

## Annex 06

### Data supplement, 2014-2017

Executive Director Annual Report to the Executive Board 2017

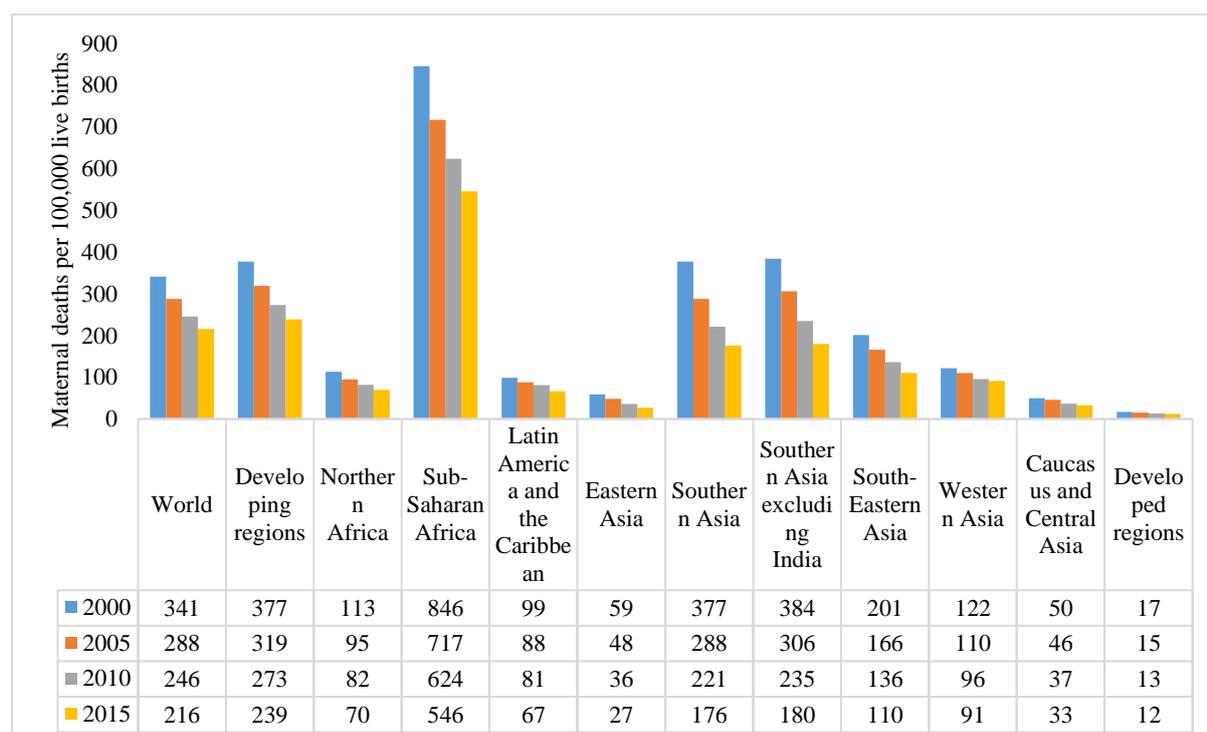


## Introduction

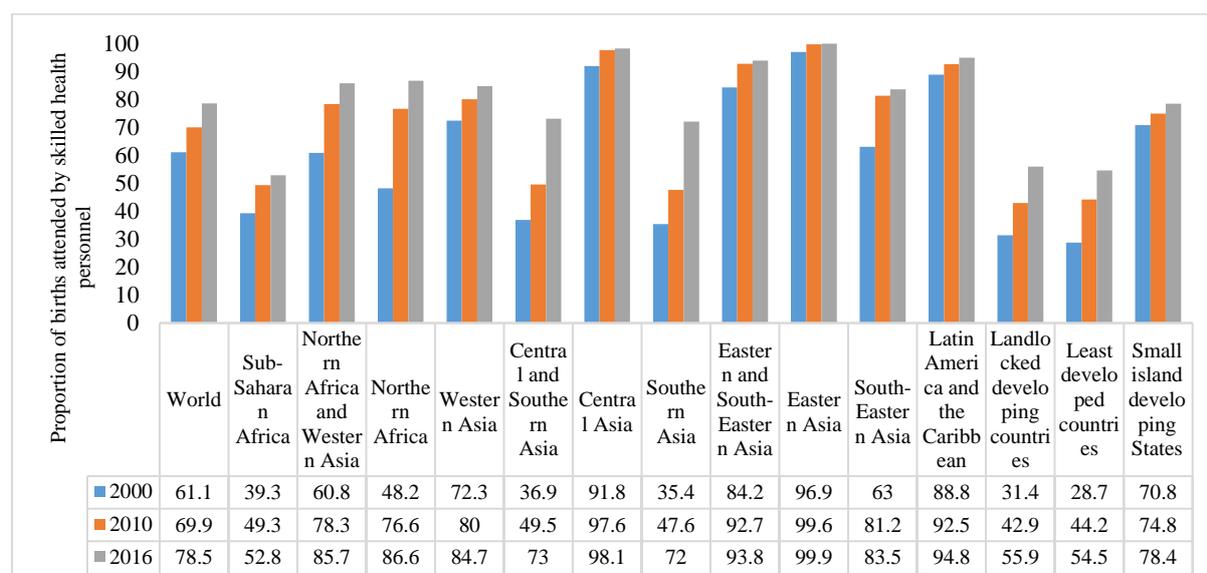
The following information is supplementary to the 2017 Executive Director Annual Report to the Executive Board. This annex shows: (1) supplementary data to the outcome indicators of the strategic plan 2014-2017 and (2) mode of engagement<sup>1</sup> disparities in achieving the targets; and (3) regional disparities in achieving the targets of selected indicators of the integrated results framework.

### 1. Supplementary data to the outcome indicators of the strategic plan 2014-2017

#### Maternal mortality ratio, 2000-2015

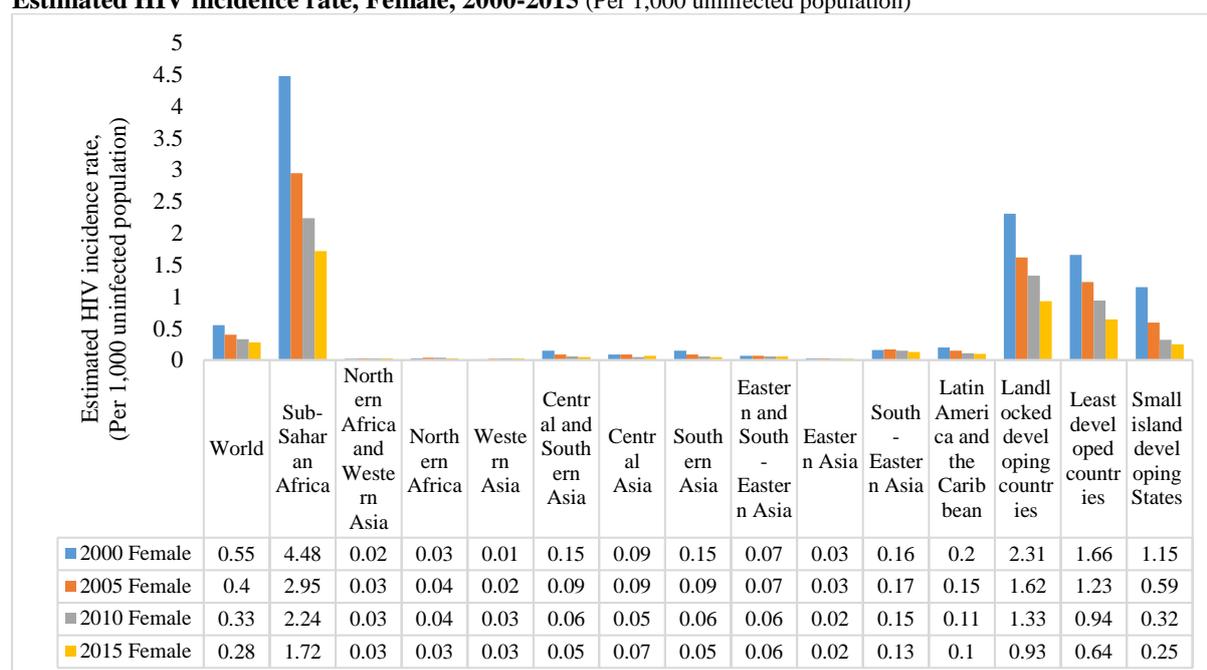


#### Proportion of births attended by skilled health personnel, 2000-2016



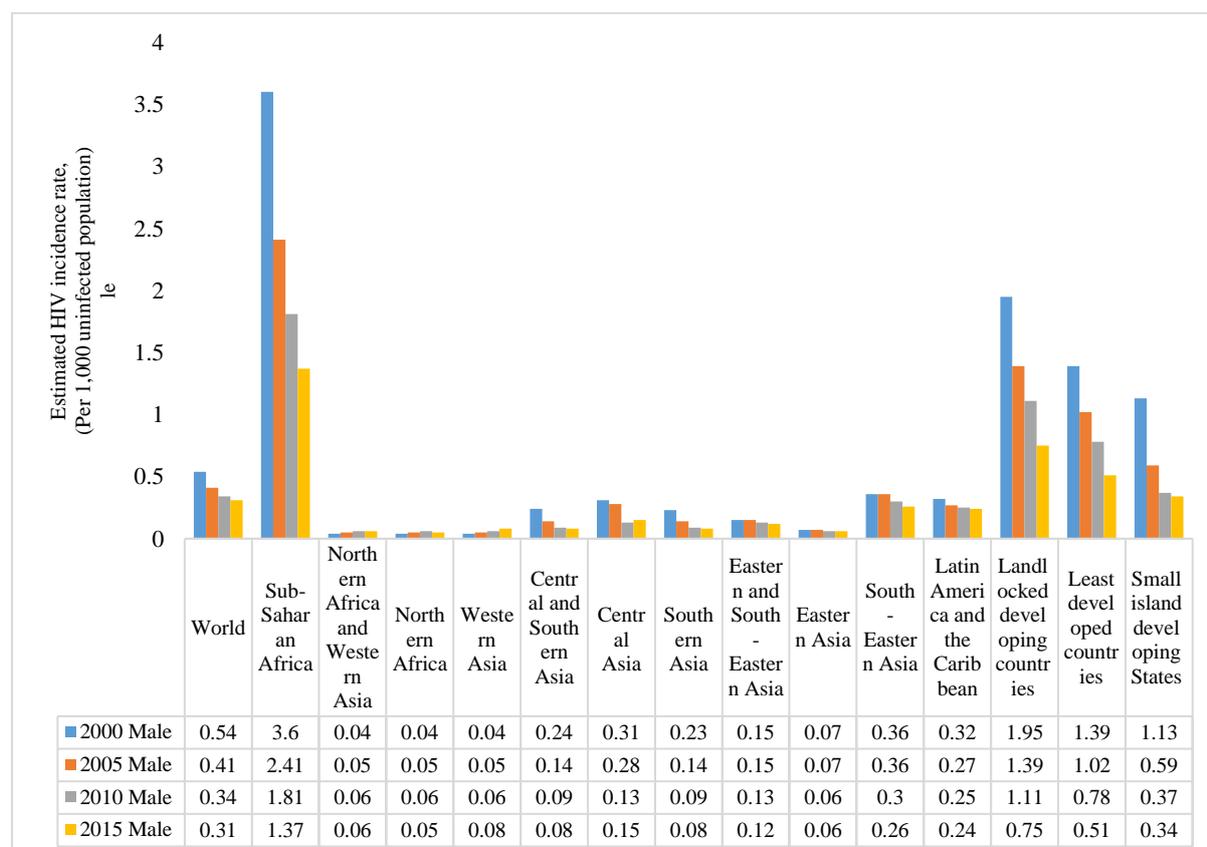
Source: Joint global database on skilled attendance at birth, 2017, United Nations Children's Fund (UNICEF) and World Health Organisation (WHO). Note: Data are based on the latest country level data available in the years in parentheses.

