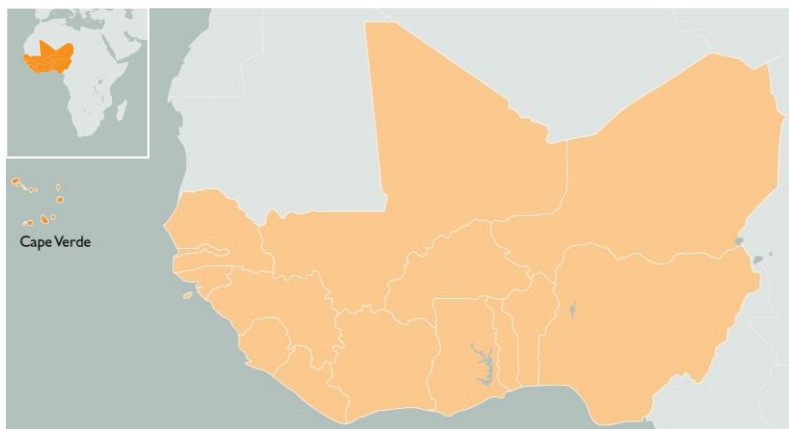


Nutrition Policy in Cape Verde



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Cape Verde.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors, and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen and widen understanding of the current direction of nutrition-relevant policy in Cape Verde and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition and health policies.
- Children under 5 and WRA are the most frequently specific targeted beneficiaries, however, the nationwide population was consistently targeted as key beneficiaries in almost all policies.
- Of the six WHA targets and their indicators, policies' content focuses most on exclusive breastfeeding. None of policies adopts WHA target values as its own, nor do any of them mentions U5 overweight
- Most of the policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies; and aligning nutrition, objectives, targets, indicators, activities, and budget.
- Prioritize and invest in strengthening vertical and horizontal coordination mechanisms to maintain multi-stakeholder engagement across all relevant domain and levels.
- Identify and integrate nutrition-relevant actions in ongoing policy drafts/revisions.
- Align policy components with identified nodes and synergies that are relevant for nutrition, to integrate action across nutrition-sensitive policy areas.

The state of nutrition in Cape Verde

Cape Verde is not on track to meet any of the global maternal, infant, and young child nutrition targets, based on available data. Whilst the latest prevalence data shows that 59.6% of infants aged 0 to 5 months are exclusively breastfedⁱ, there is insufficient data to assess the progress that Cape Verde has made towards achieving both the low birth weightⁱⁱ and exclusive breastfeedingⁱⁱⁱ targets. Even when data are available, accurate projections are further complicated by the datasets being outdated. With regards to U5 stunting^{iv}, wasting^v and overweight^{vi}, as well as a lack of adequate prevalence data on current trends, there is insufficient data to assess progress and project estimates towards meeting these targets by 2025. With 33.3% of women of reproductive age (WRA) now affected by anemia^{vii}, Cape Verde shows no progress towards achieving the target of reducing WRA anemia. Beyond the WHA targets, with regards to the adult population (aged 18 years and over), Cape Verde's obesity prevalence is lower than the regional average, with an estimate of 16.3% of adult women and 6.9% of adult men living with obesity^{viii} (compared to the regional average of 18.4% for women and 7.8% for men). However, Cape Verde has shown no progress towards achieving the target for obesity, and limited progress towards achieving other diet-related non-communicable disease (NCD) targets, with a prevalence of diabetes^{ix} estimated to affect 8.0% of adult women and 9.1% of adult men.

