

The Child Development Index

**Holding governments to account
for children's wellbeing**

We're the world's independent children's rights organisation. We're outraged that millions of children are still denied proper healthcare, food, education and protection and we're determined to change this.

Save the Children UK is a member of the International Save the Children Alliance, transforming children's lives in more than 100 countries.

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The report, data and maps of the Child Development Index are available online at www.savethechildren.org.uk/childindex

Summary

How are children faring in today's increasingly integrated global economy? Are we seeing major reductions in child poverty and improvements in child wellbeing in countries with high levels of economic growth? What is happening to children in countries whose economies are experiencing slower growth, or are not growing at all? Is the income and opportunity gap between countries and people increasing and, if so, what does this mean for children left behind? How will the rising costs of food and fuel affect children? And how will the global financial crisis and recession impact them? These are questions that are rarely asked – and even less frequently answered – in the corridors of power.

Political leaders and economic policy-making and analysis generally devote too little attention to the distributional effects of economic growth. This oversight is particularly pronounced when it comes to children. It is generally still assumed that increases in household income will improve wellbeing, and that these improvements will benefit all family members, including children, to the same extent. Our report challenges this assumption.

We have developed the first ever global, multi-dimensional tool that enables us to monitor how individual countries are performing in relation to the wellbeing of their children – the Child Development Index. The Index will help to ensure that governments are held to account for the impact of their policies and priorities on children.

We hope it will put a real spotlight on governments, so that good performers feel emboldened and proud of their achievements, and poor performers are pressured to up their game.

In headline terms, our analysis shows that:

- there are still high levels of child poverty and deprivation in many countries (albeit often hidden from the public spotlight)
- income levels are a poor indicator of progress in reducing child deprivation
- children's wellbeing does not necessarily improve in line with adult wellbeing
- there is considerable variation – between countries, globally and within regions – in terms of the rights, opportunities and wellbeing that children enjoy, with the obvious implication that national political and policy choices matter enormously for children's wellbeing.

Across the world, 9.2 million children die every year before they reach their fifth birthday.¹ 97% of all child deaths occur in 68 developing countries.² One-quarter of all children worldwide are underweight.³ Nearly one in three has stunted growth.⁴ And 75 million primary school-age children are not enrolled in school, most of whom are girls. Although broader than these issues alone, these figures provide some sense of the scale and distribution of child poverty and deprivation. They reveal that the basic rights of millions of children around the world continue to be violated and denied.

Because there are many dimensions of child poverty and deprivation, tackling them requires action on many fronts. Based on the findings from our Index, we are highlighting three areas that warrant much more sustained attention and decisive action on the part of national governments, the international donor community, development NGOs, and the private sector.

- **Nutrition** – Child malnutrition is widespread across the developing world, and is now a major barrier to improving children’s wellbeing more generally.
- **Equitable development** – Economic growth is a necessary but insufficient condition for improving children’s wellbeing. More attention needs to be paid to the issue of equitable growth and development, so that the poorest communities can contribute to economic activity, and that its benefits are shared more widely – especially with children.
- **Women’s education and empowerment** – Extending educational opportunities for girls and women, and enhancing their rights and status, is crucial for the wellbeing of children.

This report has six sections. Section 1 highlights the key commitments that world leaders have made to children by signing up to international human rights conventions and political declarations, and outlines the gap between promises made and the reality. Section 2 considers the economic and social consequences of this collective failure to guarantee children’s rights and ensure their wellbeing. Section 3 explains how the Child Development Index was developed and what it seeks to measure. Section 4 highlights the varied performance of different countries, and provides a detailed analysis of trend and indicator by region. Section 5 pulls together some common themes from the analysis, identifying key policy issues that need to be urgently addressed if world leaders are to deliver on their promises to improve children’s wellbeing and provide all children with greater opportunities. And Section 6 draws together our conclusions, and puts forward recommendations for governments and international actors.

I What commitments have been made to children?

Improving the wellbeing of children is a moral duty; it is also a legal and political obligation. Governments have signed up to numerous international human rights conventions and political declarations (most notably, the UN Convention on the Rights of the Child (UNCRC) and the UN Millennium Declaration) that require them to uphold children's rights.

