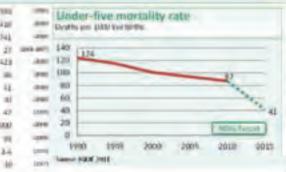


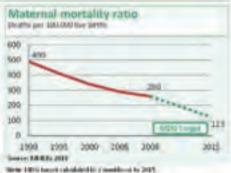
# **Pakistan**

March 2012

## DEMOGRAPHICS

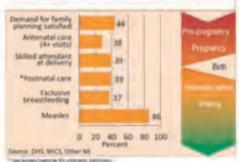






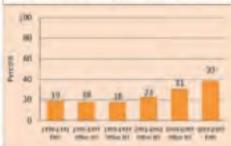
## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

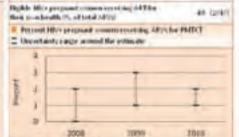


## Skilled attendant at delivery

Percent live births attended by skilled health personnel

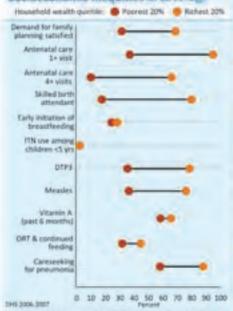


## Prevention of mother-to-child transmission of HIV



#### EQUITY

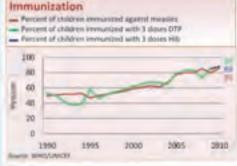
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and circles) and the richest. 20% (average circles). The langer the line between the two proups, the greater the invasable. These estimates way differ from other charts star to differences in their parts of the position.

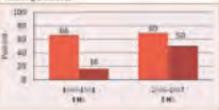
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

## CHILD HEALTH



#### Pneumonia treatment Percent children <5 years with suspected pneumonia taken

- to appropriate health provider Percent children +5 years with suspected presumonia
- receiving antibiotics



#### NUTRITION

Low birthweight incidence (mozerate and severe, %)

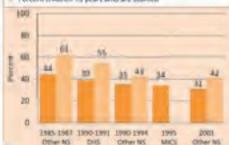
M contract

introduction of solid, semi-solid/soft foods (%)

Early institution of breastfeeding system 1 to of tires. No Vitamin A two dose coverage (%) 87

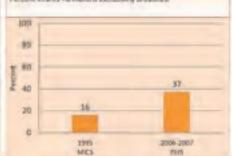
## Underweight and stunting prevalence

Percera children <5 years who are underweight Percent children <5 years who are sturted



#### **Exclusive breastfeeding**

Percent infanes +6 months exclusively breastfed





## Papua New Guinea

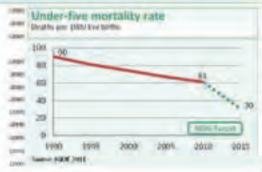
March 2012

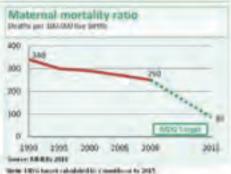
2010

2009

## DEMOGRAPHICS

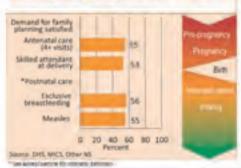




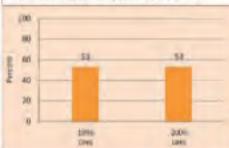


## MATERNAL AND NEWBORN HEALTH

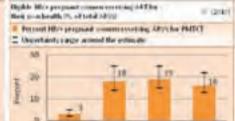
## Coverage along the continuum of care





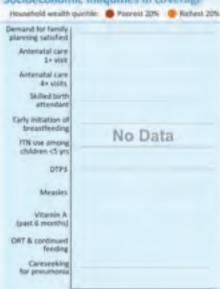


#### Prevention of mother-to-child transmission of HIV



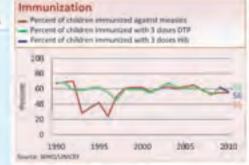
#### EQUITY

## Socioeconomic inequities in coverage

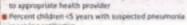


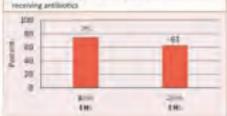
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH



#### Pneumonia treatment Percent thikbren <5 years with suspected pneumonia taken



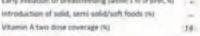


#### NUTRITION

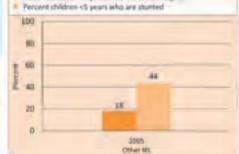
Low birthweight incidence (moterate and severe, this

35

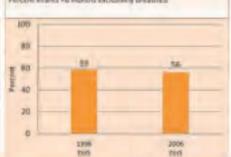
Early instation of breastfeeding (water 1 to of tires, %) introduction of solid, semi-solid/soft foods (%)







#### **Exclusive breastfeeding** Percent infants +6 months exclusively breastfed

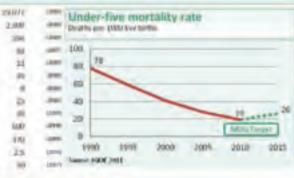


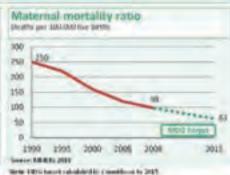
## Peru

March 2012

## DEMOGRAPHICS

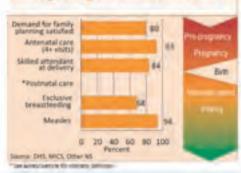




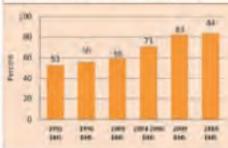


## MATERNAL AND NEWBORN HEALTH

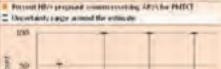
## Coverage along the continuum of care

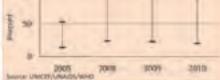






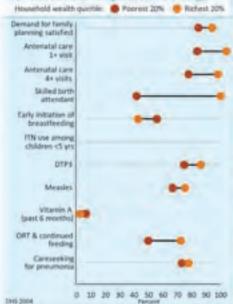
#### Prevention of mother-to-child transmission of HIV Highly Mr. propagations on the State of the per gran





#### EQUITY

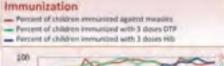
## Socioeconomic inequities in coverage

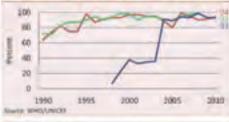


Coverage levels are shown for the powers 20% (red organ) and the richest. 20% (oxage) sizeles). The larger the line between the ten proups, the greater the inequality. These estimates may differ from other thans star to differences in data powers.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH





## Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with trapected pneumonia



#### NUTRITION

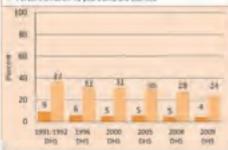
Low birthweight incidence (moderate and severe, %)

Early initiation of breastfeeding system 1 to of turn, NJ introduction of solid, semi-solid/soft foods (%) . Vitamin A two dose coverage (%)

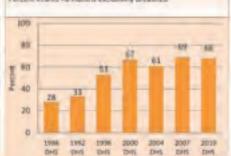
All constants

#### Underweight and stunting prevalence

Percera children <5 years who are underweight Percent children <5 years who are stunted



#### Exclusive breastfeeding

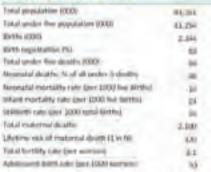


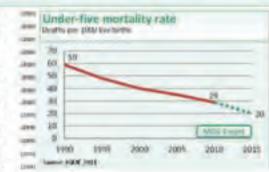


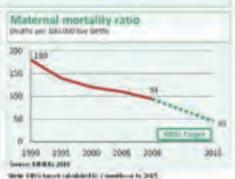
## **Philippines**

March 2012

## DEMOGRAPHICS

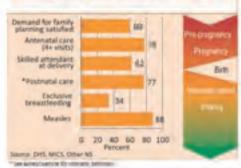




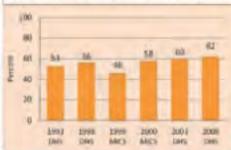


## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





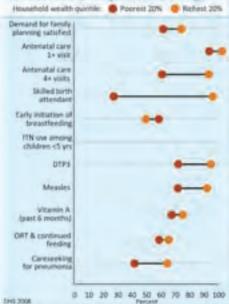


## Prevention of mother-to-child transmission of HIV



#### EQUITY

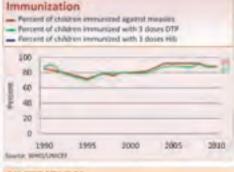
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% level origins and the richest. 20% lossings similes). The longer the line between the best groups, the grader the inequality. These estimates may differ from other thans that faithfreezes in data powers.

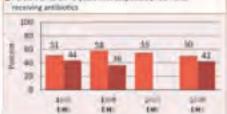
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH





- Percent thikinen «5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with temperated pneumonial receiving antillustics



#### NUTRITION

Wasting presidence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

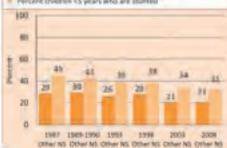
7 == 0 20 == 1

Early initiation of breastfeeding (within a to of over, for introduction of solid, serni solid/soft foods (%) Vitamin A two dose coverage (%)

10 =

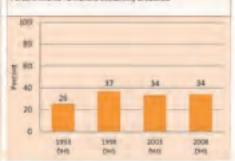
#### Underweight and stunting prevalence

Percent children <5 years who are underweight
Percent children <5 years who are sturted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed



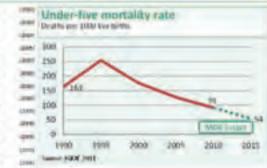
Name Annual and Published Street, Street, or other Designations.

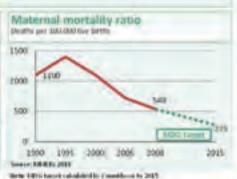
## Rwanda

March 2012

#### DEMOGRAPHICS

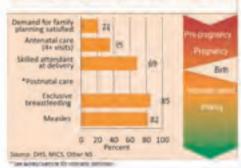




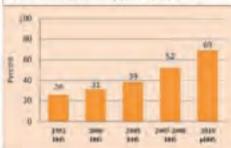


## MATERNAL AND NEWBORN HEALTH

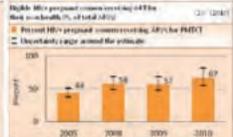
## Coverage along the continuum of care





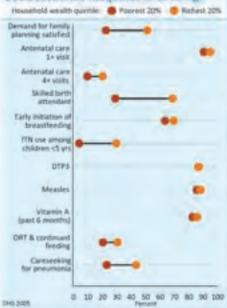


## Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage



overage levels are shown for the pomers 20%, just society and the richest. Notice the imperior the long between the land proper, the last the imperior Trees estimates may differ from other sharts shall be forestern in data source.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

**Immunization** 

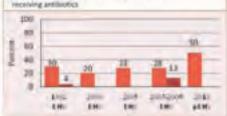
#### - Percent of children immunited against measing Percent of children immunized with 3 doses DTF - Percent of children immunited with 3 doies Hits 200 66 40 20 Ď 1990 1995 2000 3005 2010

#### Pneumonia treatment

Percent children <5 years with suspected pneumonia taken to appropriate health provider

**700%** 

 Percent children +5 years with suspected presynonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moterate and severe, %)

Early initiation of breastfeeding switten 1 to of tires, No introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%) 10

## Underweight and stunting prevalence

Percera children <5 years who are underweight Percent children <5 years who are stunted



#### **Exclusive breastfeeding**





## Sao Tome and Principe

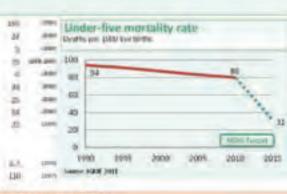
March 201

## DEMOGRAPHICS

Trivial prepalation (000)
Total under the population (000)
Exth 10005
Exth registration PILI
Total under the deaths (000)
Resourced shorts, N. of all under 3-deaths
Resourced restally rate (per 1000 has sireful)
solant restally rate (per 1000 has serted
total extraction (000 und deaths)
Total maternal deaths
Lifetime rak of maternal deaths (Liv N)

Fished foretidy cate (over someonic

Administration & Sept. Labor Sport & SAM Assertation

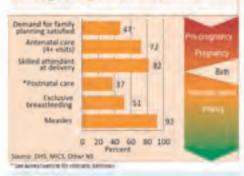


Maternal mortality ratio
peaks are 100.000 for terms

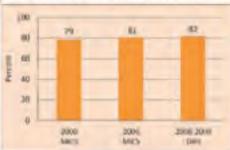
No Data

## MATERNAL AND NEWBORN HEALTH

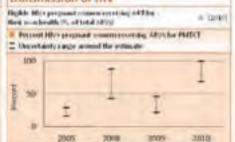
#### Coverage along the continuum of carn





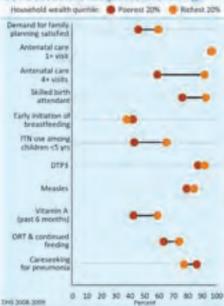


## Prevention of mother-to-child transmission of HIV



#### EQUITY

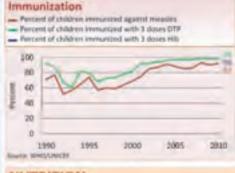
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and organic and the richest 20% (average circles). The langer the line between the two groups, the greater the inequality. These poments may differ from patter thank the following or data position.