### Estimated HIV incidence rate, Female, 2000-2015 (Per 1,000 uninfected population)



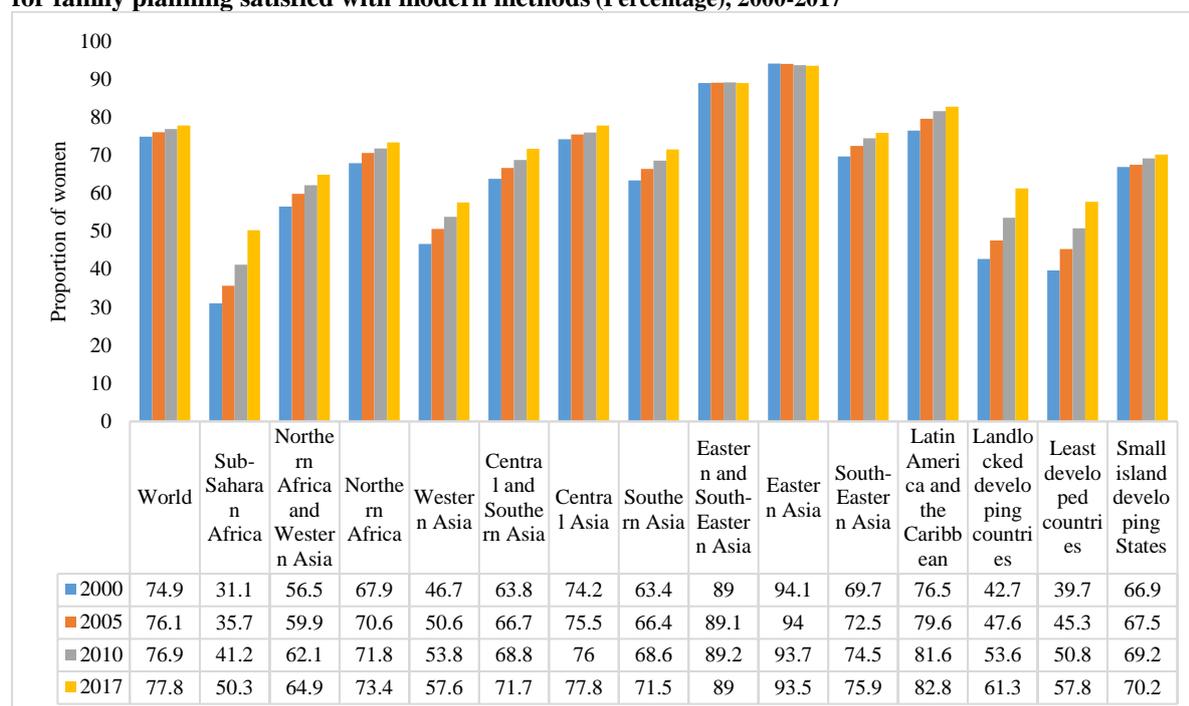
Source: Source: UNAIDS 2016 estimates/the Prevention Gap Report 2016, The Joint United Nations Programme on HIV/AIDS (UNAIDS)

### Estimated HIV incidence rate, Male, 2000-2015 (Per 1,000 uninfected population)



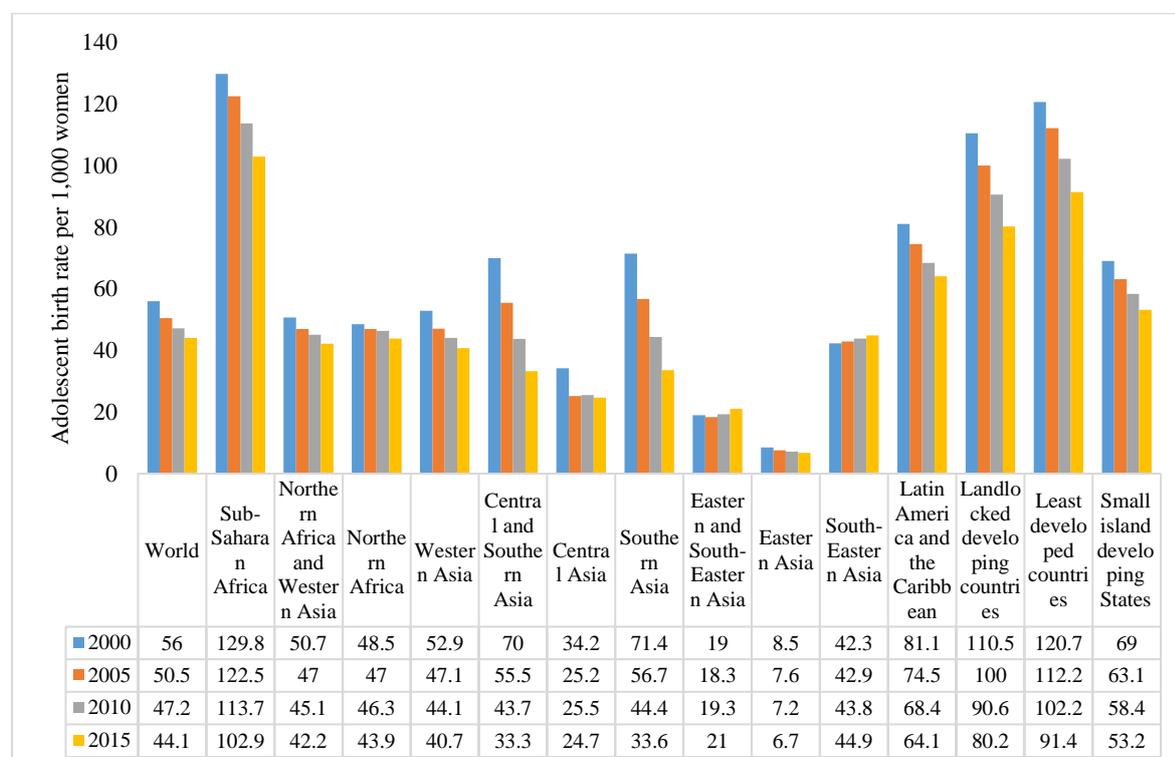
Source: Source: UNAIDS 2016 estimates/the Prevention Gap Report 2016, The Joint United Nations Programme on HIV/AIDS (UNAIDS)

**Proportion of women *married or in a union* of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (Percentage), 2000-2017**

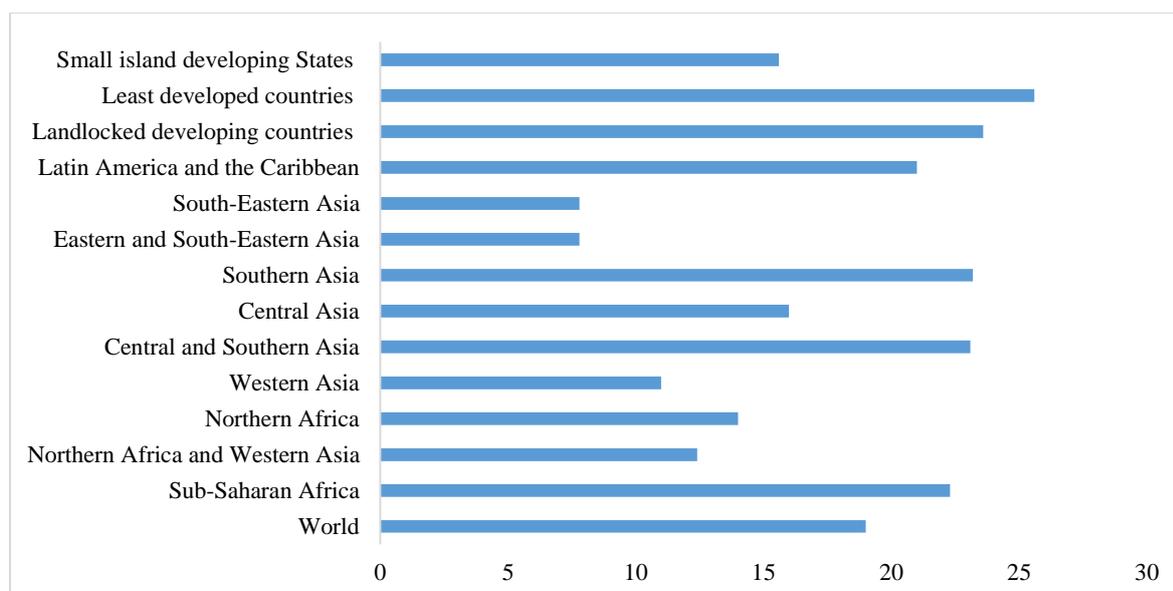


Source: Model-based Estimates and Projections of Family Planning Indicators 2017 (forthcoming), United Nations Population Division, Department of Economic and Social Affairs. The global indicator is intended to represent all women of reproductive age. Given current data limitations, the model-based estimates represent women who are married or in a union.

**Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group, 2000-2015**

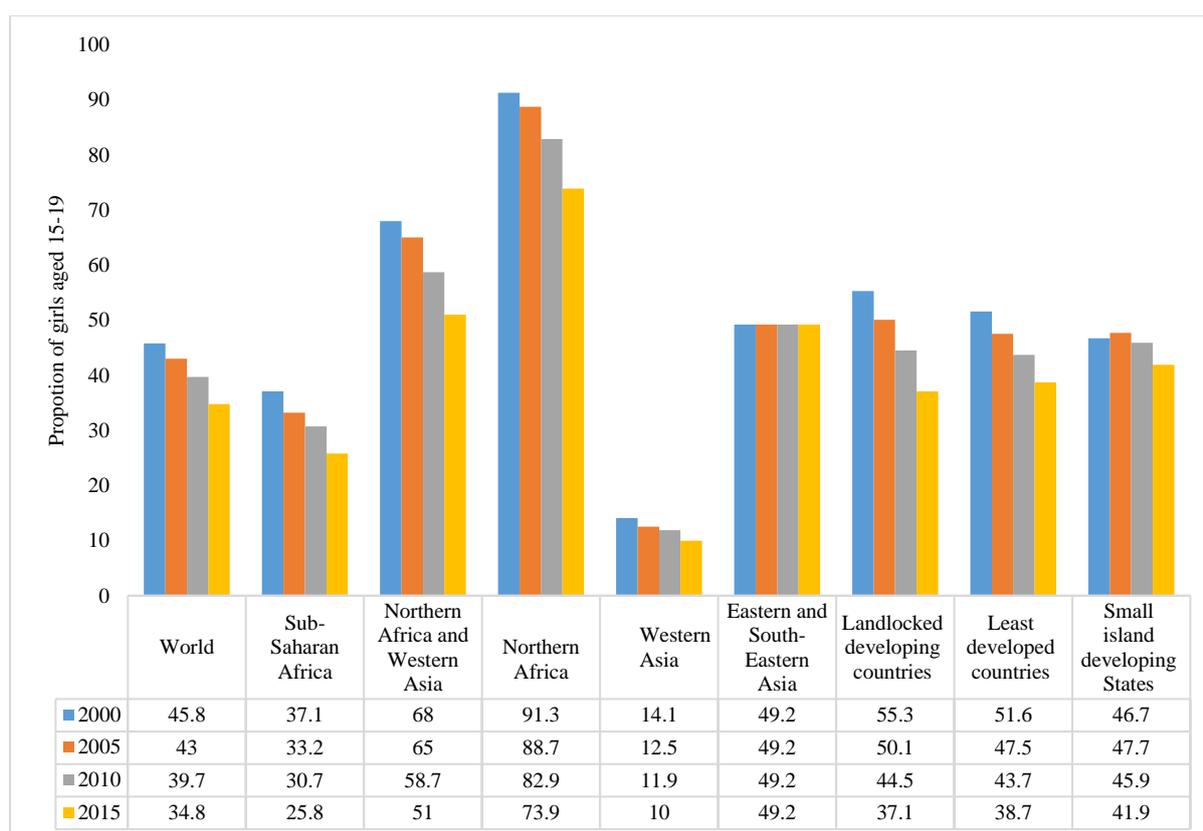


**Proportion of ever-partnered women and girls aged 15 to 49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months, 2005-2016**



Source: Source: United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Statistics Division (UNSD) and United Nations Population Fund (UNFPA). Note: Based on the Demographic and Health Surveys (DHS) and other national surveys conducted in the 2005-2016 period

### Proportion of girls aged 15-19 who have undergone female genital mutilation/cutting, 2000-2015

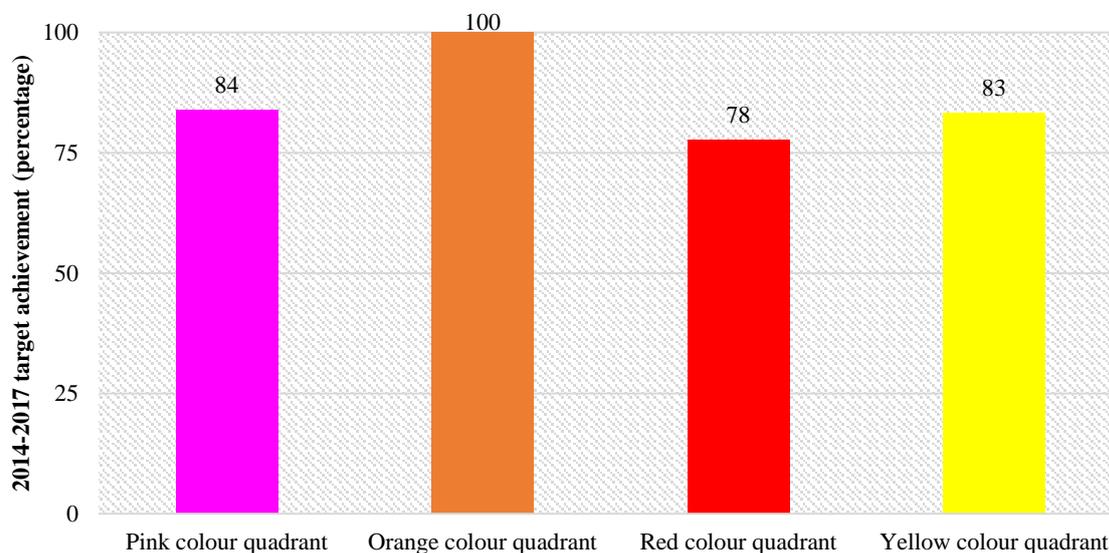


Source: United Nations Children's Fund (UNICEF) global databases, 2017. Note: Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys. a The number of countries included in the regional aggregations and regional population coverage of girls aged 15-19 are presented in parentheses.

## 2. Mode of engagementii disparities in achieving the targets of selected indicators of the integrated results framework.

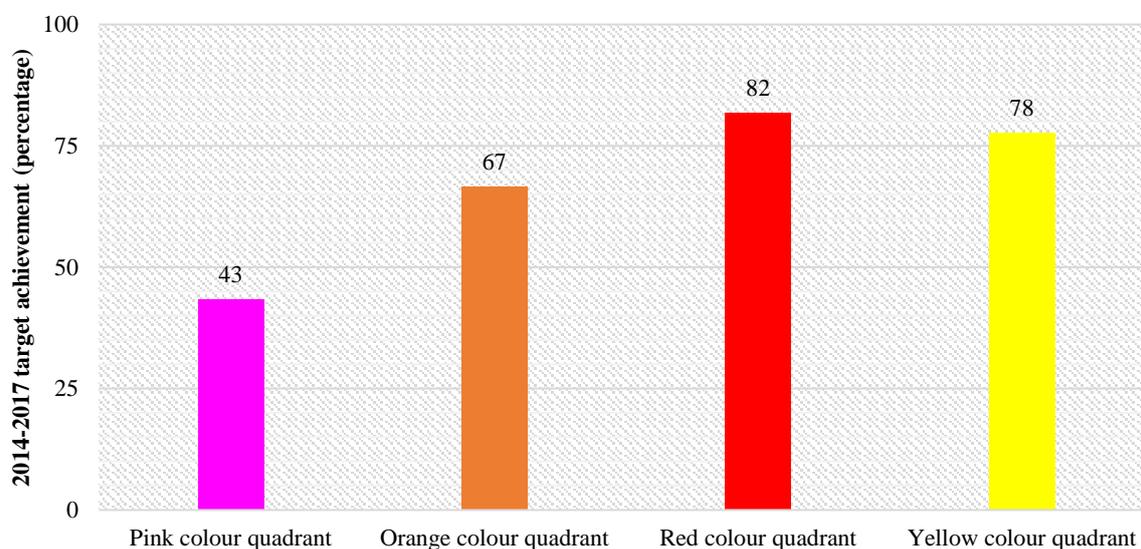
**Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access**

**Figure 1.** Countries that have guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth, 2014-2017 target achievement



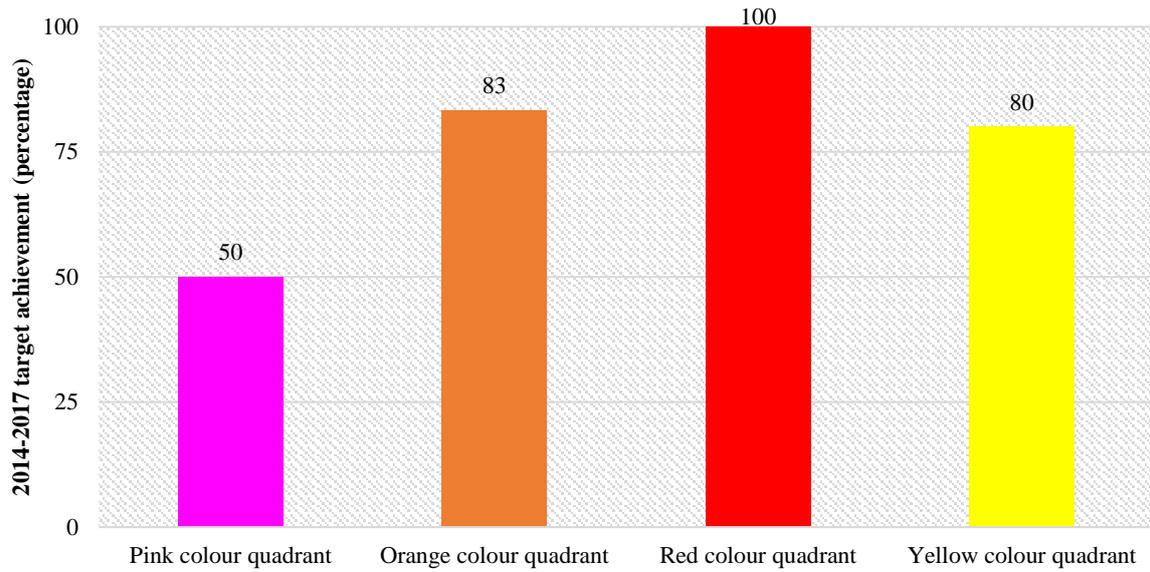
Source: Country office annual report 2014-2017

**Figure 2:** Countries that have a costed integrated national sexual and reproductive health action plan, 2014-2017 target achievement



