#### Cabo Verde

#### **Country overview**

#### Malnutrition burden

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

Cape Verde has no prevalence data available for under-five overweight, stunting, or wasting.

In Cape Verde, 59.6% of infants under 23 months are exclusively breastfed, this is well above the Western Africa average of 30.8%. There is insufficient data on low birth weight.

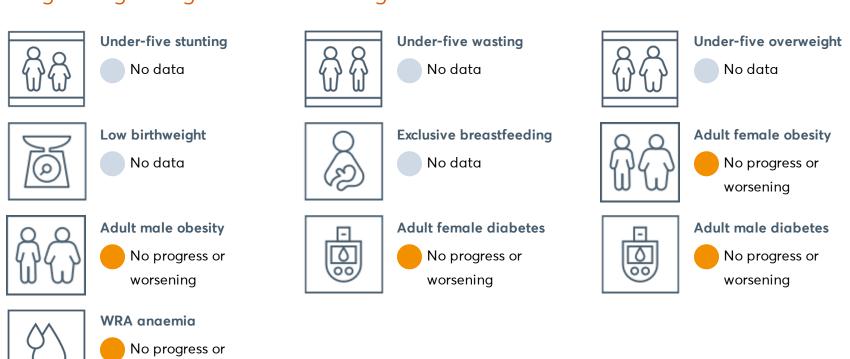
Cape Verde's adult population face a malnutrition burden. 33.3% of women of reproductive age have anaemia, and 9.1% of adult men have diabetes, compared to 8% of women. Meanwhile, 16.3% of women and 6.9% of men have obesity.

Sources: 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 2018

worsening



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.

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

Coexistence of wasting, stunting and overweight

No data

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.

#### Low birth weight



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

Child (under-five) nutrition status over time					
Wasting by gender	Stunting by gender	Overweight by gender			
No data	No data	No data			
Wasting by location	Stunting by location	Overweight by location			
No data	No data	No data			
Wasting by income	Stunting by income	Overweight by income			
No data	No data	No data			

Wasting by mother's education	Stunting by mother's education	Overweight by mother's education
No data	No data	No data
Wasting by age	Stunting by age	Overweight by age
No data	No data	No data

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



No data

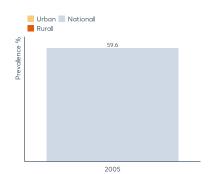


**Exclusive** breastfeeding by location

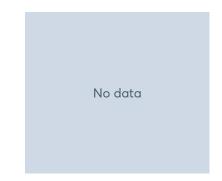


Minimum acceptable diet by location

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





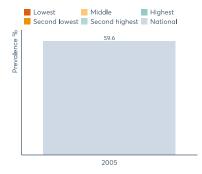


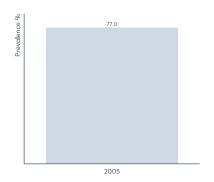
**Exclusive** breastfeeding by income



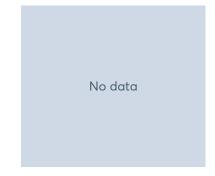
Minimum acceptable diet by income

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

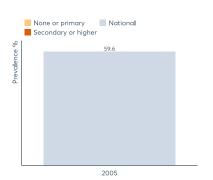




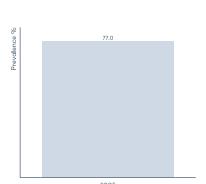




# Exclusive breastfeeding by mother's education



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



breastfeeding at 1

# Minimum acceptable diet by mother's education



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



# Exclusive breastfeeding by age

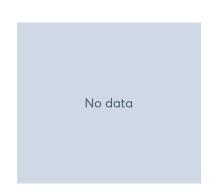
0-1 month 4-5 months 2-3 months National