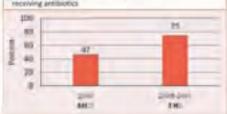
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



## Pneumonia treatment

- Percent thikinen <3 years with suspected pneumonia taken to appropriate health provider
- Percent children+5 years with suspected preumonia receiving antibiotics



#### NUTRITION

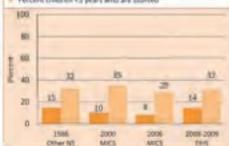
Wasting presidence (motorsts and severe, %) Low birthweight incidence (motorsts and severe, %) 21 contacts to

Early institution of breastfeeding (within a to or size, No introduction of solid, semi-solid/soft foods (No Vitamin A two dose coverage (No

73 (100)

#### Underweight and stunting prevalence

Percent children <5 years who are underweight
Percent children <5 years who are sturted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed

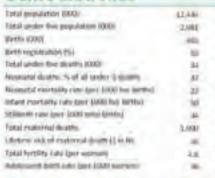


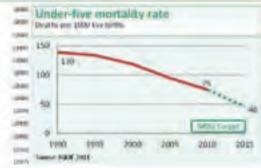
Name Annual and Address Office Address of Purpositions

## Senegal

March 2012

## DEMOGRAPHICS

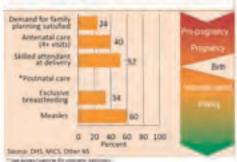






#### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care







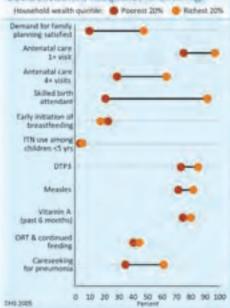


## Prevention of mother-to-child transmission of HIV



#### EQUITY

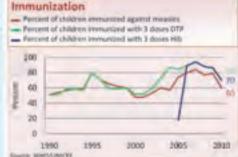
## Socioeconomic inequities in coverage



Coverage levels are shower for the poment 20% (and orpics) and the richest. 20% (average circles). The longer the line between the ten process, the greater the introducts. Then a point the process the point of the process of the point of t

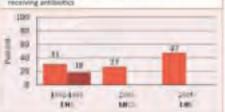
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia Laken to appropriate health provider
- Percent children +5 years with traspected pneumonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moderate and severe, %)

25

Early institution of breastfeeding (within 1 to of turn, %) 25 introduction of solid, semi-solid/soft foods (%)

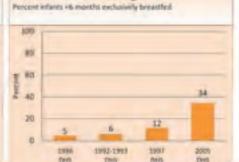
Vitamin A two dose coverage (%) 117

1000

## Underweight and stunting prevalence







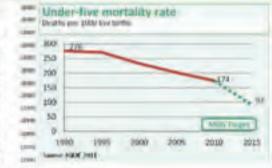


## Sierra Leone

March 2012

## DEMOGRAPHICS

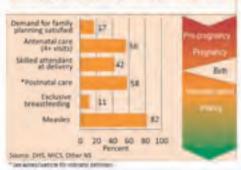




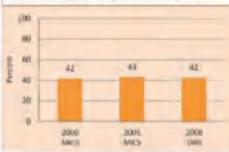


## MATERNAL AND NEWBORN HEALTH

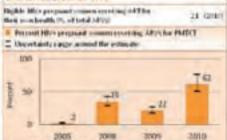
## Coverage along the continuum of care





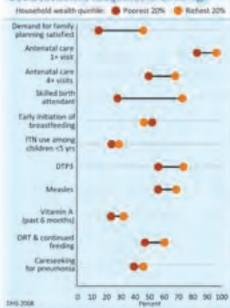


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

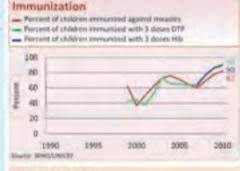
## Socioeconomic inequities in coverage



Coverage levels are shown for the powers JUN (need separal disc inches), 20% (savings similes). The langer the line between the time proper, the greater the inequality. These estimates may differ from other thans star to differences in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH



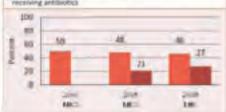
#### Pneumonia treatment

Percent children <5 years with suspected pneumonia taken to appropriate health provider

2019

2009

 Percent children +5 years with traspected pneumonia receiving antibiotics



#### NUTRITION

Low birthweight incidence (moterate and severe, %)

11 34

Early initiation of breastfeeding switter 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

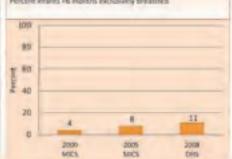
19. 1000 100 1000

#### Underweight and stunting prevalence

Percere children <5 years who are underweight Percent children <5 years who are stunted



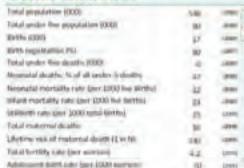
#### **Exclusive breastfeeding**

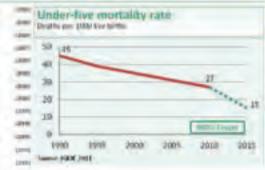


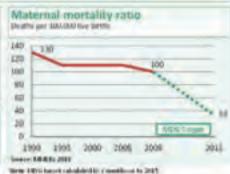
## Solomon Islands

March 2012

## DEMOGRAPHICS

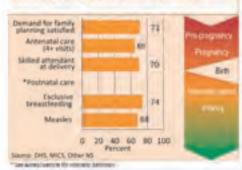




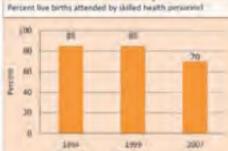


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







#### Prevention of mother-to-child transmission of HIV

Digitals Make programs consens secreting 447 for their constreents, its artistal (AUS)

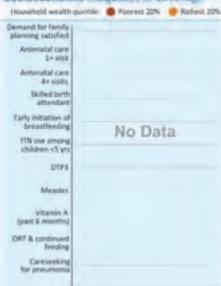
Frequent HBV+ programs communication, ART/Chie PMDCT

Theoretainty caspr around the estimate

No Data

#### EQUITY

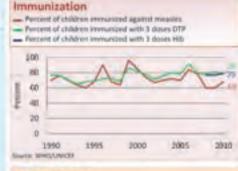
## Socioeconomic inequities in cuverage



overage levels are shown for the powers 20% (red order) and the nutrest No low argon similar). The longest the line between the two groups, the eater the immunity. These estimates may differ from other charts shall be foremen in data powers.

