

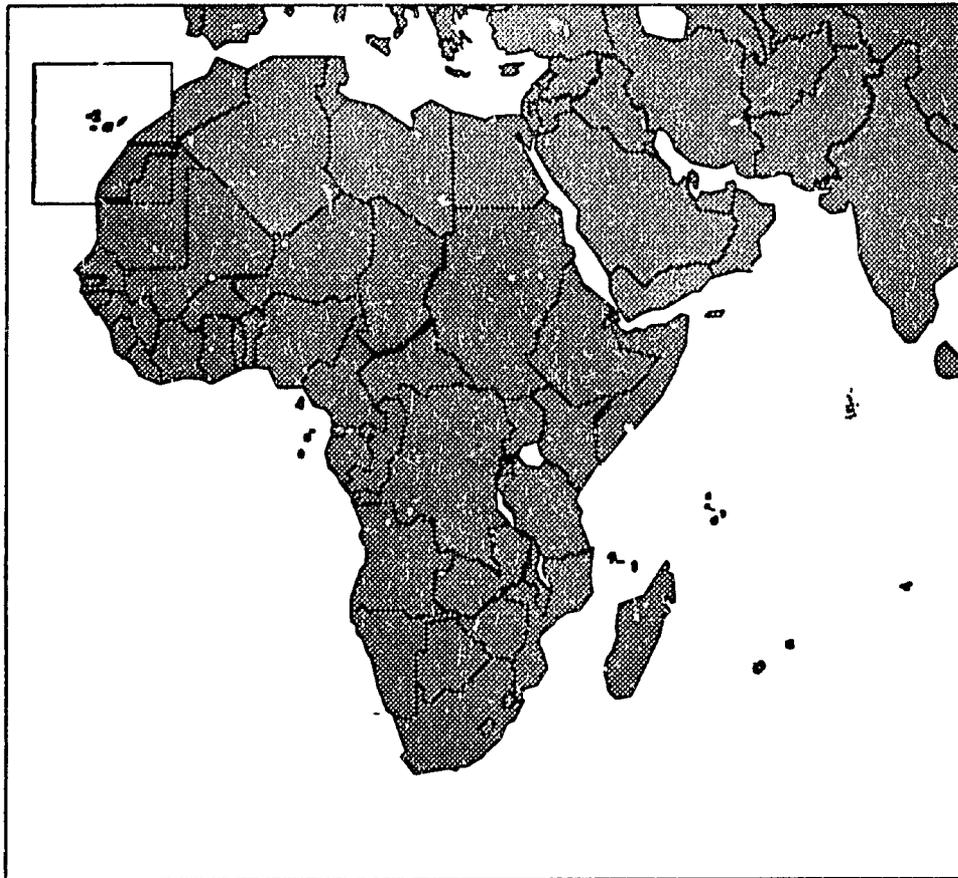
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*Country Health Profile*

# CAPE VERDE

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## Health Situation & Statistics Report 1994



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**The Center for International Health Information (CIHI), a project managed by Information Management Consultants, Inc. (IMC), prepared this document under the Data for Decision Making Project, #936-5991.05 (CIHI-II), contract number HRN-5991-C-00-3041-00, with the Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development (USAID).**

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# CAPE VERDE

## Country Health Profile

**T**his is one of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile contains descriptive information and tables on the country's health and demographic characteristics, health indicators and trends, and when available, the health care system. Profile information is compiled from CIHI's databases and reference library, as well as through research and analysis of other data sources and reports.

The profiles are intended to provide current and trend data in a concise format for policy and decision-making, planning and evaluation, and monitoring of health status for use by individuals and organizations. Contact CIHI at the address on the preceding page for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous page or through USAID, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research.

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*\* Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

# I: HEALTH & DEMOGRAPHIC OVERVIEW

## Current Demographic and Health Indicators

JULY 1994

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	396,600	1993	UNP9200
Urban Population	122,000	1993	UNP9200
Women Ages 15-49	98,800	1993	UNP9200
Infant Mortality	60	1993	BUC9300
Under 5 Mortality	81	1993	BUC9300
Maternal Mortality	107	1980	WHM9139
Life Expectancy At Birth	68	1993	UNP9200
Number of Births	13,968	1993	UNP9200
Annual Infant Deaths	838	1993	CALXX01
Total Fertility Rate	4.2	1993	UNP9200

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
<b>Vaccination Coverage</b>			
RCG	100	1992	WHE9401
DPT 3	100	1992	WHE9401
Measles	87	1992	WHE9401
Polio 3	100	1992	WHE9401
Tetanus 2	98	1992	WHE9401
DPT Drop Out	NA		
<b>Oral Rehydration Therapy</b>			
ORS Access Rate	81	1989	WHD9100
ORS and/or RHF Use	5	1989	WHD9100
<b>Contraceptive Prevalence</b>			
Modern Methods (15-44)	NA		
All Methods (15-44)	NA		
<b>Nutrition</b>			
Adequate Nutritional Status	81	1985	WHA8902
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	NA		
B) Complementary Feeding	NA		
Continued Breastfeeding	NA		

Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
<b>HIV-1 Seroprevalence</b>			
Urban	0	1991	BUC9103
Rural	0	1991	BUC9103
<b>Access to Improved Water</b>			
Urban	87	1988	WHO9101
Rural	65	1988	WHO9101
<b>Access to Sanitation</b>			
Urban	35	1988	WHO9101
Rural	9	1985	WHO9101
Deliveries/Trained Attendants	10	1983	WHM9115