Continued

year by age

# Minimum acceptable diet by age

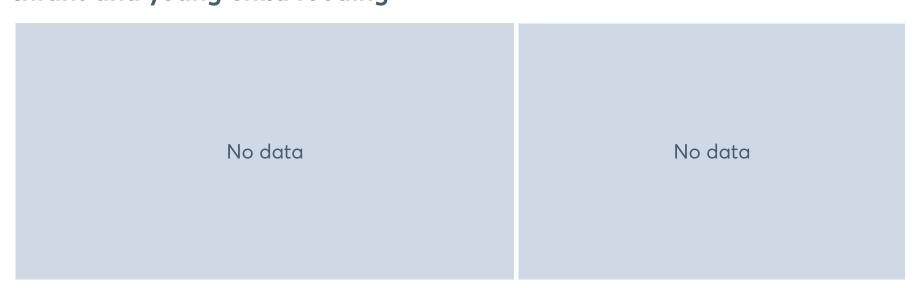


Intro. to solid, semi-solid, soft foods by age



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



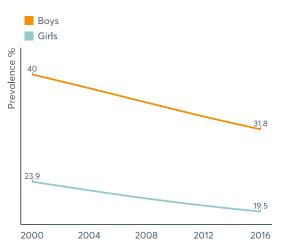
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

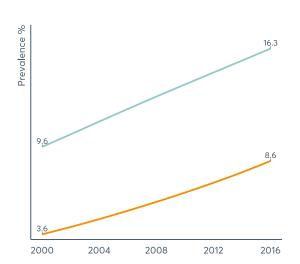
#### Child and adolescent (aged 5-19) nutrition status

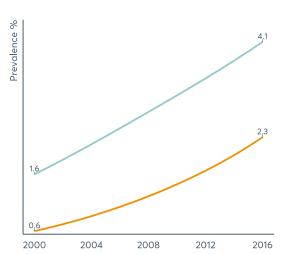
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

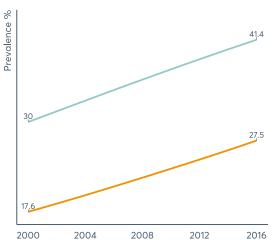
#### **Adult nutrition status**

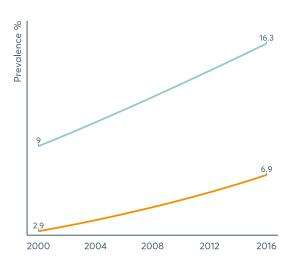
#### Diabetes by gender

# Male Female

Sources: NCD Risk Factor Collaboration.

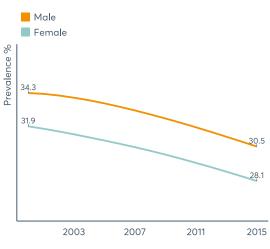
#### Overweight by gender





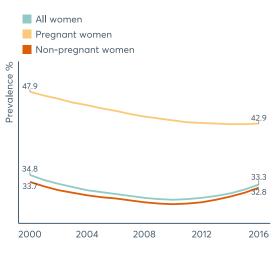
Obesity by gender

#### Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

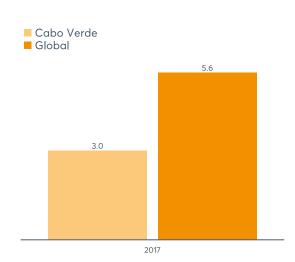
#### Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

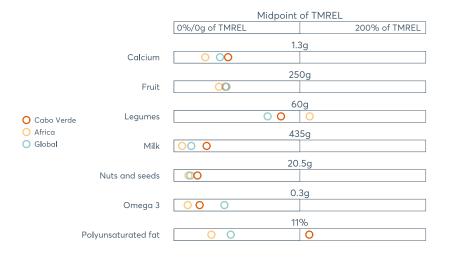
#### Salt intake (grams per day)



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

#### **Dietary needs**

#### Consumption of food groups and components, 2016





Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: 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 data	No data	No data	No data
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements in past 7 days	No data	No data	No data	No 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 and UNICEF global databases, 2019.

