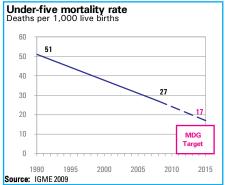
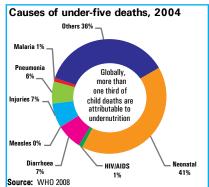
Suriname

DEMOGRAPHICS

Total population (000)	515	(2008)
Total under-five population (000)	49	(2008)
Total number of births (000)	10	(2008)
Under-five mortality rate (per 1,000 live births)	27	(2008)
Total number of under-five deaths (000)	0	(2008)
Infant mortality rate (per 1,000 live births)	25	(2008)
Neonatal mortality rate (per 1,000 live births)	17	(2004)
HIV prevalence rate (15-49 years, %)	2.4	(2007)
Population below international poverty line of US\$1.25 per day (%)	16	(1999)





NUTRITIONAL STATUS

Burden of undernutrition (2008) WHO Child Growth Standards

Stunted (under-fives, 000):

Share of developing world stunting burden (%):

Stunting country rank:

5 Underweight (under-fives, 000):

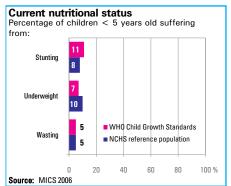
Wasted (under-fives, 000):

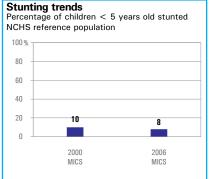
Stunting country rank:

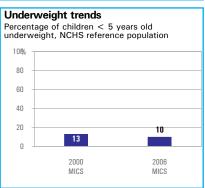
131 Severely wasted (under-fives, 000):

Wasted (under-fives, 000): 2
Severely wasted (under-fives, 000): 0

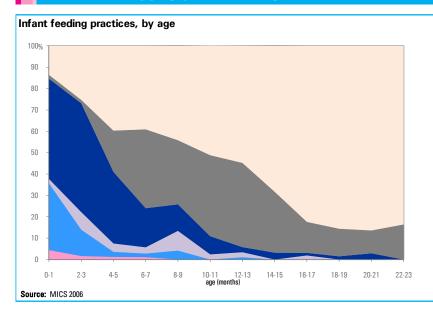
4

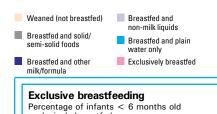


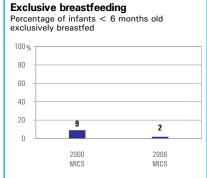




INFANT AND YOUNG CHILD FEEDING







Suriname

MICRONUTRIENTS

Vitamin A supplementation Percentage of children 6-59 months old receiving

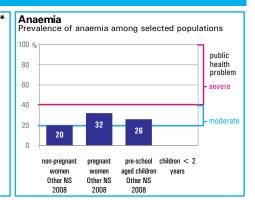
two doses of vitamin A during calendar year

No Data

lodized salt consumption trends* Percentage of households consuming adequately iodized salt

10,000 newborns are unprotected against IDD (2008)

No Data

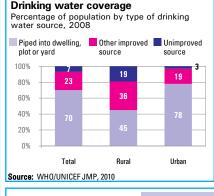


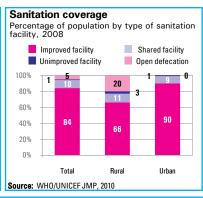
ESSENTIAL NUTRITION INTERVENTIONS DURING THE LIFE CYCLE

Pregnancy	Birth		0-5 months		6-23 months	>	24-59 months		
24%			International Code of Marke	nternational Code of Marketing of Breastmilk Substitutes					
supplements	(within 1 hour of birth)		Maternity protection in acco	ordanc	No				
Household consumption of adequately iodized salt	Infants not weighed at birth	26%	Exclusive breastfeeding (< 6 months) Timely introduction of complementary foods (with continued breastfeeding)						
		Continued breastfeeding at two years	15%						
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.					Full coverage of vitamin A supplementation .				
					National guidelines for management of severe acute malnutrition incorporating the community-based approach				
					Policy on new ORS formula and zinc for management of diarrhoea*				
	Policy on community treatment of pneumonia with antibiotics*								

MATERNAL NUTRITION/HEALTH WATER AND SANITATION

Maternal mortality ratio, adjusted (per 100,000 live births)	72	(2005)
Maternal mortality ratio, reported (per 100,000 live births)	150	(2000)
Total number of maternal deaths	7	(2005)
Lifetime risk of maternal deaths (1 in :)	530	(2005)
Women with low BMI ($< 18.5 \text{ kg/m}^2$, %)	-	-
Anaemia, non-pregnant woman (< 120 g/l, %)	20	(2008)
Antenatal care (at least one visit, %)	90	(2006)
Antenatal care (at least four visits, %)	-	-
Skilled attendant at birth (%)	90	(2006)
Low birthweight (< 2,500 grams, %)	11	(2006)
Primary school net enrolment or attendance ratio (% female, % male)	95, 93	(2007)
Gender parity index (primary school net enrolment or attendance ratio)	1.02	(2007)





Under-five deaths caused by: Diarrhoea: 7% Pneumonia:

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, %)	11	10	1.1	8	15	0.5	17	10	8	7	4	0.2	MICS 2006
Underweight prevalence (WHO Child Growth Standards, %)	8	7	1.1	7	8	0.9	9	7	6	7	5	0.6	MICS 2006
Wasting prevalence (WHO Child Growth Standards, %)	5	5	1.0	5	5	1.0	3	4	7	6	6	2.0	MICS 2006
Infants not weighed at birth (%)				23	31	0.7	36	25	22	16	23	0.6	MICS 2006
Early initiation of breastfeeding (%)		-	-	35	-	-	34	36	33	33	35	1.0	MICS 2006
Women with low BMI (< 18.5 kg/m², %)	-	-	-			-	-	-			-	-	