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Cape Verde

Economic Situation and Prospects

(In Three Volumes) Volume II: The Social Sectors

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CURRENCY EQUIVALENTS

(as of August 1, 1984)

Currency Unit	=	Cape Verdean Escudo (CV Esc.)
US\$1.00	=	CV Esc. 80
CV Esc. 1,000	=	US\$ 12.5

WEIGHTS AND MEASURES

1 meter (m)	=	3.28 feet (ft)
1 kilometer (km)	=	0.62 mile (mi)
1 square kilometer (km ²)	=	0.386 square mile (sq. mi.)
1 metric ton (m ton)	=	2,204 pounds (lb)
1 hectare (ha)	=	2.47 acres
1 cubic meter (m ³)	=	1.308 cubic yards

FISCAL YEAR

January 1 - December 31

LIST OF ACRONYMS

BADEA	- Arab Bank for Economic Development in Africa
BCV	- Bank of Cape Verde
CABNAVE	- Estaleiros Navais de Cabo Verde (Shipyard Company)
CNA	- National Handicraft Center
DGIE	- General Directorate of Industry and Energy
DGP	- General Directorate of Planning
ECOWAS	- Economic Community of West African States
ELECTRA	- Power Generation and Water Desalination Utility
EMEC	- State Construction Enterprise
EMPA	- Empresa Pública de Abastecimento (Commercial Network Company)
ENACOL	- National Enterprise for Fuels and Lubricants
ENAPOR	- National Ports Administration Agency
ENAVI	- National Agricultural Company
FAMA	- Pasta Factory
FAP	- Fomento Agro-Pecuário (Commercial Agricultural Goods Company)
GDP	- Gross Domestic Product
GNP	- Gross National Product
ICS	- Cape Verdean Solidarity Institute
IMF	- International Monetary Fund
INC	- National Cooperatives Institute
INIT	- National Technological Research Institute
INTERBASE	- Cape Verdean Enterprise for Fishing Infrastructure
MAC	- Public Construction Materials Enterprise
MHOP	- Ministry of Housing and Public Works
MOAVE	- Mill Company
MORABEZA	- Garment Factory
NDF	- National Development Fund
OECD	- Organization for Economic Cooperation and Development
OPEC	- Organization of Petroleum Exporting Countries
PAICV	- African Party for the Independence of Cape Verde
PAIGC	- African Party for the Independence of Guinea-Bissau & Cape Verde
SCAPA	- Company for Marketing and Support for Artisanal Fishing
SIDA	- Swedish International Development Authority
SOCAL	- Shoe Factory
TACV	- Cape Verde Airline Company
UNDP	- United Nations Development Programme
USAID	- United States Agency for International Development

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I. INTRODUCTION AND OVERVIEW

1. The Government of Cape Verde has assigned high priority to social development. National efforts in these regards, supplemented by sizable inputs of financial and technical assistance from the world community, already have had significant payoffs. These accomplishments are all the more commendable when considering the precariousness of the Cape Verdean economy. They underscore the commitment of the Cape Verdean authorities to the welfare of their people. The Mission was favorably impressed with what has been done and by the careful and realistic approach the Cape Verdeans have followed in improving some of the more pressing social needs of the country.

Health

2. Cape Verde's achievements since 1975 in the health area are noteworthy. In this brief period of time a basic health infrastructure has been created whose current coverage is nearly universal. The number of physical health facilities has grown at a phenomenal rate as has the stock of health personnel, although the country still depends highly on the services of expatriate physicians. Remaining shortages are gradually being reduced as additional physical facilities continue to be built and existing ones expanded and modernized, and as the training of health personnel, both domestically and internationally, proceeds. Results of all these efforts have been fast in coming. Notable increases in life expectancy and substantial declines in infant mortality have been recorded, and the incidence of many infectious diseases has declined, in some cases dramatically. Malnutrition, especially of young children, remains a considerable public health problem, but there are several programs in place to reduce its prevalence and its most serious consequences. Imaginative uses of foreign food assistance are at the center of the nutritional programs. Free distribution of food to particularly vulnerable groups, and work programs financed with the sale of foreign food aid have helped satisfy most basic alimentary needs of a majority of underprivileged Cape Verdeans.

Education

3. Educational accomplishments have been equally impressive, even more so when account is taken of the deplorable conditions inherited from the past. Illiteracy levels, while presently very high - about 70 % of the adult population - are certain to be reduced since school enrollment rates of children in basic primary education now exceed 80 %. Adult educational programs will also lead to reductions in illiteracy, although these programs have yet to reach their full potential. Enrollments at higher levels of education have increased substantially. At all levels of education, however, the problem of low educational productivity persists due to low quality of instruction, high enrollment attrition rates, and high repetition rates. Nevertheless, qualitative improvements in education are taking place as better facilities and better trained teachers become available. Through specialized training abroad the number of highly skilled Cape Verdeans is increasing rapidly, but there is some concern about a shortage of mid-level technicians. These deficits are being reduced, and will decline further in the future, as additional educational facilities come into line and as students on scholarship abroad are channeled into priority areas. Progress in this regard may be slowed down by continued high emigration rates among the more skilled, and by the failure of

many scholarship students abroad to return to Cape Verde once their studies are completed.

Demography

4. The demographic situation in Cape Verde is serious. The most recent statistical data show that natural increase rates are in the order of 2.3 % per year. At this rate of natural population increase, a doubling of the population will occur in the next 30-odd years. Population growth rates, however, are substantially lower because of sizeable emigration.

5. The Cape Verdean government is fully aware of the implications of such high natural increase rates and has expressed its intent of taking the necessary measures to reduce fertility levels. This objective will not be easy to accomplish given present socio-economic conditions and the normal cultural resistance encountered by fertility reduction programs. The Cape Verdean authorities are well aware of the difficulties associated with the population issue, perhaps the most crucial in Cape Verde's future development.

6. The essential infrastructure for an effective family planning program and for an equally effective contraceptive distribution network already exist - a national system of Maternal-Child Health/Family Planning units - and educational and other programs geared to increase the appeal of fertility control have either been initiated or are at different stages of preparation. In addition, there are strong indications that even more drastic measures - measures contemplated by few other developing countries - are under study to deal with the issue of unwanted pregnancies. This strong commitment on the part of the government to a well defined population policy - to be fully articulated in the next development plan - and an ongoing process of socio-economic change may result in significant fertility declines before the end of the century.

7. A serious constraint facing the family planning efforts is the lack of relevant information to guide programmatic actions. While foreign assistance is already substantial in family planning, there is considerable scope for more donor input, in particular as it applies to a comprehensive understanding of Cape Verde's demographic dynamics. This mission recommends that immediate consideration be given to fertility studies, including surveys, and to the improved collection and processing of family planning information. Sex and family planning education too are high priorities, as is increasing the availability of family planning supplies, especially to groups of women - such as young teenage girls - who up to now have had only limited access to them.

Employment

8. The employment situation is grim: over 50 % of the economically active population is either unemployed or underemployed. Temporary work programs, conducted under the auspices of the National Development Fund, currently account for approximately one-quarter of total employment. In the absence of these programs, primarily financed by the proceeds of the commercial domestic retailing of foreign food aid, the situation would be far worse. High rates of population growth in the past will aggravate further the employment situation in years to come: in light of the existing age structure employment pressures will persist well into the Twenty-First century. While precarious

throughout the country, the lack of employment opportunities in some of the islands, and in most rural areas, is much worse. The current drought is partially responsible for this, as the rural population encounters increasing difficulties in pursuing traditional subsistence agricultural activities. One indication of these difficulties is the rapid population growth experienced by the country's principal cities, Praia and Mindelo, as the rural exodus intensifies. Unless more determined efforts are made to correct regional imbalances - and this may prove to be very difficult as long as the drought continues - someday Cape Verde will have to come to terms with the problems associated with disproportionate and unbalanced urban growth.

Emigration

9. Emigration and the remittances forwarded by emigrants abroad are of crucial significance to Cape Verde. Emigration helps reduce unemployment pressures, lowers population growth rates, and remittances account for about 40 % of Gross Domestic Product. In the absence of these remittances the external dependency of Cape Verde on foreign financial assistance would be even greater, and living conditions for a substantial proportion of the population far worse.

10. Future levels of emigration are highly unpredictable. Many countries that have welcomed Cape Verdean immigrants in the past seem to be committed to reduce immigration levels from all source countries. However, the ongoing international economic recovery may again set in motion high levels of international labor transfers from which Cape Verde may benefit. In any case, the future course of emigration is unpredictable and largely beyond the control of Cape Verde.

Population Projections

11. The population projections included in this report show that the target population size favored by the Cape Verdean Government by the year 2000 is attainable if relatively rapid fertility declines occur and as long as emigration continues up to the end of the century. High levels of emigration alone can manage to hold population size by the year 2000 at desired levels. A big unknown is whether or not past high levels of emigration can be sustained. Vigorous efforts will be required to bring about gradual to rapid fertility declines and to ensure that future emigration outlets are available.

II. HEALTH

12. One of the foremost priorities of the Cape Verde Government since independence has been to improve the health standards of the country. The achievement of this goal has been hindered by a deficient health infrastructure, the dispersion of the population in nine inhabited islands, a poorly developed transportation system, and a scarcity of trained personnel.

13. Despite these problems, the country -- by West African standards -- is doing well. By 1980 life expectancy at birth was estimated to have reached 58.8 years and infant mortality rate had declined from 128 in 1971 to 60 in 1980. (Some work done at the World Bank before the computation of population projections suggests that infant mortality may be somewhat higher, between 80

and 90 infant deaths per thousand live births in 1980). In 1982 there were 6,120 inhabitants per physician and one nurse for every 1670 inhabitants, ratios well above what countries at similar levels of per capita income have generally reached. Of the 51 physicians in the country over half are nationals. The Ministry of Public Health employs 39 physicians of which 35 are general practitioners. Expatriate physicians and some nationals provide more specialized medical services. Current projections assume that by 1990 the physician needs of the country will be covered with nationals presently studying medicine abroad. Nurses and other lower level health specialists are being trained domestically at generally satisfactory rates. Efforts are being made to provide a minimum of training to traditional midwives -- so as to incorporate them into the modern health sector -- although it is eventually planned to completely phase them out. At present (1984) there is at least a resident physician in all but two islands, and the basic health infrastructural network has been extended to most of the country. Returning national medical graduates should soon take residence in the islands not currently served. In 1980 there were 596 hospital beds in the country, or 2 per 1,000 inhabitants, 202 less than the minimum internationally recommended standard for a population of this size. Despite these significant advances, many deficiencies remain.

14. Among the principal health problems facing Cape Verde are those related to post-neonatal mortality and morbidity and the relatively high prevalence of infectious disease. These problems are largely derived from the scarcity and quality of water in the country, poor environmental sanitation, malnutrition, and an inadequate health infrastructure. The latter is manifested through quantitative and qualitative deficits in personnel and physical facilities, a weak but improving system of health statistics and administration, and insufficient sectoral planning. Efforts are underway to considerably strengthen the scope and quality of health statistics, to improve planning and to train additional health personnel.

Causes of death and morbidity

15. Examination of the existing statistics on causes of death indicates that the distribution of principal causes of mortality for all age groups, while approximating those found in developed countries (heart disease, malignant and benign tumors, accidents), also encompass some of those more prevalent in countries with poor health standards, such as diarrheal diseases and protein-calorie malnutrition. Among children under one year of age the principal causes of death are diarrhea, congenital causes, malnutrition and several infectious diseases that today can be easily controlled with modern public health and medical means. This mixed profile of cause-specific mortality is suggestive of the successes achieved in public health within a rather difficult natural and socio-economic environment.

16. An indication of these difficulties was provided by an epidemic outbreak of measles in 1982. This outbreak afflicted over 1000 children and produced nearly 120 deaths. There is evidence that many of the children suffering and dying from measles had been vaccinated against the disease; it is believed that they contracted measles since some of the dosages were spoiled because of poor storage and refrigeration. An outbreak of malaria in 1982 has been blamed on the lax enforcement of the larvicidal campaign at a time when the country had already reached the containment phase of the anti-malarial

efforts. The origin of the outbreak was traced to some imported cases of the disease. This is a constant problem in Cape Verde; in the first half of 1983, 3 imported cases of malaria were identified -- 2 from Guinea-Bissau and one from Angola. Aircraft arriving from African countries with high malaria prevalence are routinely disinfected, but the probabilities for the reintroduction of the malaria parasites remain high. Cases of neo-natal tetanus mortality are still reported and efforts are underway to eliminate this cause of infant mortality through the universal vaccination of expectant mothers. Lepra has a high prevalence, primarily in the Sotavento islands, particularly in Fogo. Thirty-two cases are hospitalized in the Fogo leprosorium and about 600 cases are receiving ambulatory care. The means are currently available to bring these diseases under control. As the full effects of preventive measures take hold, their incidence should decline further.

Malnutrition

17. The high levels of mortality associated with the 1982 measles epidemic are indicative of the malnutrition problem in Cape Verde since the lethality of this disease is greatest in poorly nourished populations. However, nutritional standards at the present time are considerably better in Cape Verde than in other African countries with similar per capita income levels. According to recent statistics and preliminary findings from a malnutrition survey conducted in 1983, about 20 % of the children suffer from some degree of malnutrition. Severe malnutrition affects about five % of the children, although significant variations are observed from island to island. Of all cases of malnutrition diagnosed in the Maternal-Child Health/Family Planning units in 1982, 2.3 % were suffering from kwashiorkor, 13.4 % from marasmus, and the remainder from more moderate forms of malnutrition. Free food distribution programs are targeted to the most vulnerable population groups - children, expectant mothers, households headed by women, the elderly - and plans are underway to produce enriched food supplements in the MOAVE flour facility in São Vicente. Diagnosed cases of malnutrition are supposed to be monitored and, when necessary hospitalized. Nutrition education campaigns are underway. Despite these efforts, deaths from protein-calorie malnutrition are frequent (in 1980, 65 deaths from malnutrition were reported, 24 of them among children under age one). Thanks to the high levels of foreign food assistance (over 90 % of the grain consumed in Cape Verde comes from abroad) the malnutrition problem is not much more severe. Cape Verde has historically been subjected to periodic famines. During the most recent period of famines, the 1940s, tens of thousands of people died of malnutrition.

Health Physical infrastructure

18. Health policies and activities place increasing emphasis on disease prevention although significant investments are being made towards the development of the necessary facilities to satisfy the curative needs of the population. These include the modernization and enlargement of the central hospitals in Praia (Santiago) and Mindelo (São Vicente) and of the regional hospitals at Ribeira Grade (Santo Antao) and São Felipe (Fogo). Plans are also underway for the construction of a new regional hospital on the island of Sal. This hospital will serve the needs of the population of the islands of Sal and Boa Vista. In addition, the Sal regional hospital will satisfy the requirements of the international airport Amilcar Cabral in its transit/tourism functions.

19. The Health Ministry anticipates that between 1982 and 1985 the number of Basic Sanitary Units will increase from 31 to 44 and the number of Sanitary Posts will remain at 32. Two additional Health Centers are planned for Santo Antao, bringing the national total to four (with the construction of the Sal regional hospital, the Espargas Health Center will be phased out). The Basic Sanitary units and the Sanitary Posts are the primary health care units for the rural and dispersed population. Together with the Maternal-Child Health/-Family Planning (MCH/FP) Units, they constitute the backbone of the country's preventive medicine system.

20. In 1982 there were operating in the country eleven MCH/FP units, two each in Santo Antao and Santiago, and one in every other island. The MCH/FP system, first established in São Vicente and, since its inception, with financial and technical support from the Swedish foundation Radda Barnen, is at the core of the Primary Health Program. The system consists of permanent posts and mobile units that travel regularly over the areas under their supervision (generally once a month). The MCH/FP units monitor maternal and child health, including nutritional status and weight control, provide immunization services, sanitation and nutritional education, and are responsible for sex education and the provision of contraceptive supplies and services.

III. HOUSING AND SANITARY FACILITIES

21. It is estimated that 47 % of the housing stock in Cape Verde (26,416 out of a total of 52,206 dwellings) fails to meet the minimum requirements of habitability. While the quantitative housing deficit is relatively small - 1,347 units - overcrowding is common. A fair amount of new housing is being built under private initiative - primarily financed by emigrants' remittances. Most government housing efforts, concentrated in and around Praia - the country's capital - are geared to the construction of housing for public servants, many of them returning Cape Verdeans who had been pursuing studies abroad. The rapid growth of Praia since independence largely accounts for the disproportionate housing deficit there.

22. Some of the principal bottlenecks in the housing sector are associated with poorly developed financial instruments, a shortage of construction materials, low productivity in the sector, use of inappropriate technologies, and lack of proper planning. A further aggravating condition is the considerable resources allocated to development projects which draw scarce materials and personnel from the housing sector; shortages of skilled workers and a dearth of construction materials are known to exist.

23. Several projects and studies currently underway seek to rationalize urban land use through urban planning, including zoning regulations. One proposal is under consideration to initiate a housing financing scheme with the cooperation of the Banco de Cabo Verde, by which loans will be provided to qualified applicants. Repayment conditions for these loans and the interest rates at which they will be provided are under study. A Housing Development Institute will be organized to assist the construction sector. Also under consideration is a "self-construction" support program for urban and rural areas; this program will provide subsidized construction materials.