The UNCRC asserts that every child is entitled to an adequate standard of living, and the right to survive and develop to their full potential. All eight Millennium Development Goals (MDGs) arising from the Millennium Declaration, agreed in 2000, are directly or indirectly relevant to children. MDG 1 commits countries to reduce the number of children who are underweight by half. MDG 2 is about extending educational opportunity for all children, with a particular emphasis on girls in

MDG 3, who are more likely to drop out or not be enrolled in the first place. MDG 4 aims to reduce the under-five mortality rate by two-thirds by 2015.

Despite some progress, the MDGs are very far from being realised. For example, at current progress, MDG 4 will not be achieved globally until 2045.⁵ And despite the commitment made as part of MDG 1, as many as 143 million children are still malnourished, mostly in South Asia and sub-Saharan Africa.⁶ According to current trends, there will actually be more malnourished children in Africa by 2015 than there are today. There has been greater progress in relation to children's education, with a big increase in primary school enrolment in many countries. But by 2015, it is still estimated that 58 countries will not have met the goal of universal primary education.⁷

2 What are the costs and consequences of child deprivation?

The limited progress made in delivering children's rights represents a collective failure of political will on the part of governments and others. It also represents a vast waste of human potential and a block to economic and social development.

Children tend to be disproportionately poorer than adults,⁸ and child poverty can have long-term impacts on a family's and a country's levels of development across generations.⁹ Children who are malnourished can suffer irreversible cognitive and physical damage,¹⁰ and they are less likely to be able to concentrate and learn in school. Children whose growth is stunted are more susceptible to disease as adults, and women who were malnourished as children are more likely to experience complications in pregnancy and childbirth. Chronic malnutrition reduces children's productivity when they become adults. One recent study estimated that an adult's annual income is reduced by about a fifth if they were stunted as a child.¹¹ This has damaging knock-on consequences for a country's economic productivity.

Evidence shows that investing in children – in their health, nutrition, education and overall wellbeing – is good for the development of communities and countries. Take education: increasing the time that children spend at school improves their mental development and knowledge, enabling them to become more qualified, productive, and earn better wages as adults, than children who receive less schooling.¹² A study of 51 countries shows that, on average, each year of schooling increases a person's wages as an adult by nearly 10%.¹³

Save the Children UK has also established that investing in children has a significant positive impact on boosting economic growth rates. Our calculations show that, on average, a 5 percentage point improvement in child mortality rates raises economic growth by one percentage point per year over the following decade.¹⁴ Several countries in Asia, most obviously China, are often cited as examples where social investments preceded their economic take-off, with educated and healthy children growing up to become more productive workers.¹⁵

3 The Child Development Index

Save the Children UK has introduced the first ever globally representative, multi-dimensional tool to monitor and compare the wellbeing of children. We have used it in more than 140 developed and developing countries across the world.¹⁶

The Child Development Index is made up of three indicators of three areas of child wellbeing. The indicators were chosen because they are easily available, commonly understood, and clearly indicative of child wellbeing. The three indicators are:

- Health: the under-five mortality rate (the probability of dying between birth and five years of age, expressed as a percentage on a scale of 0 to 340 deaths per 1,000 live births¹⁷)
- Nutrition: the percentage of under fives who are moderately or severely underweight¹⁸
- Education: the percentage of primary school-age children who are not enrolled in school.¹⁹

These three indicators are aggregated by simply calculating the average score between them for each period under review, meaning that they each have equal weighting in the index scores.²⁰

Because the data are not collected annually, they are grouped into three time periods, and are available for 88 countries in the first period (1990–94),

118 countries in the second period (1995–99), and 137 countries in the third period (2000–06). Increasing country coverage across these periods reflects improvements in data collection.²¹ Countries are then ranked: Japan is ranked first, scoring 0.41, representing the lowest level of child deprivation – through to the country with the highest level of child deprivation, Niger, which scored 58.

It is important to stress that a low score is best as it represents a low level of child deprivation, whereas a high score represents a high level of child deprivation and poverty. A zero score would mean that all children survive beyond their fifth birthday, all under fives are well-nourished, and all primary school-age children are enrolled in primary school. Conversely, a maximum score of 100 would represent a situation where all children under five were underweight, all primary school children were out of school, and under-fives were dying at the highest possible rate on the scale – that is, at a rate of 340 per 1,000 live births.