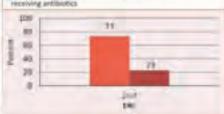
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



#### Pneumonia treatment

- Percent children <5 years with suspected pneumonia taken</p> to appropriate health provider
- Percent children +5 years with traspected pneumonia receiving antibiotics



#### NUTRITION

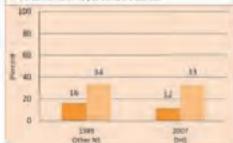
Low birthweight incidence (moserate and severe, %)

- 25

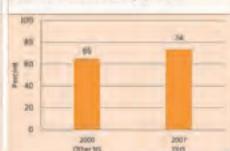
#### Early initiation of breastfeeding justice the offices, No. 128 introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

## Underweight and stunting prevalence

Percera children <5 years who are underweight Percent children <5 years who are stunted



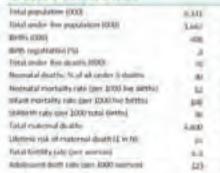
#### Exclusive breastfeeding Percent infants +6 months exclusively breastfed

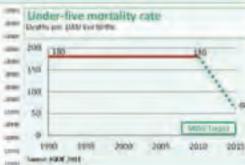


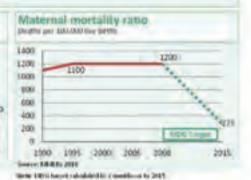
## Somalia

March 2012

## DEMOGRAPHICS

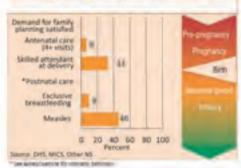




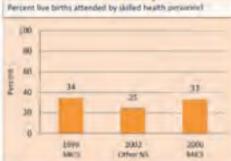


## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





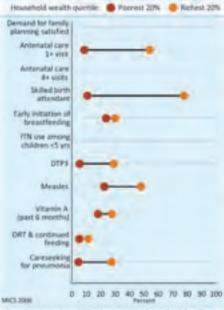


## Prevention of mother-to-child transmission of HIV



#### EQUITY

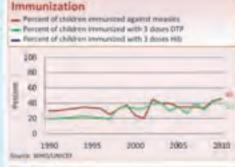
## Socioeconomic inequities in coverage



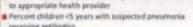
Coverage levels are shower for the poment 20% (sed sincise) and the richest. 20% (senger sincise). The langer the line between the two groups, the greater the invasions. These estimates way differ from other charts star to differences in it data position.

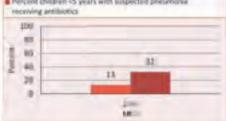
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

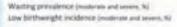


#### Pneumonia treatment Percent children <5 years with suspected pneumonia taken

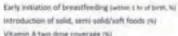


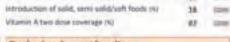


## NUTRITION

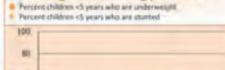


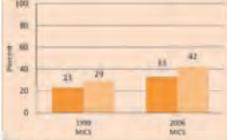


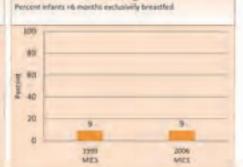




## Underweight and stunting prevalence







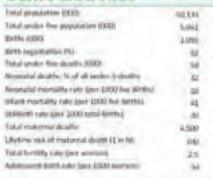
## South Africa

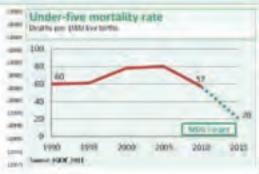
March 2012

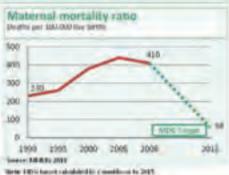
2010

2009

#### DEMOGRAPHICS

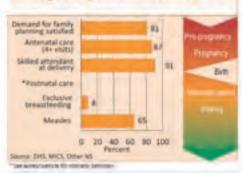






## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







Appel

2004

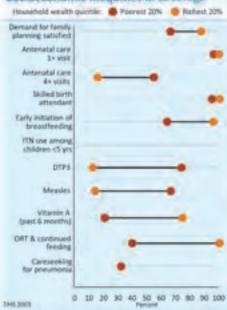
15

#### Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage

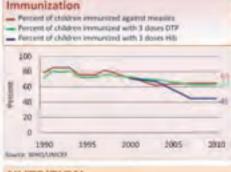


Coverage levels are shown for the powers JUN (need organ) and the inchest. 20% (navigationless). The langer the line between the ten proups, the greater the inequality. These estimates may differ from other thans star to differences in data powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

Links



## Pneumonia treatment

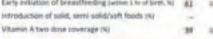
- Percent children <5 years with suspected pneumonia laken to appropriate health provider
- Percent children +5 years with traspected pneumonia



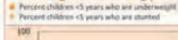
#### NUTRITION

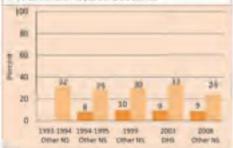
Low birthweight incidence (moderate and severe, %)

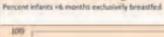
- 4
- Early instation of breastfeeding (water 1 to of tires, %) introduction of solid, semi-solid/soft foods (%)

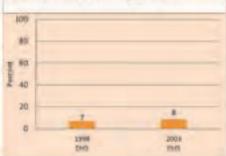


## Underweight and stunting prevalence







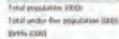


## Swaziland

March 2012

dr delle

## DEMOGRAPHICS



With regulation (%)

Total under two deaths 2000:

Nominal deaths: In of all under 6 disease

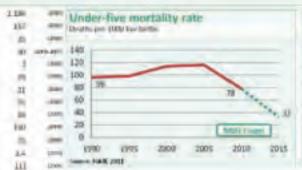
Reposaltal mortality ratio give \$2000 live similar referred contracts not also believe better

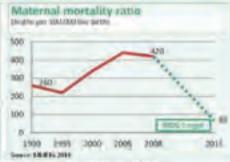
SERBOR rate (see 1000 total books) Total maternal deaths

Libetimes with oil evaluated should lit to bit

Total fertility rate (per woman)

Relationsed Bottle and Start \$500 teamwell

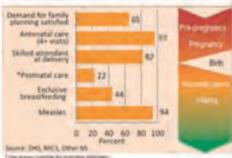




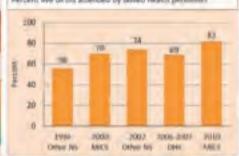
Weign Street become advantable to consider on the 2017.

## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care



Skilled attendant at delivery Percent live births attended by skilled health personnial

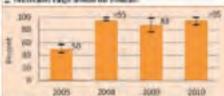


Prevention of mother-to-child transmission of HIV

Chiffide Stiller programmer: then you bright I've of total about

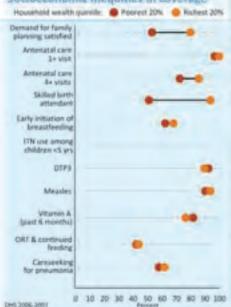
Percent High progrant immenatoricing After his PARCE

Throntain rage aread to claude



#### EQUITY

## Socioeconomic inequities in coverage



Coverage levels are alsown for the powers 20% and obtained and the richest 20% (orange circles). The longer the line between the her groups, the greates the inequality. These estimates may differ topic other charts due to stiffenesses in 6 often business.

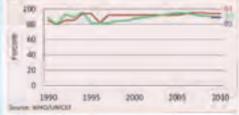
Developed by Coumbilown to report on para indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH

#### **Immunization**

Percent of children immunized against measiles

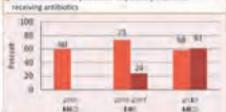
- Percent of children immunised with 3 doses OTF Percent of children immunized with 3 doses Hib



#### Pneumonia treatment

Percent children <5 years with suspected presumonia taken to appropriate health provider

# Percent children <5 years with suspected pneumonia



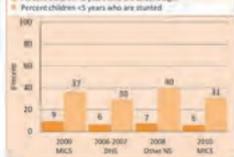
## NUTRITION

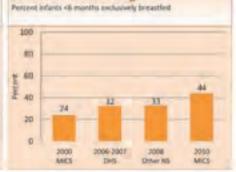
Wasting prevalence (moderate and smare, %) Low birthweight incidence (make as and seven), till

Early initiation of breastfeeding tween the artern, su introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (N)

188

#### Underweight and stunting prevalence Percent children <5 years who are underweight





## **Tajikistan**

March 2012

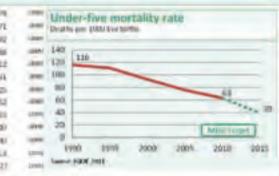
amo

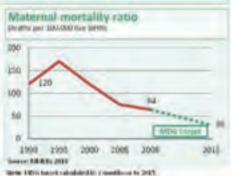
2009

MICH

## DEMOGRAPHICS

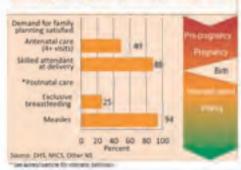




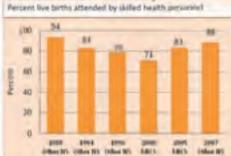


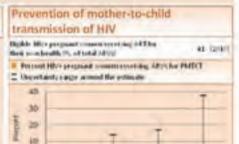
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







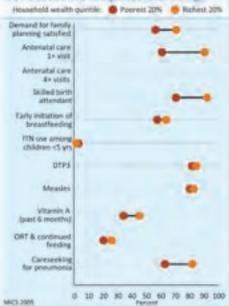


7009

Pneumonia treatment

#### EQUITY

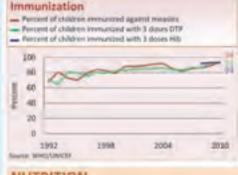
## Socioeconomic inequities in coverage

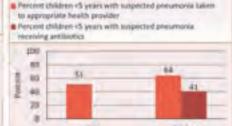


Coverage levels are shown for the poment 20% (and circles) and the richest. 20% (swarps circles). The largest the line between the ben process, the greater the invasions. These estimates may differ fruit other charts star to differences in dufa poments.

Developed by Countdown to report on sore indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH



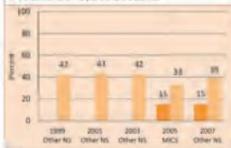


#### NUTRITION



22

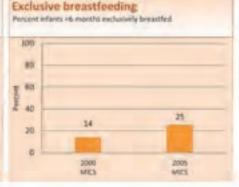
Low birthweight incidence (moderate and severe, %)



## Introduction of solid, semi-solid/soft foods (%) — Vitamin A two dose coverage (%) (89)

Early initiation of breastfeeding (within 1 to of tires, No

ARC:



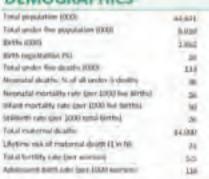
Name Annual and Address of Owner, Street, Street, or other Designations of Street, or other Designa

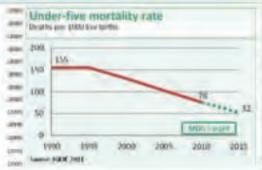


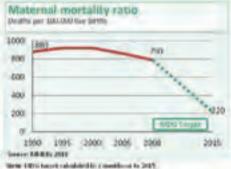
## Tanzania, United Republic of

March 2012

## DEMOGRAPHICS

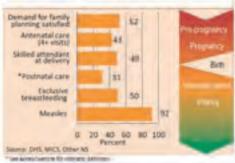






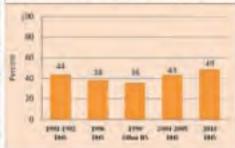
## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

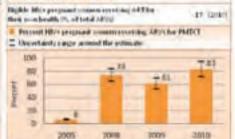






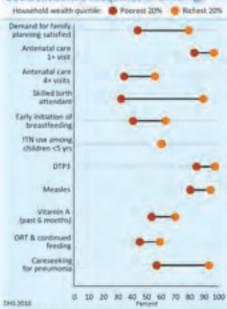


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

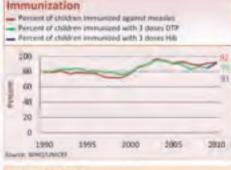
## Socioeconomic inequities in coverage

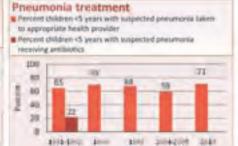


Coverage levels are shown for the powers JUN (need organ) and the inchest. 20% to angel studies). The langer the line between the ten proups, the greater the inequality. These estimates may differ from other thans she fall differences or did a powers.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's riegith

#### CHILD HEALTH





tim:

#### NUTRITION

Low birthweight incidence (moserate and severe, %)

Early instation of breastfeeding system 1 to of pires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

EN

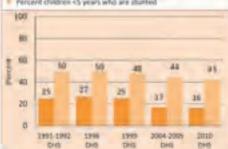
13 1 description w

Dist.