Current nutrition policy landscape in Cape Verde

A total of 5 nutrition-relevant policies currently in use are included in this brief (Table 1). Of these, two are nutrition-specific policies, specifically from the areas of Nutrition ($n=1$) and Nutrition & Health ($n=1$), while three are from nutrition-sensitive policy areas, namely Agriculture/Food security ($n=1$), Economic/Social ($n=1$) and Environment/Climate/ Resource Management ($n=1$). Nutrition features most prominently in Nutrition sectoral policies. There is scope for alignment of policies from other nutrition-sensitive sectors. At the moment, only one policy included in this brief (namely ENRRD) explicitly aligns with sectoral policies, including the ENSAN, from the nutrition policy area. At present, there is no comprehensive multisectoral nutrition plan.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition/Health	Plano Nacional de Alimentação e Nutrição	PNAN	2015	2020
2	Nutrition	Estratégia Nacional de Segurança Alimentar e Nutricional	ENSAN	2015	2020
3	Agriculture/Food security	Plano Estratégico do Sistema Nacional de Investigação Agrária	PE-SNIA	2017	2024
4	Economic/Social	Plano Estratégico do Desenvolvimento Sustentável	PEDS	2017	2021
5	Environment / Climate / Resource Management	Estratégia Nacional de Redução de Riscos de Desastres	ENRRD	2018	2030

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Five documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



PROBLEM

What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All included policies provide some background information on the nutrition context. Expectedly, this is most comprehensive for nutrition-specific policy areas, with the PNAN providing longitudinal information on the treatment and prevention of malnutrition since independence in 1975, as well as on the promotion of food and nutrition security and health, and the ENSAN referring to a wide set of aspects related to nutrition, including the national geographical and climatic context, economic, social and demographic characteristics of the population, health, agriculture, food and water access, sanitation, proxy indicators of household poverty and livelihoods. Fewer details on the nutrition context are found in policies from nutrition-sensitive sectors, such as the agriculture/food security, economic/social and environment/climate/resource management policy areas. These policies briefly report on poverty, food and nutrition insecurity in more general terms. All of the policies except the PE-SNIA provide information on both the national and the global or regional context, including international policy frameworks (Rome WHO/FAO 1992, Copenhagen 1995) and alignment with global development goals (MDGs/SDGs), as well as strategic partnerships (e.g., with WHO, UNICEF, OOAS, Children without Worms). Importantly, the PNAN policy document also includes the strategic aim to become part of the the Scaling Up Nutrition (SUN) movement.

Both nutrition-specific policies present some information on disparities. Specifically, the PNAN acknowledges gender inequity and the importance of women's empowerment, as well as inequities in access across urban/rural settings with relation to water and sanitation, socioeconomic disparities, and inequities derived from Cape Verde's insularity which results in inadequate intake of macro and micro-nutrients. The ENSAN reports on geographical and climate disparities, with implications for seasonal variation in access to nutrients, as well as differences between urban and rural settings. Other disparities include socioeconomic aspects, access to water and sanitation, energy, food and nutrition security. Although these disparities are acknowledged in the policies' nutrition context outline, these remain underexplored and are not backed up by sufficiently detailed disaggregated data.

In terms of nutrition issues considered, the PNAN and ENSAN are more holistic, explicitly acknowledging coexisting multiple burdens of malnutrition. The PNAN explicitly mentions the double burden of malnutrition (DBM), or '*duplo fardo de malnutrição*', including undernutrition, overweight and obesity, micronutrient deficiencies, as well as nutrition-related infectious diseases, although non-communicable diseases are not integrated into the policy. Overall, the nutritional situation is not analysed in depth across policies, despite an acknowledgement of key drivers and consequences of malnutrition. However, the ENSAN considers health issues related to undernutrition, micronutrient deficiencies in infants, children and WRA, as well as the rising issue of overweight/obesity and diet-related NCDs (hypertension, diabetes, cancers). This policy has a dedicated section on health, where the link between nutrition and specific health issues is explicitly outlined (e.g., specific micronutrient

deficiencies and related health consequences), which clearly acknowledges the multisectorality of the issues at hand.

All of the policies mention causes and/or consequences of nutrition problems. The causes of malnutrition mentioned across policies are poverty, geographical characteristics and environmental risks, seasonal variability, seasonal food insecurity and resulting lack of access to certain nutrients for certain months during a year, inequity in access to nutrients, water and sanitation, disease burden and co-morbidities (including HIV/AIDS, malaria, tuberculosis, water- and soil-transmitted diseases). Consequences include the double burden of malnutrition, morbidity, mortality, productivity of the population and competitiveness, lack of development, exclusion and again poverty to close the circle, with poverty being recognised as both a driver and a consequence of malnutrition.