24. The vast majority of the population of Cape Verde lacks adequate access to potable water and sewage services. Piped water and public sewage are limited to the cities of Praia and Mindelo. Only 8.4 % of the urban population of the country receives piped water while 4 % is connected to public sewage. But even the supply of water to the urban population served by pipes is erratic, with interruptions in services occurring frequently or water supplied for only a few hours a day. An additional 28 % of the urban population has reasonable access to public water taps; only 13.5 % of the rural population has satisfactory access to potable water. The %ages of urban and rural population with access to septic tanks, letrines and other such sanitary facilities are low: 8.4 and 6.0 %, respectively.

25. These highly unsatisfactory conditions represent what is perhaps the most serious public health problem in the country, and are closely associated with the high prevalence of diarrheal and other infectious diseases. Several projects are planned during the 1980-90 period - the International Water and Sanitation Decade - to substantially improve the rural and urban coverage of the water and waste disposal facilities. A number of feasibility studies financed with international assistance are underway but it can be anticipated that the severe water shortage associated with the prolonged drought will make the achievement of the desired objectives even more difficult than under more normal conditions. Unavailability and high costs of potable water in public health, as in many other sectors of the Cape Verdean economy, are severe constraints in the country's development efforts. Some of the negative implications of water shortages are discussed in more detail elsewhere in the Mission's report.

IV. EDUCATION

26. It is estimated that in 1982 about 70 % of the population of Cape Verde was illiterate: twenty % of males and 40 % of females over 15 years of age in urban areas, and between 60 and 80 % of rural household heads could not read and write. Because of these high levels of illiteracy, the Cape Verdean educational authorities have assigned a high priority to raising basic educational standards. Considerable efforts have been undertaken to expand the national school system, including new teacher training, and programs of adult literacy have been established. School overcrowding and low levels of instruction continue to plague these efforts, although significant improvements have been achieved. Educational improvements have also been evident at higher levels of education despite a lack of proper physical facilities and trained staff. The national school system continues to suffer from low productivity, with low retention and high repetition rates.

Organization of the national education system

27. The national education system is organized in various tiers. There is a semi-autonomous kindergarten network, administered by the Instituto Cabo-verdeano de Solidariedade and the national Red Cross intended to serve the pre-primary needs of children ages 4 to 6. Elementary education is organized into two cycles: four years of basic elementary education for 7 to 10 year old children, and two years of complementary elementary education for children 11 to 12. Secondary education can follow several tracks. One is the lyceums, or high schools, with five years of formal training and also divided into two cycles, three years of general training and two of complementary training.

28. Facilities for technical and commercial studies are available. Training in technical and commercial fields generally last from two to three years and is given in several areas including mechanics, electricity, civil construction, administration and commerce, home economics and rural extension services. There are also teacher training schools in Praia, Mindelo and Santa Catarina requiring for admission completion of the first cycle of secondary education. Training in the teaching schools last for a two-year period. More specialized training is available at the Maritime Training Center at Mindelo, currently undergoing expansion with World Bank support. Study courses actually provided or planned at this center last from one to three years and include coastal navigation officer/fishing skipper, coastal/fishing vessel engineer officer, able seaman, mechanic, radio maintenance technician and port administrator. Admission requirements vary in accordance with the field of study being pursued. Professional education is also available at the Center for Administrative Training and Promotion since 1978. With courses lasting two years and divided into three cycles this center offers training in general administration, economics, finance and labor administration.

29. The Ministry of Health and Social Affairs conducts on an irregular basis - as needs are identified and resources become available - training courses for nurses, laboratory technicians, and social workers. Length of training varies from field to field. At present there is no university in Cape Verde, and no plans to establish one. All Cape Verdeans pursuing university studies do so abroad.

School enrollments, facilities and quality of education

30. The expansion in the coverage of Cape Verde's educational system, already described in the 1980 World Bank Mission to Cape Verde report, has continued into the 1980's. In the 1982/83 school year, enrollments in basic elementary education reached 47,000 children almost equally divided between boys and girls. This represents a decline in relation to the mid-1970's, when there was a spur in enrollments. Higher enrollments at that time can be attributed in part to demographic factors (larger cohorts of elementary education age children), and partly to overambitious attempts to enroll as many children in school as possible following independence. The students were distributed in 436 schools with a total of 761 classrooms and 1447 teachers. Of the total number of classrooms, 63 % were expressly built or adapted for educational purposes. These facilities are owned by the Ministry of Education and Culture and are considered to be generally adequate. The remaining classrooms were rented or borrowed quarters, most of which fail to meet desirable standards. The current distribution represents a considerable improvement over the 1978/79 school year when over half of the classrooms did not meet minimum standards. In complementary elementary education in 1979/80 there were 15 schools with a total of 108 classrooms. Enrollments at this level more than doubled between 1973-74 and 1982-83.

31. According to data provided in the First National Development Plan, 80 % of basic elementary education school children (ages 7 to 10) were enrolled in school. Only 12 % of children in ages 11 to 12, however, were attending the second cycle of elementary education. It is estimated, however, than less than 50 % of children enrolled in basic and complementary primary education complete the respective cycle. Government plans call for increasing basic elementary educational enrollments to 100 % and of complementay elementary

education to 30 % by 1985. Although these objectives are commendable, it would seem more desirable to allocate greater efforts towards reducing the prevailing high attrition rates if overall educational standards are to be raised and the productivity of primary education increased. In all likelihood most children attending primary school for only a limited time are functionally illiterate.

32. Overcrowding in elementary schools, although declining, continues to be a problem. The number of students per classroom has dropped from 78 to 71 between 1978/79 and 1982/83 and the number of students per teacher from 39 to 32. In 1982/83, 307 teachers, or some 21 % of basic elementary education teachers, were instructing three groups of students a day. This represents an improvement from 1975/76 when 400 teachers were using the three shifts a day system. In the schools where three shifts are used, some of the children (usually in the first two grades) spend on the average only 2.5 hours in class a day. The goal of educational authorities is to raise the average minimum number of class hours to 4.5. Considerable amounts of foreign financial assistance have had a substantial role in promoting these improvements. USAID and other donors, for example, have helped finance the construction of over 100 schools.

33. Some improvements have also been registered in quality of instruction but standards are still very low. In 1981/82 only 9.8 % of primary school instructors had received standard teacher training, 80 % had obtained some pedagogical training after completing the two basic cycles of elementary education, and the remainder were classified as "monitors". Monitors are specially trained paraprofessionals who follow two months of teaching instruction but who have only completed the first four years of elementary education. A teachers training center at Santa Catarina with a capacity of 300 students was slated to begin its activities in 1982. This school will help increase substantially the number of trained Cape Verdean teachers. Special courses and training opportunities are being offered to upgrade teacher's qualifications.

34. The network of kindergarten facilities is estimated to be serving only 10 to 15 % of the children 5 to 6 years of age. Some preliminary evaluations of the school performance of children who have gone through the kindergarten system when reaching elementary levels are very positive, since these children do better than children who did not receive pre-elementary instruction. Reportedly, the current number of kindergarten applicants exceeds the number of available positions by a two to one margin. Despite this high demand, however, only a very gradual expansion of the kindergarten network is anticipated given the higher priority assigned by the government to other educational areas, competition for scarce resources, and high operating and construction costs of kindergarten facilities.

35. There are two high schools in Cape Verde, one located in Praia and one in Mindelo, plus an extension facility in the island of Sal. In total, the high schools have 51 classrooms and 132 teachers. Overcrowding is particularly acute in the Praia high school since the facility is also being used to train secondary school teachers. The total number of students enrolled in high school in 1983 approximates 3200. At the Escola Industrial e Comercial de Mindelo, established in 1956, there are some 500 day students (length of studies is three years) and an additional 200 evening students (for four years, on the average). The dropout rate at this school is about 30 %. When

admitted day students must be 17 years of age or younger. The school has about 40 teachers, some on a part-time basis. Belgium recently provided a 1.2 million US dollars grant to upgrade the workshops and curriculum of the school. The school provides 28 scholarships for needy students - mainly from Santiago, the most populated island - but has no boarding accommodations.

36. The government is giving serious consideration to opening a second technical school at Praia. The proposed school would satisfy an important national need, since students from the Leeward islands find it very difficult to attend the Mindelo school. There is high demand for the Mindelo graduates. The nearly completed Mindelo shipyard, for example, has recruited or is in the process of recruiting 100 of the school graduates and is providing them with additional training. More recently, since July 1982, the Centro de Formação Profissional e Artesanal e Promoção Rural de São Jorge, just outside of Praia, has begun to train artisans. This center, run by the Instituto Cabo Verdiano de Solidaridade, trains students in various trades (carpentry, electricity, rural extension, automobile mechanics). The current capacity of the center is for 100 boarders, but its capacity will be increased to 300 resident students. Students are selected on the basis of need and through national competitions. The Center receives financing from several NGO's and from FAO (through the Ministry of Agriculture) for the training of agricultural extension agents.

37. The Ministry of Education and Culture estimates that in 1982/83 approximately 1000 Cape Verdeans were pursuing university and technical studies abroad. Of these some 100 were pursuing medical studies. Students from Cape Verde can be found in countries all over the world. In 1980 the corresponding figure was 688 - 85 % of which enrolled in advanced studies. One alarming trend is that the ratio of students in professional fields greatly outnumbers the number of students in para-professional and mid-level studies. The government is making efforts to correct this imbalance by assigning a larger number of scholarships in priority areas more in accord with the nation's needs. Some concern has been expressed by the authorities about the relatively large number of scholarship students failing to return to Cape Verde.

Adult Literacy

38. In the area of literacy training for adults the government has set what appears to be an unrealistic goal of eradicating illiteracy by the year 1990. In 1982, 148 cultural centers for literacy instruction were functioning. They were serving a student population of 2147 students, with 120 literacy trainers, including 40 volunteers and other officers from the Ministry of Education and Culture. The number of cultural centers, students and teachers in 1982 represents a significant increase over 1980 when only 88 such circles were available, with 1253 students and 80 teachers. Within the Ministry, a Department of Educação Extra-Escolar was created to administer the adult literacy program. The National Commission on Literacy, established at the same time, is composed of representatives from the various ministries and political organizations dealing directly with socio-economic development issues. The literacy program is facing many difficulties: it appears highly unlikely that the 1990 goal of eliminating illiteracy will be reached. Some of these difficulties are related to shortages of financial, physical, and human resources and to the fact that instruction is provided in Portuguese,

being Creolo the vernacular of the country. The high dropout rates among school age children are also indicative of the poor prospects for the elimination of illiteracy by 1990.

Educational Prospects

39. In this Mission's opinion, the government of Cape Verde merits high marks for its commitment to education. The quality of the country's principal resource - its people - is gradually been improved through the efforts of Cape Verdeans and the generous assistance of the international donor community. The progress made is evident in enrollment growth and also in the composition of the school population. While in 1973/74, 91.5 % of all students were in basic elementary education, 5 % in complementary elementary education, and .5 in technical/professional education, by 1980/81. 83.2 % of the students were enrolled in basic elementary education, 11.5 % in complementary elementary education, 3.8 % in high school, and 1.2 % in technical professional education.

40. The National Development Plan realistically identifies the short term needs of the country and takes into account the major limitations hindering national educational goals. Cape Verde seems to be well underway in reducing a severe shortage of qualified teaching personnel and in improving the physical educational infrastructure. Illiteracy will remain a serious concern well into the future, although its overall prevalence will decline as better educated cohorts of young children reach adulthood and the adult literacy programs expand. It is evident, nevertheless, that educational progress is hampered by the low productivity of the national schools and by low quality of instruction. It will be many years before the corrective actions currently planned will improve this situation, although there is hope for the future as the educational physical plant is improved and better trained staff is educated. Improvements in socio-economic conditions would also assist as the intrinsic value of education is internalized by Cape Verde's population. Continued high rates of population growth are a problem since the number of school age children will continue to rise.

41. Given the large number of Cape Verdeans pursuing studies abroad it is to be expected that some of the bottlenecks associated with shortages of highly skilled personnel will ease in the future, although the loss of students trained abroad may retard progress in this area. The concern expressed by the government about increasing the available pool of mid-level technical personnel, through training abroad and in the country, is shared by the Mission. The Mission reinforces the government's perception that vocational and technical education is an unmet need, and thus strongly recommends that measures be taken to expand the national technical school system. The establishment of the technical school at Praia should be a top priority.

V. DEMOGRAPHIC SITUATION

42. It is generally believed that at the time of discovery, in the mid-fifteenth century, the Cape Verdean archipelago was uninhabited. The islands were initially populated by the Portuguese and by African slaves forcibly brought into the colony. The present ethnic composition of the population, as well as the country's culture, reflects the intermingling of these two population stocks over the centuries. Since it was settled Cape Verde's demographic

history has been characterized by marked fluctuations in population growth rates. In three decades since 1878, negative population growth rates were actually recorded. These periods of population decline were associated with famines produced by recurrent droughts, the latest during the 1940's. This famine alone led to the death of some 30,000 persons. Heavy emigration from the archipelago, of varying intensity from period to period, is also associated with the decadal fluctuations in population growth rates. It can be estimated, although with some uncertainty, that during this century alone over 120,000 persons permanently emigrated.

43. As a result of this emigration, changes in mortality, and occasional fertility swings the size of the Cape Verdean population has increased at an erratic pace. Between 1878 and 1950 - a 70-odd year period - the size of the population increased by 50 %, from 99,000 to 150,000 people. Between 1900 and 1930, however, the absolute size of the population hardly changed, although in the interval there were notable changes in population size. After 1950, as in most other developing countries, the rate of population increase accelerated because of declining mortality and, in the case of Cape Verde, rising fertility following the 1940's famine. Between 1950 and 1970 the population grew at an approximate rate of three % per year, the growth rate declining between 1970 and 1980. Population size almost doubled between 1950 and 1980. This doubling of the population occurred despite the fact that between 1970 and 1980 the growth rate declined to less than .9 % per year, largely because of emigration. The decadal average growth rate mask significant fluctuations in annual population growth rates resulting from age structure changes associated with varying levels of emigration, fertility, and mortality (discussed in some detail elsewhere in this report), and with emigration itself.

44. Rates of natural population increase have declined since the 1950's when they exceeded 30 per thousand. Natural growth rates reached their lowest levels in recent years during the first half of the 1970's decade when they hovered around 20 per thousand. The rate of natural increase has apparently been on the rise since 1976; by 1979 and 1980 it seemed as if the historically high levels of the 1950's were about to be reached again. Marked swings in the birth rate and a constant trend of declining mortality are associated with these trends. Note, however, that the population growth rate as opposed to the rate of natural increase was below one (0.83 per year) during the 1970-80 decade. In the absence of emigration the population of Cape Verde would have increased much faster. One reason partially accounting for the erratic course of the birth rate may very well be a statistical artifact resulting from a changing and uneven completeness of birth registration. Until careful studies are conducted, deficiencies in vital registration should not be ruled out as possible culprits behind the rather uncharacteristic birth rate fluctuations. However, it appears not to be accidental that the late 1970's birth rate increase coincided with reportedly higher than ordinary levels of return migration, and the arrival at reproductive ages of the larger birth cohorts born since the early 1950's. These changes in the birth rate reflect short-term compositional age-structure effects, and thus are not necessarily the result of fluctuations in age-specific fertility among women in reproductive unions with spouse present.

Age structure and dependency ratios

45. The distinctive demographic history of Cape Verde is reflected in the

1980 census age-sex population pyramid. The base of the pyramid is very wide, an indication of the high fertility levels prevailing since the 1950's, and the rapid infant mortality decline recorded in recent years. The indentation at ages 30 to 39 denotes the impact of the high mortality and lower fertility associated with the 1940's famine, and that between ages 5 and 9 the temporary birth rate decline during the first half of the 1970's. Particularly noticeable in the population pyramid is the deficit of males in relation to females, more marked between ages 20 and 55 because of the emigration of working age men. Age-heaping, because of faulty age reporting, can also be observed. Age-heaping appears to be less severe than in other African countries because of the pervasive influence of Portuguese culture, and hence of the importance attached to age in Western countries.

46. The considerable fluctuations in mortality and emigration - and to a lesser degree, of fertility - have had a substantial effect in the dependency ratios recorded in the Cape Verdean censuses since 1950. According to the 1950 census there were 62 dependent individuals (below age 15 and above age 65) for every 100 persons of working age (ages 15 to 64). By 1960 the dependency ratio had risen to 91 dependent persons per 100 persons in working ages. This dramatic change is associated with the aging of the much reduced 1940-50 birth cohort. By 1970 the dependency ratio stood at 111, declining to 109 by 1980. This decline can be largely explained by the temporary birth rate decline of the early 1970's and by the arrival at working ages of the larger birth cohorts born since the 1950's. While the dependency ratios computed by relating exclusively the population under age 5 to the population in working ages declined somewhat between 1970 and 1980, the relative weight of older persons rose during the same period. This change has important social implications. For example, it will affect the necessary mix of health care facilities since those required by the elderly are different from those required by infants. In both 1970 and 1980 only about 47 % of the population was in the prime working ages.

