## Nicaragua

## **Country overview**

#### Malnutrition burden

Nicaragua is off course to meet the global targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. There is insufficient target data to assess Nicaragua's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Although it performs relatively well against other developing countries, Nicaragua still experiences a malnutrition burden among its under-five population. As of 2012, the national prevalence of under-five overweight is 8.3%, which has increased slightly from 6.2% in 2006. The national prevalence of under-five stunting is 17.3%, which is less than the developing country average of 25%. Nicaragua's under-five wasting prevalence of 2.2% is also less than the developing country average of 8.9%.

In Nicaragua, 31.7% of infants under 6 months are exclusively breastfed. Nicaragua's 2015 low birth weight prevalence of 10.7% has decreased slightly from 11.5% in 2000.

Nicaragua's adult population also face a malnutrition burden. 16.3% of women of reproductive age have anaemia, and 11% of adult women have diabetes, compared to 9.2% of men. Meanwhile, 29% of women and 17.9% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

#### Progress against global nutrition targets 2019



**Under-five stunting** 



No data



**Under-five wasting** 



No data



Under-five

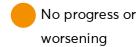




Adult female obesity



,



No data



Low birthweight



No progress or worsening



No data

**Exclusive** 







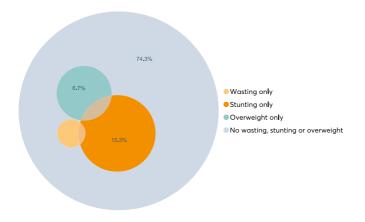


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

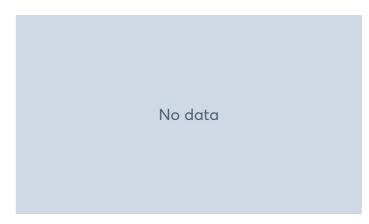
## Child (under-five) nutrition status

## Coexistence of wasting, stunting Low birth weight and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

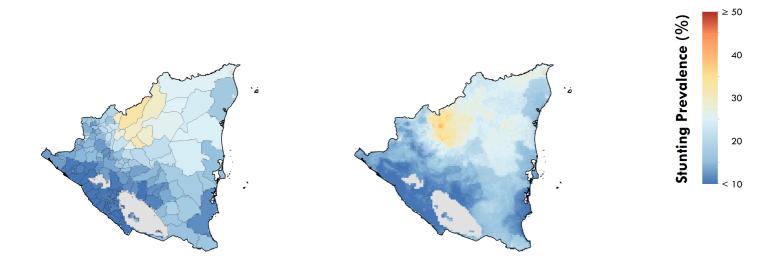
Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.



Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

## Prevalence of under-five stunting

Stunting at subnational Stunting at 5km level level



Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231-234 (2020) doi:10.1038/s41586-019-1878-8.

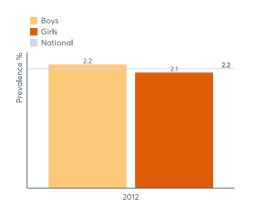
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

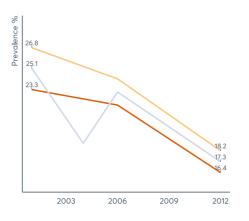
## Child (under-five) nutrition status over time