Table 1 (overleaf) shows the top ten and bottom ten countries in the Child Development Index, for the most recent period (2000–06). The full Index, for each of the three periods, can be found in the Appendix (see page 19).

Table 1: Best and worst countries in the Child Development Index: (2000–2006)

Best			Worst		
Rank	Country	Score	Rank	Country	Score
1	Japan	0.41	128	Guinea-Bissau	44.37
2	Spain	0.57	129	Central African Republic	44.93
3	Canada	0.73	130	Mali	45.48
4	Italy	0.86	131	Chad	45.98
5	Finland	0.87	132	Congo, Dem. Rep.	46.46
6	Iceland	0.88	133	Angola	48.16
7	France	0.91	134	Burkina Faso	50.18
8	United Kingdom	0.99	135	Somalia	53.13
9	Germany	1.02	136	Sierra Leone	55.94
10	Norway	1.03	137	Niger	58.47

The top and bottom ten countries are perhaps not surprising, with OECD (Organisation for Economic Co-operation and Development) countries at the top and sub-Saharan African countries (particularly West African) at the bottom. But overall, the picture for Africa is a mixed one. In the section below, we examine performance on child wellbeing over time, by region and country, and by indicator.

Getting the data right

At present, there are some important gaps in the data, which will need to be addressed in future – for example, we had to exclude several countries from the Index due to inadequate data.²² Even for countries that are included, there are some gaps in the data, particularly during the early 1990s.

In many countries, data on children’s nutritional status is particularly sparse. On education, we can measure primary school enrolment levels, but data on the quality of the education received is too insufficient to include. It is also difficult to measure child protection (the safeguarding of children from violence and abuse) and their physical environments. The data also mask substantial inequality within countries, and this is an issue we intend to investigate in more depth over the next few years.

However, these limitations do not diminish the importance of the Index; instead, they underscore the importance of expanding accurate and consistent data collection over time. As more data becomes available for a wider range of countries, we will update the Index regularly.²³

4 Global and regional trends

Our Child Development Index shows that, globally, from 1990 to 2006, children's wellbeing as measured by our Index has improved by about 34%. Looking more closely, we see that from the first to the second periods, 1990–94 to 1995–99, children's wellbeing improved by nearly 18%. And when we consider progress between the second period, 1995–99, and the slightly longer third period, 2000–06, as growth rates in developing countries rapidly accelerated, it improved by about 20% (see Table 2 on page 8) – which suggests a slowdown in the *annual* rate of improvement.

Which regions are performing better?

Looking at improvements in children's wellbeing by region (Table 2), the Index shows that *Latin America and the Caribbean* performed best, with a 57% improvement over all three periods. This improvement has largely been driven by reductions in child mortality and increases in primary school enrolment. The region's poorer countries, such as Peru and El Salvador, have made bigger improvements than upper middle-income countries like Mexico.

East Asia and the *Middle East and North Africa* also performed above the global average for all three periods, with a 45% and 41% improvement respectively. The persistence of high levels of child malnutrition in *East Asia* is a barrier to faster progress in reducing child deprivation in this region. China is driving this region's improvement (as it accounts for nearly two-thirds of children in the countries we measure in the region), with a 56%

improvement over all three periods. This progress is largely due to its tremendous achievements in reducing the number of people that live in poverty, through relatively inclusive economic growth. However, even in China, there remains a very large number of deprived children, with 415,000 under-five deaths in 2006 alone.

The Index shows considerable variation within the *Middle East and North Africa* region. The region includes Iraq, Lebanon, and the occupied Palestinian territory (OPT), which have all seen worsening levels of child deprivation over the whole period reviewed. Yemen is doing poorly, with a large increase in child malnutrition overall. And in several countries, such as Djibouti and Jordan, progress has stalled in some areas. Morocco, Egypt and Algeria have all seen large improvements in children's wellbeing.

Which regions performed less well?

South Asia made less progress compared with these other regions – just a 32% improvement. However, since it has the second worst level of child deprivation, it witnessed the largest absolute fall in scores (from a deprivation score of 38.9 to 26.4). India's poor score pulls down the regional performance (it accounts for almost three-quarters of all the children in the *South Asia* region). Despite high levels of economic growth, averaging around 7% annually from 2000 to 2006, India has made particularly limited progress on the child malnutrition indicator, which fell by only 14%. This contrasts starkly with the experience of Bangladesh.