2.00

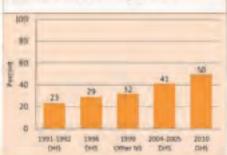
#### Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are stunted



#### **Exclusive breastfeeding**

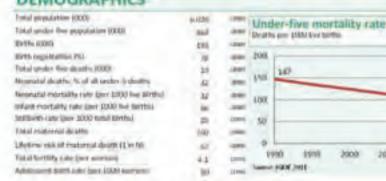
£160

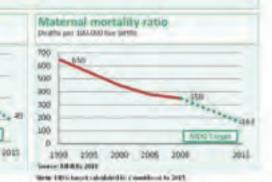


## Togo

March 2012

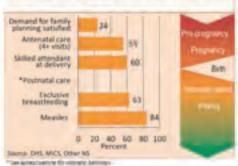
#### DEMOGRAPHICS





## MATERNAL AND NEWBORN HEALTH

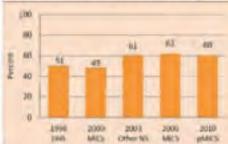
## Coverage along the continuum of care



## Skilled attendant at delivery

Percent live births attended by skilled health personnel

2010



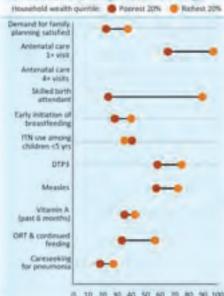
#### Prevention of mother-to-child transmission of HIV



2019

#### EQUITY

## Socioeconomic inequities in coverage



0 10 20 30 40 50 60 70 80 90 100 MC1.2006 Coverage levels any shower for the powers 20% (and sepiral and the richest. 20% (an arge sincles). The langer the line between the ten proups, the greater the increasing. These estimates may differ from other charts star to differences in tilda powers.

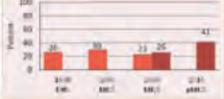
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



#### Pneumonia treatment Percent children 45 years with suspected pneumonia laken

- to appropriate health provider Percent children +5 years with trapected presymonia
- receiving antibiotics 100 80



#### NUTRITION

Low birthweight incidence (moserate and severe, %)

4 35

Early initiation of breastfeeding (within 1 to of tires, No introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

44 100 LEVELS I

2010

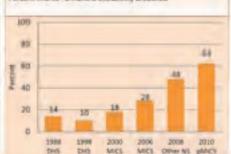
2009

#### Underweight and stunting prevalence

Percent children <5 years who are underweight Percent children <5 years who are stunted



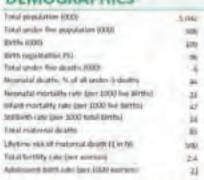
#### **Exclusive breastfeeding**

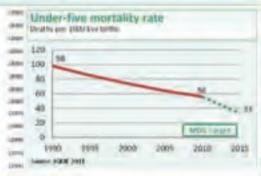


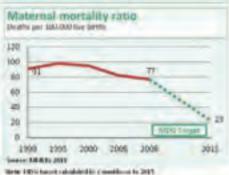
## Turkmenistan

March 2012

## DEMOGRAPHICS

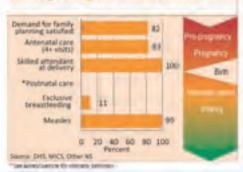




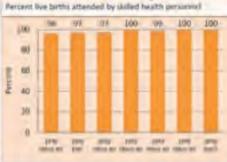


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care







#### Prevention of mother-to-child transmission of HIV

Digitals Make programs removes error stage 447 for these areas bouilds (%, advental subject

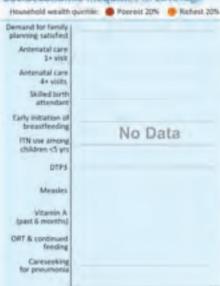
Frequent HBVs programed communications, ARTICLIA PREDCT

Theoretainty casps around the estimate

No Dala

#### EQUITY

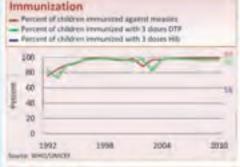
## Socioeconomic inequities in coverage



overage levels are shown for the powers 20% (red order) and the nutrest No low argor similer). The longest the line between the two groups, the eater the inequality. These estimates may differ from other chains also be foremen in data powers.

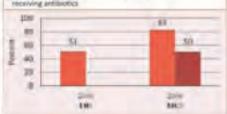
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH



#### Pneumonia treatment

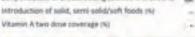
- Percent thikiren +5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected pneumonia receiving antibiotics



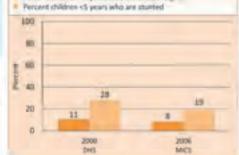
#### NUTRITION

Low birthweight incidence (moserate and severe, %)

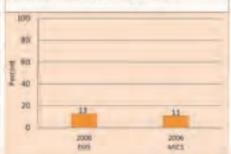
Early initiation of breastfeeding system 1 to of tires, NJ introduction of solid, semi-solid/soft foods (%)







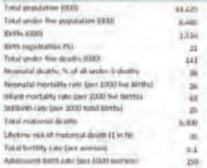
#### **Exclusive breastfeeding** Percent infants +6 months exclusively breastfed

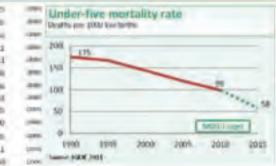


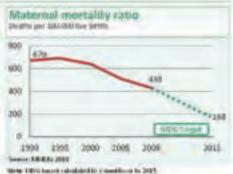
## Uganda

March 2012

#### DEMOGRAPHICS

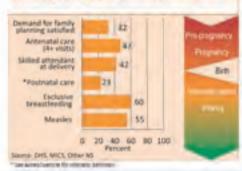




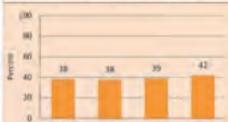


## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care





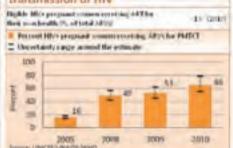


2000 200L

2006

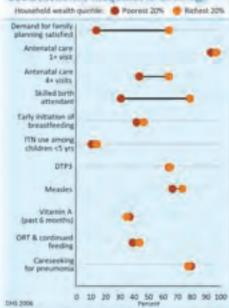
Percent live births attended by skilled health personnel

## Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage

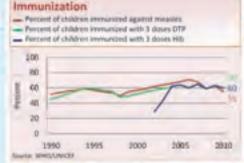


Coverage levels are shown for the powers 20% level united and the inchest. 20% to angel sizeles). The langer the line between the ten proper, the greater the increasing. These estimates may differ from other thans she be differenced in diel assumes.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

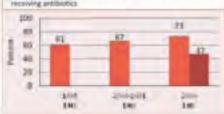
#### CHILD HEALTH

1505466



#### Pneumonia treatment

- Precent Children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children-5 years with tespected pneumonia receiving antibiotics