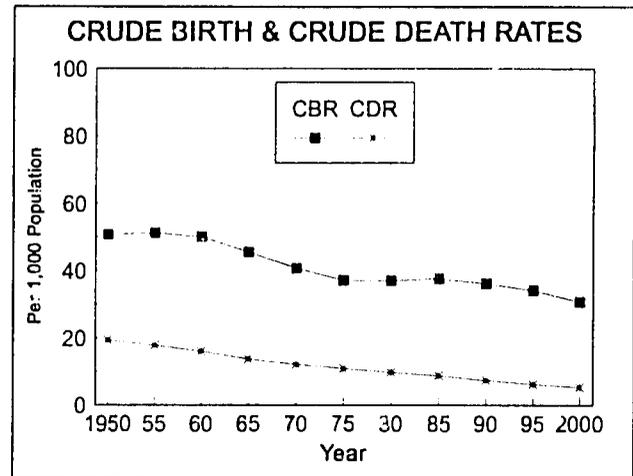
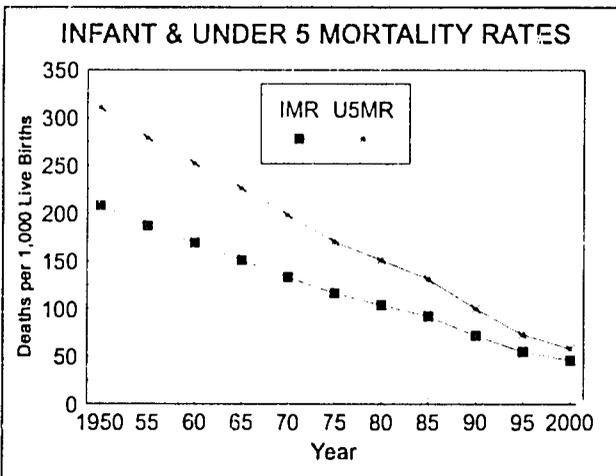
NA = Not available



## Trends in Selected Demographic and Health Indicators

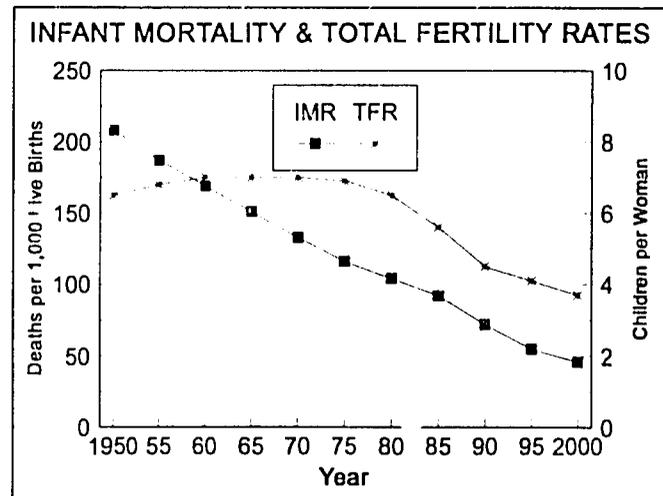
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INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	208	187	169	151	133	116	104	9	72	55	46	CALXX03
Under Five Mortality	311	279	252	226	198	170	151	131	100	73	58	CALXX03
Crude Birth Rate	51	51	50	46	41	37	37	36	36	34	31	UNP9200
Crude Death Rate	19	18	16	14	12	11	10	9	7	6	5	UNP9200
Avg. Annual Growth Rate	3	3	3	3	2	1	2	2	3	3	3	UNP9200
Total Fertility Rate	6.5	6.8	7	7	7	6.9	6.5	5.6	4.5	4.1	3.7	UNP9200



### IMR and TFR

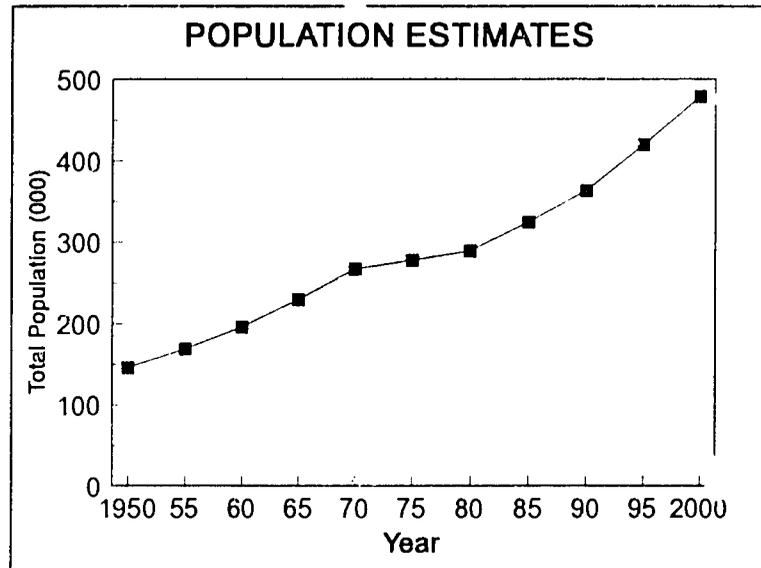
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.