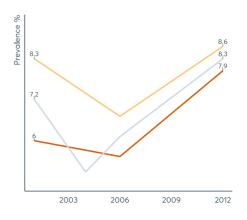
Wasting by gender

Stunting by gender

Overweight by gender



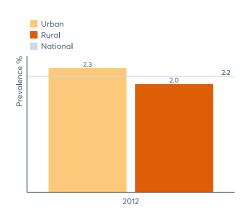


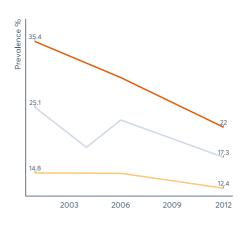


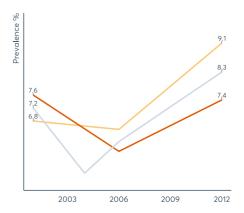
Wasting by location

Stunting by location

Overweight by location



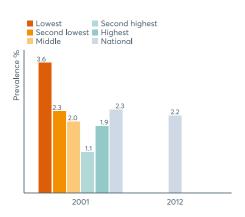


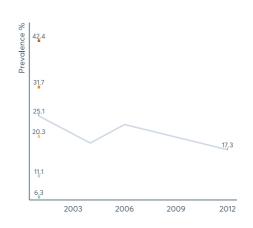


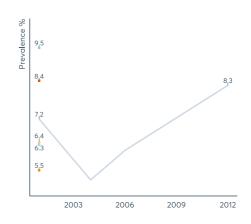
#### Wasting by income

### Stunting by income

## Overweight by income



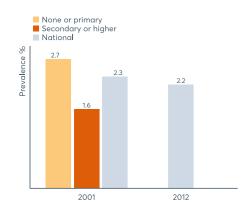


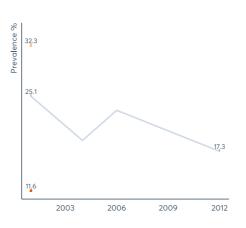


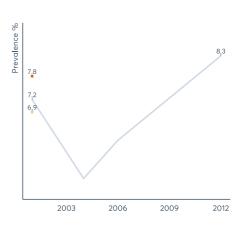
Wasting by mother's education

Stunting by mother's education

Overweight by mother's education





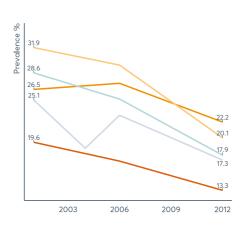


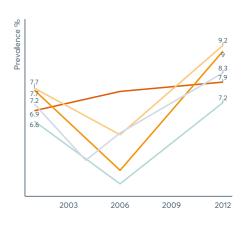
Wasting by age

Stunting by age

Overweight by age



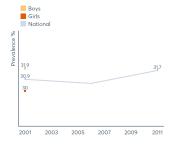




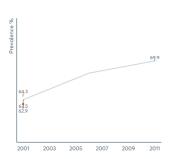
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

## Infant and young child feeding over time

Exclusive breastfeeding by gender



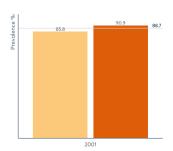
Continued breastfeeding at 1 year by gender



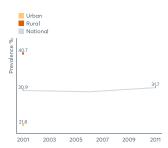
Minimum acceptable diet by gender



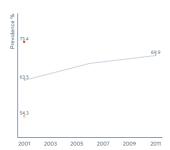
Intro. to solid, semi-solid, soft foods by gender



Exclusive breastfeeding by location



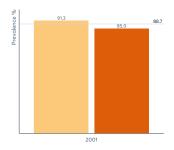
Continued breastfeeding at 1 year by location



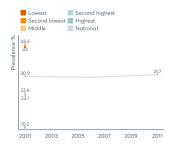
Minimum acceptable diet by location



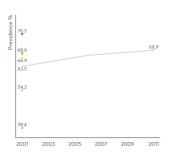
Intro. to solid, semi-solid, soft foods by location



Exclusive breastfeeding by income



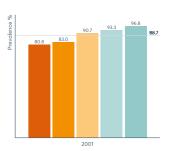
Continued breastfeeding at 1 year by income



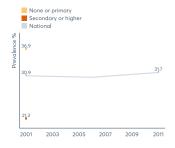
Minimum acceptable diet by income



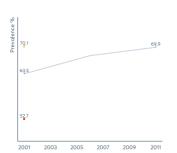
Intro. to solid, semi-solid, soft foods by income



# Exclusive breastfeeding by mother's education



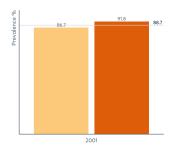
## Continued breastfeeding at 1 year by mother's education