#### NUTRITION

Wasting presidence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

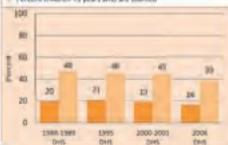
# == E

Early institution of breastfeeding (within a to of over, for introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

75 75 CON ALL CON ALL

#### Underweight and stunting prevalence

Percent children <5 years who are underweight
Percent children <5 years who are stunted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed

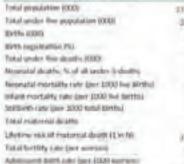


Name Annual and Address of Owner, where the

## Uzbekistan

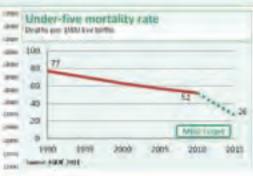
March 2012

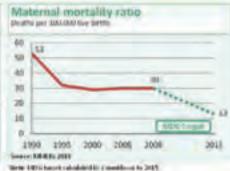
## DEMOGRAPHICS





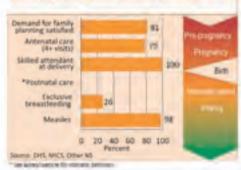
26

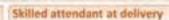


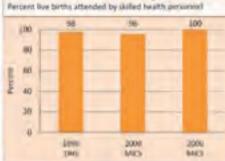


## MATERNAL AND NEWBORN HEALTH

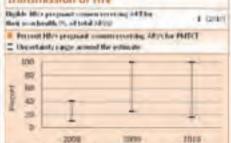
## Coverage along the continuum of care





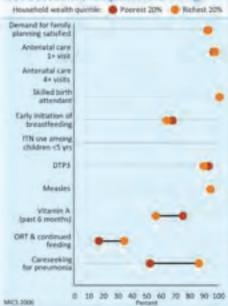


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

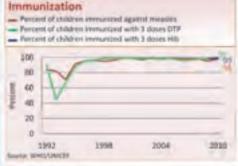
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and sincise) and the richest 20% (average circles). The langer the line between the two proups, the greater the invasions. These estimates way differ from other charts stat to differences in their parts of the position.

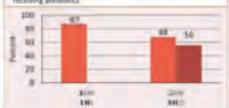
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH





to appropriate health provider Percent children +5 years with suspected presumonia receiving antibiotics



## NUTRITION

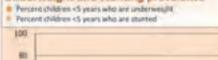
Low birthweight incidence (moterate and severe, %)

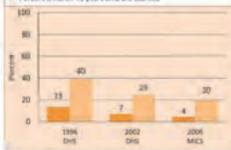
-Vitamin A two dose coverage (%)

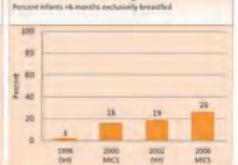
Early initiation of breastfeeding (within 1 to of birth, No. introduction of solid, semi-solid/soft foods (%)

47 Contract 10 (30)

#### Underweight and stunting prevalence





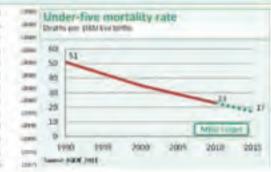


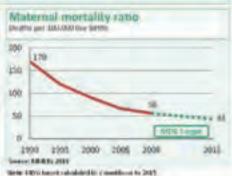
## Vietnam

March 2012

## DEMOGRAPHICS

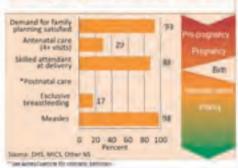






## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

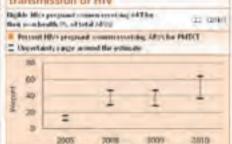






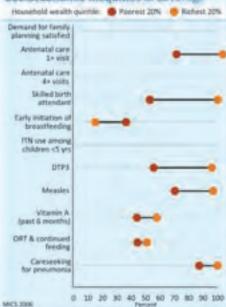


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

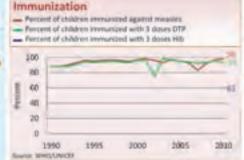
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and sirpled and the richest 20% (average circles). The langer the line between the ten groups, the greater the invasable. These estimates may differ from other charts star to differences in it data passing.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH



#### Pneumonia treatment

- Precent Children 45 years with suspected pneumonia laken to appropriate health provider
- Percent children-5 years with tespected pneumonia.
   receiving antibiotics



## NUTRITION

Wasting prevalence (moderns and severe, %) Low birthweight incidence (moderns and severe, %)

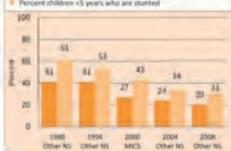


Early initiation of breastfeeding justim s to of size, %) introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)



#### Underweight and stunting prevalence

Percent children <5 years who are underweight
Percent children <5 years who are stunted



#### Exclusive breastfeeding

Percent infants +6 months exclusively breastfed

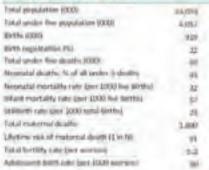


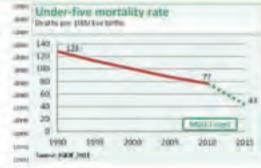
Name Annual and Publishers and Advanced Propositions

## Yemen

March 2012

## DEMOGRAPHICS

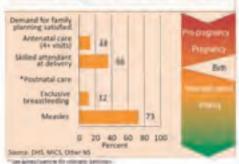




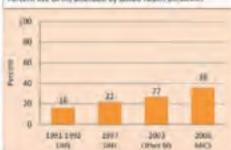


## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care





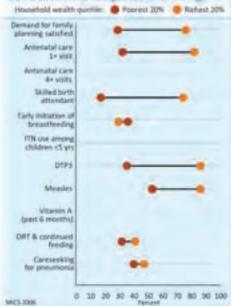


## Prevention of mother-to-child transmission of HIV



#### EQUITY

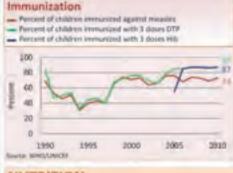
## Socioeconomic inequities in coverage



Coverage levels are shower for the poment 20% (sed singles) and the richest. 20% (senger circles). The langer the line between the two process, the greater the invasions. These estimates way differ from other charts star to differences in these poments.

Developed by Countdown to report an core indicators identified by the UN Commission on Information and Account philipy, in support of the Global Strategy for Women's and Children's Health.

