Demographics

| Total population (000) | 659  
| Total under-five population (000) | 103  
| Total number of births (000) | 25  
| Under-five mortality rate (per 1,000 live births) | 148  
| Total number of under-five deaths (000) | 3  
| Infant mortality rate (per 1,000 live births) | 90  
| Neonatal mortality rate (per 1,000 live births) | 47  
| HIV prevalence rate (15-49 years, %) | 3.4  
| Population below international poverty line of US$1.25 per day (%) | -  

Under-five mortality rate

Deaths per 1,000 live births

Causes of under-five deaths, 2004

Global, more than one third of child deaths are attributable to undernutrition

- Malaria 23%
- HIV/AIDS 3%
- Pneumonia 18%
- Diarrhoea 14%
- Injuries 2%
- Measles 8%
- Others 9%

Nutritional Status

Burden of undernutrition (2008)

WHO Child Growth Standards

Stunted (under-fives, 000): 44
Underweight (under-fives, 000): 16
Share of developing world stunting burden (%): 0.9
Wasted (under-fives, 000): 10
Severely wasted (under-fives, 000): 4
Stunting country rank: 102

Current nutritional status

Percentage of children <5 years old suffering from:

- Stunting
- Underweight
- Wasting

Source: MICS 2000

Stunting trends

Percentage of children < 5 years old stunted
NCHS reference population

Underweight trends

Percentage of children < 5 years old underweight, NCHS reference population

Infant and Young Child Feeding

Infant feeding practices, by age

Exclusive breastfeeding

Percentage of children < 6 months old exclusively breastfed

- Weaned (not breastfed)
- Breastfed and solid/semi-solid foods
- Breastfed and other milk/formula
- Breastfed and plain water only
- Breastfed and non-milk liquids
- Exclusively breastfed

No Data
To increase children’s chances of survival, improve development and prevent stunting, nutrition interventions need to be delivered during the mother’s pregnancy and the first two years of the child’s life.

**ESSENTIAL NUTRITION INTERVENTIONS DURING THE LIFE CYCLE**

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Birth</th>
<th>0-5 months</th>
<th>6-23 months</th>
<th>24-59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of iron folic acid supplements</strong></td>
<td>-</td>
<td>Early initiation of breastfeeding (within 1 hour of birth)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Household consumption of adequately iodized salt</strong></td>
<td>33%</td>
<td>Infants not weighed at birth</td>
<td>31%</td>
<td>-</td>
</tr>
</tbody>
</table>

To increase children’s chances of survival, improve development and prevent stunting, nutrition interventions need to be delivered during the mother’s pregnancy and the first two years of the child’s life.

**MATERNAL NUTRITION/HEALTH**

- Maternal mortality ratio, adjusted (per 100,000 live births) 680 (2005)
- Maternal mortality ratio, reported (per 100,000 live births) - -
- Total number of maternal deaths 150 (2005)
- Lifetime risk of maternal death (1 in : ) 28 (2005)
- Women with low BMI (< 18.5 kg/m², %) - -
- Anemia, non-pregnant woman (< 120 g/l, %) 38 (2008)
- Antenatal care (at least one visit, %) 86 (2000)
- Antenatal care (at least four visits, %) - -
- Skilled attendant at birth (%) 65 (2000)
- Low birthweight (< 2,500 grams, %) 13 (2000)
- Primary school net enrolment or attendance ratio ( % female, % male) 60.61 (2000)
- Gender parity index (primary school net enrolment or attendance ratio) 0.98 (2000)

**Drinking water coverage**

- Percentage of population by type of drinking water source, 2005
  - Piped into dwelling, plot or yard
  - Other improved source
  - Unimproved source

**Sanitation coverage**

- Percentage of population by type of sanitation facility, 2005
  - Improved facility
  - Unimproved facility
  - Open defecation

**WATER AND SANITATION**

**DISPARITIES IN NUTRITION**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gender</th>
<th>Residence</th>
<th>Wealth quintile</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting prevalence (WHO Child Growth Standards, %)</td>
<td>Male</td>
<td>Female</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Underweight prevalence (WHO Child Growth Standards, %)</td>
<td>26</td>
<td>34</td>
<td>1.1</td>
<td>-</td>
</tr>
<tr>
<td>Wasting prevalence (WHO Child Growth Standards, %)</td>
<td>11</td>
<td>10</td>
<td>1.1</td>
<td>-</td>
</tr>
<tr>
<td>Infants not weighed at birth (%)</td>
<td>2</td>
<td>4</td>
<td>0.5</td>
<td>-</td>
</tr>
<tr>
<td>Early initiation of breastfeeding (%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Women with low BMI (&lt; 18.5 kg/m², %)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>