## Population Estimates/Pyramid

JULY 1994

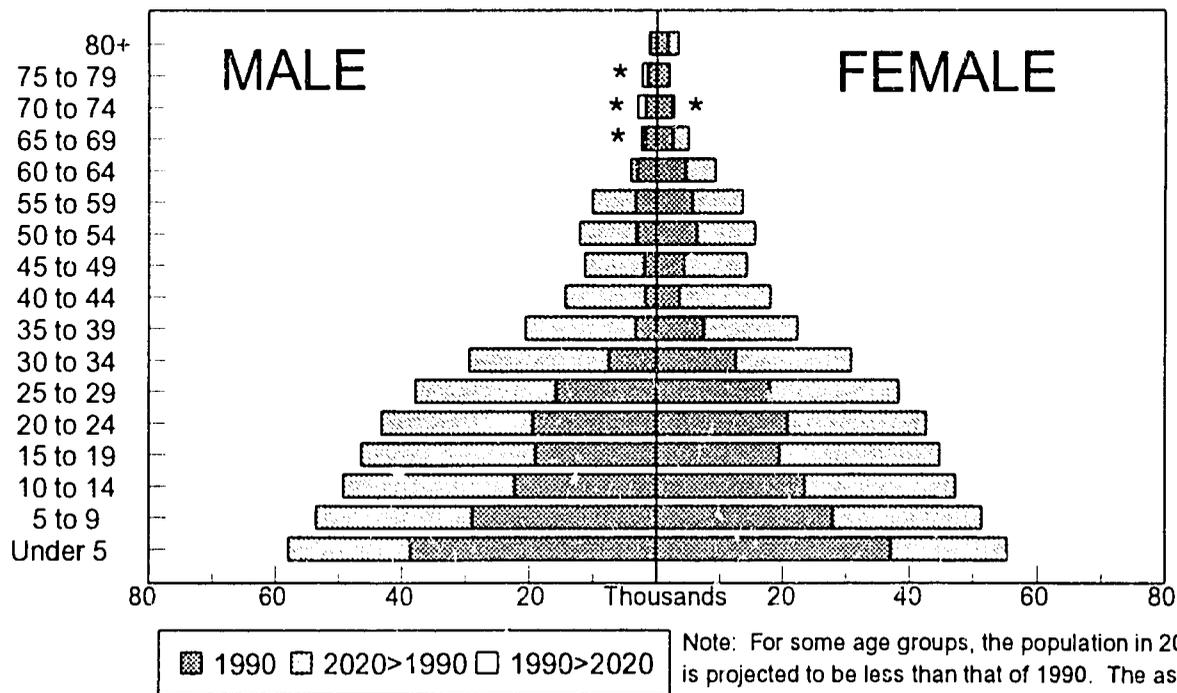
POPULATION ESTIMATES (000s)		
YEAR	VALUE	SOURCE
1950	146	UNP9200
1955	169	UNP9200
1960	196	UNP9200
1965	229	UNP9200
1970	267	UNP9200
1975	278	UNP9200
1980	289	UNP9200
1985	324	UNP9200
1990	363	UNP9200
1995	419	UNP9200
2000	479	UNP9200



## CURRENT & PROJECTED POPULATION

By Age & Gender: 1990 - 2020

Total Population 1990: 374,897 Total Population 2020: 812,463



Source: BUC9401

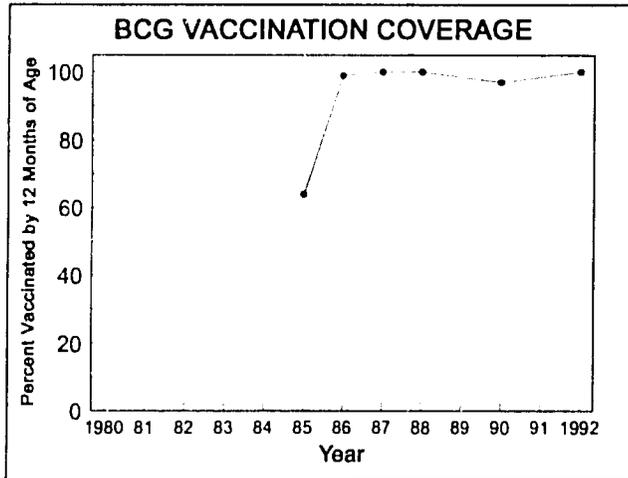
Note: For some age groups, the population in 2020 is projected to be less than that of 1990. The asterisk (\*) indicates these age groups as the projected change is too small to be clearly depicted on this graph.



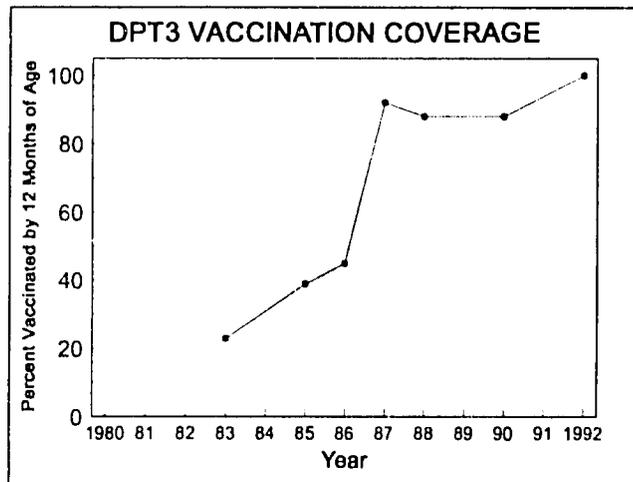
## Trends in Selected Health and Child Survival Indicators