47. The dependency ratios recorded for Cape Verde at these two dates are amongst the highest in Africa. In all of Africa there are about 100 persons of working age for every 92 dependent individuals. In West Africa the comparable ratio approximates unity. In developed countries, in contrast, the usual ratio is of about two productive individuals for each dependent person. The implications of such high dependency ratios for Cape Verde are even more negative when one considers the high levels of unemployment and underemployment prevalent in the country.

Regional population growth and urbanization

48. Population growth in all the islands of the Cape Verdean archipelago has not followed a similar pace. Since the 1970's, and particularly since independence in 1975, there has been considerable internal migration. Most population gains resulting from internal migration have accrued to the islands of Santiago and São Vicente, where the two largest cities in the country - Praia and Mindelo - are located. The growth of Praia during the 1970's averaged 5.2 % per year. This rapid growth is partly associated with government activities and employment, much expanded since independence, which are concentrated there. Between 1970 and 1980 four of the islands (Boa Vista, Brava, Santo Antão and São Nicolau) lost population, both because of internal and international migration.

49. Population densities vary significantly from island to island. These variations are closely associated with the natural endowment of each island. In 1980 population densities ranged from 5.4 persons per square kilometer in Boa Vista, the least densely populated island, to 183.2 in São Vicente, the most densely populated (although the vast majority of the population of this island lives in the city of Mindelo). Nearly half of the country's population resides on the island of Santiago. About 90 % of the total population of the country can be found in only four of the islands (Santiago plus Fogo, Santo Antao and São Vicente). The population of no other island, except for São Nicolau, exceeds 10,000.

50. Preliminary results of the 1980 census indicate that 27 % of the country's population resides in urban areas, 8.5 % in semi-urban areas, and 64.5 % in rural areas. Despite this relatively low level of urbanization city growth is occurring rapidly. Recent trends in population distribution are worrisome since they indicate that Cape Verde may be beginning to develop a high degree of primacy, a problem that plagues many developing countries. It must be noted, however, that the rapid growth of a few urban centers may have responded more to poor agricultural conditions produced by the drought than to uneven patterns of government investments favoring cities. The rural development efforts being carried out by the Cape Verdean government have been substantial, as have the activities associated with the equitable distribution of health establishments, schools, and other social facilities. The rural work programs sponsored by the National Development Fund probably also act as a break to rural to urban migration.

VI. EM MENT

51. High levels of unemployment and underemployment historically have been and continue to be some of the most serious problems characterizing the economy of Cape Verde. In the foreseeable future the employment situation is likely to aggravate further given the prevailing high rates of population growth and the relatively larger size of younger population cohorts arriving at working ages.

52. According to provisional results of the 1980 census, 53.8 % of the population over 15 years of age was economically active (employed, self-employed, or looking for work), or 91,300 out of 169,800. Of the total economically active population, 28.8 % (26,300) were recorded as unemployed. In urban areas unemployment affected 27.1 % of the economically active population; in rural areas the comparable figure was 29.9 %. Only 31.4 % of the economically active population was permanently employed; the remainder, 39.8 %, were temporarily employed during the year for various lengths of time. Underemployment levels, therefore, are very high. It can be estimated that between 40 and 45 % of the potential labor force (the population in working ages, many in the inactive population who would seek paid employment if it were available, and those involved in non-wage subsistence activities) is underemployed: 60 % in rural areas and nearly 20 % in cities and semi-urban areas.

53. Employment surveys carried out by ILO in 1978 in the cities of Praia and Mindelo found that 23.9 and 29.3 % of the labor force, respectively, were unemployed. More than 5 % of the inactive and unemployed population in Praia

and 17.0 % in Mindelo were supported by remittances received from abroad. In both cities high levels of unemployment were attributed in part to considerable rural to urban migration (and to migration from other islands) because of the drought. Some of the unemployment in Mindelo was also related to reduction in bunkering activities at the port. Jobs generated by the public sector represented 61 % of total employment in Praia, but only 47 % in Mindelo. These differences in public sector employment are believed to account for the unequal unemployment rates between the two cities. The high levels of public sector employment in Praia are indicative of the primate role of that city in the administrative affairs of the country.

54. Because of these high levels of unemployment and underemployment the productivity of the Cape Verdean economy is very low, as are average income levels. These characteristics, together with the high dependency ratios discussed earlier, suggest that average household income is barely at a subsistence level for the vast majority of Cape Verdeans. Further aggravating this situation are the poor agricultural prospects of the country, since the rural population can only engage in limited non-market, subsistence economic activities.

55. As severe as the unemployment situation is, it would be much more acute were it not for the infrastructural development work programs organized by the Cape Verdean government through the National Development Fund. By the early 1980s these programs provided temporary employment of various durations to between 20,000 and 25,000 workers. In 1980, 84 % of these jobs were in rural areas. The two principal goals of the 1982-85 Development Plan in the employment sector are increasing the current levels of temporary employment through the work programs and achieving a limited increase in the number of permanent jobs. The plan anticipates that the number of temporary jobs will increase about 45 %, employing some 10,000 more additional workers. It also foresees an increase in permanent employment of 6000 jobs by 1985. The plan assumes that the estimated unemployment rate will decline from 29 to 21 %, while the absolute number of unemployed workers will drop by 4,000. In the interval it is assumed that the economically inactive population will increase by 14 %. These projections are, of course, contingent on the realization of the investment goals of the plan, and only take into account the population over age 15 currently working or seeking work and do not consider changes in productivity and income. As noted, the potential labor force is much larger.

56. The uncertainty of the plan projections can be underscored by pointing out that some of the anticipated development projects upon which the employment forecasts were based have been either cancelled or postponed - the Maio cement plant, for example. It was projected that the cement plan would generate over 100 direct jobs and many more indirectly because of its economic linkages. The ever present but highly unpredictable possibility that the drought may end, to cite another example, could affect the work employment programs if the volume of foreign food assistance is reduced. Of course, the end of the drought would improve employment and income prospects in rural areas. The important point is that future fulfillment of employment projections is heavily dependent on maintenance of foreign assistance at anticipated levels. But even under the most optimistic scenario employment issues are likely to dominate the economic thinking of Cape Verdean planners well past 1985.

Female employment

57. Female labor force participation rates were only half as high as they were for males (35.2 % and 77.7 %, respectively). Of the economically active females, a much greater %age were classified as being unemployed, 40 % of the women and 20.6 % of the men. While lower female than male labor force participation rates are the norm in most countries, these findings suggest that many women in Cape Verde do not attempt to enter the employment market given the prevailing high levels of unemployment. Many women are being employed as wage laborers in rural work programs; it is reported that they are paid substantially less than male workers. Among women not classified as economically active, especially in rural areas, a substantial number are engaged in non-wage subsistence activities. The potential for future increases in female labor force participation rates is high given low income levels in Cape Verde, considerable social changes taking place, and high prevalence of female headed households. One important constraint to female participation rate increases is the fragile state of the Cape Verdean economy. Further entry of women into the economically active population will add more pressures to the already burdened employment market.

Sectoral composition

58. The distribution of the economically active population by industrial activity clearly reflects the sectorial structure of the Cape Verdean economy. Over 47 % of the economically active population is engaged in agriculture, fishing and extractive activities. Approximately 60 % of the Cape Verdean population derives some income from these sectors. Manufacturing and construction accounts for 9.4 % of employment, trade and banking for 9.8 % and services for the remainder (33.4 %). Services, of course, is largely a residual category that includes many of the underemployed (e.g., peddlers) with very low income levels.

59. The skill composition of the permanently employed workforce is likewise symptomatic of Cape Verde's low development levels; even among this group of workers 40 % are classified as unskilled, with high level personnel and technicians representing only four % of the total. The urban employment surveys referred to earlier found that over 70 % of jobs in Praia and Mindelo were in services, with Mindelo having over twice as high a %age of jobs in industry as Praia (9.6 % versus 4 %).

60. In urban areas a considerable portion of those engaged in economic activities hold occupations with only minimal productivity. In some regards, these workers may be seen as belonging in the informal sector, but in the Cape Verdean context this label may be somewhat of a misnomer. There are very few enterprises in the country - outside of government related activities - that can be described as modern. The exception is a limited number of small and medium size publicly-owned, mixed or private enterprises, such as Morabeza, the clothing manufacturer. Most other enterprises in urban areas would fall into the category of firms with less than 10 employees, many of whom are only occupied on a part-time basis, an increasingly common limit being used to describe the informal sector. Most of the smaller business enterprises engage in marginally productive activities such as retail sales and services, although a few are found in manufacturing. Outside of the government sector, then, most economic activity in urban areas of Cape Verde fits into what in other coun-

tries is described as the informal sector. The lack of alternative productive options elsewhere in the economy forces many workers into these marginally productive occupations.

Employment Prospects

61. Up to the end of this century there is little that Cape Verde can do to slow-down the growth of the labor force since future labor force entrants have already been born. The maintenance of emigration rates at the high levels of the recent past can help ameliorate employment pressures substantially. Naturally, the future course of emigration can hardly be predicted and is always fraught with uncertainty. This is specially true today when many countries that have been favorite destination of Cape Verdean workers in the past, such as Holland, are taking steps to curtail labor migration. In addition, the country faces serious constraints concerning the potential expansion of productive employment in agriculture. Thus, it seems evident that future employment generation efforts must place heavier reliance in the areas of fisheries, small industry, tourism, and in the establishment of selected but economically viable medium to large industrial projects. These recommendations of the Mission are discussed in some detail elsewhere in this report.

62. Given the poor resource base of Cape Verde it is inescapable to conclude that one of the most important solutions to the problems of development, including employment, is demographic. Population and labor force growth rates must be reduced if employment and income prospects are to brighten over the medium to long term.

VII. POPULATION POLICY, FAMILY PLANNING AND PROSPECTS FOR FERTILITY DECLINE

63. The government of Cape Verde is fully aware of the country's demographic prospects and of the deleterious effects of a rapidly growing population in an environment with a very limited resource base. According to figures presented in the First National Development Plan, were the estimated current rate of natural increase to remain unchanged for the remainder of the century, the population of Cape Verde would increase from 296,000 in 1980 to 535,000 by the year 2000. At this rate of natural increase, even assuming a continuation of emigration at the levels prevailing during the 1970-80 decade, the Government estimates that the population would reach 485,000 in the next 20 years. (See Section IX on population projections in this report for an assessment of the government's projections and somewhat different conclusions). This is a population size well in excess of the 420,000 people at which the government would like to limit population growth by the end of the century. The latter population size is consistent with the government's goal of reducing the rate of natural population increase to 1.7 % a year by the year 2000. This goal can be reached by achieving substantial fertility decline, although population growth rates may remain low due to emigration.

Population Policy

64. As seen by the government of Cape Verde (as stated in the First National Development Plan), a national population policy should be comprehen-

sive. It should take into account not only the objectives of achieving a desired population size and a given rate of population growth, but it must also consider a multiplicity of social objectives associated with this ultimate population size. These include, aside from the obvious goal of reducing fertility, those associated with mortality, population distribution, emigration objectives, and the welfare of Cape Verdeans abroad. Numerous obstacles are recognized as facing a national population policy, in particular as they relate to fertility reductions. Foremost among these are traditional values associated with desires for a numerous progeny - or a reliance on fate - usually found in conjunction with conditions of economic subsistence, high mortality, and low levels of education. The government has stated that it plans to incorporate into its next development plan a fully articulated population policy. This policy will be developed after a careful examination of Cape Verde's socio-economic prospects, and after the detailed evaluation of existing statistical sources (the 1980 census and other data).

65. Fertility reduction policies, at their most basic level, may be conceived of as having two basic components. The first one addresses the question of the factors that motivate women, or couples, to want to limit their fertility. The second has to do with the availability of modern contraceptive means to do so. There is general consensus today that a multiplicity of variables associated with the socio-economic development process are important pre-requisites for, or at least are closely associated with, fertility declines. The following merit special mention: increases in per capita income and attendant improvements in standards of living; literacy and increased educational attainment, including sex and family education; declines in infant and general mortality; the substitution of traditional family and old age support systems by support systems associated with socio-economic development and social security networks; increased urbanization; and, in general, a reduction of life's vicissitudes that permit people to plan their lives over a prolonged time horizon.

66. Present conditions in Cape Verde are far short of satisfying these pre-requisites. Most of the country's population lives at a level of subsistence, with about 50 % of the economically active population being unemployed or underemployed. Per capita income is amongst the lowest in the world. Malnutrition is widespread. About 60 % of adults over age 20 are illiterate. Health levels, while improving, still remain relatively low. Women live in a subordinate position to men, their main functions being those of mothers, and burdened by subsistence chores, such as carrying water and collecting firewood.

67. Yet, many of the social and economic programs being instituted by the government most likely will radically alter many of these conditions within the next two or three decades. In 1980, 80 % of children in ages 7 to 10 were attending elementary schools. The infant mortality rate is estimated to have declined to about 60 per thousand live births. Considerable efforts have been made to improve nutritional standards. A very active and dynamic national Organization of Women is gradually raising the levels of female consciousness and education. While much remains to be done, things are happening and the government is mobilizing its available resources with a high degree of commitment to improve the socio-economic conditions of the Cape Verdean people. Nevertheless, it is inescapable to conclude that under conditions such as the one prevailing in the country, only a very gradual and slow fertility decline

should be anticipated, unless increased programmatic efforts are initiated and some relatively radical measures instituted. Some of the reasons behind this assessment are reviewed below.

Recent Fertility trends

68. Fertility does not appear to have yet entered into a sustained phase of decline. The estimated crude birth rates between 1970 and 1980 show a rather erratic course. They suggest a steep fertility decline from 1970 to about 1975, followed by an equally rapid increase from the latter date to 1980. There are some indications suggesting that these fluctuations in the birth rate are primarily the result of changing patterns of emigration and population age-structure, rather than because of marked fluctuations in marital age-specific fertility rates among women with spouse present. It is known that during the early years of the decade emigration reached very high levels, partly in response to the economic deterioration experienced as the country began to feel the severe effects of the drought. Emigration is believed to have peaked in 1972 when about 8,500 people left the country. By 1975, the year Cape Verde gained its independence, to the contrary, there was substantial return migration. Since then emigration has continued but reportedly at lower levels, some 1,500 to 2,500 net emigrants per year as of 1980. Some Cape Verdean emigrants continue to return. While it is impossible to verify with exactitude these trends, they suggest that the noted birth rate decline during the early part of the decade was partly induced by increased emigration. Emigration from Cape Verde, largely male selective, would induce a birth rate decline primarily through mechanisms associated with mating patterns, largely cohabitation and a lack of potential mates. As the intensity of emigration declined, and as many earlier emigrants returned, it is plausible that cohabitation and union-formation rates rose, influencing the birth rate back towards its historically higher level.

69. Changes in age structure may have been equally significant, or more important, factors associated with the 1970-80 birth rate fluctuations. The cohorts born during the 1940-50 decade were depleted by the heavy mortality and lower fertility induced by the famine of those years, as reflected in their relatively smaller size recorded in successive censuses. By the 1960s and early 1970s, these cohorts were in some of their most potentially fertile years, but their relative size in relation to other cohorts (and in relation to the total population) was small. Thus, it can be advanced that at least part of the birth rate decline during the early 1970s resulted from a relative decline in the number of mothers in some of their most potentially fertile years. By the late 1970s, to the contrary, the larger cohorts born since 1950 were in or entering their peak childbearing ages. In other words, the number of women in their reproductive years was, in relation to the base population, relatively greater. Another dampening effect in the birth rate results from the considerable infant mortality reductions, especially since the beginning of the decade, as the base population has been increasing at a faster rate. All these considerations suggest that the birth rate decline during the early part of the decade resulted primarily from changes in age-structure produced by emigration, the differential relative size of successive cohorts, and a rapid infant mortality decline. Age-specific fertility rates of women currently exposed to conception are likely to have remained unchanged or to have experienced only minor changes.

Family Planning

70. The increased availability of fertility regulation means will be instrumental in accelerating the fertility decline. The basic institutional mechanism for the distribution of family planning supplies and services is already in place - the Maternal-Child Health/Family Planning units. The first such unit, operating in Mindelo, São Vicente since 1978, is now complemented by 10 other such units distributed throughout the country. The coverage of these units is nearly universal, with fixed locations and mobile units. Aside from their important health functions (described elsewhere in this report), the MCH/FP units are responsible for the provision of family planning services and supplies. As they are now constituted, one of the explicit primary functions of the family planning services is to enhance maternal and child health by promoting longer intervals between successive births. Of course, these efforts have some direct demographic impacts by extending the length between successive births, and thus by increasing the interval between generations. A second objective of the family planning services is reducing the birth rate. The activities of the MCH/FP units up to now, on balance, however, are likely to have contributed to a rise in the natural increase rate; the programs to improve child care have been successful in lowering infant mortality rates. This is a very positive development with a direct impact on the welfare of the Cape Verdean people. It represents a substantial initial step towards fulfilling one of the pre-requisites for lowering fertility, declines in infant mortality.

71. Since 1978 the MCH/FP units have been keeping records on the extent of use of modern family planning methods. These statistics, while inadequate for a refined analysis of the prevalence of contraceptive use, are of some value in assessing the extent to which family planning is being practiced. They show that very few women practice contraception, although the number is on the rise. The number of first consultations for family planning increased by about 170 % between 1980 and 1982, from 1806 visits to 3131. The number of first time users of the contraceptive pill rose from 1618 in 1980, to 2706 in 1982, or by 167 %. Intrauterine device insertions went from 163 in 1980 to 377 in 1982. Follow-up consultations for users of these contraceptive devices rose at an even faster pace.

