PHG Needs Assessment Calculator Iran, Islamic Republic of Congenital Syphilis

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Iran, Islamic Republic of Shared Data Demographic, maternal health and socio-economic indicators

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex		Estimates		Y	our estimat	es	Cho	sen estim	ates
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	2801568	2662410	5463978			0			0
5-9 years	2820524	2688533	5509057			0			0
10-14 years	3441245	3267349	6708594			0			0
15-19 years	4442901	4283860	8726761			0			0
20-24 years	4511851	4499571	9011422			0			0
25-29 years	3660167	3564785	7224952			0			0
30-34 years	2837969	2715562	5553531			0			0
35-39 years	2511545	2409579	4921124			0			0
40-44 years	2081679	2007479	4089158			0			0
45-49 years	1792481	1730280	3522761			0			0
50-54 years	1386063	1369357	2755420			0			0
55-59 years	923536	964445	1887981			0			0
60-64 years	726449	738003	1464452			0			0
65+ years	1928384	1728207	3656591			0			0
Total	0	0	70495782	C	0	0	0	0	0
Female population aged 15-44 years		0			-			-	
Data year		2006 report	ted in 2008						
Source, Year			UN 2011						

Ethnicity. Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

Fertility and mortality	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Crude birth rate: live births (LB) / year / 1000 population	20	Unicef, 2007				
Still birth rate: still births (SB) / year / 1000 total births	13	WHO, 2009				
Total births in 1000s (LB+SB) per year	1441	Unicef, 2007				
Infant mortality rate: infant deaths / 1000 LB / year	22	UNICEF				
Under-5 mortality rate: U5 deaths / 1000 LB / year	26	(海Q1付 度F2010				
Percentage births in women >35 years		(2011), 2010				
Life expectancy at birth (yrs)	73	WHO, 2009				
% of marriages consanguineous						

	Estimate	Source, Year	Your	Source,	Chosen	Source,
Maternal health			estimate	Year	estimate	Year
Prenatal visits – at least 1 visit (%)	99	WHO, 2005				
Prenatal visits – at least 4 visits (%)	94	WHO, 2005				
Births attended by skilled health personnel (%)	97	WHO, 2005				
Contraception prevalence rate (%)	73.3	WHO, 2002				
Unmet need for family planning (%)						
Total fertility rate	1.8	WHO, 2009				
% home births						
% births at health care services						
Noveles and Local Ob	Estimate	Source, Year	Your	Source,	Chosen	Source,
Newborn health			estimate	Year	estimate	Year
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

Socio-economic indicators	Estimate	Source, Year	Your estimate	,	Source, Year
Gross national income per capita (PPP int. \$)	10850	WHO, 2007			
% population living on < US\$1 per day	<2.0	WHO, 2005			
Birth registration coverage (%)	>90	WHO, 2007			
Death registration coverage (%)	50-74	WHO, 2006			

LB = live births

PPP = purchasing power parity SBA = skilled birth attendant

Iran, Islamic Republic of Shared Data Health Services Data

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Health Expenditure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Per capita total expenditure on health (PPP int. \$)	685	WHO, 2009				
Total expenditure on health as percentage of GDP	5.5	WHO, 2009				
Per capita government expenditure on health (PPP int. \$)	267	WHO, 2009				
External resources for health as percentage of total expenditure on health	0	WHO, 2009				
General government expenditure on health as percentage of total expenditure on health	39.0	WHO, 2009				
Out-of-pocket expenditure as percentage of private expenditure on health	96.6	WHO, 2009				
Private expenditure on health as percentage of total expenditure on health	61.0	WHO, 2009				
General government expenditure on health as percentage of total government expenditure	8.7	WHO, 2009				

		Source,	Your	Source,	Chosen	Source,
Health Workforce	Estimate	Year	estimate	Year	estimate	Year
Number of nursing and midwifery personnel	98020	WHO, 2005				
Nursing and midwifery personnel density (per 10,000 population)	16	WHO, 2005				
Number of physicians	61870	WHO, 2005				
Physician density (per 10,000 population)	8.9	WHO, 2005				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						
Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						
Density of SBA						
Number of lab staff providing cytogenetic testing						

Number of lab staff providing molecular genetics			
Number of lab staff providing biochemical tests for genetics			
Number of skilled health attendants			

		Source,	Your	Source,	Chosen	Source,
Infrastructure	Estimate	Year	estimate	Year	estimate	Year
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facillities for safe terminations of pregnancies for fetal defects						

PPP = purchasing power parity GDP = gross domestic product SBA = skilled birth attendant

CD = congenital disorders

SYPH Epidemiology 1.1: Country epidemiology

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of estimate						
Prevalence at birth and by age-group (/10	000)					
Live birth prevalence (LB)						
Stillbirth prevalence (SB)						
Total birth prevalence (LB+SB)						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
Number of cases by age group						
Annual live births						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
% cases by level of impairment						
No or minor disability						
Moderate disability						
Severe disability						
Mortality and morbidity						
Mean life expectancy (yrs)						
No. deaths < 1yr						
No. deaths 1-4 yrs						
No. deaths < 5 yrs						
Infant mortality / 1000 LB						
Under-5 mortality / 1000 LB						
Years of life lost						