Although per capita income in Bangladesh is only two-thirds of the level in India, it saw an impressive 42% improvement in its Index score over all three periods. This included a 30% reduction in child malnutrition and a 54% reduction in child mortality.

Sub-Saharan Africa, with the world's highest regional level of child deprivation, saw an even smaller improvement in its regional Index score, of just over 20% (cutting the regional Index score of child deprivation from 43.4 to 34.5). What is striking about this region is the tremendous variation in the performance of individual countries. Performance ranges from an impressive 56% improvement in child wellbeing (Malawi), to an appalling 52% decline (in the Republic of Congo) over the whole period. Several African countries have made tremendous progress, largely because of increased primary school enrolment – a process that was facilitated by the removal of primary school fees in countries such as Malawi and Ethiopia in the mid-1990s. One surprising finding is that low-income African countries are making more progress than their middle-income neighbours, whose progress has often stalled, and even reversed in some countries such as Botswana, South Africa and Lesotho. South Africa, for example, has experienced an increase in child deprivation in recent years, largely due to increasing income inequality, the rising cost of education, and the high incidence of HIV and AIDS.

The *Central & Eastern Europe (CEE) and Commonwealth of Independent States (CIS)* region, for which data is much sparser, saw an improvement of 14.5% over the second two periods (1995–99 and 2000–06). The two countries that dominate the overall score are Turkey (which has made impressive overall progress), and Russia (where progress may have stalled in recent years). The smaller improvement across the region is partly explained by its relatively better starting point, in terms of children's wellbeing.

There was a very small improvement – 0.3% – in children's wellbeing in *developed countries* over all three periods. Again, given their better starting point, this smaller improvement is not surprising.

Progress between the three periods

It is illuminating to examine the progress made by each region between the three periods of time: 1990–94, 1995–99 and 2000–06. *Sub-Saharan Africa's* rate of improvement accelerated; children's wellbeing improved by only 6% between the first and second periods, but by 16% between the second and third. *East Asia and the Middle East and North Africa* regions saw nearly a doubling in their rates of progress. In contrast, *Latin America*

Table 2: World and regional performance

Region	1990–1994 score	1995–1999 score	2000–2006 score	Improvement 1990–94 > 1995–99	Improvement 1995–99 > 2000–06	Total improvement in child wellbeing
East Asia	15.5	12.5	8.5	19.5%	32.2%	45.4%
Latin America & Caribbean	16.0	9.6	6.8	39.6%	29.1%	57.2%
Middle East & North Africa	19.2	16.1	11.2	16.1%	30.1%	41.4%
South Asia	38.9	31.8	26.4	18.1%	17.1%	32.1%
Sub-Saharan Africa	43.4	41.0	34.5	5.5%	15.9%	20.5%
CEE & CIS	...*	10.8	9.2	...	14.5%	*14.5%
Developed countries	2.2	2.2	2.1	2.0%	0.6%	2.5%
World	26.6	21.9	17.5	17.7%	20.3%	34.4%

*The 14.5% reduction for CEE & CIS is between the second and the third periods; the score for 1990–94 is excluded because the number of countries with available data was very limited in that period.

and the Caribbean experienced much faster improvement between the first and second periods, than between the second and third. *South Asia's* rate of improvement barely changed. Perhaps we should not be surprised that regions with comparatively lower levels of child deprivation might slow down their rate of progress as they reach higher levels of development. But it is certainly worrying that *South Asia*, with levels of child deprivation second only to those in *sub-Saharan Africa*, has not increased its rate of progress in recent years.

Another way of using the Index is to examine countries' progress in relation to their income category. The overall reduction in child deprivation was most pronounced in lower middle-income countries, with a 43.6% improvement. Progress by upper middle-income countries was only just above the world average at 34.5% improvement. Low-income countries saw the smallest improvement in children's wellbeing over the whole period, at 27.7%. It is particularly worrying that this group did not significantly increase their rate of progress from the early 1990s through to 2006, in contrast to the lower middle-income group, which almost doubled its rate of progress.