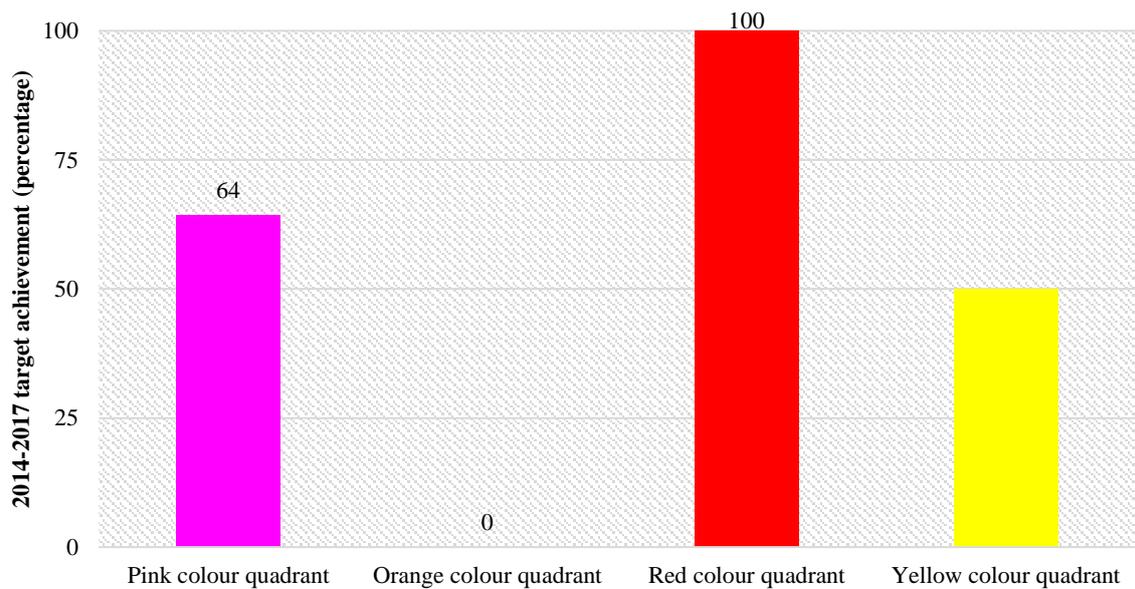
Source: Country office annual report 2014-2017

**Figure 3:** Countries using a functional logistics management information systems for forecasting and monitoring reproductive health commodities, 2014-2017 target achievement



Source: Country office annual report 2014-2017

**Figure 4:** Number of countries in which UNFPA supports at least four elements of demand generation for family planning, 2014-2017 target achievement

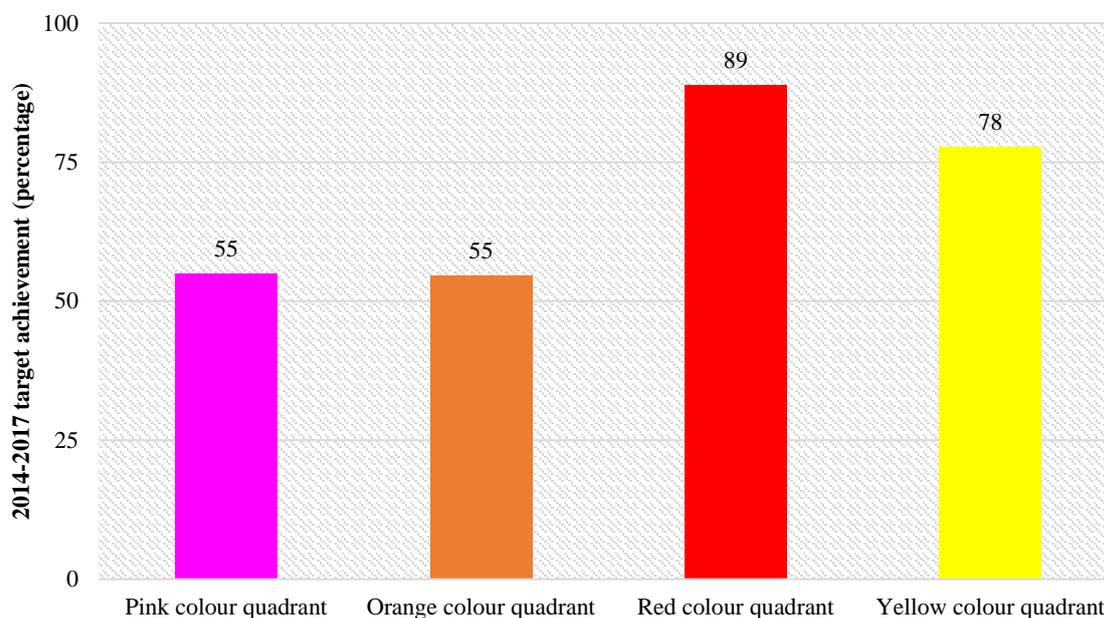


Notes:

Only one target for orange quadrant countries in 2014-2017 period

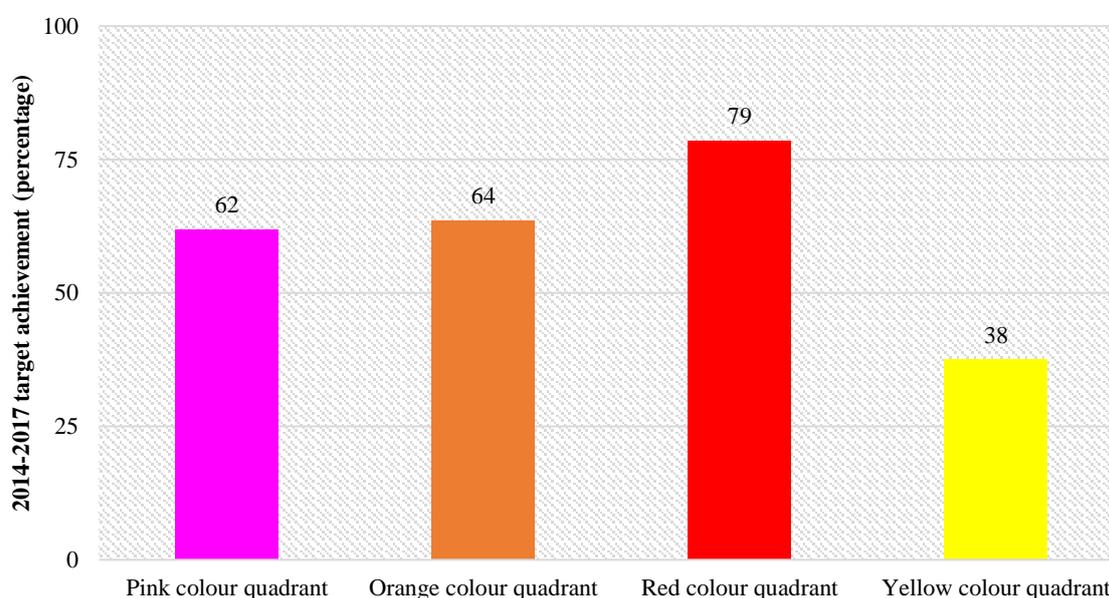
Source: Country office annual report 2014-2017

**Figure 5:** Number of countries that have used the results of an emergency obstetric and newborn care (EmONC) needs assessment to develop a costed national action plan to scale-up maternal and newborn health services, 2014-2017 target achievement



Source: Country office annual report 2014-2017

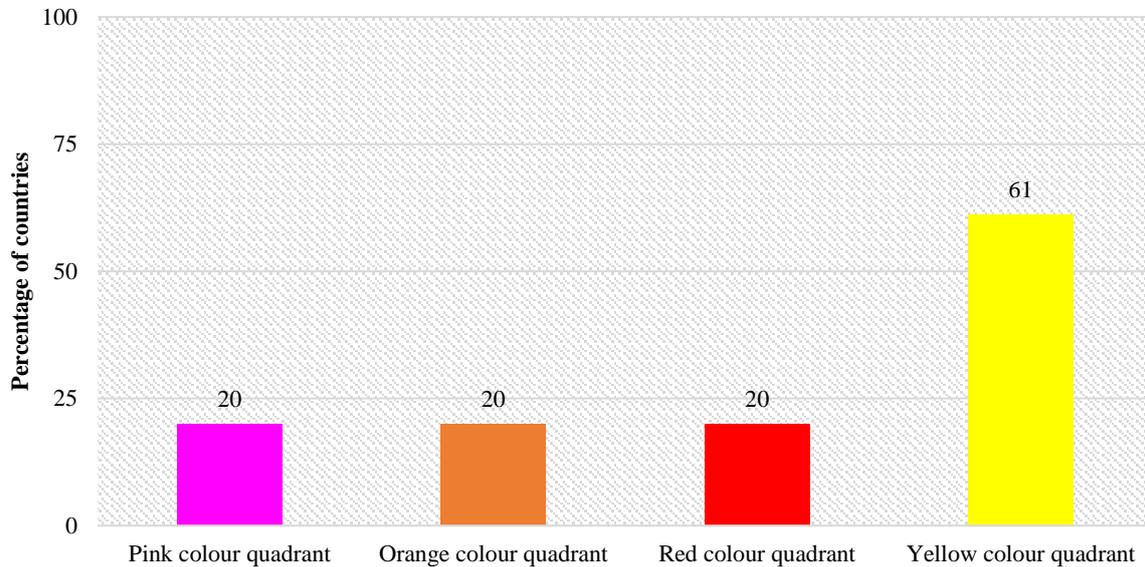
**Figure 6:** Number of countries that have social behaviour change communication (SBCC) strategies for adolescent and youth including those from key populations, 2014-2017 target achievement