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 1.2: International comparison

	Your chosen		Comparison	
Epidemiological indicator	estimates	Country	Region	World
Prevalence at birth and by age-group (/1000	people)		(North Africa / Mid	dle East)
Live birth prevalence (LB)				
Stillbirth prevalence (SB)				
Total birth prevalence (LB+SB)				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
% cases by level of impairment				
No or minor disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)				
No. deaths < 1yr				
No. deaths 1-4 yrs				
No. deaths < 5 yrs				
Infant mortality / 1000 LB				
Under-5 mortality / 1000 LB				
Years of life lost				

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 1.3: Epidemiology of syphilis in pregnancy

Epidemiological indicator	Your estimates	Range		/ Mid ଖି ଫ୍ଲparison		
			Country	East)	Region	World
% of women attending prenatal care						
Data year						
% of women attending prenatal care tested for syphilis at the first visit			0			
Data year			NR			
% of women attending prenatal care seropositive for syphilis						
Data year						

SYPH Epidemiology 2.1: Data on affected pregnancies: Research studies

Study author, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies listed above (or in section SYPH-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and stillbirths in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
Estimates for the total country/territory	Number of affected stillbirths	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

SYPH Epidemiology 2.2: Data on affected pregnancies: Surveillance

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and stillbirths. Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	Birth prevalence / 1000	Comments
Best estimate			
Lower estimate			
Higher estimate			

Estimates for the total country/territory	Number of affected stillbirths	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

SYPH Epidemiology 2.3: Data on affected pregnancies: Other sources

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
Basic Numbers			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	0	0	Number of affected live births + Number of affected still births
Total number of births / year, from data source	0	_	Total number of live births + Total number of still births
Total number of women aged 15-44			
Live birth prevalence: recorded and estimated			
Recorded live birth prevalence (affected recorded live births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	
Stillbirth prevalence: recorded and estimated			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected stillbirths in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

Based on the sources above, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the whole country/territory	Number of affected live births	LB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		
Estimates for the whole country/territory	Number of affected still births	SB prevalence / 1000 TB
Best estimate		
Lower estimate		

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 2.4: Summary of affected pregnancies

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected live births						
Annual birth prevalence / 1000 TB						
Number of annual affected still births						
Annual Stillbirth prevalence / 1000 TB						

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 2.5: Sub-population variation in affected pregnancies

If the birth prevalence rates vary by population sub-group (e.g. geographically or by another factor), indicate any population groups with different prevalence estimates from the whole population and describe reasons for variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

Population sub-group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub-group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

SYPH Epidemiology 3.1: Mortality data: Research studies

Source, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under-5s, etc., as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
Neonatal group (<28 days)			
Best estimate			
Lower estimate			
Higher estimate			
Infant group (<1 year)			
Best estimate			
Lower estimate			
Higher estimate			
Under-5 group (<5 years)			
Best estimate			
Lower estimate			
Higher estimate			
Other age group:			
Best estimate			
Lower estimate			
Higher estimate			

LB = live births

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 3.2: Mortality data: Vital registration data

Fill in the blank cells based on your vital registration data.	
Enter year and source of data	
Registered data	
Total registered live births	
Registered condition-specific neonatal deaths (first 28 days of life)	
Registered condition-specific infant deaths (first year of life)	
Registered condition-specific under-5 deaths (first 5 years of life)	
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths /(Total registered live births/ 1000))	#DIV/0!
Registered condition-specific infant mortality ((condition-specific infant deaths /(Total registered live births/ 1000))	#DIV/0!
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / (Total registered live births/ 1000))	#DIV/0!

Adjustment for under-ascertainment of cause of death and sub-registration of deaths: Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.) It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?		Range: 0 to
Population coverage: what proportion of the total country/territory population is covered by the vital registration?		Range: 0 to
Death ascertainment (population coverage x completeness)	0	
Estimated values for the total country/ territory population		
Estimated number of live births in total population (Total registered live births/population coverage)	#DIV/0!	
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!	
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!	
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!	
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!	
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!	
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!	

