DEMOGRAPHICS

- Total population (000): 31,672 (2010)
- Total under-five population (000): 5,188 (2010)
- Births (000): 1,125 (2010)
- Infant mortality rate (per 1000 live births): 31 (2010)
- Total under-five deaths (000): 43 (2010)
- Maternal mortality ratio, adjusted (per 100,000 live births): 75 (2008)
- Maternal mortality ratio, reported (per 100,000 live births): 84 (2008)
- Total maternal deaths (number): 710 (2008)

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %): 6 (2006)
Introduction of solid, semi-solid or soft foods (6-9 months, %): 62 (2006)
Low birthweight incidence (%): 15 (2008)

Underweight prevalence
Percent of children <5 years underweight for age
Based on 2006 WHO reference population

Stunting prevalence
Percent of children <5 years with low height for age
Based on 2006 WHO reference population

Exclusive breastfeeding
Percent of infants <6 months exclusively breastfed

Immunization
- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses of Hib

Pneumonia treatment
Percent of children <5 years with suspected pneumonia taken to appropriate health provider
Percent of children <5 years with suspected pneumonia receiving antibiotics

Vitamin A supplementation
Percent of children 6-59 months receiving two doses of vitamin A during calendar year

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea receiving oral rehydration therapy (ORS, recommended homemade fluids or increased fluids), with continued feeding

Malaria treatment
Percent of febrile children <5 years using anti-malarials

Malaria prevention
Percent of children <5 years sleeping under ITNs

CAUSES OF UNDER-FIVE DEATHS

Globally more than one third of child deaths are attributable to under nutrition

Causes of under-five deaths, 2008
- Pneumonia 10%
- Diarrhoea 11%
- Malaria 5%
- Maternal 1%
- Other 56%

Causes of neonatal deaths, 2008
- Pneumonia 21%
- Diarrhoea 13%
- Malaria 10%
- Asphyxia 21%
- Other 16%

Note: Figures may not add to 100% due to rounding.

Sources:
- IGME 2011
- WHO/UNICEF 2011
**MATERNAL AND NEWBORN HEALTH**

Proportion of women with low BMI (< 18.5 Kg/m², %) - 
Demand for family planning satisfied (%) - 
Total fertility rate 4.7 (2010) 
Adolescent birth rate 68 (2003-2005) 
Antenatal visit for woman (4 or more visits, %) - 
Early initiation of breastfeeding (within 1 hour of birth, %) 31 (2006) 
Institutional deliveries (%) 65 (2006) 
Postnatal visit for baby (within 2 days for home births, %) - 
Postnatal visit for mother (within 2 days, %) -

**Causes of maternal deaths**
Regional estimates for West Asia, 1997-2007

**Coverage along the continuum of care**

**HIV AND AIDS**

HIV prevalence among young women (15-24 yrs, %) - 
HIV prevalence among young men (15-24 yrs, %) - 
HIV+ children receiving ART (%) - 
Orphan school attendance ratio 0.84 (2006)

**Prevention of mother-to-child transmission of HIV**
Percent of HIV+ pregnant women receiving ARVs for PMTCT

**EVALUATION**

Survival to last grade of primary school (total, admin data, %) - 
Survival to last grade of primary school (male, admin data, %) - 
Survival to last grade of primary school (female, admin data, %) - 
Primary school net enrolment ratio (total, admin data, %) 88 (2007) 
Primary school net enrolment ratio (male, admin data, %) 93 (2007) 
Primary school net enrolment ratio (female, admin data, %) 82 (2007)

**WATER AND SANITATION**

Drinking water coverage Percent of population by type of drinking water source, 2010

Sanitation coverage Percent of population by type of sanitation facility, 2010

**CHILD PROTECTION**

Women aged 20-24 years who were married or in union by age 18 (%) 17 (2006) 
Birth registration (%) 95 (2006) 
Female genital mutilation/cutting (%) - -
### Disparities in Intervention Coverage

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Ratio of Male to Female</th>
<th>Urban</th>
<th>Rural</th>
<th>Ratio of Urban to Rural</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
<th>Ratio of Richest to Poorest</th>
<th>Equity chart</th>
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<td><strong>Demographics</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
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<td>Under-five mortality rate (per 1,000 live births)</td>
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<td>Low birth weight incidence (%)</td>
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<td>Underweight prevalence (based on 2006 WHO reference population, %)</td>
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<td>Stunting prevalence (based on 2006 WHO reference population, %)</td>
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<td>28</td>
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<td>Exclusive breastfeeding (0-5 months, %)</td>
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<td>Introduction of solid, semi-solid or soft foods (6-9 months, %)</td>
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<td>Household consuming adequately iodized salt (15 ppm or more, %)</td>
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<td>Care seeking for pneumonia (%)</td>
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<td>Antibiotic use for pneumonia (%)</td>
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<td>Diarrhoeal treatment - children receiving ORT and continued feeding (%)</td>
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<td>Malaria prevention - children sleeping under ITNs (%)</td>
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<td>Antenatal care coverage at least one visit (%)</td>
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<td>Skilled attendant at delivery (%)</td>
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<td>Early initiation of breastfeeding (%)</td>
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<td>Use of improved drinking water sources (%)</td>
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<td>91</td>
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<td>Use of improved sanitation facilities (%)</td>
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<td>Survival rate to last grade of primary school (survey data, %)</td>
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<td>94</td>
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<td>Primary school net attendance ratio (survey data, %)</td>
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<td>91</td>
<td>80</td>
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<td><strong>Child Protection</strong></td>
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<td>Women aged 20-24 years who were married or in union by age 18 (%)</td>
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<td>Birth registration (%)</td>
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<td>Female genital mutilation/cutting (%)</td>
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Note: The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, London School of Hygiene and Tropical Medicine and Saving Newborn Lives also provided data. Details on indicators, data sources, and definitions of indicators, can be found at www.childinfo.org.

1. **Disparities** - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.
2. **Early initiation of breastfeeding** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except U5MR, which shows a range of 0 to 300 deaths per 1,000 live births.
3. **Antropometric indicators** - Reference Standards for Underweight, Stunting and Wasting. New International CIIT Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy. Please note that there may be small discrepancies between the totals and the disparity data, as the totals have undergone additional analysis.
4. **Child Health** - All indicators in this section refer to children under 5 years of age.
5. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.