72. In addition to the Pill and IUD, the MCH/FP units dispense diaphragms (how many was not reported) and a small number of women have been given anti-contraceptive injections, such as Noristerat. Many of the women receiving injectables are those whose mates are opposed to the practice of contraception. A substantial increase in female sterilization has also been recorded (from 10 in 1980 to 189 in 1982). Most of these increases in contraceptive use can be traced to the expansion of the national coverage of the MCH/FP units, with a much higher prevalence of family planning use in those islands where the MCH/FP units have operated the longest time. The number of women receiving contraceptive supplies and services from other sources is probably insignificant, although some sterilizations are probably performed in the central and regional hospitals.

73. On the basis of the available family planning statistics and several assumptions, it is possible to roughly estimate a contraceptive use rate (the % of women in reproductive unions practicing contraception) for Cape Verde in the early 1980's. It was assumed that all women 20 to 44 years of age enumer-

ated in the 1980 census were exposed to the risk of conception (that is, that they were sexually active). Then, it was assumed that all first Pill users consultations, IUD insertions, and all women using injectables represented current contraceptors. One-sixth of follow-up visits (since check-ups are presumably conducted at two month intervals) were assumed to represent continued contraceptive users. Further, all women sterilized since 1978 were added to the numerator. This gives a total estimated number of current contraceptive users in 1982 of 3672, plus an unknown, but probably not very large, number of women using other less effective methods.

74. With these figures it is possible to estimate that between 9 and 15 % (a wide range to allow for unreported contraceptors and an unknown number of women not currently exposed) of the assumed number of exposed women are current users of some modern contraceptive method. This level of current contraceptive use has only moderate effects in inducing birth rate declines. This conclusion follows from the regression equations calculated by the Population Council and others that have related known national contraceptive prevalence rates and crude birth rates for many countries around the world. Based on these same regression equations it can be estimated that in order for Cape Verde's natural increase rate to reach 1.7 % by the year 2000 - as desired by the government - the contraceptive use rate must be raised to about 50 (assuming a death rate of 6 or 7 and a birth rate in the neighborhood of 24). At present, such an increase in the contraceptive use rate seems to be beyond the reach of Cape Verde, if one considers the experience of other countries at similar levels of socio-economic development. Of course, the actual future course of the birth rate will also be determined by a myriad of other factors some of which are discussed below.

Family institutions and family formation

75. The extent to which women are exposed to the risk of conception during their reproductive years, the average age at which they initiate sexual activities, the % of women in reproductive unions, and prevailing family structures and institutions play important roles in determining fertility and birth rate levels. These are important determinants of fertility since the number of years a woman is likely to bear children, and hence the average number of children she may have, are partly a function of the age at which she initiates sexual activities. Likewise, how many of her childbearing years she spends in a reproductive union is associated with her fertility history, especially in populations where the practice of contraception is limited. Age at marriage is a particularly important parameter since in certain circumstances it can be manipulated by legislative and other means - by setting a minimum age at marriage or by raising it - and thus represents a potentially effective policy measure to induce fertility declines. The effectiveness of minimum age at marriage measures in reducing fertility, however, may be limited due to cultural resistance and not to have significant results in societies in which sexual activities begin and/or take place outside of legally sanctioned reproductive unions, as is the case in Cape Verde.

76. Due to the absence of a census distribution of the population by age and marital status for Cape Verde it is not possible to estimate standard measures, such as the singulate mean age at marriage, that provide an indication of the age at which women enter into reproductive unions. During the Mission's visit to Cape Verde and in conversations with observers familiar with

these issues, it was learned that in the country women become sexually active relatively early in life. According to information furnished by a representative of the national Organization of Women, females in urban areas become sexually active by about age 15, many outside established marital unions. Since independence, especially in cities and largely because of modernizing influences equally affecting most other regions of the world, sexual mores have weakened and sexual relations have become freer and are beginning earlier in life. Reportedly, teenage pregnancy out of wedlock, by no means a new development in Cape Verde, has become a more frequent occurrence in recent years. In rural areas more traditional standards seem to prevail, many of them related to standard Catholic teachings, the religion of the vast majority of Cape Verdeans. Initiation of sexual relations among rural women is reputed to usually coincide with the establishment of marital unions, usually around age 16 or 17.

77. These same observers suggest that most women are sexually active at one point or another in their lives. However, there is enough evidence indicating that a high degree of marital instability and a high frequency of temporary liaisons and spouse separation tend to reduce fertility. This is because many women are not sexually active during prolonged periods of their reproductive years. In no small measure this is a product of the peculiar history of the country, as it relates to the family institutions brought to Cape Verde from continental West Africa, those that evolved under colonial rule, and in part because of the large volume of emigration - particularly male emigration - that has characterized Cape Verde throughout its history.

78. As shown by the sex-ratios by age computed with data from the 1980 census, there are only about 6 to 7 men for every 10 women in reproductive years. The low sex ratios reflect the heavy male selectivity of emigration, and are also consistent with the fact that most males emigrate during the peak economically active years. As indicated earlier, many women in permanent unions are separated from their spouses, thus reducing their probabilities of becoming pregnant. Others are unable to find suitable mates. Associated with these phenomena is the reportedly common occurrence of short-term or intermittent sexual liaisons. In this regard, the Cape Verdean mating patterns are somewhat similar to those prevailing in Caribbean societies with comparable colonial histories, slavery in the past and heavy male emigration. Many women have children by different fathers, and the incidence of female headed households is high. These family structure patterns undoubtedly tend to reduce fertility.

79. The national Organization of Women and the government are conducting intense efforts to alter this situation, although cultural resistance is strong, in order to alleviate some of the more serious social consequences of unstable family patterns. The recently approved Family Code, for example, has eliminated the concept of illegitimacy (highly prevalent in the past). All children born at present must have a legally recognized biological father who is partly responsible - at least in principle - for their support. The important implication of existing family structures and unbalanced sex-ratios is that they tend to maintain fertility and the birth rate below theoretically possible higher levels. This consideration, together with the earlier assessment of trends in the birth rate and on contraceptive use, suggests that, among women currently in union with spouse present, fertility is probably near a biological maximum (natural fertility).

Normative changes related to fertility decline

80. One of the most important issues related to fertility reductions has to do with how to increase women's motivation to plan their families. As discussed earlier, this is a very difficult objective to meet in Cape Verde given the saliency of traditional values and the subsistence conditions in which the majority of the population lives. The younger generations of Cape Verdean women passing through the expanded educational system will in all likelihood acquire a more modernized outlook in which high fertility may not be regarded as desirable or unavoidable. Educational efforts outside the formal school system are also likely to contribute to changing fertility norms. Of note in this regard are the activities conducted by the national Organization of Women through the labor of hundreds of volunteers and the paid "Animadoras Sociais", whose number is increasing, and by the health and sex education efforts of the MCH/FP network personnel.

81. There is evidence suggesting that normative value changes as well are occurring in rural areas of Cape Verde. Some of these changes are attributed to some of the development programs currently in place. The Mission was informed, for example, of important modifications in the family division of labor. The rural work programs instituted by the National Development Fund have led to an increased monetization of the economy as the wages earned in these programs are used to purchase grain (as noted elsewhere, domestic food production has declined dramatically because of the drought. Most of the grain consumed in the country presently comes from foreign donor sources. Proceeds from the sale of this food aid are used to finance the work programs of the National Development Fund). Under these programs, both men and women are employed as wage earners, thus altering many of the traditional activities associated with a subsistence economy. As a result, it is reported that past male opposition to female work outside the home has declined, since women's employment is regarded by many male family heads as an important source of household income. Many males, in fact, are said to be encouraging their mates to seek employment in the work programs. Increased female labor force participation is generally found to be associated with fertility declines, partly because of the normative changes it induces and partly because work outside the home is incompatible with child bearing and rearing.

Induced abortion

82. Clandestine induced abortions are reported to be a serious and growing concern of the Cape Verdean Health authorities. To deal with this problem the National Directorate of Health has stated that it is ready to "realistically face the question of interruptions of undesired pregnancies and clandestine abortion through legislation soon to be enacted following consultations with the country's physicians" ^{1/}. This forthcoming legislation, soon to be approved by the National Popular Assembly, (probably in December 1984) will provide a legal foundation to what already appears to be a rather liberal approach to induced abortion. According to several informers contacted by the

1/ Direcção Geral da Saúde, Ministério da Saúde e Assuntos Sociais, Textos de Protecção Infantil, Mindelo, 1982, p.13.

Mission, a "de facto" situation already exists in Cape Verde by which induced abortions are performed in several facilities of the Ministry of Health on a variety of grounds. Abortions are being performed for socio-economic reasons and to protect the health of women.

83. Statistical data to quantify the extent to which induced abortions are being performed are sparse, being limited to those collected by the MCH/FP units. The São Vicente MCH/FP unit reports that abortions have been carried out since 1978; in that year 47 abortions were performed, with 45 in 1979, 30 in 1980, 48 in 1981, and 106 in 1982. Most of these abortions are reported to have been performed as a back-up service, following contraceptive failures. In 1982, the newly established Praia MCH/FP unit, reported that 144 pregnancies were interrupted. The large increase in the number of abortions reported in the São Vicente unit in 1982 was attributed to an exceedingly liberal interpretation on the part of some health workers of the Health Ministry guidelines regarding the conditions under which abortions can be performed. Overall, the number of abortions between 1980 and 1982 increased by 850 %, from 30 in 1980 to 256 in 1982. Even larger number of abortions are performed in national hospitals, as reported by various observers, but no statistical data are available to quantify its extent.

84. Legalization of induced abortion, particularly if done in a framework that allows abortion for health and socio-economic reasons, can have a powerful impact on the course of the birth rate. The experience of many countries suggests that legal induced abortion is one of the more effective mechanisms to reduce fertility. Implicit, rather than explicit, demographic objectives can be partially served with a liberal orientation to abortion. This is apparently the approach that Cape Verde will take in years to come, as one of the most potentially viable ways in which the national objective of reducing fertility can be accomplished. It can be anticipated that the National Population Policy to be fully formulated and included in the next Development plan will incorporate, at least implicitly, the option of induced abortion as a means to fertility reduction.

85. Within the West African context this implicit demographic policy will constitute a unique development, partly arising from the country's serious demographic pressures and its poor resource base. It is even more significant given the predominance of Catholicism in the country and its close cultural ties to Portugal, a country in which abortions were illegal until very recently. Some resistance on the part of the Church authorities may be anticipated. The reportedly high incidence of clandestine abortions suggests, significantly, that legalization of induced abortion will satisfy a latent demand, and will contribute to the alleviation of health, social and demographic problems. The reported high incidence of clandestine abortion also suggests that, at least among some sectors of society, there is a budding demand for access to fertility regulation methods (e.g., modern contraceptives), that the expanded network of MCH/FP units may be able to satisfy.

Fertility reduction prospects and policy recommendations

86. The justifiable concern expressed by the Cape Verdean authorities about the demographic prospects of the country and the initial steps taken to cope with them, are indicative of the pragmatic way with which Cape Verde approaches its development problems. Realistically, however, it would appear

that more concerted and directed actions are necessary if the country is to accomplish its goal of reducing natural increase rates to 1.7 % by the year 2000. The health policies thus far instituted are producing satisfactory results as evidenced by the levels of life expectancy and infant mortality already achieved, although much still remains to be done. The expansion of the medical infrastructure, both in its preventive and curative dimensions, the increasing training of health personnel, and the efforts in nutrition and health education should be commended and with certainty will have significant payoffs in years to come. Further mortality reductions, as desirable as they are, will tend to intensify demographic pressures already at work in Cape Verde

87. From the above it follows that much greater efforts will be necessary to induce population growth rate declines by reducing fertility. The difficulties facing Cape Verde in this regard are many; the yet to be formulated national population policy should take these difficulties into account. The basic infrastructure for the distribution of family planning supplies and services is already there; renewed efforts are necessary to expand it even further as well as to expand the demand for their services. The rapid process of socio-economic development taking place in Cape Verde should in and of itself contribute to a greater demand for family planning but several specific recommendations are presented below that may contribute to accelerate the growth in demand for family planning.

88. Foremost among these is the strengthening and expansion of sex and family education. Efforts are already under way to better educate the population about these matters, but in the Mission's opinion much more can be done. Thus far these educational efforts are being largely conducted outside the formal education channels and place primary, if not exclusive, emphasis on the beneficial health effects of family planning. This mission recommends that the scope of sex and family education be enlarged and placed within a broader context by which the people of Cape Verde become better sensitized to the broader implications of high rates of population growth within the limited economic-environmental possibilities of the country and the nation's aspirations and needs.

89. Educational efforts along the lines suggested can be adapted and adopted even at the primary education level, thus making Cape Verdeans aware since an early age of some of their country's constraints. Greater educational efforts can be planned and implemented utilizing such means as the radio, posters and other public venues. The educational efforts of the MCH/FP units and the national Organization of Women can also be strengthened by relying more on trained professionals and "animadoras sociais", particularly educated on the health, social, economic and demographic consequences of rapid population growth. These professionals should place specific emphasis on the implications of declining infant mortality for child survival and the eventual economic security of the family unit.

90. Another policy recommendation relates to efforts to increase the age at which conception begins to reduce the incidence of teenage pregnancies out of wedlock. Efforts along these lines include, for example, the provision of contraceptive services to teenage girls prior to their first pregnancies, raising - as the government is already doing - a greater concern about responsible paternity, and considering enforceable legislation to appreciably raise

the minimum age at which marital unions can be formalized for both men and women. These are highly sensitive issues that no one better than the Cape Verdean authorities should decide since they imply considerable changes in cultural traditions.

91. Present indications are that the government of Cape Verde has the disposition to approach the question of clandestine abortion in a very sensible and pragmatic way. What to do with such a sensitive topic is the exclusive concern of the Cape Verdean authorities, but suffice here to note that the legalization of abortion for health and socio-economic reasons can have some very salutary social consequences. It can also be a powerful instrument in leading to a much faster fertility decline, a high priority in the agenda of Cape Verde development planners.

92. The tentative nature of much of the preceding analysis is indicative of the many data shortcomings in Cape Verde. This is a serious limitation in Cape Verde - and not only as demographic data are concerned. The results of the 1980 census should alleviate this dearth of knowledge, as are the considerable efforts being made by the public health authorities to improve the collection of sanitary and demographic statistics. Further efforts are needed in this regard (e.g., collection and tabulation of births by age of mother, by parity, by weight of infant), as are specific surveys and studies to shed light on fertility and other demographic variables. World Fertility type and other more comprehensive surveys should be planned as soon as possible, and anthropological - social studies carried out in order to investigate the attitudes of Cape Verdeans towards the family, childbearing and contraception. These studies will allow a more precise formulation of an effective population policy.

93. This mission is fully aware of the sensitive nature of some of the issues reviewed above. However, the conclusions that emerge from our review of Cape Verde's development prospects, the First National Development Plan, and the demographic situation is that the country's development objectives will prove to be unattainable in the absence of a determined demographic policy to reduce population growth rates.

VIII. EMIGRATION

94. It is not possible to determine with any precision the magnitude of Cape Verdean emigration throughout the centuries. What is unquestionable is that the historical dependence of Cape Verde on emigration continues to be an important socio-economic characteristic of the country. Estimates indicate that between 1906 and 1973 the population of Cape Verde declined by at least 123,000 people because of emigration. If allowance is made for the descendants of the migrants born abroad, the demographic impact of emigration is far more substantial. Emigration has continued unabated in more recent years. In the last intercensal period, 1970 to 1980, it can be roughly estimated that the net demographic loss associated with emigration amounted to approximately 42,000 persons. This figure represents about 15 % of the average total population of the country during the intercensal period.

Countries of destination

95. As a consequence of a long emigration history spanning several centuries, ethnic colonies of Cape Verdeans and their descendants are found in many parts of the world. By far the largest enclave is located in the United States, its size variously estimated as ranging between 200,000 and 300,000 people. It should be pointed out, however, that even the lower figure may overstate the actual size of the Cape Verdean origin population in this country (emigration estimates should always be regarded with extreme care since they are notorious for the ease with which they are inflated). Additional large concentrations of Cape Verdeans are found in other countries in Europe and North and West Africa, and in Brasil, Uruguay and Argentina in South America. Overall, the number of Cape Verdeans and descendants living abroad is generally believed to range between 340,000 and 500,000, the actual number depending on the estimates chosen. Even if the lower figure is accepted as the best estimate it is striking to see that it exceeds the size of the 1980 population of Cape Verde.

96. As sizeable as the above figures are, they only convey part of the emigration story. It is entirely plausible that short term emigration followed by return migration was just as significant. Available estimates suggest that between 1906 and 1973 total departures from the country approximated 259,000, while reentries neared 136,000 persons. These short-term emigration patterns are still prevalent today. It is claimed that during the late 1960s and early 1970s the levels of departures were exceptionally high, reaching in some years 8,500. At the time of independence it is reputed that considerable return migration took place. More recently, during the late 1970s and early 1980s departures are believed to have declined to lower levels (approximately between 1,500 and 2,500 annually). Little is known about the extent of return migration for these years. The implications of different levels and trends of permanent and temporary emigration for Cape Verde's social and economic development are varied. They are discussed elsewhere in this report.