SYPH Epidemiology 3.3: Mortality data: Other sources

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 3.4: Summary mortality estimates

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons						
Number of annual live births (in 1000s)						
Number of annual affected neonatal deaths						
Number of affected neonatal deaths / 1000 LB						
Number of annual affected infant deaths						
Number of affected infant deaths / 1000 LB						
Number of annual affected under-5 deaths						
Number of affected under-5 deaths / 1000 LB						
Mean life expectancy at birth in affected people						
Other indicators (e.g. survival following surgical procedure, etc)						

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 3.5: Sub-population variation in mortality

Age group: neonatal Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant		Cause-specific, group-specific infant	Reason for variation
Population sub-group	affected persons	mortality ratio / 1000 LB	

Age group: under 5 Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific under-5 mortality ratio / 1000 LB	Reason for variation

Age group:	Number of deaths in	Cause-specific, group-specific	Reason for variation	
Population sub-group	affected persons	mortality ratio / 1000 population		

SYPH Epidemiology 4.1: Population prevalence: Research studies

Study, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

SYPH Epidemiology 4.2: Population prevalence: Other sources

Source, year, site	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 4.3: Summary of population prevalence

Source of estimates	Estimated total population number of affected persons	Range	Estimated total population prevalence / 1000 persons	Range
1				
2				
3				
4				
5				
PHGDB				
Chosen estimates				

Iran, Islamic Republic of Congenital Syphilis SYPH Epidemiology 4.4: Sub-population prevalence variation

Population sub-group	Number of affected people	Total number of people in population sub-group	Population prevalence per 1000 people	Reason for variation
			#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

SYPH Intervention 1:Effect of preconception screening and treatment on birth incidence of congenital syphilis

Baseline prevalence of syphilis in pregnancy per 1000 TB		
Variables		
Coverage of preconception screening		Range: 0 to 1
		Range: 0 to 1
Proportion of diagnosed cases receiving timely treatment		
Effectiveness of treatment (proportion of cases prevented among	those treat	Range: 0 to 1
Results		
% prevalence reduction due to PCCS & treatment ¹	0%	
Prevalence reduction due to PCCS & treatment, per 1000 TB ²	0.000	
Final prevalence of syphilis in pregnancy after PCCS &		
treatment, per 1000 TB ³	0.000	

PCCS = preconception care and screening TB = total births (live births + still births)

¹(Coverage of screening X Proportion of women receiving treatment) X Effectiveness of treatment

²% prevalence reduction due to PCCS and treatment X Baseline prevalence of syphilis in pregnancy

³Baseline prevalence of syphilis in pregnancy – Prevalence reduction due to PCCS and treatment

SYPH Intervention 2: Effect of PNS and treatment on birth prevalence of syphilis

Baseline prevalence of syphilis in pregnancy per 1000 TB		
Variables		
Coverage of prenatal maternal screening		Range: 0 to 1
Proportion of diagnosed cases receiving timely treatment		Range: 0 to 1
Effectiveness of treatment (proportion of cases prevented among those treated)		Range: 0 to 1
Results		
% prevalence reduction due to PNS & treatment ¹	0%	
Prevalence reduction due to PNS & treatment, per 1000 TB ²	0.000	
Final prevalence of syphilis-affected pregnancies per 1000 TB ³	0.000	

PNS = prenatal screening

¹(Coverage of maternal screening X Proportion of diagnosed women receiving treatment) X Effectiveness of treatment

²% prevalence reduction due to PNS and treatment X Baseline prevalence of syphilis in pregnancy

³Baseline prevalence of syphilis in pregnancy – Prevalence reduction due to PNS and treatment

Iran, Islamic Republic of Congenital Syphilis SYPH Needs Assessment 1: Quantitative baseline

Table SYPH-NA1a Burden of Congenital Syphilis in pregnancy, at birth and at population level

	Chosen estimates			Notes
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age groups)	0	0	0	Drawn from sheet E1.1

Table SYPH-NA1b Congenital Syphilis mortality indicators

	Chosen estimates			Notes
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth among affected people	0		0	Drawn from sheet E3.4

SYPH Needs Assessment 3: Quantitative assessment of interventions

Table SYPH-NA3a	Estimated prevalence in the absence of interventions for Congenital Syphilis	
Indicator	Number (n)	Prevalence (n/1000)
Potential live births		
Potential still births		

Table SYPH-NA3b	Current situation in relation to interventions before birth			
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB	
Effect of family planning, education				
Effect of preconception case detection and treatment				
Effect of prenatal diagnosis and treatment				
Overall effect				

Table SYPH-NA3c	Target situation in relation to interventions before birth			
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB	
Effect of family planning, education				
Effect of preconception case detection and treatment				
Effect of prenatal diagnosis and treatme	nt			
Overall effect				
Intervention				

Table SYPH-NA3d	Current situation in relation to interventions after birth				
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB		
Effect of newborn diagnosis					
Effect of treatment					
Effect of social care and support					
Effect of rehabilitation					
Overall effect					

Table SYPH-NA3e	Target situation in relation to interventions after birth				
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB		
Effect of newborn diagnosis					
Effect of surgical treatment					
Effect of social care and support					
Effect of rehabilitation					
Overall effect					

Table SYPH-NA3f	Current and desired outcomes			
	Current situation		Target situation	
Indicator	Annual number (n)	Incidence (n/1000)	Annual number (n)	Incidence (n/1000)
Estimated affected pregnancies				
Live births (LB)	(0)	
Still births (SB)	(0		
All births (LB+SB)	(0		
Estimated population prevalence				
All age groups				
Estimated mortality				
Neonatal deaths	(0)	
Infant deaths	(0)	
Under-5 deaths	(0		