### Vaccination Coverage Rates

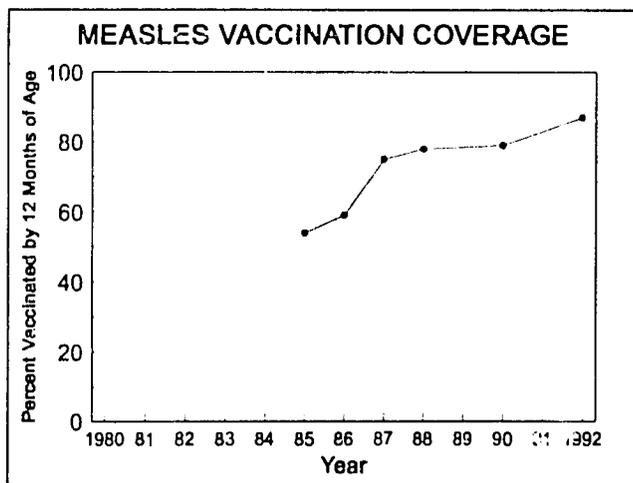
JULY 1994



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	NA	
1984	NA	
1985	64	WHE9001
1986	99	WHE8801
1987	100	WHE9001
1988	100	WHE9000
1989	NA	
1990	97	WHE9100
1991	NA	
1992	100	WHE9401

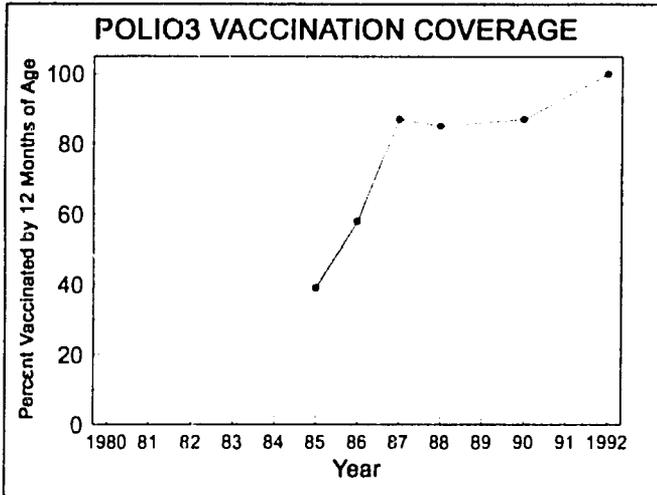


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	23	WHE8700
1984	NA	
1985	39	WHE9001
1986	45	WHE8900
1987	92	WHE9001
1988	88	WHE9000
1989	NA	
1990	88	WHE9100
1991	NA	
1992	100	WHE9401

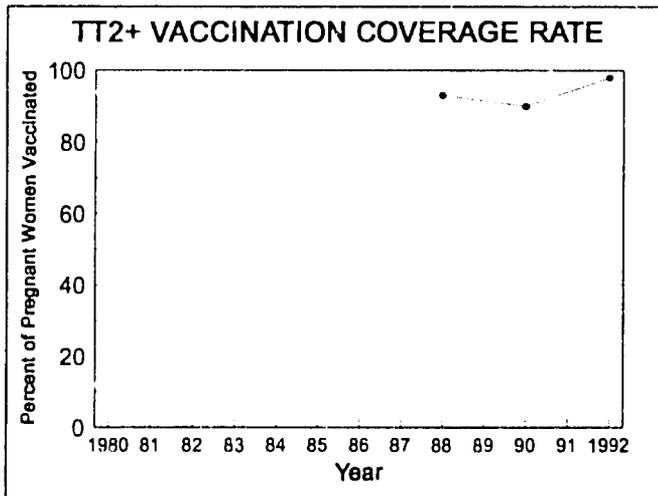


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	NA	
1984	NA	
1985	54	WHE9001
1986	59	WHE8801
1987	75	WHE9001
1988	78	WHE9000
1989	NA	
1990	79	WHE9100
1991	NA	
1992	87	WHE9401

Vaccination Coverage Rates, continued



POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	NA	
1984	NA	
1985	39	WHE9001
1986	58	WHE8801
1987	87	WHE9001
1988	85	WHE9000
1989	NA	
1990	87	WHE9100
1991	NA	
1992	100	WHE9401

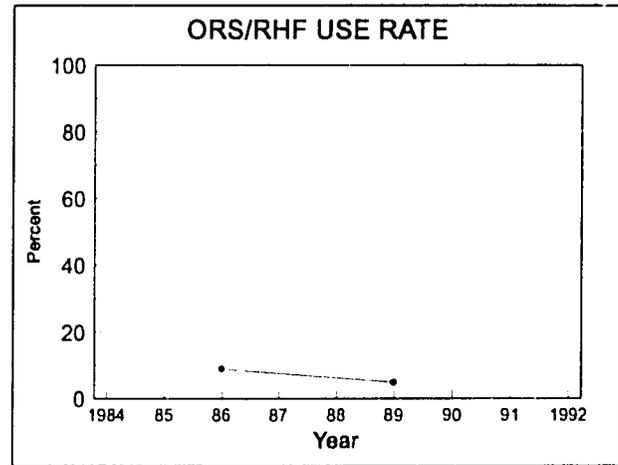
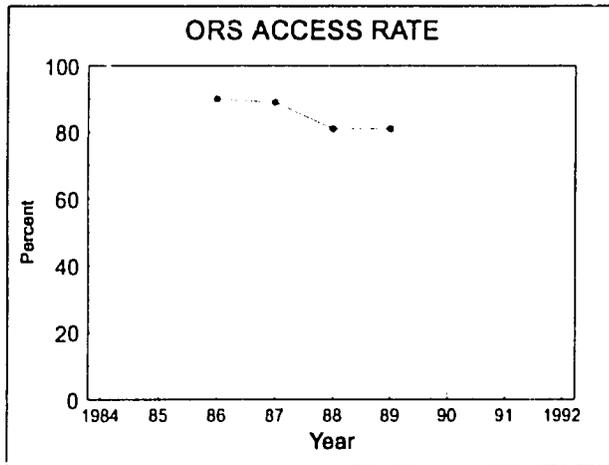


TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	NA	
1984	NA	
1985	NA	
1986	NA	
1987	NA	
1988	93	WHE9000
1989	NA	
1990	90	WHE9100
1991	NA	
1992	98	WHE9401



## ORS Access, ORS and/or RHF Use Rates

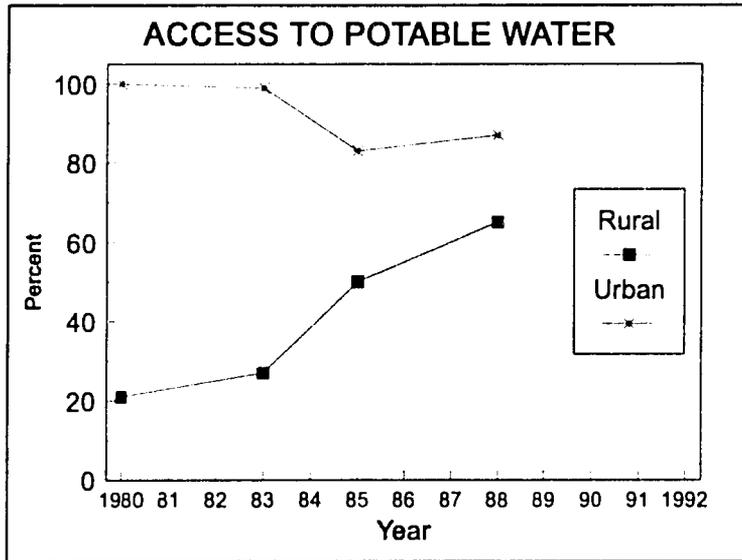
JULY 1994



INDICATOR	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
ORS Access	NA	NA	90	89	81	81	NA	NA	NA	NA
Source			WHD8800	WHD8900	WHD9000	WHD9100				
ORS/RHF Use	NA	NA	9	NA	NA	5	NA	NA	NA	NA
Source			WHD8800			WHD9100				

### Access to Potable Water

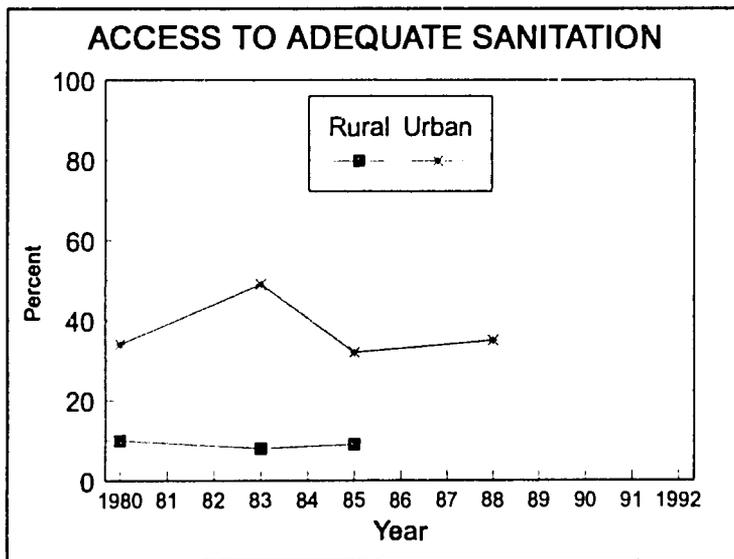
JULY 1994



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	21	WHO9101	100	WHO9101
1981	NA		NA	
1982	NA		NA	
1983	27	WHO9101	99	WHO9101
1984	NA		NA	
1985	50	WHO9101	83	WHO9101
1986	NA		NA	
1987	NA		NA	
1988	65	WHO9101	87	WHO9101
1989	NA		NA	
1990	NA		NA	
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	