Source: Country office annual report 2014-2017

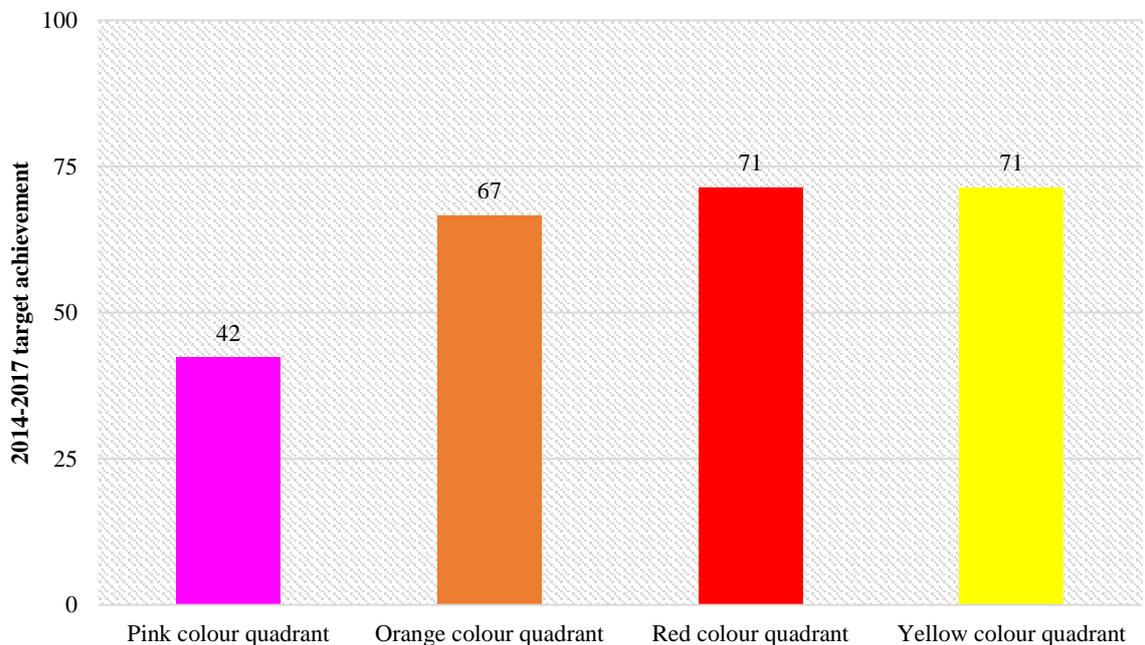
**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

**Figure 7:** Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services, as of 2017



Source: Country office annual report 2014-2017

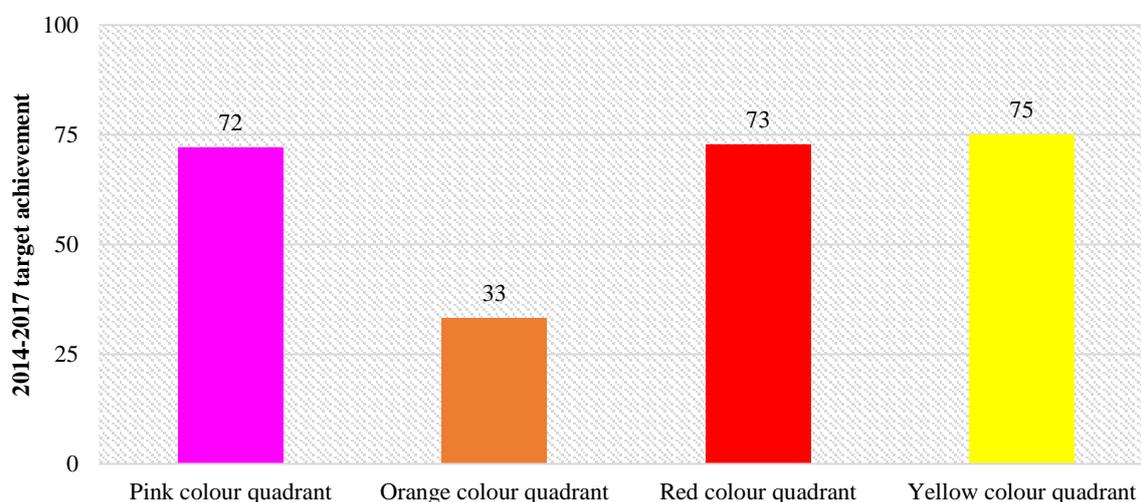
**Figure 8:** Countries in which all national comprehensive sexuality education curricula are aligned with international standards, 2014-2017 target achievement



Source: Country office annual report 2014-2017

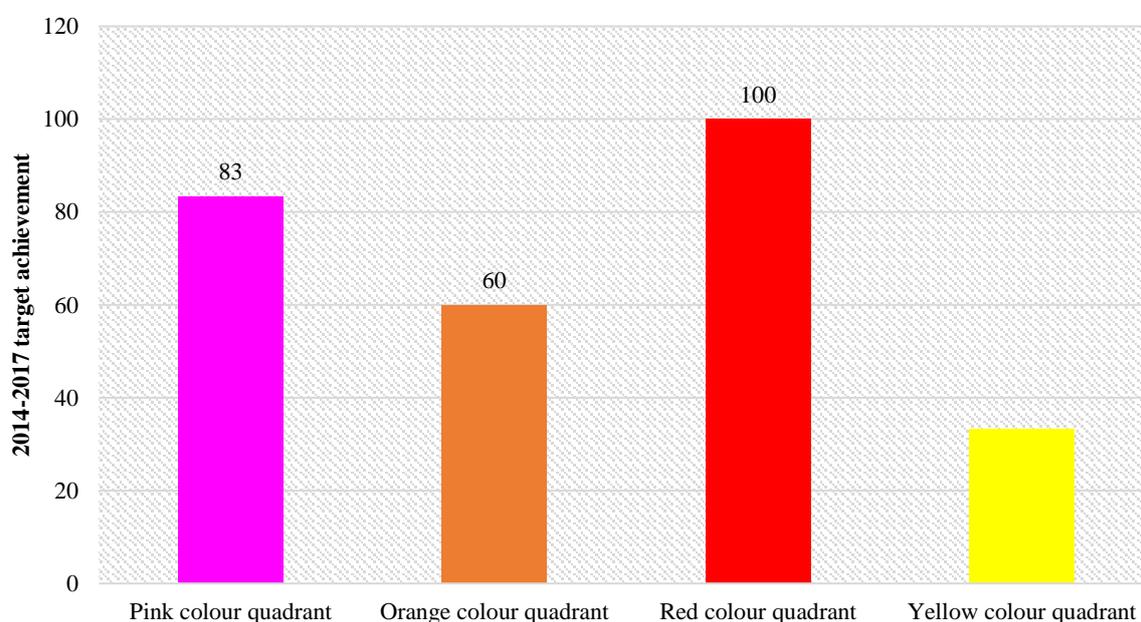
**Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

**Figure 9:** Countries with gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations, 2014-2017 target achievement



Source: Country office annual report 2014-2017

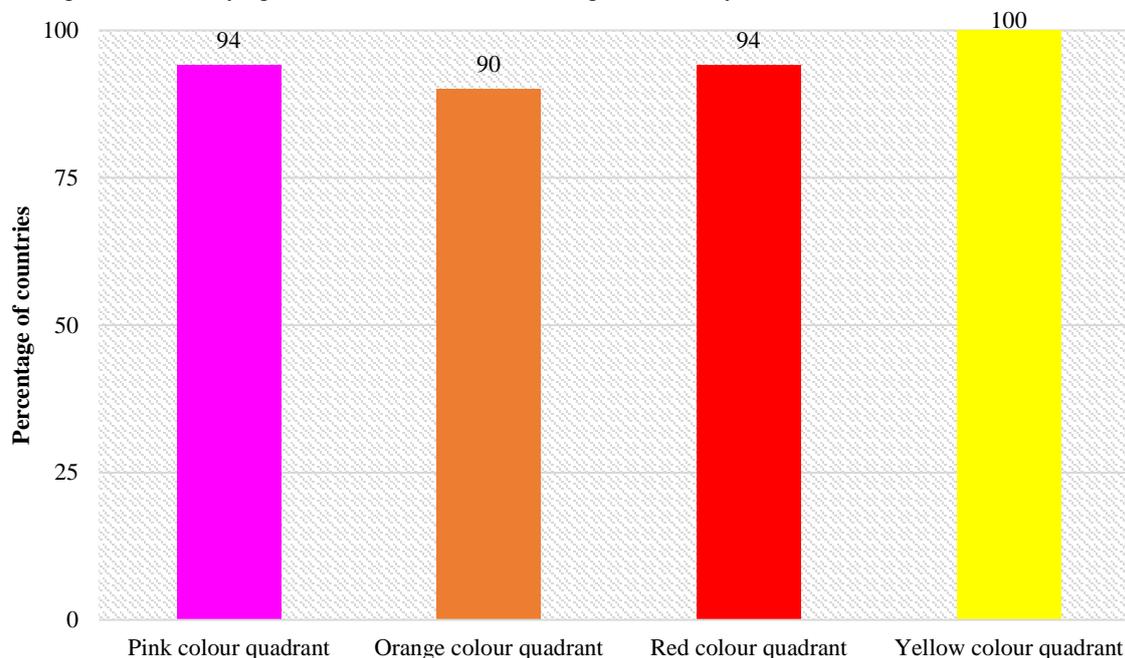
**Figure 10:** Number of countries with gender-based violence prevention, protection and response integrated into national sexual and reproductive health programmes, 2014-2017 target achievement



Source: Country office annual report 2014-2017

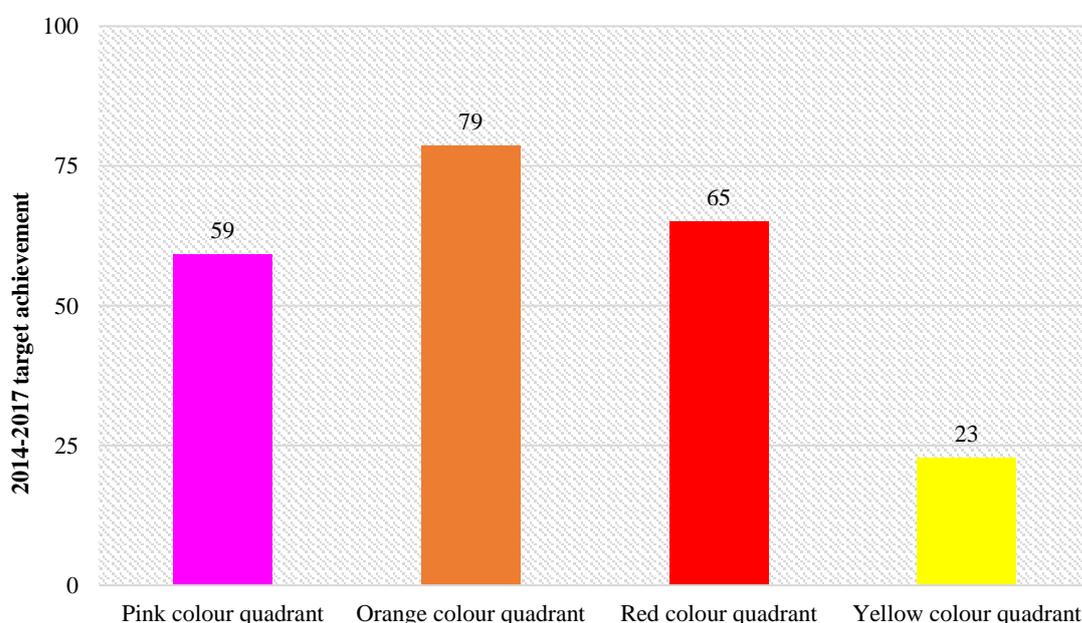
**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