Table 2 highlights policies that include information on WHA indicators in their situational analysis. Only the two nutrition-specific policies make explicit mention of some WHA targets in their context section, namely the PNAN reports on exclusive breastfeeding and WRA anemia, while the ENSAN only reports on exclusive breastfeeding. Although there is an acknowledgement of macro- and micro-nutrient deficiency derived from food insecurity across all five policies, with importance for the achievement of WHA targets for key population groups, nutrition status and progress towards global nutrition targets are not formally acknowledged, neither in nutrition-sensitive nor nutrition-specific policies. The PNAN lists deficiencies such as iron, vitamin A, iodine and resulting visible goiter, U5 iron/vitamin A deficiency, and WRA vitamin A deficiency. The ENSAN lists population-level iron and

folic acid deficiency, U5 iron deficiency, school-age children iron deficiency, WRA vitamin A deficiency, infant vitamin A deficiency, and issues with salt content at population level. The remaining three nutrition-sensitive policies do not make specific reference to any of the WHA target indicators, instead citing general macro- and /or micro-nutrient deficiencies at population level.

Is the nutrition context evidence-based?

Overall, the nutrition context across policy areas is not adequately evidence-based (i.e., cites references). The PNAN and ENSAN both cite references. The ENSAN refers primarily to national statistics sources, while the PNAN reports data from both national statistics/survey and other sources. Data sources include the Instituto Nacional de Estatística (INE) and Questionário Unificado de Indicadores Básicos de Bem-Estar (QUIBB) for demographic data, as well as data from the Ministério do Desenvolvimento Rural (MDR), Inquérito sobre as Despesas e Receitas Familiares (IDRF), Inquérito sobre a Prevalência da Anemia e Factores Associados (IPAC), Inquérito sobre os Factores de Risco das Doenças Não Transmissíveis (IDNT) and World Bank. Some of the data cited is considerably outdated, suggesting that data availability is a key gap to be addressed in Cape Verde for accurately capturing the current state of the nutrition context. With regards to nutrition-sensitive policies, the PE-SNIA from the agricultural/food security policy area is scarcely referenced in places, mostly without particular attention to the referencing of data and statements in its context section. Within the PEDS, from the economic/social policy area, the evidence base is referenced for numerical data and statistics but not for text, while in the ENRRD, from the

environment/climate/resource management policy area, neither text nor data are referenced.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, most of the included policies (n=3) do not include nutrition in their general and/or specific **objectives**. The two nutrition-specific policies which do (PNAN, ENSAN), focus on improving the nutrition status of the population, aiming at improving access to sufficient, healthy, nutritious and safe food, and on the treatment and prevention of nutritional disorders. There are no explicit nutrition objectives within the three nutrition-sensitive policies (PE-SNIA, PEDS, ENRRD), albeit with mention of alignment to other sectoral policies in the ENRRD, and only the two nutrition-specific policies contain indicators related to key WHA targets. However, all five policies mention **nutrition indicators**, although with varying degrees of specificity. The indicators most frequently covered are related to micronutrient deficiencies. These are detailed in two policies (PNAN and ENSAN), in the nutrition policy area (including iodine, iron, folic acid, vitamin A and vitamin C), and are cited in more generic terms in the PE-SNIA, in the agriculture/food security area, which refers to macro-/micro-nutrient deficiencies (protein, vitamins and minerals). With relation to specific age groups, indicators on micronutrient deficiencies include population-level iron and folic acid deficiency, U5 iron deficiency, school-age children iron deficiency, WRA vitamin A deficiency, infant vitamin A deficiency, and population-level salt content. Micronutrient deficiencies are only generically implied in two of the policies (PEDS and ENRRD), which refer to indicators for measuring food and