### Access to Adequate Sanitation

JULY 1994

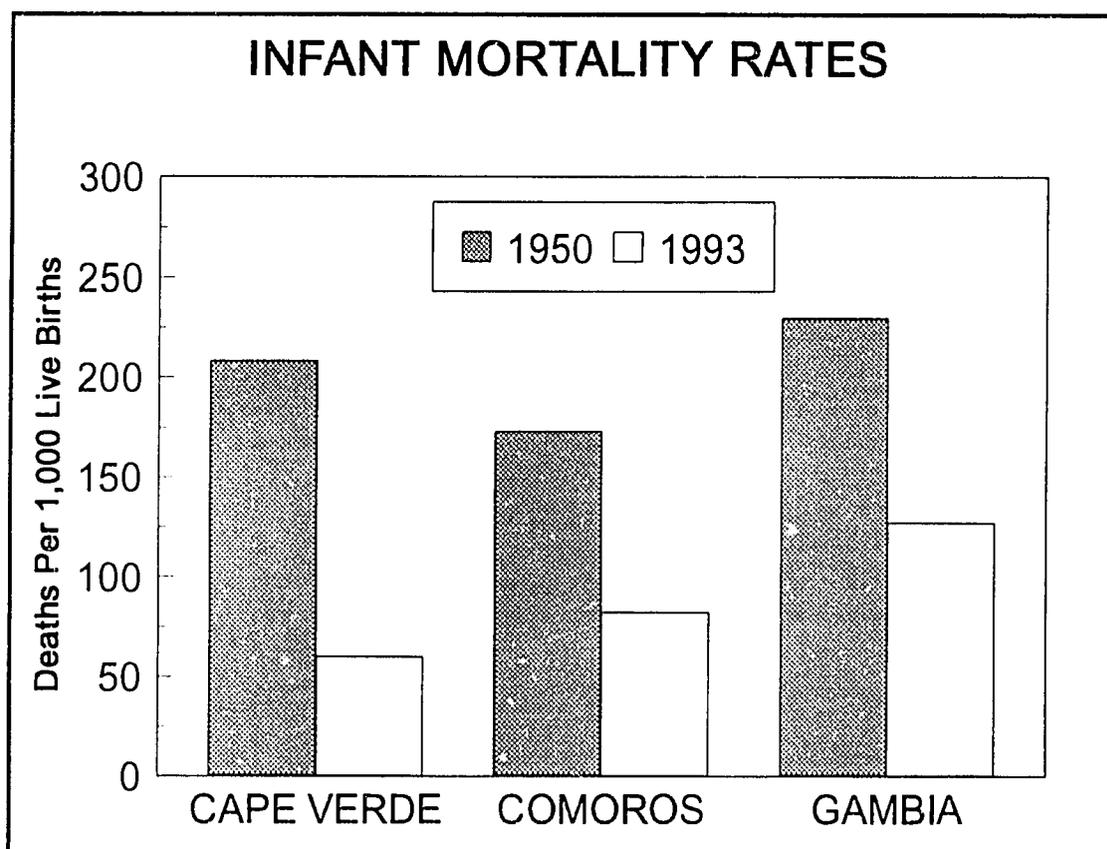


YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	10	WHO9101	34	WHO9101
1981	NA		NA	
1982	NA		NA	
1983	8	WHO9101	49	WHO9101
1984	NA		NA	
1985	9	WHO9101	32	WHO9101
1986	NA		NA	
1987	NA		NA	
1988	NA		35	WHO9101
1989	NA		NA	
1990	NA		NA	
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	

## COMPARATIVE INDICATORS

### Comparative IMR Rates

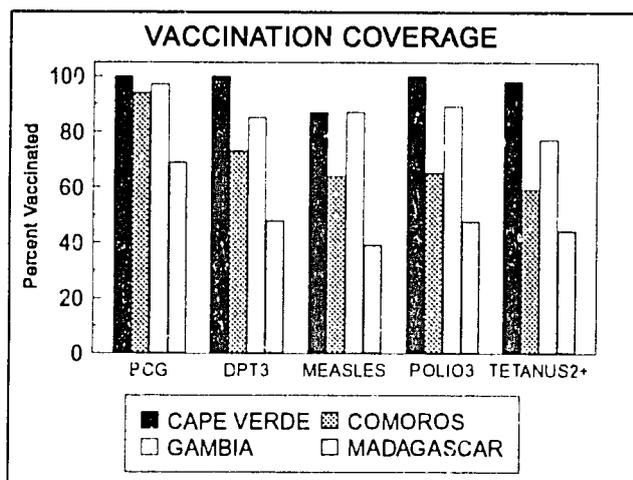
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COUNTRY	1950	SOURCE	1993	SOURCE
CAPE VERDE	208	CALXX03	60	CALXX03
COMOROS	173	BUC9302	82	BUC9302
GAMBIA	230	BUC9302	127	BUC9302

### Comparative Vaccination Coverage Rates

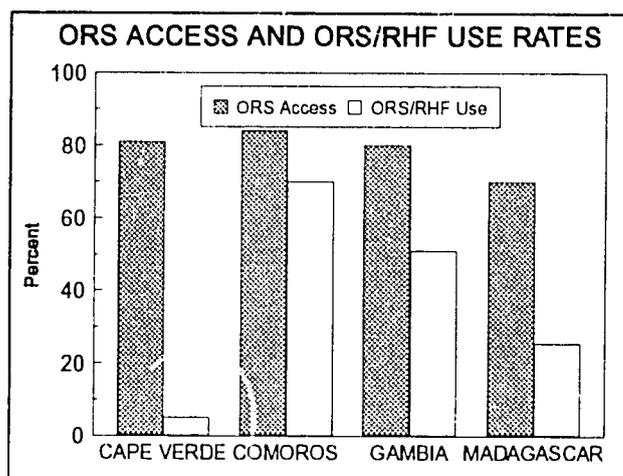
JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
CAPE VERDE	BCG	1992	100	WHE9401
	DPT 3	1992	100	WHE9401
	Measles	1992	87	WHE9401
	Polio 3	1992	100	WHE9401
	Tetanus 2	1992	98	WHE9401
COMOROS	BCG	1993	94	WHE9401
	DPT 3	1993	73	WHE9401
	Measles	1993	64	WHE9401
	Polio 3	1993	65	WHE9401
	Tetanus 2	1993	59	WHE9401
GAMBIA	BCG	1991	97	WHE9202
	DPT 3	1991	85	WHE9202
	Measles	1991	87	WHE9202
	Polio 3	1991	89	WHE9202
	Tetanus 2	1991	77	WHE9202
MADAGASCAR	BCG	1992	69	DHS9402
	DPT 3	1992	43	DHS9402
	Measles	1992	39	DHS9402
	Polio 3	1992	48	DHS9402
	Tetanus 2	1992	44	DHS9402

### Comparative ORS Access, ORS and/or RHF Use Rates

JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
CAPE VERDE	ORS Access Rate	1989	81	WHD9100
	ORT Use Rate	1989	5	WHD9100
COMOROS	ORS Access Rate	1991	84	WHD9300
	ORT Use Rate	1992	70	WHD9300
GAMBIA	ORS Access Rate	1993	80	WHD9401
	ORT Use Rate	1993	51	WHD9401
MADAGASCAR	ORS Access Rate	1993	70	WHD9401
	ORT Use Rate	1992	26	DHS9208



## II: DATA NOTES

JULY 1994

### *Notes On Mortality Estimation*

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World

Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

### *Definitions*

#### *Demographic Indicators*

**Total Population:** The mid-year estimate of the total number of individuals in a country.

**Average Annual Rate of Growth:** An estimate of the rate at which a population is increasing (or decreasing) in a given year.