Progress by indicator

While the aim of the Child Development Index is to monitor progress in children's wellbeing using a composite index, it is also useful to look at how each of the three indicators affects overall performance. The most remarkable progress overall has been in primary school enrolment. Over the whole time period, the proportion of primary

school-age children who were not enrolled in school has dropped by just over 45%. The under-five mortality indicator declined by about 33%, similar to the overall average. But it is the nutrition indicator, the percentage of under-five children who were underweight, which performs the most poorly, declining by only about 28%.

Analysing changes in each indicator over the three individual periods is revealing. Table 3 (below) shows that the reduction in under-five mortality accelerated between the two more recent periods (1995–99 and 2000–06). Primary enrolment has maintained a steadier pace of improvement over the whole timeframe. However, the trend for these two indicators contrasts sharply with the nutrition indicator, for which the rate of reduction has slowed significantly.

Progress in relation to the three indicators can also be compared across regions. Over the three periods, all regions saw reductions in the **under-five mortality** indicator. However, the largest reductions were in *Latin America and the Caribbean* and the *Middle East and North Africa* regions, which both cut this component by more than half. *East Asia* also performed above the global average, with a 48% reduction, but *South Asia* only reduced its under-five mortality rate by just over a third (38%). *Sub-Saharan Africa* performed the worst, managing a mere 11% reduction. In terms of the numbers of children, India averted the most deaths given its large population and high rate of child mortality; the number of under-five deaths per year halved, from close to four million in 1990 to two million in 2005.²⁴

Table 3: Global percentage improvement between periods

	1990–94 to 1995–99	1995–99 to 2000–06
Child Development Index	17.7%	20.3%
– Under-five mortality	11.8%	24.2%
– Underweight	18.0%	12.0%
– Non-enrolment	24.9%	27.8%

Table 4: How regions performed by indicator: under-five mortality

Region	1990–94 score	1995–99 score	2000–06 score	Improvement in under-five mortality
East Asia	16.7	15.3	8.7	48.2%
Latin America & Caribbean	17.1	12.8	7.7	55.0%
Middle East & North Africa	24.0	17.6	11.2	53.1%
South Asia	35.2	30.4	21.9	37.9%
Sub-Saharan Africa	51.3	49.5	45.6	11.1%
CEE & CIS	...	14.4	11.4	*21.4%
Developed countries	2.9	2.1	1.7	40.4%
World	27.5	24.3	18.4	33.2%

*CEE & CIS region scored 6.9 for the first period, 1990–94, but is excluded from the table as data were only available for three countries in the region. The trend analysis compares the third period (2000–06) with the second period (1995–99).

Looking next at **primary enrolment** by region, there are surprisingly similar levels of progress and greater improvements than those recorded for the other indicators. *Latin America and the Caribbean* stands out again, with a near 70% improvement in getting primary school-age children enrolled. The *Middle East and North Africa* and *South Asia* also performed above the global average for this indicator, with a 54% and 59% improvement respectively. *East Asia* has the best regional

enrolment rate worldwide. *Sub-Saharan Africa* performs below the global average, but records the largest absolute improvement (in percentage points), given the worse level of enrolment that it started from.

In general, the significant improvements in primary enrolment are testimony to the success of campaigns to promote Universal Primary Education and Education for All, though the

Table 5: How regions performed by indicator: primary non-enrolment

Region	1990–94 score	1995–99 score	2000–06 score	Total improvement in primary enrolment
East Asia	4.8	3.9	3.0	36.3%
Latin America & Caribbean	20.6	8.2	6.2	69.9%
Middle East & North Africa	20.5	15.2	9.4	54.3%
South Asia	28.4	17.2	11.6	59.1%
Sub-Saharan Africa	47.9	41.8	30.8	35.7%
CEE & CIS	...	11.1	12.3	*-11.4%
Developed countries	3.3	3.9	4.3	-29.8%
World	21.1	15.9	11.4	45.8%

*CEE & CIS region scored 17.6 in the first period (1990–94), but is excluded from the table as data were only available for three countries in that region.

quality of education that many children receive is increasingly a concern as schools become over-burdened. Much more progress is needed in conflict-affected and fragile countries, where one in three children is not in primary school. These countries account for half the world's out-of-school children, but receive only one-fifth of total education aid.²⁵

The Index is particularly revealing with regard to the **nutrition** indicator, where progress varies significantly by region. *East Asia* and *Latin America and the Caribbean* have made headway, with a 43% and 35% improvement respectively. Progress in *East Asia* is largely accounted for by China, which saw the percentage of children under five who are underweight fall from 19% to 7%. In fact, China is one of the few developing countries that has made more progress in tackling its child malnutrition rate than its child mortality rate.