nutrition insecurity. A key indicator for both the PNAN and ENSAN is exclusive breastfeeding, which is implied to address the undernutrition issues mentioned throughout the policies, although only the PNAN explicitly mentions undernutrition among indicators. Overweight/obesity and diet-related non-communicable diseases (NCDs) (specifically hypertension, diabetes and cancers), are cited as indicators only in the two nutrition policies (PNAN and ENSAN). Additional indicators cited in the ENSAN include complementary feeding and availability of human milk banks, introduction of nutritionists in all regional hospitals and nominated municipal health institutions for specific cities. Different types of indicators are included across policies, namely input (n = 3) and output indicators output (n = 3), both types in the PNAN, ENSAN AND PE-SNIA, as well as outcome indicators (n=1) (ENSAN), and coverage indicators (n = 1) (PEDS). Three of the policies, namely the ENSAN and PE-SNIA, remain vague, framing indicators as expected results for broad categories rather than as clearly and narrowly defined measures, e.g., mentioning plans to measure the functionality of established systems or indicators on food and nutrition security, without specifying how these will be measured through a set of defined indicators or proxy indicators. **Planned nutrition activities** are present only within the two nutrition-specific policies (PNAN, ENSAN). The PEDS includes generic nutrition-sensitive sub-objectives (Agriculture, WASH, Health), rather than activities, while the PE-SNIA and ENRRD do not list any specific nutrition activity. Of the four policies providing sufficient detailed budget information, only one (namely the PNAN) has a **budget for nutrition**.

How do policies' targets align with the WHA 2025 Global Targets?

Table 2 shows only two policies with nutrition indicators that include at least one of the WHA target indicators (PNAN and ENSAN), both from the nutrition policy area. However, only the PNAN has targets set within the document. Of the targets listed, only one is aligned with WHA targets. Although short of the WHA target of a 50% reduction of anemia in women of reproductive age by 2025, the PNAN projects a reduction in the prevalence of anemia in pregnant women of 20% without specifying the targeted due date. Other targets listed in the PNAN which are expected to contribute to progress towards other WHA indicators are the following: making all Central and Regional Hospitals join the Baby Friendly Hospital Initiative; ensuring that all products marketed in the country which are intended for feeding children under 24 months comply with the legislation in force in this area; and creating the Human Milk Bank at Hospital Baptista de Sousa. These, however, are not explicitly aligned with WHA target indicators and Cape Verde is currently not on course to achieve any of the six targets. None of the other included policies, from either nutrition-specific or nutrition-sensitive policy areas, include any targets that are aligned with the six key global targets for U5 children and WRA.










Is there coherence within policies?

Generally speaking, policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives include neither of these. There are several cases (see **Table 2**) where this is not the case. As found across countries in West Africa, this is not always due to a lack of coherence within policies but

because a) policies detail that indicators and/or planned activities will be addressed in a separate document or b) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit). There are, however, some cases of incoherence within different parts of the included policies. For instance, within the ENSAN, a nutrition policy, there is some degree of coherence between the identified nutrition issues to be tackled and the stated policy objectives. These, however, remain very generic and fail to then cover the population-level burdens of malnutrition and disease identified. Planned activities focus on some population groups and nutrition issues affecting children and WRA, but these are considerably more limited than the issues that the policy aims to address, especially as NCDs and population-level micronutrient deficiencies are included among indicators. Another instance of incoherence between constitutive parts within a policy is provided by the PEDS document, from the economic/social policy area, which does not include nutrition among its objectives, but then includes both nutrition activities and indicators. Similarly, the PE-SNIA, from the food security/agriculture policy area, and the ENRRD, from the environment/climate/resource management policy area, includes nutrition indicators, but no planned activities designed to achieve progress on measured indicators. We therefore find examples of incoherence within policies across different nutrition-relevant policy areas. In instances where there is some coherence between the situational analysis, stated objectives, planned activities and indicators, as in the case of the PNAN, from the nutrition policy area, all components are too generic to have operational utility. Lacking an appropriate plan for effective targeting and