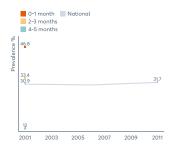
# Minimum acceptable diet by mother's education



Intro. to solid, semi-solid, soft foods by mother's education



# Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

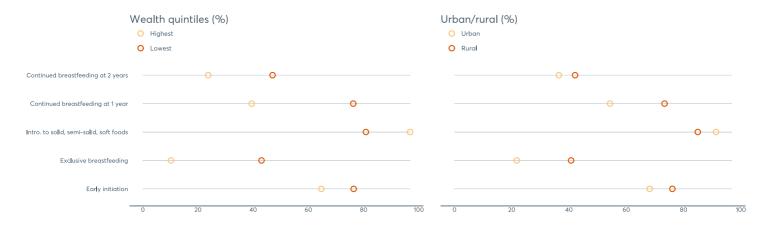


Intro. to solid, semi-solid, soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

## Infant and young child feeding



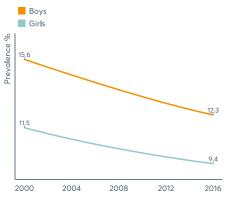
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

## Child and adolescent (aged 5-19) nutrition status

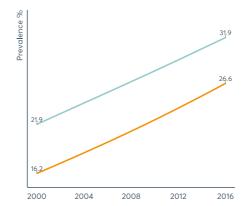
Underweight by gender

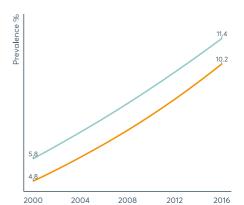
Overweight by gender

Obesity by gender



Sources: NCD Risk Factor Collaboration.



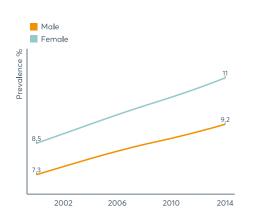


#### **Adult nutrition status**

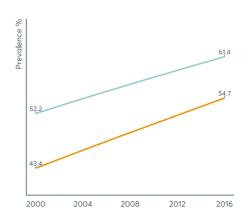
## Diabetes by gender

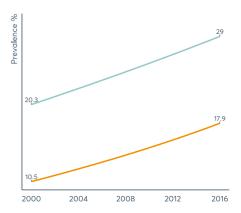
## Overweight by gender

## Obesity by gender

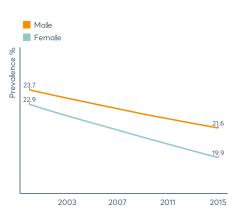


Sources: NCD Risk Factor Collaboration.



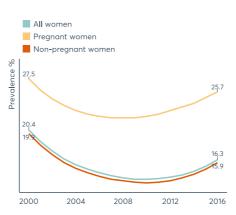


## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

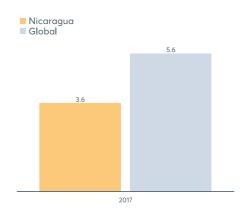
## Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

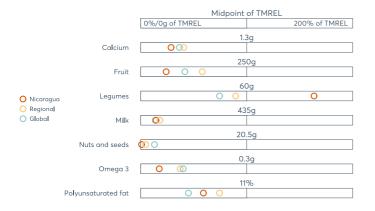
## Salt intake (grams per day)

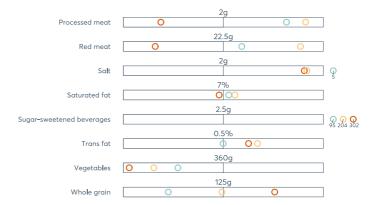


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

## **Dietary needs**

## Consumption of food groups and components, 2016





Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

## Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No	No	No	No
	data	data	data	data
Children 6-59 months who received vitamin A supplements in last 6 months	No	No	No	No
	data	data	data	data
Children 6-59 months given iron supplements in past 7 days	No	No	No	No
	data	data	data	data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	No data	NA	NA	No data
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

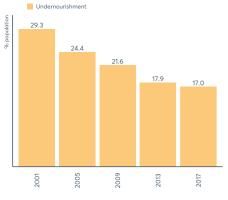
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

## **Determinants**

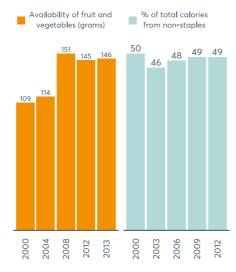
## Undernourishment

## Food supply

## Gender-related determinants



Source: FAOSTAT 2018.