**Infant Mortality Rate:** The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

**Under 5 Mortality Rate:** The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

**Maternal Mortality Ratio:** The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

**Crude Birth Rate:** An estimate of the number of live births per 1,000 population in a given year.

**Crude Death Rate:** An estimate of the number of deaths per 1,000 population in a given year.

**Life Expectancy At Birth:** An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

**Number of Births:** An estimate of the number of births occurring in a given year.

**Annual Infant Deaths:** An estimate of the number of deaths occurring to children under age one in a given year.

**Total Fertility Rate:** An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

### *Child Survival Indicators*

**Vaccination Coverage In Children:** An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday--threetimes in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

**Vaccination Coverage In Mothers:** An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has

had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

**DPT Drop-out Rate:** An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

**Oral Rehydration Salts (ORS) Access Rate:** An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

**ORS and/or Recommended Home Fluid (RHF) Use Rate:** An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

**Contraceptive Prevalence Rate:** An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

**Adequate Nutritional Status:** An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

**Appropriate Infant Feeding:** A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.



**Exclusive Breastfeeding:** An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

**Complementary Feeding:** An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

**Continued Breastfeeding:** An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

#### *Other Health Indicators*

**HIV-1 Seroprevalence, Urban:** An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

**HIV-1 Seroprevalence, Rural:** An estimate of the proportion of all persons living in rural areas infected with HIV-1.

**Access to Improved Water, Urban:** An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

**Access to Improved Water, Rural:** An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

**Access to Sanitation, Urban:** An estimate of the proportion of all persons living in urban areas with

sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

**Access to Sanitation, Rural:** An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

**Deliveries By Trained Attendants:** An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

**III: SOURCES**

JULY 1994

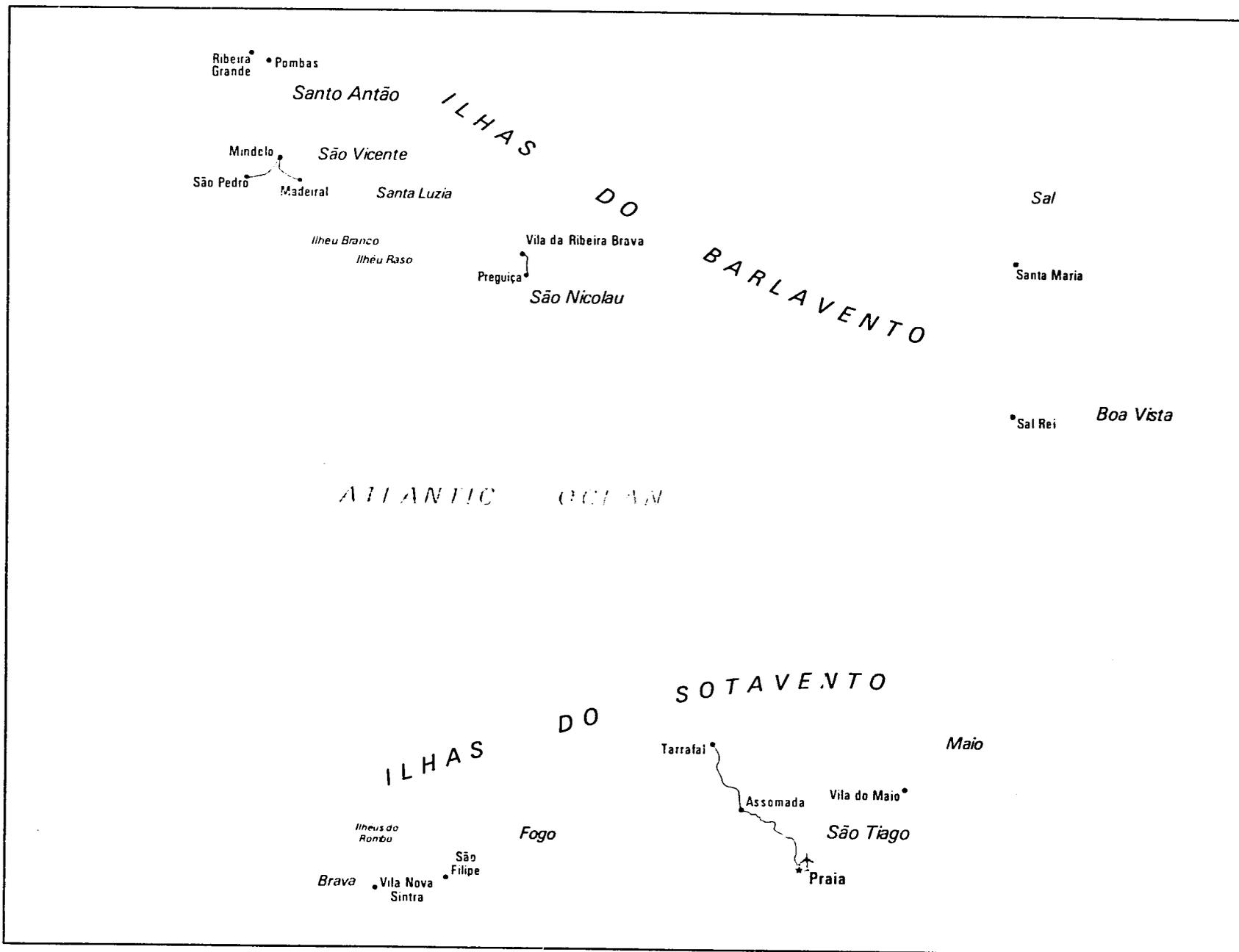
- BUC9103 Bureau of Census, Center for International Research, Recent HIV Seroprevalence Levels By Country, April, 1992
- BUC9300 United States Bureau of the Census, Facsimile from Peter Johnson dated 3/3/93. Data prepared following the meeting on mortality estimation, 2/25/93.
- BUC9302 Time series estimates of Infant Mortality generated by applying the ratio of the BUCEN estimate for 1992 to the World Population Prospects estimate for 1992 to the annual values dating back to 1950 as estimated in the World Population Prospects. Under 5 Mortality estimates are calculated by applying the appropriate Coale-Demeny model to the Infant Mortality estimates.
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
- CALXX01 Calculated from the values for total population, crude birth rate and infant mortality from designated sources for those variables.
- CALXX03 Time series estimates of Infant Mortality generated by applying the ratio of the DHS estimate for the most current 5 year period (or IMR from other current source) to the projected value from the World Population Prospects for the same year and applying that ratio to the projected time series in the WPP. Under 5 Mortality estimates are calculated by applying the appropriate Coale-Demeny model to the Infant Mortality time series.
- DHS9208 Enquete Nationale Demographique et Sanitaire Madagascar 1992  
Centre National de Recherches sur l'Environnement, Antananarivo, and  
Demographic and Health Surveys Macro International Inc. Columbia, MD March 1993  
(Preliminary Report).
- DHS9402 Centre Nationale de Recherches sur L'Environnement and Macro International Inc.  
Enquete Nationale Demographique et Sanitaire 1992. (DHS) Calverton, Maryland:  
Macro International Inc., February, 1994.
- UNP9200 Department of International Economic and Social Affairs, United Nations. World Population Prospects 1992. (ST/ESA/SER.A/120) New York: UN, 1992.
- WHA8902 Coovadia, H.M. et al. Physical growth of negro children in the Durban area. Tropical and Geographical Medicine, 30:3 373-381 (1978) as cited in WHO Anthropometry System, December 1989.
- WHD8800 World Health Organization. Programme for Control of Diarrhoeal Diseases: Sixth Programme Report 1986-1987. (WHO/CDD/88.28) Geneva: WHO, 1988.
- WHD8900 World Health Organization. Programme for Control of Diarrhoeal Diseases: Programme Report (WHO/CDD/89.3!) Geneva: WHO, 1989.
- WHD9000 World Health Organization, Programme for Control of Diarrhoeal Diseases facsimile, February 14, 1990.