**Figure 11:** Countries that had at least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years), as of 2017



Source: Country office annual report 2014-2017

**Figure 12:** Number of countries that have implemented the population situation analysis (PSA) to identify priorities and formulate policies and programmes, 2014-2017 target achievement

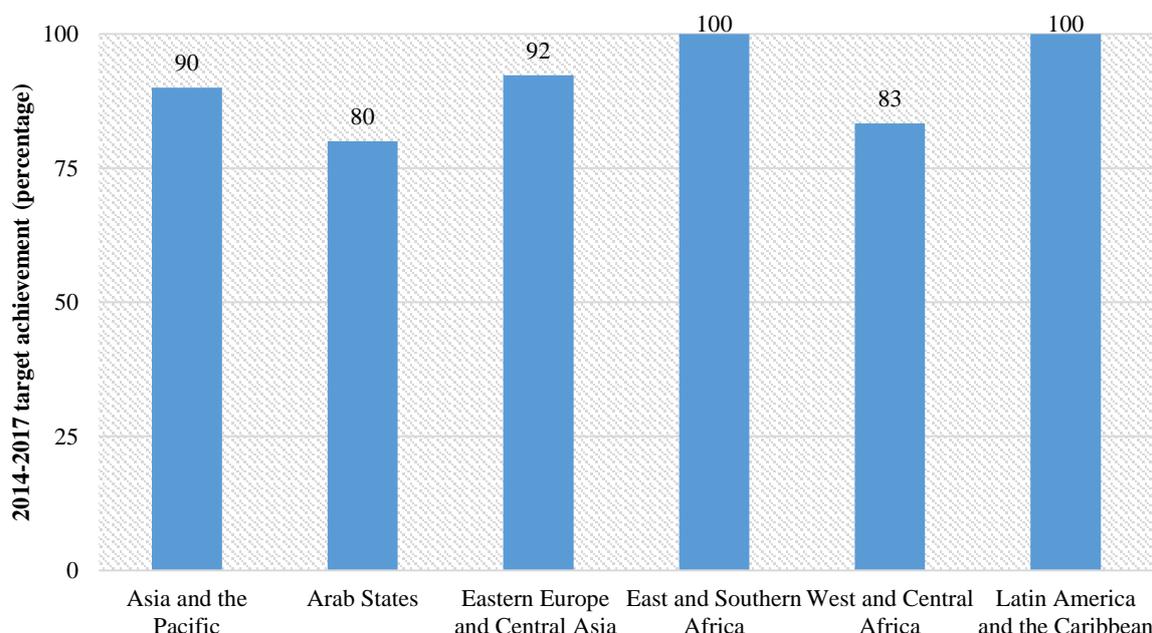


Source: Country office annual report 2014-2017

### 3. Regional disparities in achieving the targets of selected indicators of the integrated results framework.

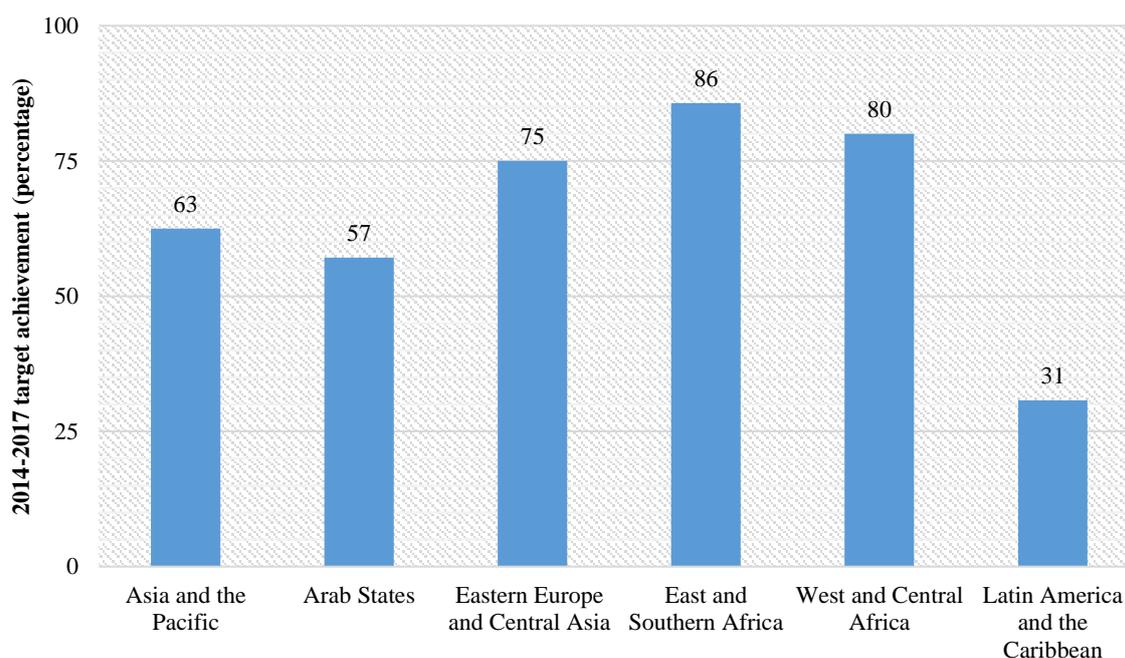
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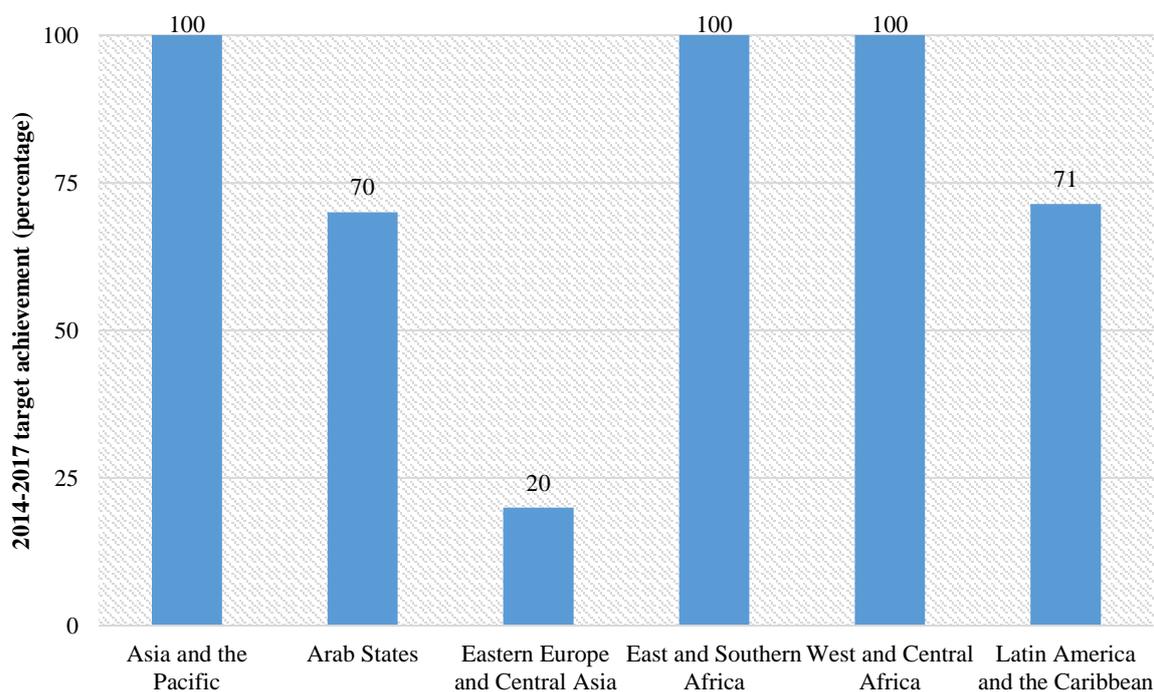
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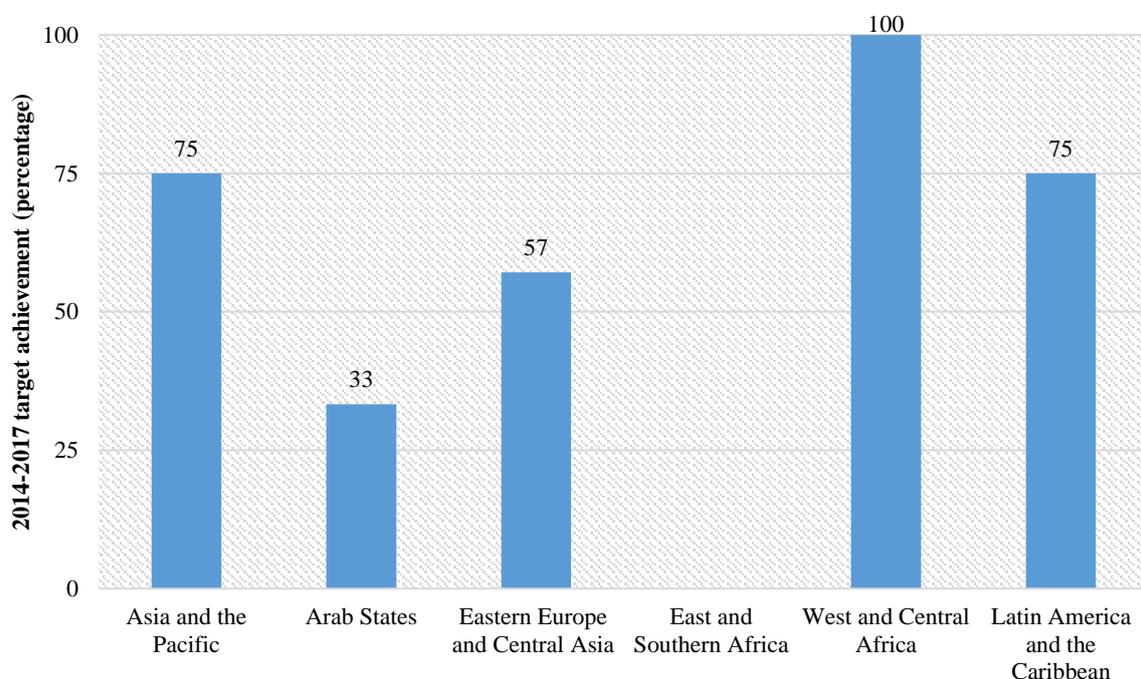
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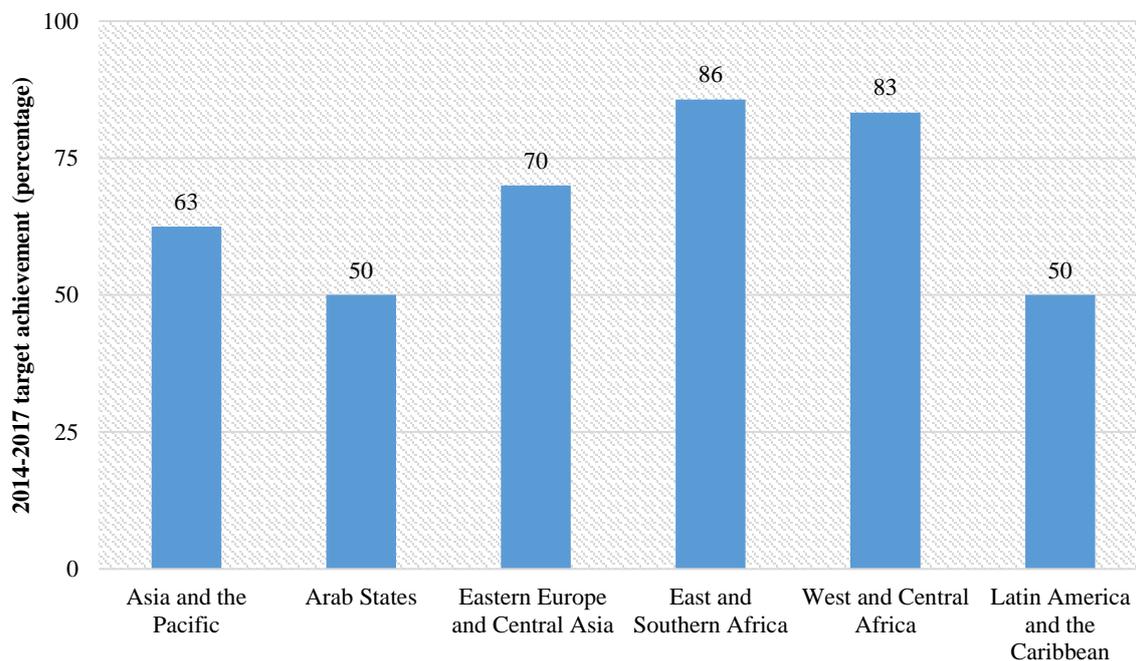