Recent emigration trends

97. The frequency of Cape Verdean illegal or clandestine emigration to host countries, a feature typical of emigration from many other countries, is believed to be low. In part this is a function of the isolated geographical character of Cape Verde; this isolation permits more stringent entry controls in countries of destination. In addition, the Cape Verdean authorities discourage clandestine emigration.

98. Despite the low levels of clandestine emigration, it is difficult to describe recent trends of global Cape Verdean emigration. A limited perspective can be gained by the inspection of United States immigration data for the period 1954 to 1980. After years in which immigration to the United States was drastically curtailed (since the 1920s) because of legal restrictions on immigration from many countries (including Cape Verde), the number of Cape Verdean immigrants began to rise after 1965. This increase resulted from changes in American immigration legislation that eliminated highly restrictive national origin immigration quotas formerly in effect. Portugal benefitted from this change, and so did Cape Verde as a Portuguese overseas territory. An even greater increase in Cape Verdean immigration took place in 1975 when Cape Verde gained its independence. Upon independence the United States

assigned to Cape Verde its own immigration quota, thus more immigrants were allowed admission. Between 1974 and the end of the decade the annual number of Cape Verdean immigrants quadrupled; approximately 5,000 immigrants gained admission between 1976 and 1980. This figure represents approximately 1.7 % of the population of Cape Verde in 1980.

99. In addition, in recent years Cape Verdean migrants have departed in relatively large numbers to Portugal, the Netherlands, France and Italy. Smaller contingents of emigrants are flowing to several African countries, such as Angola, primarily on a temporary basis. Actual flows of Cape Verdean emigrants to historically important countries of destination in Africa (such as Sao Tome and Principe and Senegal) and South America (Argentina, Brasil) are minor.

Permanent and temporary emigration

100. In the absence of adequate statistics it is not possible to determine how recent Cape Verdean emigrants are distributed in terms of the likely duration of their residence abroad. In many European countries, for example, foreign workeres are accepted for only limited periods of time (e.g. Switzerland, France), the guest workers not having the right to stay indefinitely. Under certain conditions residence permits may be extended provided work contracts are available. Immigrant admission to other countries, such as the United States, automatically grants indefinite residence status, and eventual citizenship, if so desired. In the latter case the effects of emigration are more pronounced since many of these migrants stay for a lifetime. Such is not obviously the case for migrant workers on short term contracts elsewhere.

101. The differential ramifications of permanent versus short term emigration are considerable for various reasons. First, because of their demographic effects: emigrants admitted as permanent immigrants are less likely to return, at least during their economically active years, and hence represent a net population loss to Cape Verde. Temporary migrants, on the other hand, eventually must return to Cape Verde upon the expiration of their work permits. Furthermore, the demographic effects of permanent emigration are magnified because migrants with permanent residence status tend to depart with their immediate families or are reunited with them following emigration.

102. The nature of emigration, second, is likely to affect the long term prospects for financial remittances. Short term migrants are likely to save a disproportionate amount of disposable income by minimizing living expenses while in the host country. Savings are accumulated for consumption upon return or are used to support relatives left behind. Permanent emigrants are less prone to save and more likely to expend a greater proportion of disposable income in countries of settlement as they establish roots. Family reunification legislation in force in most countries accepting permanent immigrants leads, over time, to a reduction in the volume of remittances since family members also emigrate. The actual amount of remittances sent from any given country will vary, of course, as a function of the recensity of emigration, average income levels, and other factors. These are important issues whose short and long term implication need to be understood. At present there are few studies shedding light on these issues. This knowledge constitutes a priority in the Cape Verdean context given the country's high dependency on foreign remittances.

103. The ebbs and flows of temporary emigration, likewise, can have marked short-term economic and demographic impacts. Changes in immigration regulations overseas or the effects of recessionary or expansionary periods in the world economy can suddenly and dramatically affect the volume of temporary emigration and of remittances from year to year as the number of Cape Verdeans abroad fluctuates. As discussed elsewhere in this report, some of the more notable birth rate swings observed in the country during the 1970s were partly produced by changes in emigration and return migration rates. Variability in emigration and return rates also induces significant changes in the size of the domestic economically active population, with a direct short-term effect on employment and unemployment rates.

Remittances

104. The importance of emigrant remittances to the Cape Verdean economy can not be overstated. Between 1978 and 1982 remittances accounted for more than 40 % of GDP, over 40 % of private consumption, and for nearly 50 % of the total value of imports, exclusive of foreign aid. During the period in question the total amount of remittances from all source countries rose from 838 to 1619 million Cape Verde escudos. In nominal terms remittances increased in value from practically every country. In 1982, remittances from five countries - United States, Netherlands, Portugal, France and Angola - represented 86 % of the total. Among the most significant increases recorded were those from Angola, France and the United States, rising by 300, 200 and 181 %, respectively, between 1978 and 1982.

105. Several specific reasons explain the remittance increases from some of these countries. The most obvious one is inflation. Increases from the United States appear to be a direct result of the growth in emigration to that country since 1975. In the case of Angola the increase is explained by the signing of a bilateral agreement regulating the conditions under which Cape Verdean labor migrants would work in Angola. This agreement has apparently led to an increase in Cape Verdean temporary emigration to Angola. It specifies that 50 % of the monthly salaries earned by temporary Cape Verdean migrants in that country are to be paid to the Banco de Cabo Verde in U.S. dollars. Increases in the volume of remittances from the Netherlands may have partly resulted from an agreement with Cape Verde by which social security contributions formerly being paid by Cape Verdean workers to the Dutch government are currently being transferred to the Cape Verdean Instituto de Seguros e Previdencia Social. In all likelihood the transference of social security contributions only applies to Cape Verdean in the Netherlands with temporary work permits, and not to those living there as permanent immigrants.

106. The high levels and extreme dependency of Cape Verde on remittances, the less than optimistic potential for increasing employment opportunities over the short term, the high rates of population and labor force growth rates, and the limited natural resource base of Cape Verde indicate that remittances will continue to be crucial for years to come. The government of Cape Verde is aware of this and is conscious of the necessity of creating proper conditions to maintain foreign remittances at present levels or to increase them in the future. What policies the government of Cape Verde is currently pursuing and what additional policy initiatives it may want to implement are discussed under the heading of emigration policies.

Cost of emigration

107. Although emigration brings many benefits to Cape Verde it also entails some costs. From the evidence presently available, it is not totally clear what these costs are. It is evident, however, that emigration siphons away an undue proportion of individuals in their most productive ages, as shown by the data on the migrants age distribution. In view of the prevailing high levels of labor underutilization this would seem to be a minor negative consequence, were it not for evidence suggesting that the occupational composition of the emigrants is tilted towards the high end of the occupational continuum.

108. Some Cape Verdean government officials are of the opinion that, contrary to the situation in most other countries with substantial emigration, emigration from Cape Verde is not unduly selective of the more skilled. They point out, for example, that most of the emigrants going to Italy are poorly educated females that seek employment as domestic servants. These officials also indicate that a vast majority of emigrants in Portugal engage in construction and service trades requiring a bare minimum of skills. A sample of Cape Verdean workers in Portugal confirms the latter assertion since over 80 % of them were barely literate or illiterate.

109. More recent data on the occupational composition of immigrants admitted to the United States provides a somewhat different picture. Of all immigrants admitted between 1977 and 1979 reporting an occupation (the rest were mainly housewives, children or elderly) about 33 % indicated having relatively high skills (ranging from professionals to craftsmen). Although in absolute terms their number is small, these emigrants represent a disproportionate proportion of the domestic workers with such skills, given the low average skill levels of the Cape Verdean labor force. Temporary emigration to Angola under the agreement signed in 1979 is another case in point. Considerable numbers of teachers and other professionals are working under this agreement in Angola, although the government is acutely aware of a severe domestic shortage of such personnel. Low quality of instruction, for instance, is partly blamed on the dearth of qualified teachers. In essence, difficult trade-offs are involved. What gains accrue to Cape Verde from the remittances sent back by skilled emigrants must be discounted by the significant, but difficult to quantify, domestic costs associated with lower quality of services. In the long run the loss of skilled emigrants may affect the development prospects of the country.

110. The very different occupational compositions of migrants in different destinations suggest that the attributes of the domestic labor markets in immigration countries determine the type of workers that are admitted. Many countries, such as the United States and several in Western Europe, allow the entry of some low skilled immigrants to help fill acute labor shortages in specific segments (e.g., domestic service, unskilled labor in restaurants and construction) of the employment market shunned by native workers. There is little doubt that Cape Verde gains from this type of emigration, since the economic and employment benefits greatly outnumber the costs, other considerations aside (e.g., the social marginalization of the Cape Verdean workers abroad, the effects of family separations).

111. In many of these same countries, likewise, the vast majority of immigrants admitted, by law, must meet certain basic eligibility requirements (although there are exceptions) that only those Cape Verdeans with above average socio-economic characteristics (in relation to those of Cape Verdeans as a whole) have. Why the number of Cape Verde emigrants to the United States remains below 1000 per year is largely explained by the selection of migrants. This, despite the fact that the United States remains as one of the favored migrant destinations from countries all over the world. Under current American immigration regulations, the number of potential Cape Verdean immigrants could be much higher, up to 20,000 annually, the maximum quota allowed from any given country. Thus, the tendency for high skill selectivity among Cape Verdean immigrants in many countries. It is also true, conversely, that highly skilled emigrants can command higher wages than those with few skills and are therefore able to forward larger amounts of remittances.

112. The case can be made, of course, that given the present situation in Cape Verde, the costs of emigration are insignificant because the benefits received from it more than offset the costs. Striking a proper balance requires some careful study and a comprehensive evaluation of the national pool of talent, domestic requirements, emigration propensities among certain occupational groups, and the extent to which the government of Cape Verde can institute measures to manipulate emigration rates for diverse occupational groups. It is not inconceivable that Cape Verde may even want to train workers in specific occupations to serve the needs of labor markets abroad, as long as other national interests are served. Other countries (e.g., Barbados, Cuba) have pursued this course of action, both to ease domestic unemployment pressures and to augment the flow of foreign remittances. Countries with such clearly defined emigration policies are, however, much more advanced economically than Cape Verde and can therefore afford the expense of training emigrants for employment abroad. It remains an open question whether or not this is an economically effective alternative for Cape Verde. These issues are discussed more fully under the heading of emigration policies.

Emigration policies

113. Given that emigration affects not only Cape Verde but also the countries accepting Cape Verdean emigrants, emigration policy initiatives must be generally formulated in a framework of international cooperation. In a number of limited areas, nonetheless, the Cape Verdean government may act independently. Emigration policies should be formulated to consider, among other objectives:

1. Protection of the welfare of Cape Verdeans abroad and means to facilitate their return;
2. Measures to increase emigration rates to countries already accepting Cape Verdean emigrants, and efforts to develop new emigration outlets at least for a time, until there are sufficient employment opportunities at home;
3. Balancing the benefits and costs of emigration; and
4. Channeling emigrant remittances to productive domestic investments.

Some of the considerations related to these topics are discussed below.

Protection of emigrants abroad

114. While the protection of the social, economic and political rights of guest and immigrant workers falls primarily within the purview of receiving countries, the Cape Verdean government can, through bilateral agreements, contribute to the welfare of its citizens in other countries. Bilateral agreements, for instance, are negotiated to regulate the number and functions of consulates and other diplomatic missions abroad that cater to the needs of emigrant communities. Agreements of this sort also facilitate family reunifications. Cape Verdean embassies and consulates already serve these functions in countries where large concentrations of emigrants are found, and negotiations are underway to increase their number further. These diplomatic missions help minimize immigrants adjustments problems, assist in the return of Cape Verdeans back home, and can help channel emigrants' remittances.

115. Other more comprehensive bilateral agreements regulate the conditions under which Cape Verdeans work abroad. The one most fully articulated is the 1978 agreement between Cape Verde and Angola. This agreement includes the recruitment of Cape Verdean workers by the government upon the request of Angola. The agreement regulates the type of workers that go to Angola, including their technical and occupational qualifications, the work they ought to do, length and location of employment, and such other considerations. Under this accord, salary levels have been set (in US dollars) according to skill levels, and conditions regulating travel expenses, social security and other benefits (home visits, family members accompanying the workers) fixed in advanced. In addition, half of the salaries earned by the workers in Angola are paid to the Banco de Cabo Verde in dollars. The workers receive the balance in local Angolan currency on the basis of the prevailing exchange rate. This accord apparently has been implemented successfully. It has led to a significant increase in Cape Verdean temporary emigration to Angola and resulted in a rapid rise in the volume of remittances received from that country. Most of the temporary migrants thus far involved appear to be highly skilled.

116. Less comprehensive bilateral agreements have been signed with Portugal and the Federal Republic of Germany. The Netherlands has an innovative program by which social security contributions of temporary Cape Verdean workers in Holland are transferred to the Cape Verdean social security institute. This program was unilaterally initiated by the Dutch since several other emigration countries are also participating. Before the independence of Cape Verde these transfers accrued to the Portuguese Government. Comparable agreements are being negotiated with France and Portugal. Other immigration countries have resisted efforts to conclude bilateral agreements although further attempts continue to be made. These efforts on the part of Cape Verde are facilitated by the good political relations maintained by its governments with the international community of nations.

Emigration outlets

117. The Cape Verde-Angola labor agreement is indicative of the existing potential for the expansion of Cape Verdean emigration. The case of Angola among the Portuguese speaking African countries is rather unique, however, since this country has significant oil revenues with which to pay its foreign workers. Other Portuguese-speaking African countries are not as fortunate and

are therefore less likely to absorb Cape Verdean emigrants. Nevertheless, the Cape Verdean workers are highly regarded in much of Africa and some potential exist for exporting workers to some of these countries.

118. There are other migration policy issues that may greatly influence Cape Verde's future emigration prospects over which the government can hardly do anything. These have to do with domestic considerations in labor receiving countries that currently favor a restricted access to their labor markets by foreign workers. Cape Verde already began to feel the consequences of these restrictionist sentiments at the time of independence, when, because of the international recession, many labor importing countries began to implement measures to repatriate foreign workers. This situation, of course, may change in the future, but every present indication is that the magnitude of international labor flows will never again reach the extent it did in the post-war period. France and the Netherlands, just to cite two examples, have embarked in a rethinking of their labor immigration policies. The new policies enacted by these two countries share several similarities. One is to regularize and guarantee the status of foreign workers already in the countries. The second is to make entry for foreign workers increasingly difficult. The latter objective is particularly troublesome to Cape Verde since the country will remain dependent on labor exports for years to come. Prospects for labor emigration to Western Europe are less than optimistic and certainly have been far worse since the 1970s recession.

119. Changes in American immigration regulations presently being debated in the United States Congress - the Simpson - Mazzoli Bill - do not augur well either for future Cape Verdean emigration to that country. One of the provisions of this bill purports to restrict the number of immigrants arriving in the country under the fifth preference. At present, of the global immigration quota, 24 % or more is assigned to migrants accepted under this preference. The fifth preference applies to "qualified immigrants who are the brothers and sisters of citizens of the United States". Twenty-five % of Cape Verdean immigrants to the United States in 1978 fell into this category. The intent of the legislative change is to reduce future immigration flows. Because of extended family linkages the number of potential immigrants under this preference is regarded as endless. If this bill is passed with those provisions, Cape Verdean immigration to the United States is likely to diminish.

120. Increased Cape Verdean emigration to Portugal may come about if the latter country, as expected, becomes a member of the European Common Market. It is presently foreseen that Portuguese labor will take advantage of the free labor movement provisions associated with membership, and will go to member countries with higher wage rates. Presumably, Cape Verdean workers, because of the country's special relationship with Portugal, will help fill the labor void created by the emigration of native workers. Similar developments were observed in the past as Portuguese workers migrated to France, Germany and other countries. It should be noted, however, that the process of acceptance to the EEC is a slow one: it may take up to ten years for Portugal to become a full member. In addition, some of the major reservations of EEC member countries towards the acceptance of Portugal have to do with the labor migration issue. Transitional agreements limiting the free flow of Portuguese workers may dampen the prospects for potentially large scale Cape Verdean emigration to Portugal. Delays in the acceptance of Greece to the EEC were also caused by the free labor migration issue, and similar reservations might come to the

fore with Spain. These developments suggests that prospects for labor migration from outside the EEC will be more limited than in the past.

Channeling of remittances to productive investments

121. Studies from many parts of the world have found that recipients of emigrant remittances (or the migrants themselves upon return), use remittances primarily for consumption purposes. Remittances are used to acquire basic essentials, purchase durable goods and often to improve or buy housing. Seldom are productive investments made with emigrants' remittances, although, as has been noted, housing investments do carry some economic benefits because of the linkages the housing industry has with many domestic economic activities. Limited evidence suggests that Cape Verde fits the above patterns.