### III: Sources

- WHD9100 World Health Organization. Programme for Control of Diarrhoeal Diseases: Interim Programme Report 1990. (WHO/CDD/91.36) Geneva: WHO, 1991.
- WHD9300 World Health Organization, Programme for Control of Diarrhoeal Diseases; provisional data for Annex 1 of the Ninth Programme Report. Received by personal communication, February 16, 1993.
- WHD9401 Advanced Copy of Annex 1 of the WHO/CDR Annual Report, Received by facsimile, March 29, 1994.
- WHE8700 World Health Organization. Expanded Programme on Immunization Information System Report, January 1987. Geneva: WHO, 1987.
- WHE8801 World Health Organization. Expanded Programme on Immunization Information System Report, July 1988. Geneva: WHO, 1988.
- WHE8900 World Health Organization. Expanded Programme on Immunization Information System Report, July 1989. (WHO/EPI/GEN/89.2) Geneva: WHO, 1989.
- WHE9000 World Health Organization. Expanded Programme on Immunization Information System Report, January 1990. (WHO/EPI/CEIS/90.1) Geneva: WHO, 1990.
- WHE9001 World Health Organization. Expanded Programme on Immunization Information System Report, July 1990. (WHO/EPI/CEIS/90.2) Geneva: WHO, 1990.
- WHE9100 World Health Organization. Expanded Programme on Immunization Information System Report, April 1991. (WHO/EPI/CEIS/91.1) Geneva: WHO, 1991.
- WHE9202 World Health Organization. Expanded Programme on Immunization Information System Report, October 1992. (WHO/EPI/CEIS/92.2) Geneva: WHO, 1992.
- WHE9401 Download of WHO/EPI vaccination coverage files from INTERNET, March 24, 1994.
- WHM9115 World Health Organization. World Health Statistics Annual - Vital Statistics and Causes of Death. Geneva: World Health Organization, various years as cited in Division of Family Health, World Health Organization. Maternal Mortality: A Global Factbook. (WHO/MCH/MSM/91.3) Geneva: World Health Organization, 1991.
- WHM9139 United Nations, Demographic Yearbook as cited in Division of Family Health, World Health Organization, Maternal Mortality: A Global Factbook. (WHO/MCH/MSM/91.3) Geneva: World Health Organization, 1991
- WHO9101 World Health Organization. World Health Organization Disk: Water Supply and Sanitation Service Coverage. Geneva: WHO, October 29, 1991.

# Cape Verde



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502706 9 77 (542089)  
 Lambert Conformal Projection  
 Standard parallels 8° and 32°  
 Scale 1:1,700,000

— Road  
 ✈ Airport