Notes:

No targets for East and Southern Africa and Orange colour quadrant countries in 2014-2017 period  
 Only one target for orange quadrant countries in 2014-2017 period

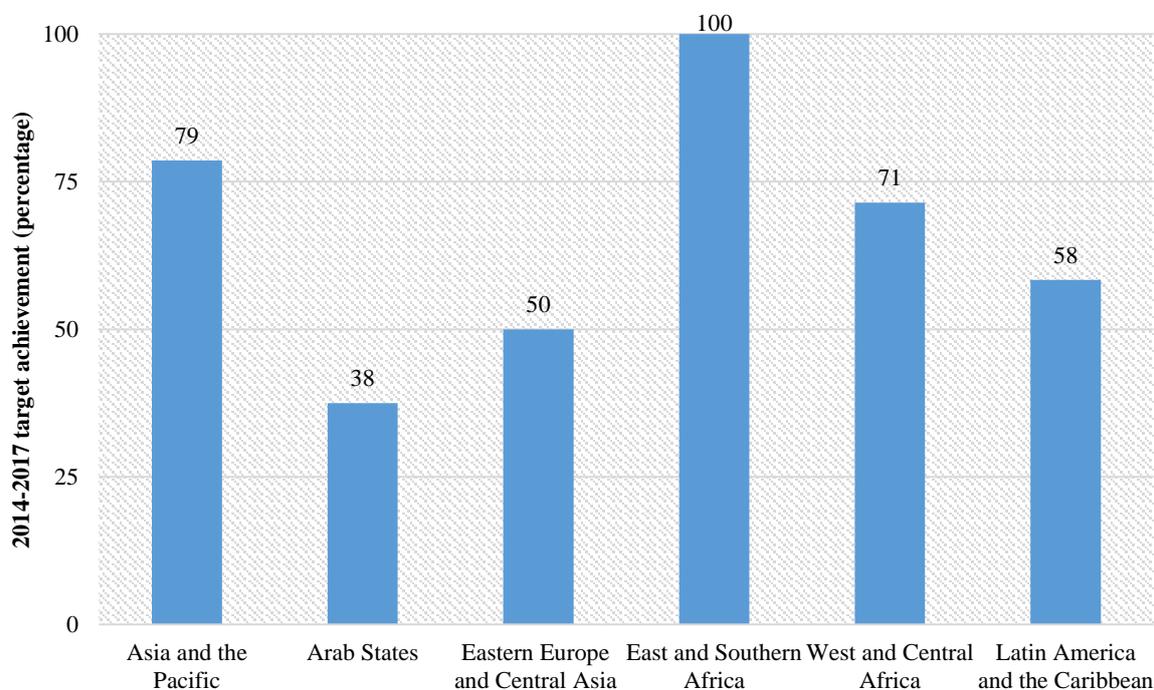
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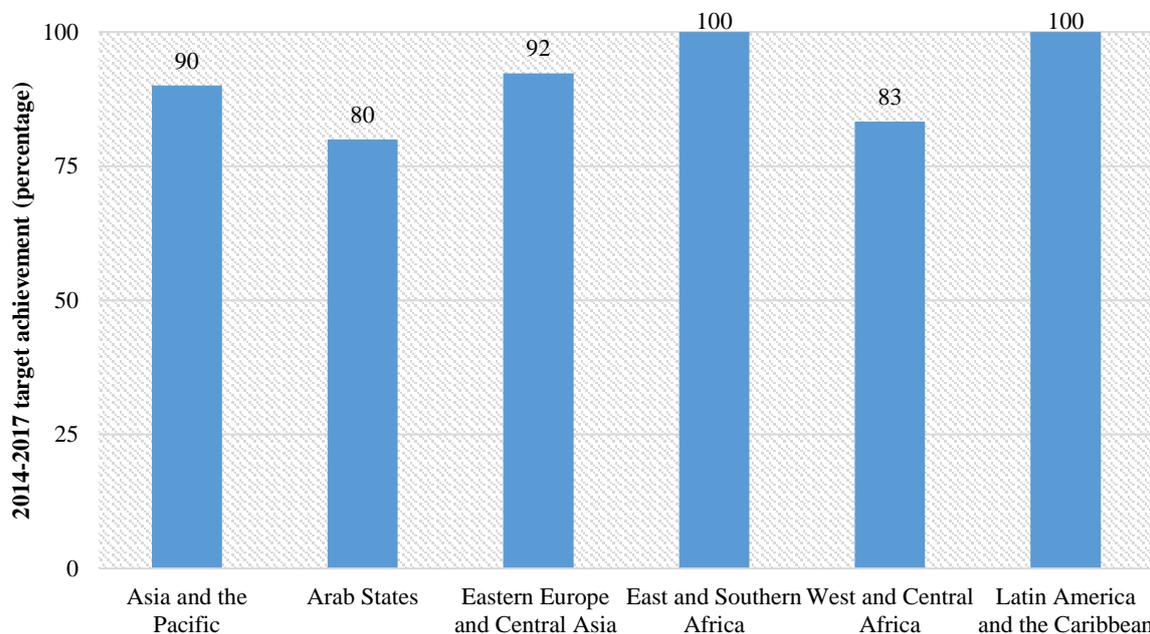
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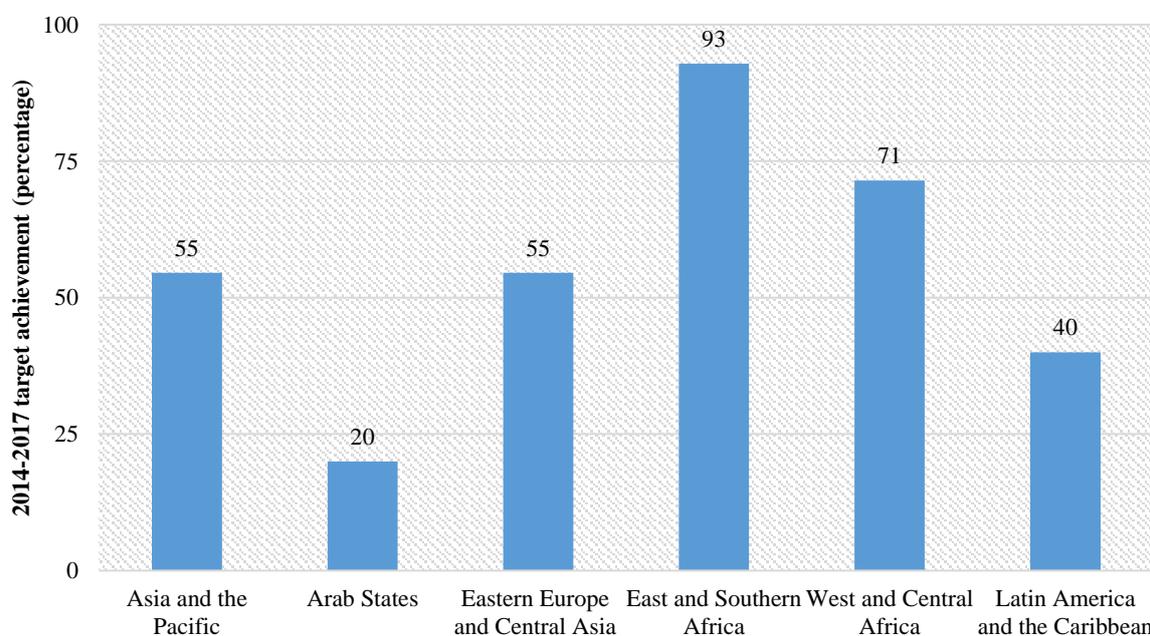
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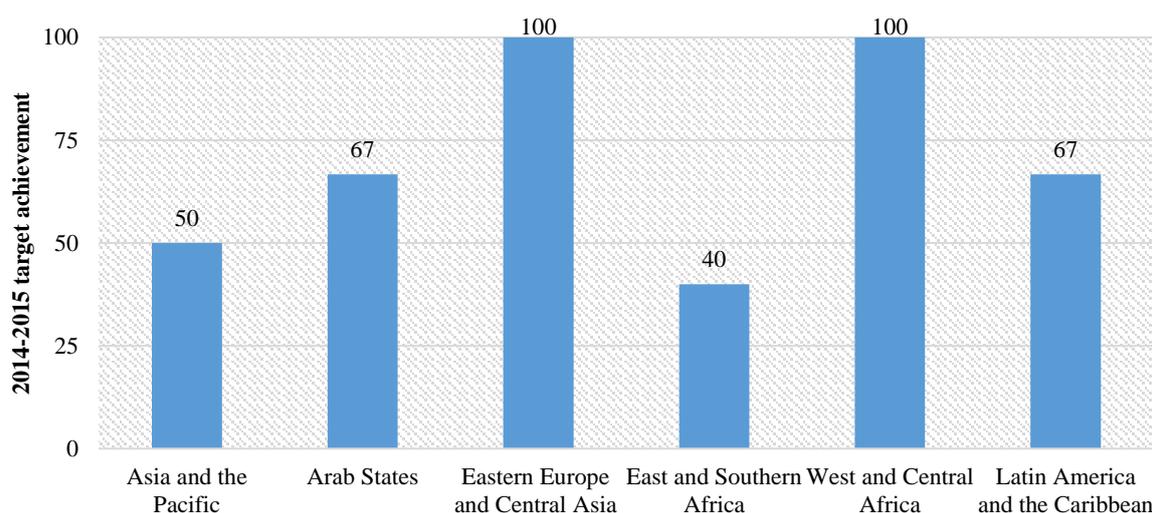
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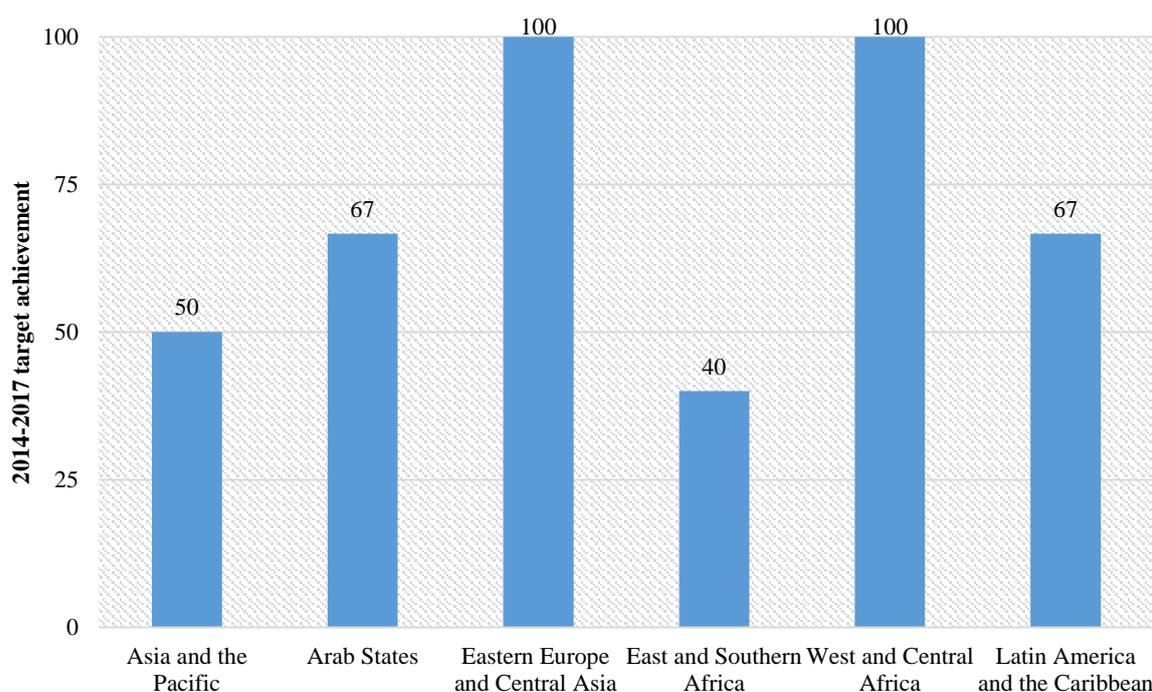
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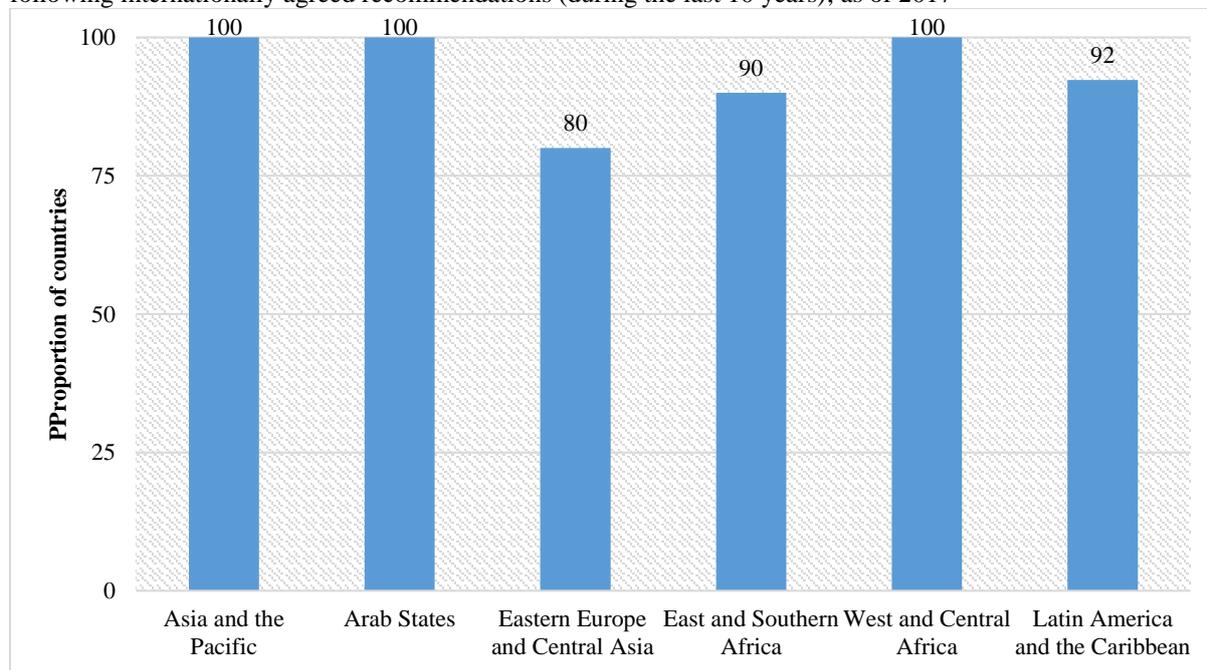
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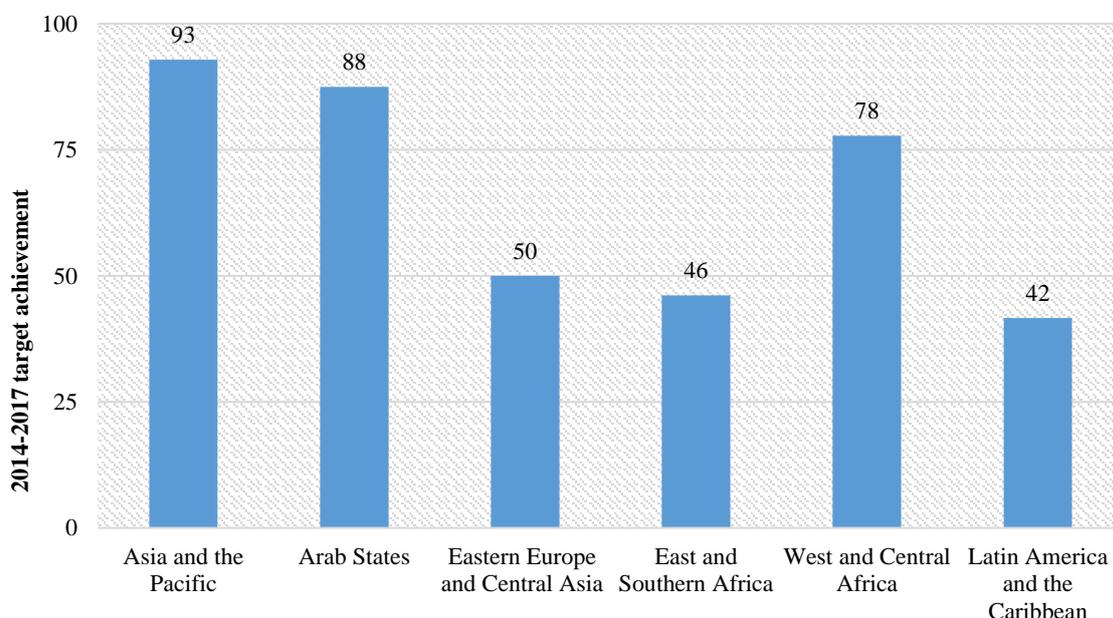
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<sup>i</sup> Mode of engagement provides guidance for how UNFPA should engage in different country contexts. For example in countries that have highest needs and low ability to finance their own interventions (red countries), UNFPA offers a full package of interventions. From advocacy and policy through knowledge management and capacity development to service delivery. Countries with low needs and high ability to finance their own programmes (pink countries), UNFPA focuses on advocacy and policy dialogues. In Orange countries UNFPA provides advocacy/policy, knowledge management and capacity development. UNFPA supports advocacy, policy and knowledge management interventions in Yellow countries.

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