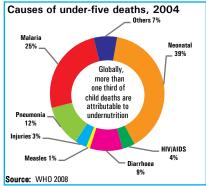
Nutrition Profile



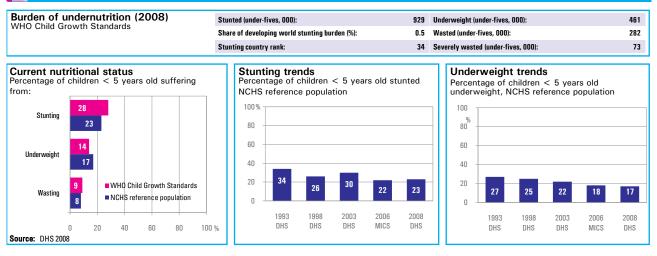
DEMOGRAPHICS

Total population (000)	23,351	(2008)
Total under-five population (000)	3,319	(2008)
Total number of births (000)	757	(2008)
Under-five mortality rate (per 1,000 live births)	76	(2008)
Total number of under-five deaths (000)	55	(2008)
Infant mortality rate (per 1,000 live births)	51	(2008)
Neonatal mortality rate (per 1,000 live births)	43	(2004)
HIV prevalence rate (15-49 years, %)	1.9	(2007)
Population below international poverty line of US\$1.25 per day (%)	30	(2006)

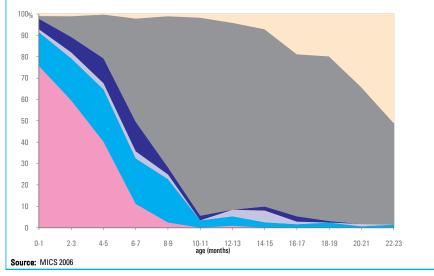




NUTRITIONAL STATUS

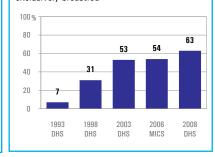


INFANT AND YOUNG CHILD FEEDING





Exclusive breastfeeding Percentage of infants < 6 months old exclusively breastfed



Infant feeding practices, by age

MICRONUTRIENTS

Vitamin A supplementation lodized salt consumption trends* Anaemia Prevalence of anaemia among selected populations Percentage of children 6-59 months old receiving Percentage of households consuming two doses of vitamin A during calendar year adequately iodized salt 100 % 511,000 newborns are unprotected public against IDD (2008) 100% 80 health 96 84 problem 100 % 78 80 60 severe 80 11 58 60 40 60 4N lerate 40 20 20 28 28 20 24 Π 0 pre∙school children < 2 non-pregnant pregnant 0 1998 2003 2006 years DHS 2008 women aged children women DHS DHS MICS DHS 2008 DHS 2008 2007 2008 DHS 2008 2005 2006 Source: UNICEF 2009 * Estimates may not be comparable

ESSENTIAL NUTRITION INTERVENTIONS DURING THE LIFE CYCLE

Pregnancy		Birth		0-5 months		6-23 months		24-59 months		
Use of iron-folic acid 42%		Early initiation of breastfeeding 52%		International Code of Mar	keting of	Breastmilk Substitutes	Yes			
supplements 4270	(within 1 hour of birth) 52	JZ /0	Maternity protection in ac	Maternity protection in accordance with ILO Convention 183						
Household consumption of adequately iodized salt	32%	Infants not weighed at birth	64%	Exclusive breastfeeding (< 6 months)	63%	75%				
			Continued breastfeeding at two years	44%						
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					Full coverage of vitamin A supplementati		24%			
					National guidelines for management of severe acute malnutrition incorporating the community-based approach					
two years of the child's life.						Policy on new ORS formula and zinc for management of diarrhoea*				
Information on these policies are being updated Policy on community treatm							onia with a	ntibiotics		

MATERNAL NUTRITION/HEALTH

Maternal mortality ratio, adjusted

Total number of maternal deaths

Lifetime risk of maternal deaths (1 in :)

Women with low BMI ($< 18.5 \text{ kg/m}^2$, %)

Antenatal care (at least one visit, %)

Antenatal care (at least four visits, %)

Low birthweight (< 2,500 grams, %)

attendance ratio (% female, % male) Gender parity index (primary school net

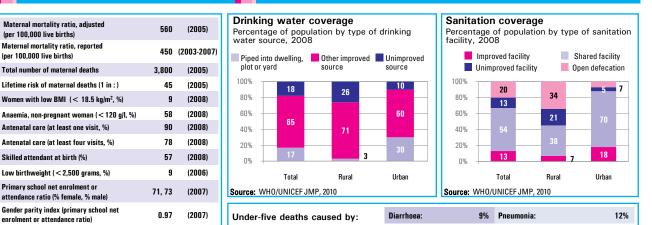
Primary school net enrolment or

enrolment or attendance ratio)

Skilled attendant at birth (%)

(per 100,000 live births) Maternal mortality ratio, reported

(per 100,000 live births)



DISPARITIES IN NUTRITION

Indicator	Gender			Residence			Wealth quintile						
	Male	Female	Ratio of male to female	Urban	Rural	Ratio of urban to rural	Poorest	Second	Middle	Fourth	Richest	Ratio of richest to poorest	Source
Stunting prevalence (WHO Child Growth Standards, %)	30	26	1.2	21	32	0.7	35	34	28	21	14	0.4	DHS 2008
Underweight prevalence (WHO Child Growth Standards, %)	15	12	1.3	11	16	0.7	19	17	13	8	9	0.5	DHS 2008
Wasting prevalence (WHO Child Growth Standards, %)	9	8	1.1	8	9	0.9	9	10	9	6	7	0.8	DHS 2008
Infants not weighed at birth (%)	-	-	-	33	72	0.5	85	68	58	38	17	0.2	DHS 2008
Early initiation of breastfeeding (%)	52	53	1.0	55	50	1.1	51	46	53	57	57	1.1	DHS 2008
Women with low BMI ($<\!18.5~kg/m^2$, %)	-	9	-	6	11	0.5	13	14	9	5	5	0.4	DHS 2008