122. Many countries (Portugal, Greece, Turkey) have implemented policies to channel emigrant remittances for investment purposes. Some of these policies have included the establishment of foreign currency accounts with competitive interest rates for emigrants at home and the development of schemes to pool the financial resources of emigrants for joint investments. Generally these efforts have had only limited success although new approaches are continuously being proposed. Currently the Cape Verde government is considering one of these alternatives, specifically that of establishing foreign currency accounts for emigrants at the Banco de Cabo Verde. A detailed discussion of the proposed foreign currency program is provided elsewhere in the Mission's report.

123. Some remittance investment schemes attempt to facilitate the assimilation of migrants upon their return to the home country. As a rule, these efforts focus on the establishment of production enterprises (urban or rural) capable of employing return migrants, either by pooling their resources or by combining the migrants' resources with additional financing provided by the governments of host countries. Host country governments interested in repatriation of guest workers often provide financial assistance as part of incentive packages used to encourage immigrants to return to their countries of birth. Little is known about the potential applicability of some of these programs in Cape Verde. The potential must be high since it is known that there are Cape Verdean emigrants in many of the countries implementing these schemes, and since it is equally known that rates of return migration to Cape Verde are high. The Netherlands, for example, initiated such a program and specifically named Cape Verdean immigrants as possible beneficiaries.

124. Foreign currency inflows may also be increased by enhancing the opportunities for profitable investments in the country by Cape Verdeans permanently residing abroad who, for cultural and other reasons, are interested in contributing to the development of their ancestral country, but without incurring financial losses. The potential in this respect is significant, particularly with the relatively wealthy, large and well established Cape Verdean community in the United States. Efforts to tap the resources of this community (other than the remittances voluntarily sent by emigrants to relatives left behind) in an organized fashion have been limited, poorly coordinated and generally not responsive to the advice received from representatives of this community. A better coordination with key members of the Cape Verdean community in the U.S. and other countries to channel increased amounts of foreign investment to the country is strongly recommended by this Mission.

Emigration: Prospects and Recommendations

125. For the foreseeable future emigration will continue to serve its historical function as an economic and social safety valve. Were it not for large scale emigration, unemployment pressures would be even higher and the economic situation and dependence on external aid worse: remittances from emigrants average 50 % of GDP. While these immediate beneficial effects of emigration are necessary and substantial, the government of Cape Verde recognizes that emigration forced on the people by a lack of domestic alternatives is not desirable, and that it also entails certain costs. Although the evidence on the social and economic costs of emigration is sparse, it would appear that the loss of scarce skilled human resources could undermine Cape Verde's development efforts. It is unlikely that the marginally productive population is that which is most likely to emigrate, since even a minimum of skills (e.g., language, literacy) are essential for a migrant to be successful and productive abroad, and since recipient countries are likely to only admit as immigrants those individuals meeting minimum requirements. In addition, many of these immigrants are forced to return to Cape Verde during periods in which host countries experience internal economic difficulties. Nevertheless, the Mission, as well as the government of Cape Verde, recognizes that over the short to medium-term emigration will remain a very important factor in the national economy, both because of the importance of remittances and the poor employment prospects.

126. Some critical questions associated with the problematic of emigration are how to best harness emigration to serve the welfare of Cape Verdeans at home and abroad, how to channel emigrants' remittances to productive investments domestically, whether through private initiatives or government sponsored schemes and how to develop innovative approaches to increase the inflow of remittances, whether by expanding the number of opportunities for emigration to countries that in the past have welcomed Cape Verdeans, by seeking new emigration alternatives or by other means. In order for these efforts to succeed, the Cape Verdean government must secure the enhanced cooperation of immigration countries. This is being done already, as for example with the Netherlands and Angola, but it seems that there is scope for greater international cooperation.

127. One constraint that the authorities of Cape Verde must resolve if an effective emigration policy is to be formulated is the general lack of information on emigration. In the Mission's opinion, generating this information on an ongoing basis is a top priority. Better and more detailed data on Cape Verdeans who emigrate and return, on their individual characteristics, their destinations, the extent to which they send remittances, and how these remittances are used, are necessary. Careful and detailed emigration studies are non-existent. Future studies should include surveys of emigrants, both in Cape Verde (return and prospective migrants) and abroad. Equally essential is detailed and updated knowledge of what immigration and labor policies present or potential immigration countries are pursuing and what they intend to do in the future. The cooperation of international institutions such as the International Committee on Migration, the International Labor Office, the World Bank, and several of United Nations specialized agencies would assist in these regards. Achieving these objectives would be well served by the creation of a small but specialized National Emigration Institute. Such an institute could

routinely study the thematic of emigration, and could assist in the determination of how to best balance the specialized manpower needs of the country vis-à-vis the potential pool of prospective emigrants and their skill mix.

IX. POPULATION PROJECTIONS

128. Nine sets of population projections were prepared for this report by the World Bank's Population, Health and Nutrition Department. The assumptions underlying these projections are given below:

1. Mortality Assumptions: All projections assume a similar mortality trend. At the starting point of the projection period (1980-85) life expectancy at birth for both sexes combined is assumed to be 61.04 years (Coale and Demeny Model Life Tables, South family) rising to 71.34 by 2010-15.
2. Fertility Assumptions:
 - a. Constant fertility: the total fertility rate (TFR, UN broad peak) is fixed at 4.50 throughout the projection period.
 - b. Gradual fertility decline: The TFR declines from 4.50 in 1980-85 to 2.26 by 2010-15.
 - c. Rapid fertility decline: The TFR declines from 4.50 in 1980-85 to 2.09 in 2010-15.
3. Net Emigration Assumptions
 - a. No emigration
 - b. Annual net emigration throughout the projection period equal to that observed in the 1970-80 intercensal period (difference between intercensal natural increase and intercensal population increase) distributed by age and sex according to United Nations' age-sex emigration model.
 - c. Same as "b" but emigration gradually declines to zero by the year 2000.

The crude birth and population growth rates implied by the various assumptions are shown in the statistical appendix (tables IX.1 and IX.2). Of particular note are the birth rate fluctuations observed with the constant fertility assumptions.. These fluctuations are the result of changes in age structure.

129. Table IX.3 summarizes the results of the nine projections. The figures are self-explanatory but it should be noted that the projection combining a gradual fertility decline and declining emigration leads to a population of almost the same size as that desired by the Cape Verde government by the year 2000. It is also of interest to observe that fertility declines alone - in the absence of some level of net emigration - are incapable of leading to a population size corresponding to that which the government desires. It is also feasible to attain the desired population size by the year 2000 through the maintenance of emigration levels during the remainder of the century at more or less the same levels as during the 1970-80 period, without any fertility reduction. Any other combination of declining fertility

and some emigration significantly reduces the expected population size in 2000, in all cases substantially below the government's target size. It is questionable, of course, whether or not such high levels of emigration can be maintained and whether or not fertility can be made to decline as rapidly as the projections assume. The importance of emigration is, however, underscored by the results of the projections, and so is the need to reduce fertility.

130. The three projections most likely to approximate the future evolution of Cape Verde's population are included in full in the appendix (tables IX.4 IX.5 and IX.6), as are tables summarizing the effects of all nine projections on the eventual size of the working age population, the primary school age population, and the number of women in reproductive ages.

Table II.1 CAPE VERDE: Percent Distribution of Causes of Death
All Ages and Children Under One Year of Age, 1980

ALL AGES		UNDER ONE YEAR OF AGE	
Cause of Death (International Classification) Code	Percent	Cause of Death (International Classification) Code	Percent
Heart Disease (B 27-30)	29.9	Diarrheal Diseases (B 2-4)	26.9
Senility and Ill-Defined Causes (B 45)	24.9	Congenital Causes (B 42-43)	11.0
Diarrheal Diseases (B 2-4)	13.2	Ill-Defined Causes (B 45)	10.5
Malignant and Benign Tumors (B 19-20)	6.4	Pneumonia (B 32)	8.3
Congenital Causes (B 42-43)	4.3	Tetanus (B 18)	7.1
All Accidents (BE 47-50)	4.0	Bronchitis (B 33)	3.8
Pneumonia (B 32)	3.9	Protein-Calorie Malnutrition (B 22-23, 46)	3.6
Bronchitis (B 33)	2.9	Measles (B 14)	1.6
Protein-Calorie Malnutrition (B 22-23, 46)	2.8	Mental Causes (B 46)	1.5
Tetanus (B 18)	2.4	Heart Disease (B 46)	1.4
Tuberculosis (B 5-6)	1.7	All Accidents (BE 47-50)	.2
All Others	3.6	All Others	24.2
All Causes	100.0	All Causes	100.0

Source: Ministério da Saúde e Assuntos Sociais, Boletim Estatístico,
Vol. I, Praia, 1982.

Table II.2 CAPE VERDE: Health Personnel, as of June 1982

Physicians	51
Dentists	3
Dental Assistants	3
Pharmacists	8
Pharmaceutical Assistants	9
Laboratory Assistants	26
Radiology Technicians	2
Sanitary Engineers	1
Sanitary Auxiliaries	1
Midwives	10
Traditional Midwives	223
Nurses	187
Basic Sanitary Agents	485
Social Assistants	8
Social Auxiliaries	5
Infant Trainers	1
Infant Monitors	2

Source: Ministério da Saúde e Assuntos Sociais, Boletim Estatístico, Vol. II, Praia, 1983.

Table II.3 CAPE VERDE: Hospital Beds per 1000 Inhabitants, 1980

<u>ISLAND</u>	<u>NUMBER OF BEDS</u>	<u>BEDS PER 1000 INHABITANTS</u>
Boa Vista	6	1.7
Brava	10	1.4
Fogo	36	1.1
Maio	5	1.2
Sal	7	1.1
Santiago	303	2.0
Santo Antão	76	2.0
São Nicolau	12	0.8
São Vicente	141	3.3
TOTAL	596	2.0

Source: Ministério da Saúde e Assuntos Sociais, Boletim Estatístico, Vol. II, Praia, 1983.

Table II.4 CAPE VERDE: Percent Distribution of Malnourished Children Examined in Mother-Child Health Units by Degree of Malnutrition (Welcome Classification) by Regional Units, 1982

Mother-Child Health Units	Degree of Malnutrition				TOTAL
	60-80% (without edema)	60-80% (with edema)	60% (without edema)	60% (with edema)	
Boa Vista	18.0	-	-	-	10.0
Brava	19.0	-	0.6	-	19.6
Fogo	31.7	-	5.9	-	37.6
Maio	16.2	-	1.1	-	17.2
Sal	7.1	-	1.7	0.4	9.2
Santiago					
Santo Antão					
Ribeira Grande e Paúl	26.5	-	1.3	0.5	27.8
Porto Novo	10.0	-	0.5	-	10.5
Praia	16.3	0.2	1.4	-	17.9
Santa Catarina	7.8	1.5	2.5	0.5	12.4
São Nicolau	9.7	-	0.7	-	10.4
São Vicente	9.9	0.04	3.0	-	12.9

Source: Direcção Geral da Saúde, Ministério da Saúde e Assuntos Sociais, Relatório das Actividades do Projecto de PMI/PF referente ao ano de 1982 e perspectivas para 1983, Mindelo, São Vicente, 1983.

Table II.5 CAPE VERDE: Provisional Results of the Anthropometric (Torso and Arm) Nutrition Survey of Children Conducted by the Health and Social Affairs Ministry; by Island, 1983

	NUTRITIONAL STATUS		
	<u>Poor</u>	<u>Mediocre</u>	<u>Satisfactory</u>
Boa Vista	0.0	7.0	92.9
Brava	0.0	7.6	92.3
Fogo	2.7	25.6	71.6
Maio	6.0	15.2	78.2
Sal	3.7	3.7	92.6
Santiago			
Urban Praia	2.7	20.3	77.0
Rural Praia	6.0	19.0	75.0
Santa Catarina	2.5	14.2	83.2
Tarrafal	5.4	19.8	74.8
Santa Cruz	15.3	34.2	50.5
Santo Antão	3.2	18.6	78.2
São Nicolau	1.9	16.3	81.7
São Vicente	1.5	4.8	93.7
CAPE VERDE	3.6	16.2	80.2

Source: Provisional data furnished to the July 1983 World Bank Mission to Cape Verde.

Table II.6 CAPE VERDE: Physical Health Infrastructure, 1982 and Projected for 1985

	<u>Boa Vista</u>		<u>Brava</u>		<u>Fogo</u>		<u>Maió</u>		<u>Sal</u>		<u>Santiago</u>		<u>Santo Antao</u>		<u>Sao Nicolau</u>		<u>Sao Vicente</u>		<u>Cape Verde</u>		
	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	<u>1982</u>	<u>1985</u>	
Basic Sanitary																					
Units	2	3	2	2	1	5	-	-	2	2	11	13	6	10	1	3	4	4	31	44	
Health Posts	2	2	2	2	3	3	2	2	2	1	12	12	7	7	2	3	-	-	32	32	
Maternal-Child																					
Care Units	1	1	1	1	1	1	1	1	1	1	2	2	2	2	1	1	1	1	11	11	
Health Centers	-	-	1	1	-	-	-	-	1	-	-	-	-	2	1	1	-	-	3	4	
Regional Hospitals	-	-	-	-	1	1	-	-	-	1	1	1	1	-	-	-	-	3	4		
Central Hospitals	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1	2	2	

Source: Ministério da Saúe e Assuntos Sociais, Boletim Estatístico, Vol. IV, Praia, 1983.

Table III.1 CAPE VERDE: Percent of the Urban and Rural Population with Access to Water and Waste Disposal Facilities, 1980

<u>Water Facilities</u>	<u>Number</u>	<u>Percent</u> (in thousands)
a) Urban population with access to piped water	24	8.4
b) Urban population with access to public water taps	84	28.0
c) Rural population with satisfactory access to potable water	39	13.5
<u>Waste Disposal Facilities</u>		
a) Public sewerage (parts of Praia and Mindelo)	12	4.0
b) Urban population with access to septic tanks, latrines, etc.	25	8.4
c) Rural population with access to septic tanks, latrines, etc.	19	6.0

Source: Décennie Internationale de l'Eau Potable et de l'Assainissement, Aperçu du Secteur par Pays, République du Cap Vert, décembre 1980.

Table IV.1 CAPE VERDE: Primary Cycle Educational Statistics, 1982-83 School Year

	STUDENTS					TEACHERS	STUDENTS per teacher	CLASSROOMS			Percent of class- rooms that are adequate	Students per class- room	Teaching shifts per classroom
	1st	2nd	3rd	4th	5th			Adequate	Inadequate	TOTAL			
<u>Regions/Concelhos:</u>													
Praia	2662	2189	1877	1478	8206	226	36	56	60	116	48	71	2.6
Santa Catarina	1507	1370	1406	1518	5801	203	29	46	60	106	43	55	2.2
Terrafal	1147	846	782	990	3765	133	28	38	26	64	59	59	2.3
Santa Cruz	989	1003	792	679	3463	128	27	52	10	62	84	56	2.2
Malo	144	183	208	195	730	27	27	14	1	15	93	49	1.9
Fogo	1419	1105	966	910	4400	160	28	34	41	75	45	59	2.3
Brava	321	276	273	245	1115	41	27	17	7	24	71	46	1.8
<u>Leeward Islands</u>													
Sao Vicente	2399	1947	1758	1394	7498	159	47	69	17	86	80	87	2.5
Ribeira Grande	1178	994	886	884	3942	128	31	35	29	64	55	72	2.1
Paul	432	345	345	244	1366	36	38	16	5	21	76	65	2.1
Porto Novo	744	681	629	514	2568	74	35	33	12	45	73	57	2.1
Sao Nicolau	736	655	492	518	2421	77	31	39	7	46	85	53	1.9
Sal	311	289	266	250	1116	33	34	18	5	23	78	48	1.6
Roa Vista	101	167	164	128	560	22	26	13	1	14	93	40	1.7
<u>Windward Islands</u>													
	5901	5078	4340	3952	19471	529	37	223	76	299	75	65	2.2
<u>Cape Verde</u>	14090	12050	10844	9967	46951	1447	32	480	281	761	63	62	2.3

Source: Data furnished to the Mission by the Ministerio da Educacao e Cultura.

Table IV.2 - CAPE VERDE : Enrollment Trends in Basic and Complementary Elementary Education; 1973-74 to 1982-83 School Years

<u>School Year</u>	<u>Basic Elementary</u>		
	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
1973-74	24256	22308	46564
1974-75	25236	23333	48569
1975-76	31584	28811	60395
1976-77	28883	27158	56041
1977-78	29377	27029	56406
1978-79	23764	22775	46539
1979-80	26535	25673	52208
1980-81	25985	24839	50824
1981-82	24810	23908	48718
1982-83	23948	23003	46951

	<u>Complementary Elementary</u>		
	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
1973-74	1875	1095	2970
1974-75	1987	1564	3551
1975-76	2179	2118	4297
1976-77	2356	1988	4344
1977-78	2163	1929	4092
1978-79	2293	2035	4333
1979-80	3148	2753	5901
1980-81	3650	3131	6781
1981-82	4048	3602	7650
1982-83	4088	3637	7725

Source: Data Furnished to the Mission by the Ministério de Educação e Cultura

Table V.1 CAPE VERDE: Decennial Population Census Counts and Intercensal Average Annual Rates of Population Growth, 1878-1980

<u>Census Year</u>	<u>Population</u>	<u>Intercensal Average Annual Rate of Growth</u>
1878	99,317	
1890	127,390	2.1
1900	147,424	1.5
1910	142,552	-0.3
1920	159,675	1.1
1930	146,299	-0.9
1940	181,740	2.2
1950	149,971	-1.9
1960	199,902	2.9
1970	270,999	3.1
1980	295,703	0.9

Source: Custódio Conim, "Aspects Généraux de la Démographie au Cap Vert", Sixième Réunion sur le Programme de Recherche Démographique pour le Sahel, Praia, June 29 - July 4, 1983.