implementation, as well as a plan for measuring coverage, uptake, output, and outcome indicators - rather than more generic input indicators - these components are less likely to lead to the policy's desired outcomes.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; Key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition/Health	PNAN	 	✓	✓	    	✓	✓	Strengthening public, private and civil society partnerships in themes transversal to nutrition; promoting intersectoral actions for improving nutrition; joining the Scaling Up Nutrition (SUN) movement; strengthening of nutritional surveillance and integration in the National Health and Food & Nutrition Security Information System.
2	Nutrition	ENSAN		✓	✓		✓	NA	Transformation of DSSA - Directorate of Food Security Services - into the CNSAN - in Permanent Executive Secretariat of the National Council for Food and Nutritional Security.
3	Agriculture/Food security	PE-SNIA	✗	✗	✓	✗	✗	NA	Reinforcement of national system of agricultural research (focus of this policy)
4	Economic/Social	PEDS	✗	✗	✓	✗	✗	±	N/A: implementation related to large scale macroeconomic environment (not nutrition-related)
5	Environment / Climate / Resource Management	ENRRD	✗	✗	✓	✗	✗	NA	N/A: gradual implementation of management of risks of disasters, according to political, historical and socio-economic factors and based on deadlines and targets that update continuously (not nutrition-related)

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

⁴ Indicator for stunting, low birth weight, U5 wasting are implied

 U5 STUNTING  WRA ANEMIA  LOW BIRTH WEIGHT  U5 OVERWEIGHT  EXCLUSIVE BREASTFEEDING  U5 WASTING



Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

The target groups that feature most often in the nutrition context across all policies is the nationwide population. Policies from the nutrition sector also mention infants and children U5, WRA and mothers (PNAN), as well as vulnerable groups and rural households suffering from food insecurity or seasonal lack of access to nutrients (ENSAN). The PEDS also mentions women/mothers and children with relation to particular indicators, but its focus remains on the nationwide population.

Who are the beneficiaries?

As shown in Table 3, primary beneficiaries of policies are consistent with the groups identified as vulnerable in each policy's nutrition situational analysis. These are U5 (infants and children), WRA, PLW, mothers, and additionally health and nutrition professionals involved in service delivery under the PNAN. U5, school-aged children and WRA, as well as the wider population, are the key beneficiaries of the ENSAN. Key beneficiaries of all other nutrition-relevant policies are the nationwide population, consistently with the scope of the policies' mandate.

Who are the actors?

The national government consistently features as the most prominent actor in all policies included in this brief, with the national and local government and international non-governmental organizations (INGOs) featuring as

lead actors in nutrition-specific policies, namely PNAN and ENSAN. The PE-SNIA also includes NGOs as acting alongside government in activities related to monitoring of implementation and progress. Across policies, the national government covers a variety of roles, including policy development, implementation, M&E, management, and financing, with the local government involved mainly in policy implementation. Other actors, such as communities (ENSAN) and the private sector (PNAN), are involved in implementation, while NGOs, civil society, technical and financial partners engage in policy implementation, management, and financing under the PNAN, ENSAN and PE-SNIA policies. In the PEDS and ENRRD policies, all roles are covered by the national government. With regards to nutrition-specific policies, the Ministry of Health is the lead state actor for development and delivery of the PNAN, while the ENSAN is supervised by multiple ministries. Communities feature as beneficiaries, without an active role, in the PNAN. They are conceded a more participatory role in the ENSAN, whereby community associations are mentioned among stakeholders for several specific components. However, when looking at the specific outputs, these feature mainly as beneficiary households/communities; it is unclear what the degree of active community participation might be under this policy. Communities are portrayed as more passive beneficiaries in other policies, although the PE-SNIA mentions the adoption of smart technologies among its indicators, suggesting a potentially active role in the uptake of planned interventions.

Is there multisectoral coordination mentioned in the policy?

At present, Cape Verde is yet to develop a comprehensive multisectoral nutrition plan. The

importance of multisectoral coordination is highlighted across most policies. Coordination mechanisms planned under these policies include multi-actor and multi-sector partnerships between state and non-state actors involved in the delivery and monitoring of sectoral policies, alignment with policies from other relevant sectors, technical cooperation, coordination of decentralized actors, development of human resources, use of technology, capacity building, relations with international organizations and states for the provision of technical support and mobilization of resources for strengthening national capacities and policy frameworks. Action toward better coordination was undertaken under the ENSAN policy mandate, following the 2006 proposal to create a Food and Nutrition Security Network with three levels (national, regional, and municipal/local), called the SAN Network, with the aim of improving governance and synergies between the various domains.

