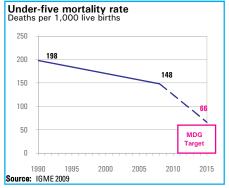
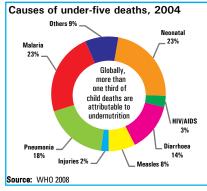
Nutrition Profile

Equatorial Guinea

DEMOGRAPHICS

Total population (000)	659	(2008)
Total under-five population (000)	103	(2008)
Total number of births (000)	25	(2008)
Under-five mortality rate (per 1,000 live births)	148	(2008)
Total number of under-five deaths (000)	3	(2008)
Infant mortality rate (per 1,000 live births)	90	(2008)
Neonatal mortality rate (per 1,000 live births)	47	(2004)
HIV prevalence rate (15-49 years, %)	3.4	(2007)
Population below international poverty line of US\$1.25 per day (%)	·	

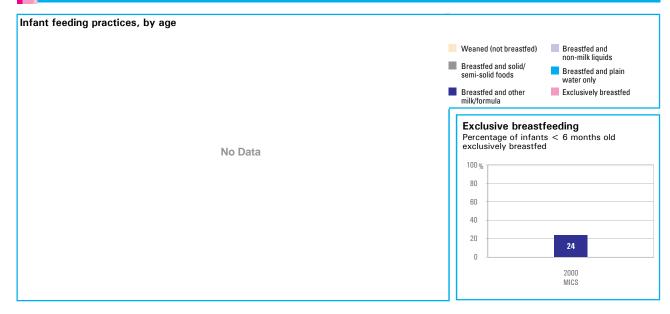




NUTRITIONAL STATUS

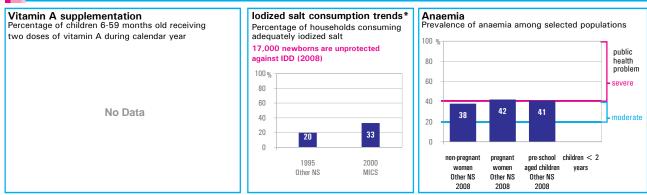
Burden of undernutrition (2008) WHO Child Growth Standards	Share of developing world stunting burden (%): 0	4 Underweight (under-fives, 000): 11 0 Wasted (under-fives, 000): 12 2 Severely wasted (under-fives, 000): 14
Current nutritional status Percentage of children < 5 years old suffering from	Stunting trends Percentage of children < 5 years old stunted NCHS reference population	Underweight trends Percentage of children < 5 years old underweight, NCHS reference population
Stunting 43	80	100 % 80
Underweight 19	60	60 40
9 WHO Child Growth Standards 7 NCHS reference population	20 39	20 19
0 20 40 60 80 10 Source: MICS 2000	2000 MICS	2000 MICS

INFANT AND YOUNG CHILD FEEDING



Equatorial Guinea

MICRONUTRIENTS



* Estimates may not be comparable.

ESSENTIAL NUTRITION INTERVENTIONS DURING THE LIFE CYCLE

Pregnancy		Birth 0-5 months 6-23 months		6-23 months	>	24-59 months				
Use of iron-folic acid		any measure of broadcrobaning		International Code of Mark	keting of	f Breastmilk Substitutes	No			
supplements		(within 1 hour of birth)		Maternity protection in ac	cordanc	e with ILO Convention 183	Partial			
Household consumption of adequately iodized salt	33%	Infants not weighed at birth	31%	Exclusive breastfeeding (< 6 months)	24%	Timely introduction of complementary foods (with continued breastfeeding)				
				Continued breastfeeding at two years	•					
To increase children's chances of survival, improve					Full coverage of vitamin A supplementation					
development and prevent stunting, nutrition interventions need to be delivered during the mother's pregnancy and the first				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*				
		ed	Policy on community treatment of pneumonia with antibiotics*							

MATERNAL NUTRITION/HEALTH

Maternal mortality ratio, adjusted

Total number of maternal deaths

Antenatal care (at least one visit, %)

Low birthweight (<2,500 grams, %)

attendance ratio (% female, % male)

Primary school net enrolment or

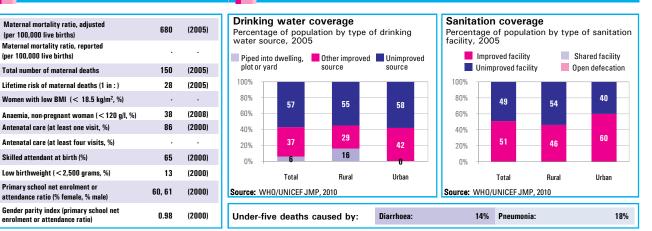
enrolment or attendance ratio)

Skilled attendant at hirth (%)

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

(per 100,000 live births)

WATER AND SANITATION



DISPARITIES IN NUTRITION

	Gender			Residence			Wealth quintile						
Indicator	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, %)	36	34	1.1	-	-	-				-		-	Other NS 2004
Underweight prevalence (WHO Child Growth Standards, %)	11	10	1.1				•			-			Other NS 2004
Wasting prevalence (WHO Child Growth Standards, %)	2	4	0.5		-		-			-			Other NS 2004
Infants not weighed at birth (%)					-					•			
Early initiation of breastfeeding (%)	-		-	•	-					-			•
Women with low BMI ($<$ 18.5 kg/m², %)										-			