Source: FAOSTAT 2018.

Early childbearing births by age 18 (%) <sup>1</sup>	28	2001
Gender Inequality Index (score *) <sup>2</sup>	0.46	2017
Gender Inequality Index (country rank) <sup>2</sup>	106	2017

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

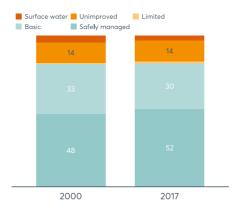
Notes: \*0 = low inequality, 1 = high inequality.

## Female secondary education enrolment (net, % population)

# 2004 2005 2006 2010

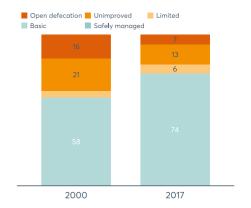
Source: UNESCO Institute for Statistics 2018.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

## Sanitation coverage (% population)

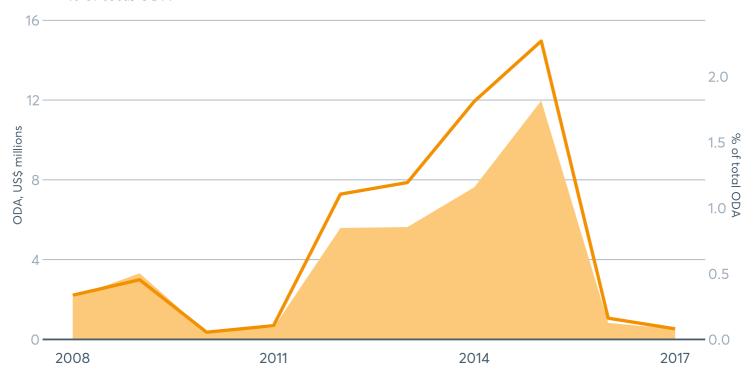


Source: WHO/UNICEF Joint Monitoring Programme 2019.









Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

## National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	Yes
Food-based dietary guidelines	No data
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Don't know
Operational, multisectoral national NCD policy, strategy or action plan	Don't know
Operational policy, strategy or action plan for diabetes	Don't know
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

## Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
No	No
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
No	No
Multisectoral comprehensive nutrition plan	
Yes	

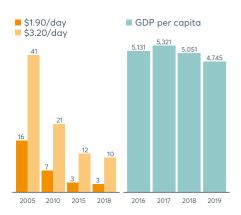
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

## **Economics and demography**

## Poverty rates (%) and Under-five mortality GDP (PPP\$)

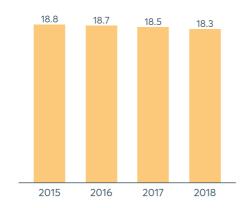
## (per 1,000 live births)

## Government revenues (\$m)

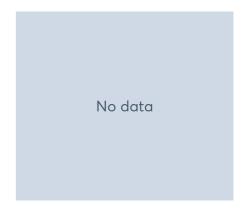


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.



Source: UN Inter-agency Group for Child Mortality Estimation 2018.



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

#### Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
46	134	2014

Sources: World Bank 2019.

Notes:  $^{1}$  0 = perfect equality, 100 = perfect inequality. Countries are ranked from most equal (1) to most unequal (159).

## **Population**

## Population density of health workers per 1,000 people

Population (thousands)	6,466	2018
Under-five population (thousands)	661	2019
Rural (%)	41	2018
>65 years (thousands)	357	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Physicians	0.91	2014
Nurses and midwives	1.38	2014
Community health workers	No data	No data

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.