The recent installation of the National Council for Food and Nutritional Security (CNSAN) is meant to respond to the need for consultation and governance in the implementation of the policy, constituting a regular space for intersectoral dialogue. This should regulate the technical contribution to work on themes transversal to SAN (e.g., including the right to adequate food and family farming), and overcome deficient communication and visibility. CNSAN should be integrated in the coordination and social participation at subregional level in order to avoid duplication of coordination structures. The PE-SNIA does not specify existing multisectoral coordination mechanisms, but it stresses the importance of improving coordination within and between sectors through technological and human resources development.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles*					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition/Health	PNAN	U5 (infants and children), WRA, PLW/mothers	Health and nutrition professionals for inputs	1,2,3,4	1,3	X	I	1,4	National and local government, INGOs	✓
2	Nutrition	ENSAN	Nationwide population, U5, school-age children, WRA	X	1,3,4	1,2,3	I	X	1,3	National and local government, NGOs, and community associations	✓
3	Agriculture/Food security	PE-SNIA	Nationwide population	X	1,2,3,4	I	X	X*	1,2	National government (for monitoring NGOs as well as government)	✓
4	Economic/Social	PEDS	Nationwide population	X	1,2,3,4	X	X	X	X	National government	NA
5	Environment / Climate / Resource Management	ENRRD	Nationwide population	X	1,2,3,4	X	X	X	X	National government	✓

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing

*= Implied generically as 'markets'



What are the monitoring, evaluation, and accountability mechanisms?

Across all policies, **M&E** activities include the strengthening of existing monitoring and evaluation mechanisms or the building of new ones. Both the PNAN and ENSAN stress the need to improve monitoring and evaluation mechanisms through strengthening of the existing National Health and Food & Nutrition Security Information System (Sistema Nacional de Informação Sanitária e de Segurança Alimentar e Nutricional). The PE-SNIA section on M&E activities lists the indicators to be measured with relation to each specific objective (though these objectives remain generic), and the actors who are expected to provide data on these indicators (e.g., Government ministries, World Bank, UN/NEPAD, FAO/FAOSTAT), rather than referring to an ad-hoc M&E system. The PEDS specifies that follow-up and M&E activities are to be conducted under joint mandate of the Finance Minister and each sectorial Minister, by an M&E team (comprising of representatives from DNP, DNOCP (authorizing officers) and sectoral representatives of DGPOGs) which will be tasked with conducting quarterly and annual monitoring and evaluation using RDP. Similarly, the ENRRD includes plans to build a complete monitoring and evaluation system to measure impact assessment through the national system of environmental statistics (SIEA), the development of which is underway in Cape Verde. The aim is to strengthen the data monitoring and information management for more consistent and regular statistics' production.

Accountability mechanisms are scarce across nutrition-relevant policies. Under the PNAN, the responsibilities of specific actors are directly linked with activities/components under each strategic objective, but no accountability mechanisms are mentioned. It is not clear how citizens or other entities can hold the listed actors accountable for the delivery of services to be provided under this policy. Within the ENSAN, no specific accountability mechanisms are reported with relation to the monitoring of service delivery. The PE-SNIA mentions three organs responsible for food and nutrition security in Cape Verde, but there is no specific mention of accountability mechanisms or even lines of accountability in generic terms. The ENRRD and PEDS do not report any accountability mechanisms for nutrition components. General responsibilities are outlined in the policy document with relation to the actors involved, but no particular accountability mechanisms are specified in detail.

Gaps and recommendations

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

Data gaps are a considerable limitation for effective policy development and adequate targeting, whether this is conducted through interventions which target specific vulnerable groups and at population level. Insufficient, inadequate, or outdated datasets hinder the comprehensiveness and usefulness of the situational analysis of policies, which are therefore poorly referenced, impeding high-impact evidence-based planning. Some practical examples of complementary contributions to data availability might be: the use of commonly used and publicly available standardized modules for data collection, capacity building, streamlining of tools for the monitoring of nutrition

status and patterns in key health and nutrition issues, alignment of monitoring with key global targets, an enabling framework for data sharing through the provision of a platform for the collective contribution to the country's datasets, a publicly accessible repository of policy and program documents, a repository of data derived from the evaluation of programs, projects and other nutrition-relevant interventions. Data should be disaggregated to guide better targeting, implementation and coordination, through the partnerships and delivery platforms most relevant for reaching target beneficiary groups.