Table V. 2 CAPE VERDE: Quinquennial Vital Rates, 1931-35 to 1976-80

<u>Period</u>	<u>Crude Birth Rate</u>	<u>Crude Death Rate</u>	<u>Natural Increase Rate</u>
1931-35	42.4	24.3	18.1
1936-40	43.7	22.7	21.0
1941-45	32.7	49.0	-16.3
1946-50	31.1	50.0	-18.9
1951-55	49.0	16.3	32.7
1956-60	47.2	13.8	33.4
1961-65	42.6	12.0	30.6
1966-70	38.7	10.9	27.9
1971-75	31.4	11.4	20.0
1976-80	33.2	9.3	23.9

Source: Custódio Conim, "Aspects Généraux de la Démographie au Cap Vert", Sixième Réunion sur le Programme de Recherche Démographique pour le Sahel, Praia, June 29 - July 4, 1983.

Table V.3 CAPE VERDE: Annual Vital Rates, 1961-1980

<u>Period</u>	<u>Crude Birth Rate</u>	<u>Crude Death Rate</u>	<u>Natural Increase Rate</u>	<u>Infant Mortality Rate</u>
1961	39.8	12.4	27.4	-
1962	42.2	11.1	31.0	-
1963	44.3	14.6	29.6	-
1964	43.3	10.1	33.1	-
1965	41.3	10.7	30.6	-
1966	40.0	10.3	29.7	-
1967	41.0	10.7	30.3	-
1968	39.6	9.4	30.2	-
1969	39.8	13.2	25.6	-
1970	36.1	10.6	25.5	-
1971	36.2	15.5	20.8	128.8
1972	34.7	10.4	24.3	91.9
1973	31.5	12.4	19.1	111.9
1974	30.6	9.5	21.2	79.3
1975	29.3	10.5	18.8	108.6
1976	34.4	10.0	24.3	99.6
1977	34.4	8.9	25.6	85.4
1978	34.5	11.0	23.5	93.9
1979	34.8	8.4	26.4	59.7
1980	37.4	7.5	29.9	60.0

Source: Ministério da Saúde e Assuntos Sociais, Boletim Estatístico, Vol. I, Praia, 1982.

Table V.4 CAPE VERDE: Age and Sex Distribution and Sex Ratios
(males per 100 females)
1980

<u>AGE GROUP</u>	<u>BOTH SEXES</u>	<u>MALES</u>	<u>FEMALES</u>	<u>SEX RATIOS</u>
0-4	50041	24478	25563	95.8
5-9	41556	20650	20906	98.8
10-14	44347	21928	22419	97.8
15-19	40200	19737	20463	96.4
20-24	26639	11408	15231	74.9
25-29	15023	5671	9352	60.6
30-34	7500	2914	4586	63.5
35-39	7857	2833	5042	56.2
40-44	11529	4281	7248	59.1
45-49	10930	4432	6498	68.2
50-54	9118	4173	5545	75.3
55-59	5950	2665	3285	81.1
60-64	6289	2802	3387	80.4
65-69	6450	2927	3523	83.1
70-74	5767	2644	3123	84.7
75+	5889	2152	3737	57.6
<u>All Ages</u>	295703	135695	160008	84.8

Table V. 5 CAPE VERDE: Dependency Ratios and Percent of the Population in Productive and Dependent Ages, 1950 to 1980

<u>Census Year</u>	<u>Dependency Ratios</u>			<u>Percent Distribution</u>		
	<u>0-14</u> <u>15-64</u>	<u>65+</u> <u>15-64</u>	<u>0-14,65+</u> <u>15-64</u>	<u>0-14</u>	<u>15-64</u>	<u>65+</u>
1950	55.5	6.6	62.1	34.2	61.8	4.0
1960	82.8	8.9	91.7	43.2	52.2	4.0
1970	100.1	10.7	110.8	47.5	47.4	5.1
1980	96.0	12.8	108.8	46.0	47.9	6.1

Table V.6 CAPE VERDE: Population, Average Annual Rates of Population Growth, and Population Density; by Islands, 1970-1980

<u>Island</u>	<u>Population</u>		<u>Annual Average</u>	<u>Density</u>	
	<u>1970</u>	<u>1980</u>	<u>Growth Rate</u>	<u>(in square Kilometers)</u>	
			<u>1970 - 80</u>	<u>1970</u>	<u>1980</u>
Boa Vista	3463	3397	-0.6	5.8	5.4
Brava	7858	6984	-1.1	121.2	109.1
Fogo	29692	31115	0.5	61.8	65.1
Maio	3451	4103	1.8	12.9	15.2
Sal	5642	6006	0.6	25.5	27.0
Santiago	129508	145923	1.3	130.0	147.3
Santo Antao	45051	43190	-0.3	57.3	55.6
São Nicolau	16320	13575	-1.9	47.5	39.6
São Vicente	31586	41792	3-0	139.1	183.2
CAPE VERDE	272571	296093	0.9	68.0	74.2

Source: Custodio Conim, "Aspects Generaux de la Demographie au Cap Vert," Sixième Réunion sur le Programme de Recherche Demographique pour le Sahel, Praia, June 29 - July 4, 1983 and Secretaria de Estado e Cooperação e Planeamento and Republica de Cabo Verde, Primeiro Plano Nacional de Desenvolvimento, 1982-1985, Volume I, Praia, 1982.

Table VI.1 CAPE VERDE: Sex Distribution of the Population
Over 15 Years of Age by Economic Activity;
Provisional Results of the 1980 Census

	<u>Both Sexes</u>	<u>Males</u>	<u>Females</u>
<u>Population over 15 years of age</u>	<u>169800</u>	<u>74300</u>	<u>95500</u>
<u>Economically Active Population</u>	<u>91300</u>	<u>57700</u>	<u>33600</u>
Permanently Employed	28700	21000	10000
Temporarily Employed	32900	22900	10000
Undetermined	3400	1900	1500
Unemployed	26300	11900	14400
Looking for first job	(11500)	(5000)	(6500)
Looking for new job	(14800)	(6900)	(7900)
<u>Economically Inactive Population</u>	<u>78500</u>	<u>16600</u>	<u>61900</u>
Housewives	35300	-	35300
Students	11400	5700	5700
Disabled	8800	3100	5700
Pensioners	4300	2400	1900
Not specified	18700	5400	13300

Source: Republic of Cape Verde, Secretaria de Estado de Cooperação e Planeamento, Primeiro Plano Nacional de Desenvolvimento, 1982-1985, Volume I, Praia, 1982, p. 12.

Table VI.2 CAPE VERDE: Urban-Rural Distribution of the Population Over 15 Years of Age by Economic Activity; Provisional Results of the 1980 Census

	<u>Urban & Semi-Urban</u>	<u>Rural</u>
<u>Population over 15 years of age</u>	62,200	107,600
<u>Economically Active Population</u>	34,700	56,600
Permanently employed	15,000	13,700
Employed in Public Investment Programs	3,800	19,900
Underemployed	6,500	6,100
Unemployed	9,400	16,900
<u>Economically Inactive Population</u>	27,500	51,000

Source: Republic of Cape Verde, Secretaria de Estado de Cooperação e Planeamento, Primeiro Plano Nacional de Desenvolvimento, 1982-1985. Volume I, Praia, 1982, p. 13.

Table VI.3 CAPE VERDE: Distribution of the Economically Active Population in 1980 and Projected in 1985

	1980		1985	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
<u>Population over 15 years of age</u>	<u>170,000</u>	<u>-</u>	<u>195,000</u>	<u>-</u>
<u>Economically active population</u>	<u>91,000</u>	<u>100</u>	<u>105,000</u>	<u>100</u>
Permanently employed	29,000	32	35,000	33
Temporarily employed	36,000	39	48,000	46
Development projects	(23,000)	(25)	(33,000)	(32)
Other	(13,000)	(14)	(15,000)	(14)
Unemployed	26,000	29	22,000	21
<u>Economically inactive population</u>	<u>79,000</u>	<u>-</u>	<u>90,000</u>	<u>-</u>

Source: Republic of Cape Verde, Secretaria de Estado de Cooperaç3o e Planeamento, Primeiro Plano Nacional de Desenvolvimento, 1982-1985, Volume I, Praia, 1982, p. 102.

Table VI.4 CAPE VERDE: Urban Employment Situation, 1978

	<u>Praia</u>	<u>Mindelo</u>
Population	39,400	33,200
Active population (15 + years)	21,300	18,308
Labor force. ^{a/}	1,230	8,024
Participation rate, %	52.7	43.8
Employment	8,543	5,670
Private, %	39.1	53.4
Public, %	60.9	46.6
Agriculture and fisheries, %	5.2	2.8
Industry, %	4.0	9.6
Construction, %	20.0	13.4
Services, %	70.8	74.2
Unemployment	2,687	2,354
% of labor force	23.9	29.3
Inactive and Unemployed Supported by Emigrants, %	5.2	17.0

^{a/} Computed by adding employment and unemployment figures.

Sources: J.A. Sonsa Fialho (ILO Consultant), Inquérito às Famílias Sobre Emprego e Desemprego, Geneva, 1978 and World Bank, The Republic of Cape Verde: Economic Development in a Small Archipelago, Washington, D.C., May 30, 1980, p. 66 (Report No. 2730-CV).

Table VI.5 CAPE VERDE: Percent Distribution of the Economically Active Population by Industry; Provisional Results of the 1980 Census

Agriculture and livestock	38.4
Artisanal fishing	7.9
Extractive industries	1.1
Manufacturing industries	5.5
Construction	3.9
Production and distribution of water and energy	1.1
Wholesale and retail trade	9.2
Bank, insurance	0.6
Transport, storage and communication	6.1
Administration	15.2
Hotels and restaurants	0.5
Other activities and services not clearly defined	10.5

Source: Republic of Cape Verde, Round Table of Development Partners, Praia, June 1982, Volume I, p. 9.

**Table VI.6 CAPE VERDE: Percent Distribution of the
Permanently Employed Labor Force by Level of Skills;
Provisional Results of the 1980 Census**

High level personnel and technicians	4.0
Intermediate technical personnel	3.0
Highly skilled personnel	6.3
Skilled personnel	12.7
Specialized personnel	33.9
Unskilled personnel	40.0

Source: Republic of Cape Verde, Round Table of Development
Partners, Praia, June 1982, Volume I, p. 9.

Table VII.1 CAPE VERDE: Summary of Family Planning Statistics,
1980 and 1982; Percent Change

	<u>Family Planning Consultations</u>	<u>Percent Change</u>
	<u>First Consultations</u>	
1980	1806	+173.4
1982	3131	
	<u>Follow-up Consultations</u>	
1980	7835	+214.3
1982	16794	
	<u>Contraceptive Pill Use</u>	
	<u>First Time Users</u>	
1980	1618	+167.2
1982	2706	
	<u>Follow-up Consultations</u>	
1980	4864	+304.0
1982	14788	
	<u>Intrauterine Device Use</u>	
	<u>Insertions</u>	
1980	163	+213.3
1982	377	
	<u>Follow-up Consultations</u>	
1980	843	+168.2
1982	1418	
	<u>Injectables (Depo-Provera and</u>	
	<u>Noristerat) use</u>	
1980	194	- 37.1
1982	122	
	<u>Female Sterilizations</u>	
1980	40	-472.5
1982	189	
	<u>Interruptions of Pregnancy</u>	
1980	30	+853.3
1982	256	

Source: Direcção Geral da Saúde, Ministério da Saúde e Assuntos Sociais, Relatório das Actividades do Projecto de PMI/PF Referente ao Ano de 1982 e Perspectivas para 1985, Mindelo, São Vicente, 1983.

Table VIII.1 CAPE VERDE: Estimates of Net International Migration, by Periods; 1906 through 1973

	<u>Emigrants</u>	<u>Return Migrants and Immigrants</u>	<u>Balance</u>
1906-18	31399	6593	24806
1919-32	15615	3123	12492
1933-42	7147	6958	189
1943-52	38425	13612	24813
1953-62	48988	32481	16507
1963-73	117511	73128	44383
1906-73	259085	135895	123190

Source: António Carreira, The People of the Cape Verde Islands: Exploitation and Emigration, Archon Books, Hamden, Conn., 1982, Table 43, p. 184.

Table VIII.2 - Rough Estimates of Cape Verdean and Descendants
Living Abroad, Circa 1980

<u>Countries</u>	<u>Cape Verdean Emigrants and descendants</u>
United States	200,000 - 300,000
Portugal and Spain	40,000
Angola	35,000
Senegal	22,000 - 25,000
France	10,000 - 15,000
Netherlands	8,000 - 10,000
São Tomé and Príncipe	8,000
Italy	8,000 - 10,000
Luxembourg	3,000
Brasil	3,000
Switzerland	2,500 - 3,000
Argentina	2,000
Other countries (United Kingdom) (Yugoslavia, etc).	?
All countries	341,500 - 454,000

Source: António Carreira, The People of the Cape Verde Islands: Exploitation and Emigration, Archon Books, Hamden, Conn., 1982; and estimates provided to this mission by Dr. Josue Eduardo Barbosa, Director General, Emigration and Consular Services, Ministry of Foreign Relations, Republic of Cape Verde.

Table VIII.3 Cape Verdean Immigrants Admitted to the United States by Fiscal Year, 1954 to 1980

<u>YEAR</u>	<u>NUMBER</u>	<u>YEAR</u>	<u>NUMBER</u>
1954	70	1968	417
1955	41	1969	206
1956	20	1970	168
1957	15	1971	183
1958	19	1972	248
1959	19	1973	214
1960	9	1974	122
1961	5	1975	196
1962	13	1976	1110
1963	16	1977	964
1964	14	1978	941
1965	18	1979	765
1966	132	1980	788
1967	335		

Source: Unpublished data courtesy of Roger Kramer, Immigration and Naturalization Service, United States Department of Justice, Washington, D.C.

Table VIII.4 CAPE VERDE: Workers' Remittances by Country of Origin,
1978 - 1982
(in millions of Cape Verdean Escudos)

	1978		1979		1980		1981		1982	
	Value	Percent	Value	Percent	Value	Percent	Value	Percent	Value	Percent
United States	218	26	219	24	346	21	402	26	394	24
Netherlands	241	29	253	28	350	21	330	21	340	21
Portugal	122	15	125	14	265	16	234	15	199	12
France	47	6	71	8	129	8	140	9	265	16
Angola	35	4	40	4	60	4	118	8	166	13
Germany, Fed. Rep. of	34	4	35	4	111	7	83	6	86	5
United Kingdom	42	5	42	5	82	5	66	4	41	2
Italy	17	2	21	2	72	4	38	2	33	2
Others	82	9	93	11	195	14	128	9	95	5
TOTAL	838	100	899	100	1610	100	1539	100	1619	100
As percent of GDP		44		40		62		48		35
Private consumption		38		40		54		47		47
Imports excluding aid		51		48		60		41		39

Source: IMF, Cape Verde: Recent Economic Development, August 5, 1982 and data provided by Cape Verdean authorities to the Mission.

Table VIII.5 Cape Verdean Immigrants Admitted to the United States by
Major Occupation Group, Absolute Number and % Distribution,
Fiscal Years 1977-1979

Occupational Group	1977		Number	%	1978		1979	
	Number	%			Number	%	Number	%
Professional, Technical and kindred workers	17	1.8			23	2.5	20	2.6
Managers and administrators except farm	22	2.3			10	1.1	19	2.5
Sales Workers	2	.2			2	.2	-	-
Clerical and kindred workers	18	1.9			18	1.9	8	1.1
Craftsmen and kindred workers	63	6.5			53	5.6	29	3.8
Operatives except transport	41	4.2			46	4.9	53	6.9
Transport equip. operatives	16	1.7			17	1.8	4	.5
Laborers except farm	55	5.7			66	7.0	63	8.2
Farmers and farm managers	2	.2			1	.1	-	-
Farm laborers and farm foremen	29	3.0			15	1.6	8	1.0
Service workers except private household	14	1.4			19	2.0	9	1.2
Private household workers	72	7.5			55	5.8	21	2.8
Housewives, children & others with no occupation reported	613	63.6			616	65.5	531	69.4
TOTAL	964	100.0			941	100.0	765	100.0

Source: Unpublished data Courtesy of Roger Kramer, Immigration and Naturalization Service,
United States Department of Justice, Washington, D.C.

Table VIII.6 Cape Verdean Immigrants Admitted to the United States by Age, Absolute Number and % Distribution, Fiscal Years, 1978-1980

AGE	1978		1979			1980	
	Number	%	Number	%	Number	%	
19 and under	414	44.0	341	44.6	332	42.1	
20-59	472	50.2	392	51.2	406	51.5	
60 and over	55	5.8	32	4.2	50	6.4	
ALL AGES	941	100.0	765	100.0	788	100.0	

Source: Unpublished data Courtesy of Roger Kramer, Immigration and Naturalization Service, United States Department of Justice, Washington D.C.