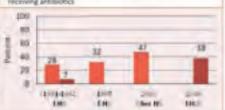
#### CHILD HEALTH



## Pneumonia treatment

AND DESCRIPTIONS OF

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected pneumonia receiving artibiotics



30

47

#### NUTRITION

100

m

60

-40

20

Low birthweight incidence (moserate and severe, this

Underweight and stunting prevalence

MICH

Percent children <5 years who are underweight

Percent children <5 years who are stunted

35 33

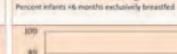
45

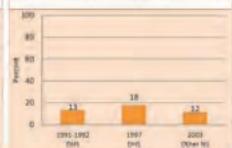
2008

Other NE

Early initiation of breastfeeding (while I to of birth, NJ introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

## **Exclusive breastfeeding**





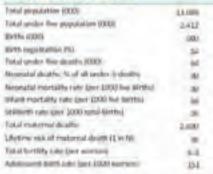
1991-1992 Other NY

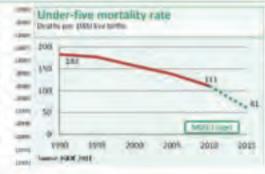
No.

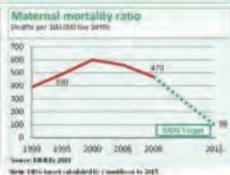
## Zambia

March 2012

#### DEMOGRAPHICS

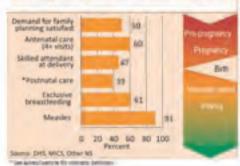






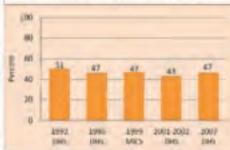
## MATERNAL AND NEWBORN HEALTH

## Coverage along the continuum of care

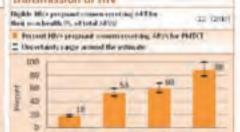






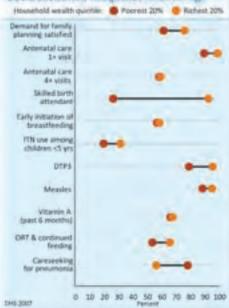


#### Prevention of mother-to-child transmission of HIV



#### EQUITY

## Socioeconomic inequities in coverage

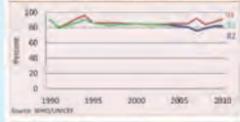


Coverage levels are shower for the poment 20% (and sirpled and the richest 20% (average sincles). The langer the line between the ten groups, the greater the invasable. These estimates may differ from other sharts star to differences in it data position.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health.

#### CHILD HEALTH

# Immunization — Percent of children immunized against measing. — Percent of children immunized with 3 doses OTF. — Percent of children immunized with 3 doses Hill.



### Pneumonia treatment

Percent thikines 45 years with suspected pneumonia laken
to appropriate health provider

2009

Percent children -5 years with suspected preumonia receiving antibiotics



#### NUTRITION

Wasting presidence (motivate and severe, %)
Low birthweight incidence (motivate and severe, %)

# may 5

Early institution of breastfeeding (within a to of size, %) introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

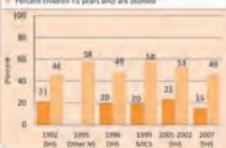
94 (mm

2010

2009

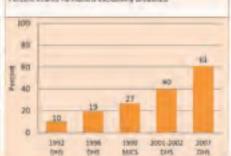
#### Underweight and stunting prevalence

Percent children +5 years who are underweight
Percent children +5 years who are stunted



#### **Exclusive breastfeeding**

Percent infants +6 months exclusively breastfed



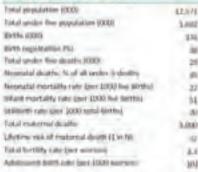
Name Annual and Address of Publishers or Publishers

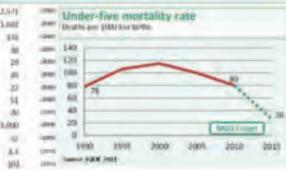
## **Zimbabwe**

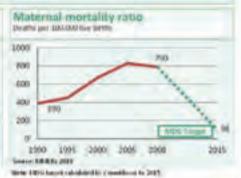
March 2012

in bear

## DEMOGRAPHICS

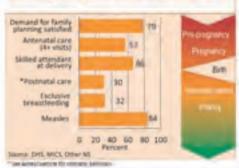






## MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

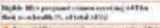




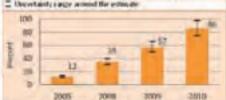
Percent live births attended by skilled health personnel



#### Prevention of mother-to-child transmission of HIV

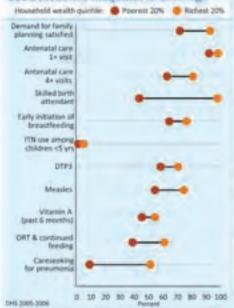


Propert HIV's proposed assessmentation, Allertha PMICT Depertments a page servered the extraogra-



#### EQUITY

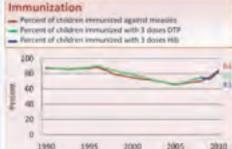
## Socioeconomic inequities in coverage



Coverage levels are shown for the poment 20% (and orpins) and the richest. 20% (aways: circles). The langer the line between the ten process, the greater the inequality. These estimates may diffed from other charts also be differences in it data position.

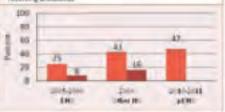
Developed by Countdown to report an core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

#### CHILD HEALTH



#### Pneumonia treatment

- Percent children 45 years with suspected pneumonia taken to appropriate health provider
- Percent children +5 years with traspected presumonia receiving antibiotics



#### NUTRITION

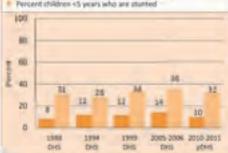
Low birthweight incidence (moserate and severe, %)

1 commence Early institution of breastfeeding (worse, a to of some tel 15 cars are introduction of solid, semi-solid/soft foods (N) Vitamin A two dose coverage (%)

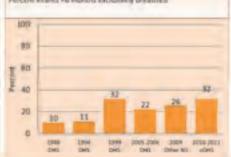
49 concess 78 limition 10 1000

#### Underweight and stunting prevalence

Percere children <5 years who are underweight Percent children <5 years who are stunted



#### **Exclusive breastfeeding**



Each year, **millions** of women and children die in pregnancy, childbirth and from preventable disease.

These are not statistics. They are people with names and faces.







These deaths can and must be stopped. We know what works.

Through the *Every Woman Every Child* effort, the **United Nations** and its partners are working to save the lives of 16 million women and children by 2015.

## www.everywomaneverychild.org

Together we can empower women around the world to be healthy and safe and to protect their children from preventable illness.