The analysis above also highlights a number of other gaps and incoherence in current nutrition-relevant policy in Cape Verde. To address these, policies should:

- Define a clear strategy whereby the approach to targeting is clearly outlined, based on a clear rationale and impact pathway. This should be based on the latest and strongest evidence from nutrition-specific and nutrition-sensitive interventions which have proven to be both cost-effective and high-impact.
- An umbrella framework in the form of a comprehensive multisectoral nutrition plan should be developed by the government, in partnership with actors and stakeholders from across nutrition-relevant areas. The stated aim of Cape Verde to join the SUN movement for scaling up nutrition should be encouraged to set the basis for coordinated intervention.
- Ensure internal coherence by aligning the policy's nutrition situational analysis, objectives, activities and/or indicators, both in terms of nutrition and related health issues and targeting of populations (e.g., nutrition

objectives target several different groups under generic population-level coverage but nutrition indicators only measure progress for some or none of these groups).

- Ensure the sustainability of investment in ending malnutrition in Cape Verde by securing national counterpart funding. Indeed, one of the main challenges highlighted in the PNAN is the non-allocation of financial resources by the general State budget to the National Nutrition Program; thus, regretting the high dependence on external partners for the implementation of nutrition interventions.
- These gaps and incoherence should be addressed in future policies, as well as operational documents for existing policies (e.g., implementation or monitoring and evaluation plans).

Recommendation 2: Continue to invest in strong multisectoral coordination.

While the importance of multisectoral coordination is highlighted across most policies and the existence of coordination mechanisms such as the SAN Network and recently the CNSAN, Cape Verde is not on track to meet any of the WHA targets. Indeed, other sectors seem not inheriting this prosperous multisectoral coordination platform. Coordination mechanisms should more explicitly address the prevention of duplication and achievement of synergy. CNSAN could be also constituted in the coordination and social participation for policies and programs subregional investment in agriculture and food security.