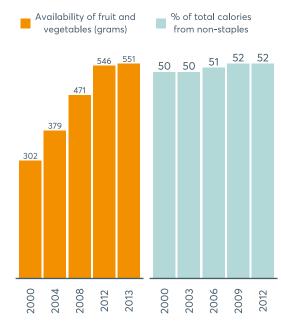
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

#### **Determinants**

#### Undernourishment

# Undernourishment 17.9 14.0 14.9 14.2 12.6 Source: FAOSTAT 2018.

#### Food supply



Source: FAOSTAT 2018.

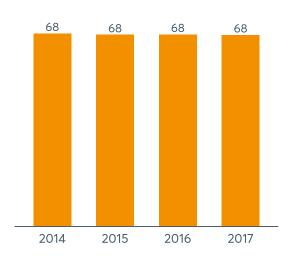
## Gender-related determinants

Early childbearing births by age 18 (%) <sup>1</sup>	22	2005
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	No data	No data
Gender Inequality Index (country rank) <sup>2</sup>	No data	No data

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high

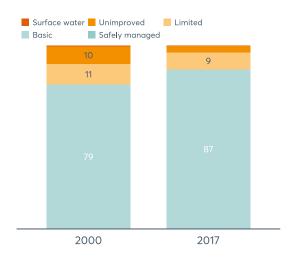
inequality.

# Female secondary education enrolment (net, % population)



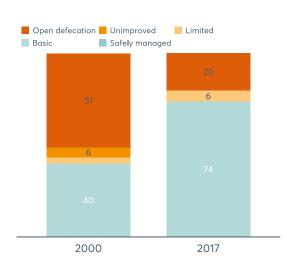
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

## Sanitation coverage (% population)

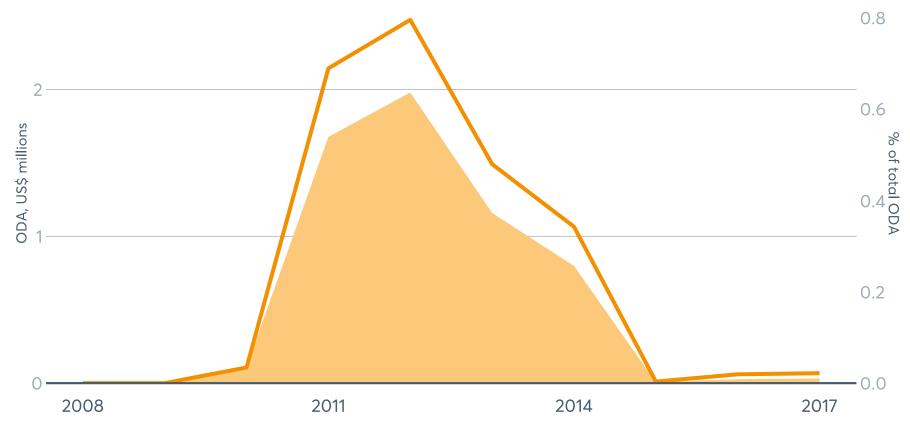


Source: WHO/UNICEF Joint Monitoring Programme 2019.

#### Resources, policies and targets

#### Development assistance

- Basic nutrition ODA received
- % of total ODA



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	No
Food-based dietary guidelines	No data
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	Yes
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
Yes	Yes
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
No	

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

#### **Economics and demography**

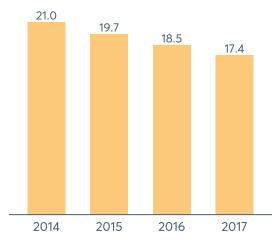
## Poverty rates (%) and GDP (PPP\$)

#### \$1.90/day \$3.20/day 32 6,117 6,283 6,503 6,749 12 8 7 2005 2010 2015 2016 2017 2018 2019

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

Notes: PPP = purchasing power parity.

## Under-five mortality (per 1,000 live births)



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

## Government revenues (\$m)



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
47	140	2007

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality. <sup>2</sup> Countries are ranked from most equal (1) to most unequal (159).

#### **Population**

Population (thousands)	544	2018
Under-five population (thousands)	53	2019
Rural (%)	34	2018
>65 years (thousands)	26	2019

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

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

Physicians	0.79	2015
Nurses and midwives	1.26	2015
Community health workers	0.14	2004

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