Table VIII.7 Cape Verdean Immigrants Admitted to the United States by
Sex and Marital Status, Absolute Number and % Distribution
Fiscal Years, 1977-1979

	1977		1978		1979	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
<u>MALES</u>						
Single	289	62.0	305	63.9	210	57.5
Married	171	36.7	167	35.0	149	40.8
Widowed, divorced and unknown	6	1.3	5	1.1	6	1.7
TOTAL	466	100.0	477	100.0	365	100.0
<u>FEMALES</u>						
Single	292	58.6	282	60.8	237	59.2
Married	185	37.2	165	35.5	146	36.5
Widowed, divorced and unknown	21	4.2	17	3.7	17	4.3
TOTAL	498	100.0	464	100.0	400	100.0
Both Sexes	964	-	941	-	765	-

Source: Unpublished data Courtesy of Roger Kramer, Immigration and Naturalization Service, United States Department of Justice, Washington, D.C.

Table VIII.8 Age Distribution of Cape Verdean Emigrants to all Destination Countries and of Cape Verdean Immigrants to the United States, 1980 1/

<u>AGE</u>	<u>Cape Verde</u> <u>Emigration Statistics</u>		<u>United States <u>2/</u></u> <u>Immigration Statistics</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
Under 15	3	.3	234	29.7
15 - 29	763	71.4	287	36.4
30 - 49	183	17.1	175	22.2
50 and over	119	11.2	92	11.7
ALL AGES	1068	100.0	788	100.0

Source: For Cape Verde, Direcção Geral de Estatística, Boletim Trimestral de Estatística, 1981, Vol. II, No. 4, Table 5, p.7; and for the United States, Unpublished data courtesy of Roger Kramer, Immigration and Naturalization Service, United States Department of Justice, Washington D.C.

1/ Note that the figures for the population under age 15 differ substantially in the two sources. It is likely that the Cape Verdean emigration authorities do not register children who are leaving the country.

2/ U.S. Fiscal year runs from October 1979 through September 1980.

Table VIII.9 Monthly Salaries of Temporary Cape Verdean Workers
in Angola, As Agreed in the Bilateral Labor Accord of
1978

<u>Category</u>	<u>Skill Level</u>	<u>Monthly Salary</u> <u>(in U.S. dollars)</u>
1	Personnel with high qualifications working as consultants at the central level	1,302
2	Personnel with high qualifications teaching in universities or scientific institutes	1,140
3	Personnel with high qualifications engaged in technical pursuits e.g., surgeons, chief engineers, etc.	1,092
4	Personnel with high qualifications employed as physicians, agronomists veterinaries, engineers, jurists, economists, architects	960
5	Middle-level technicians	860
8	Specialized operatives employed as mechanics, electricians, masons, painters, machinists	730
9	Unskilled workers	400

Source: Data provided to the Mission

Table IX.1 CAPE VERDE; PROJECTED VITAL RATES UNDER VARIOUS FERTILITY ASSUMPTIONS
AND NO EMIGRATION; 1980-85 TO 2010-15

Period	Constant Fertility			Gradual Fertility			Eapid Fertility		
	Crude birth rate	Crude death rate	Natural increase rate	Crude birth rate	Crude death rate	Natural increase rate	Crude birth rate	Crude death rate	Natural increase rate
1980-85	35.3	11.3	2.41	35.3	11.3	2.41	35.3	11.3	2.41
1985-90	44.0	10.3	3.37	39.6	10.0	2.97	35.4	9.7	2.57
1990-95	46.5	9.0	3.76	37.3	8.4	2.89	30.8	8.0	2.28
1995-00	44.9	7.6	3.73	33.2	7.0	2.61	25.0	6.6	1.84
2000-05	42.1	6.5	3.56	28.7	6.0	2.27	20.0	5.8	1.42
2005-10	40.7	5.8	3.49	25.3	5.5	1.98	19.9	5.7	1.42
2010-15	41.4	5.2	3.62	22.7	5.0	1.77	19.7	5.5	1.42

Table IX.2 CAPE VERDE, PROJECTED POPULATION GROWTH RATES UNDER DIFFERENT FERTILITY
AND EMIGRATION ASSUMPTIONS AND DECLINING MORTALITY
1980-2015

	Constant Fertility			Gradual Fertility Decline			Rapid Fertility Decline		
	No. Emigration	Emigration at 1970-80 rates	Migration declining to zero by 2000	No. Emigration	Emigration at 1970-80 rates	Emigration declining to zero by 2000	No. Emigration	Emigration at 1970-80 rates	Emigration declining to zero by 2000
1980-85	2.34	1.04	1.31	2.41	1.08	1.36	2.34	1.04	1.31
1985-90	3.33	1.76	2.38	2.96	1.39	2.00	2.54	.99	1.60
1990-95	3.74	2.05	3.06	2.88	1.18	2.19	2.27	.55	1.57
1995-00	3.73	2.06	3.42	2.60	.88	2.28	1.84	.05	1.48
2000-05	3.55	2.02	3.64	2.26	.60	2.32	1.42	-.38	1.45
2005-10	3.48	2.06	3.58	1.97	.34	2.04	1.42	-.39	1.47
2010-15	3.60	2.25	3.67	1.76	.13	1.82	1.41	-.40	1.46

Table IX.3 CAPE VERDE. POPULATION ESTIMATED UNDER VARIOUS FERTILITY AND EMIGRATION ASSUMPTIONS, 1990 TO 2015

Year	Constant Fertility			Gradual Fertility Decline			Rapid Fertility Decline		
	No. Emigration	Emigration at 1970-80 rates	Migration declining to zero by 2000	No. Emigration	Emigration at 1970-80 rates	Emigration declining to zero by 2000	No. Emigration	Emigration at 1970-80 rates	Emigration declining to zero by 2000
1980	293290	294987	294626	295703	295703	295073	293290	294957	294626
1985	329666	310680	314496	333506	312178	316453	329666	310680	314496
1990	389377	339323	354168	386662	334614	349793	374370	326459	340685
1995	469485	375897	412659	446561	354902	390338	419368	335643	368594
2000	565657	416657	489667	508678	370885	437430	459697	336411	396959
2005	675657	460865	597452	569659	382169	491317	493506	330096	426842
2010	804058	510868	702693	628702	388800	544123	529694	323743	459356
2015	962627	571824	844364	686667	391343	595845	568368	317384	494124

Table IX.4 CAPE VERDE, POPULATION PROJECTION BY AGE AND SEX: GRADUAL FERTILITY DECLINE AND DECLINING NET EMIGRATION (TO ZERO BY THE YEAR 2000) ASSUMPTIONS; 1980 TO 2015

AGE GROUP	CALENDAR YEAR							
	1980	1985	1990	1995	2000	2005	2010	2015
Males								
0-4	25579	23689	29170	31337	32239	32366	32128	31755
5-9	20919	24146	22606	28230	30632	31827	32022	31848
10-14	22433	20316	23654	22252	27972	30531	31739	31948
20-24	15241	19057	20593	19017	22785	21902	27745	30321
25-29	9358	13339	17264	19259	18276	22641	21783	27619
30-34	4589	7599	11441	15597	18244	18137	22491	21660
35-39	5045	3410	6335	10181	14704	18070	17985	22328
40-44	7253	4399	2977	5859	9746	14514	17862	17804
45-49	6502	6699	4105	2798	5647	9559	14262	17585
50-54	5548	6029	6308	3898	2678	5479	9298	13907
55-59	3287	5104	5597	5921	3687	2555	5245	8930
60-64	3389	2942	4626	5120	5466	3430	2388	4925
65-69	3525	2907	2550	4057	4534	4885	3086	2163
70-74	3125	2773	2321	2064	3330	3767	4098	2615
75 +	3739	3699	3527	3213	2954	3804	4592	5300
ALL AGES	160008	167891	182905	202084	224907	251336	277161	302362
Females								
0-4	24478	23262	28580	30676	31542	31647	31397	31016
5-9	20650	23158	22231	27691	30025	31176	31343	31151
10-14	21928	20089	22705	21905	27463	29951	31114	31293
15-19	19737	21357	19659	22392	21711	27394	29889	31061
20-24	11408	18587	20313	18947	21974	21632	27311	29815
25-29	5671	10038	17036	19074	18273	21871	21547	27222
30-34	2914	4631	8705	15642	18191	18170	21767	21462
35-39	2833	2292	3911	7829	14916	18067	18065	21660
40-44	4281	2535	2067	3648	7542	14793	17927	17943
45-49	4432	4074	2425	1932	3560	7450	14622	17754
50-54	4173	4244	3933	2353	1943	3496	7329	14409
55-59	2665	3976	4066	3791	2255	1831	3412	7168
60-64	2802	2484	3738	3849	3583	2161	1819	3293
65-69	2927	2509	2245	3416	3549	3336	2020	1710
70-74	2644	2423	2107	1913	2951	3102	2943	1799
75 +	135695	148562	166887	188254	212523	239981	266962	293483
Both Sexes								
Total	295703	316453	349793	390338	437430	491317	544123	595845

Table IX.5 CAPE VERDE, POPULATION PROJECTION BY AGE AND SEX: GRADUAL FERTILITY DECLINE AND CONSTANT NET EMIGRATION ASSUMPTIONS: 1990 TO 2015

AGE GROUP		CALENDAR YEAR							
		1990	1995	1990	1995	2000	2005	2010	2015
	<u>Males</u>								
0-4		25579	23333	27811	28333	27206	25240	23392	21806
5-9		20919	23974	21915	26340	26908	25903	24075	22354
10-14		22433	20204	23259	21209	25581	26147	25185	23416
15-19		20476	21666	19485	22530	20488	24815	25343	24411
20-24		15241	18761	19844	17732	20746	18679	22890	23286
25-29		9358	12915	15966	16906	14858	17807	15654	19638
30-34		4589	7192	9960	12378	13114	11150	14001	11716
35-39		5045	3136	5259	7365	9312	10010	9084	10820
40-44		7253	4255	2503	4384	6185	7911	9604	6717
45-49		6502	6615	3870	2212	3971	5622	7234	7296
50-54		5548	5982	6147	3592	2027	3697	5248	6782
55-59		3287	5081	5500	5697	3332	1869	3450	4913
60-64		3383	2332	4578	4397	5210	3059	1712	3189
65-69		3525	2903	2533	4000	4393	4628	2733	1536
70-74		3125	2771	2315	2045	3273	3633	3868	2306
75*		3739	3697	3521	3201	2928	3740	4451	5048
ALL AGES		160008	165429	174466	182912	183532	183910	195924	195864
	<u>Females</u>								
0-4		24478	22913	27241	27727	26503	24664	22946	21286
5-9		20650	22931	21553	25929	26359	25351	23544	21846
10-14		21928	19375	22319	20883	25108	25636	24669	22916
15-19		19737	21248	19334	21680	20244	24427	24923	23993
20-24		11408	18346	19627	17762	20097	18630	22639	23075
25-29		5671	9727	15905	16860	15050	17348	15785	19525
30-34		2914	4388	7634	12857	13427	11697	13934	12234
35-39		2833	2147	3274	5780	10252	10669	8992	11156
40-44		4281	2471	1812	2769	4923	9049	9452	7804
45-49		4432	4044	2324	1631	2593	4621	8601	9995
50-54		4173	4227	3877	2227	1617	2497	4440	5321
55-59		2665	3969	4034	3718	2139	1555	2399	4292
60-64		2802	2480	3720	3802	3524	2034	1482	2296
65-69		2927	2505	2235	3388	3489	3257	1889	1383
70-74		2644	2421	2100	2898	2916	3034	2860	1672
75*		2152	2900	3158	3119	3010	3799	4362	4596
ALL AGES		135695	146749	160148	171390	181353	188259	192975	195480
Total	<u>Both Sexes</u>	295703	312178	334614	354902	370885	382169	388800	391343

Table IX.6 CAPE VERDE, POPULATION PROJECTION BY AGE AND SEX: RAPID FERTILITY DECLINE
AND CONSTANT NET EMIGRATION ASSUMPTIONS; 1980 TO 2015

AGE GROUP	CALENDAR YEAR							
	1980	1985	1990	1995	2000	2005	2010	2015
<u>Males</u>								
0-4	25794	22814	24279	22427	19064	15635	15735	15649
5-9	20661	24187	21447	22996	21304	18151	14885	15038
10-14	22648	19948	23472	20777	22343	20715	17657	14458
15-19	20371	21879	19232	22745	20075	21659	20067	17099
20-24	14954	18669	20053	17483	20965	18309	19935	18407
25-29	9087	12670	15887	17109	14614	18033	15392	17074
30-34	4405	6983	9769	12317	13303	10915	14238	11588
35-39	5269	2987	5102	7211	9253	10201	7858	11059
40-44	7612	4470	2372	4251	6049	7853	8792	6498
45-49	6492	6949	4063	2090	3850	5497	7177	8110
50-54	5510	5969	6459	3775	1912	3584	5130	6726
55-59	3159	5046	5485	5988	3504	1761	3344	4803
60-64	3434	2817	4548	4972	5476	3218	1612	3091
65-69	3598	2942	2433	3973	4379	4865	2875	1446
70-74	3159	2820	2346	1964	3251	3622	4066	2427
75+	3743	3722	3566	3243	2890	3706	4427	5183
ALL AGES	159887	164871	170510	173320	172239	167723	163190	158656
<u>Females</u>								

**Table IX.7 CAPE VERDE: Projected Working Age Population (both sexes, ages 15-64)
Under Various Combinations of Fertility and Emigration Assumptions and Declining Mortality
1980 to 2015**

Period	-----Constant Fertility----- Emigration at levels observed in 1970-80			--Gradual Fertility Decline-- Emigration at levels observed in 1970-80			----Rapid Fertility Decline---- Emigration at levels observed in 1970-80		
	No	Declining	Constant	No	Declining	Constant	No	Declining	Constant
	Emigration	to zero	emigration	Emigration	to zero	emigration	Emigration	to zero	emigration
		by 2000	up to 2015		by 2000	up to 2015		by 2000	up to 2015
1980	141933	141798	141765	141933	141798	141765	141933	141798	141765
1985	177042	162806	159597	177042	162806	159597	177042	162806	159597
1990	209757	181710	171027	209757	181710	171027	209757	181710	171027
1995	246406	205902	182180	246406	205902	182180	246406	205902	182180
2000	280593	229872	186271	280593	229872	186271	280593	229872	186271
2005	329159	271479	198473	323737	266752	194309	314872	259074	187566
2010	393139	326679	218968	373525	309726	205167	344397	284565	184776
2015	466670	391815	242688	423514	354440	214978	375026	312230	184219

Table IX.8 CAPE VERDE: Projected Primary School Age (both sexes, ages 6-12)
Population Under Various Combinations of Fertility and Emigration Assumptions and Declining Mortality
1980 to 2015

Period	-----Constant Fertility----- Emigration at levels observed in 1970-80			--Gradual Fertility Decline-- Emigration at levels observed in 1970-80			----Rapid Fertility Decline---- Emigration at levels observed in 1970-80		
	No	Declining	Constant	No	Declining	Constant	No	Declining	Constant
	Emigration	to zero by 2000	emigration up to 2015	Emigration	to zero by 2000	emigration up to 2015	Emigration	to zero by 2000	emigration up to 2015
1980	59582	59567	59563	59582	59567	59563	59582	59567	59563
1985	62926	61371	60999	62926	61371	60999	62926	61371	60999
1990	67094	62527	61005	67094	62523	60999	67094	62516	60988
1995	76375	67340	63245	83708	72366	64668	61591	53244	47654
2000	98445	85123	76040	96954	84476	75620	80241	69852	62522
2005	112645	97822	81698	84698	73677	61537	54617	47510	39570
2010	125058	110429	86081	83590	74144	57893	60510	53482	41858
2015	137193	122450	89114	80005	71817	52350	61860	55320	40137

Table IX.9 CAPE VERDE: Projected Number of Women in Reproductive Ages (15-49)
Under Various Combinations of Fertility and Emigration Assumptions and Declining Mortality
1980-85 to 2010-15

Period	-----Constant Fertility----- Emigration at levels observed in 1970-80			--Gradual Fertility Decline-- Emigration at levels observed in 1970-80			----Rapid Fertility Decline---- Emigration at levels observed in 1970-80		
	No	Declining	Constant	No	Declining	Constant	No	Declining	Constant
	Emigration	to zero by 2000	emigration up to 2015	Emigration	to zero by 2000	emigration up to 2015	Emigration	to zero by 2000	emigration up to 2015
1980	68606	68557	68544	68606	68557	68544	68606	68557	68544
1985	83629	78493	77270	83629	78493	77270	83629	78493	77270
1990	96580	86622	82535	96580	86622	82535	96580	86622	82535
1995	115607	101302	92207	115607	101302	92207	115607	101302	92207
2000	133433	115441	98869	133433	115441	98869	133433	115441	98869
2005	154011	133854	106859	151323	131509	104785	146927	127700	101427
2010	175341	153338	114655	165618	144931	107709	151178	132454	97436
2015	196709	173478	121883	175320	154948	107704	151282	134017	91800