Recommendation 3: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

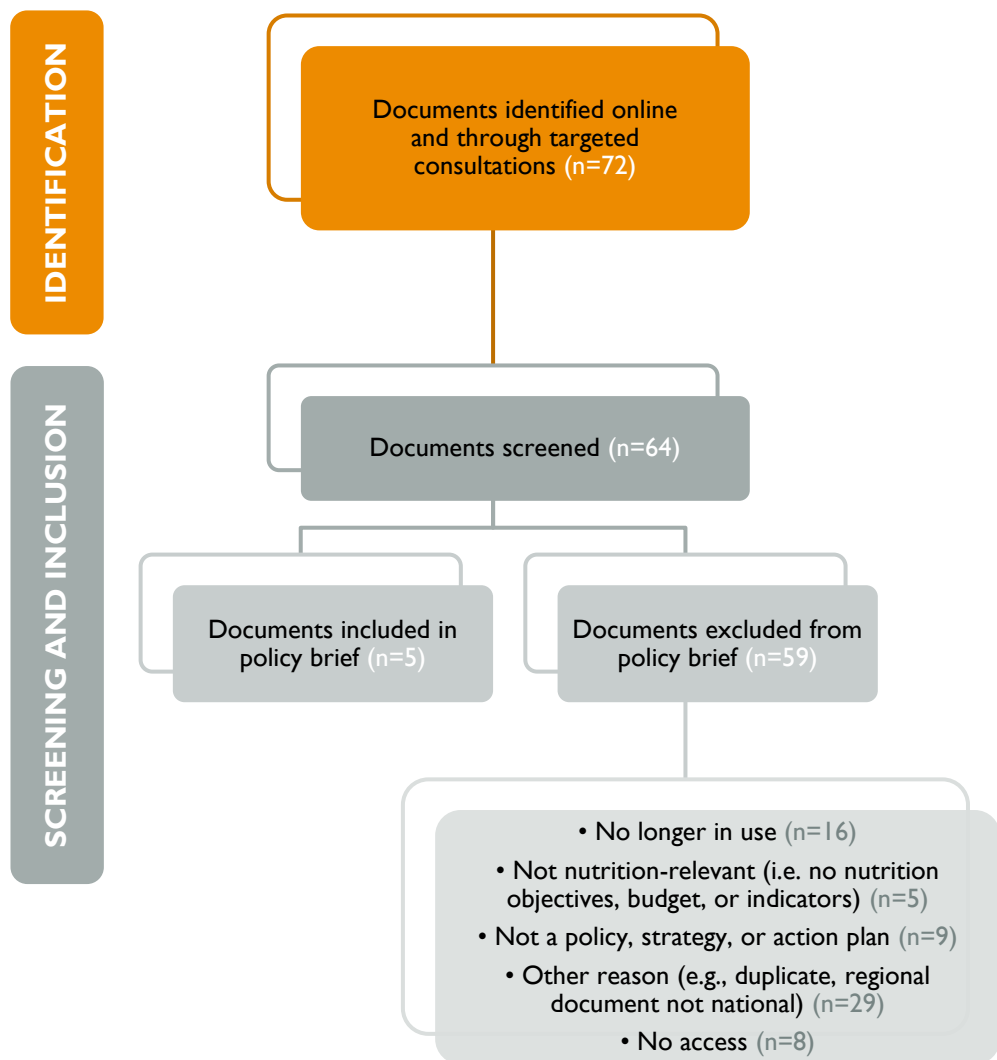
Identify and integrate nutrition-relevant actions in ongoing policy drafts/revisions, drawing on known shared determinants of multiple forms of malnutrition and related issues, mutually reinforcing risk factors, common delivery platforms and entry points, lessons learnt on constraints to/enablers of effective delivery and uptake, and exploiting synergies across policy sectors to minimise duplication of efforts in the context of scarce and/or unevenly distributed resources, and to maximise returns on investments by turning competing into complementary priorities. This can be achieved by designing a comprehensive evidence-based umbrella framework for guiding contributions to improved nutrition from across policy areas. To this purpose, instead of starting from scratch, Cape Verde could draw on existing evidence through its determination to be a member of the SUN movement (as declared in the PNAN), thus drawing on accessible collective capacities through broader cooperation.

Recommendation 4: Mainstream nutrition into future policy documents across diverse policy areas.

Align policy components with identified nodes and synergies that are relevant for nutrition, to integrate action across nutrition-sensitive policy areas beyond the citation of nutrition-specific policies. This will reduce replication of efforts, avoid waste of limited funds on siloed ineffective interventions, enable scaling-up of what works, and facilitate better systemic coordination. Within the scope of each policy, the placing and expected contribution within the general nutrition-oriented framework should be clearly specified. The lack of clear impact pathways in how nutrition-relevant policies might contribute to an enabling environment for more synergistic cooperation, might result in missed opportunities for

measuring impact and for attracting additional financial and human resources.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

ⁱ United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020

ⁱⁱ UNICEF/WHO Low birthweight estimates: Levels and trends 2000–2015. Geneva: World Health Organization; 2019. data.unicef.org

ⁱⁱⁱ *Ibid*, I

^{iv} UNICEF/WHO/World Bank Joint child malnutrition estimates — levels and trends – 2020

^v *Ibid*, IV

^{vi} Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Data Downloads. Available at: <http://ncdrisc.org/data-downloads.html>

^{vii} WHO, Global Health Observatory Data Repository/World Health Statistics 2017. Available at: <https://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en>

^{viii} *Ibid*, VI

^{ix} *Ibid*, VI

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To Cite this Publication:

Diatta, A.D., L. Casu, M. Dramé, I. Uzhova, J. Kaboré, F. Touré and R. Verstraeten. 2021. *Nutrition Policy in Cape Verde*. Transform Nutrition West Africa, Evidence Note No. 7 Dakar, Senegal: International Food Policy Research Institute.

This publication has not been peer reviewed. Any opinions stated in this publication are those of the author(s) and are not necessarily representative of or endorsed by IFPRI.

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Transform Nutrition West Africa is a regional platform to enable effective policy and programmatic action on nutrition. It is funded by the Bill & Melinda Gates Foundation from 2017–2021 and is led by the International Food Policy Research Institute.

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