South Asia and *sub-Saharan Africa* see small reductions in their levels of child malnutrition (14% and nearly 13% respectively). *South Asia's* poor performance is mostly attributable to slow progress in India, where nearly half of all children under five are underweight, representing 40% of the world's malnourished children.²⁶

The *Central and Eastern Europe and CIS* region saw a real decline in child malnutrition, from a lower starting level. The *Middle East and North Africa* region has made the least progress: indeed, in several countries there has been a small increase in child malnutrition. The performance of developed countries for this indicator is not of particular interest since child malnutrition is not considered an issue in those countries, so no data are collected.²⁷ Rather, obesity is of more concern in many developed countries.

Of the 137 countries we have included in the Index, more than 90% made more progress (or saw less of a decline) in reducing our child mortality indicator than in reducing child malnutrition. Some countries, like Eritrea, have made progress in reducing child mortality – halving its child mortality score – but have barely reduced child malnutrition (which fell from 41% of under fives being underweight to just under 40%). Several countries even saw these two indicators going in opposite directions: Madagascar managed to reduce its child mortality score substantially, but levels of child malnutrition have risen. This effect is perhaps most starkly seen in humanitarian situations, where food insecurity has increased the number of children suffering from wasting. In Somalia, for example, a decline in the child mortality rate was accompanied by a doubling of child malnutrition rates.

Table 6: How well regions performed by indicator: nutrition

Region	1990–94 score	1995–99 score	2000–06 score	Total improvement in child nutrition
East Asia	25.0	19.0	14.2	43.2%
Latin America & Caribbean	10.2	7.9	6.6	35.3%
Middle East & North Africa	13.1	15.5	13.1	-0.4%
South Asia	53.1	47.9	45.7	14.0%
Sub-Saharan Africa	31.1	31.8	27.2	12.7%
CEE & CIS	...	6.8	3.9	*42.1%
Developed countries	0.4	0.4	0.4	-0.6%
World	31.2	25.6	22.5	27.85%

*CEE & CIS region scored 3.8 for the first period (1990–94) but is excluded from the table as data were only available for three countries in that region.

How does our Index compare with the Human Development Index?

The United Nations’ Human Development Index (HDI) is similar in concept to our Index, except it mainly uses adult-focused indicators like income and adult literacy. When we compared the ranking of countries in our Child Development Index against the HDI, we noticed substantial differences. Two-thirds of our Index countries are ranked significantly differently (a difference of more than five ranked places) in the 2000–06 CDI than in the current HDI. Several countries are performing much better in terms of the child index than the human index: Malawi, Tanzania and Honduras have moved up in the CDI between 20 and 30 places. And many countries are doing far worse in terms of the child index than the human one, with Oman, Pakistan and the Philippines sliding down in the CDI between 20 and 50 places.

The differences between how a country performs in terms of child development and human development are important. They occur partly because the HDI includes an income indicator, which boosts the score of countries with significant resources, such as oil. The Child Development Index focuses exclusively on children’s wellbeing. So in a country like Oman, for example, despite a healthy per capita income of \$15,000, one in four primary

school-age children are not enrolled in school. And in Pakistan, there are increasing disparities between adults and children – life expectancy is 65 years, but nearly 40% of children are underweight. This demonstrates that children can fare very differently from adults, so their situation must be monitored independently.

Which countries performed best, and which performed worst?

The performance of individual countries varies substantially, from Malawi and Thailand (which both improved by about 56%), to the occupied Palestinian territory (OPT) (where the level of child deprivation almost doubled), or Iraq, whose score worsened by 57% in the 1990s alone.

It is encouraging that six of the nine countries that made the biggest improvement in Table 7 are in Africa. These countries stand out because other countries that started off from poor positions did not all make such big steps forward, and many countries that started near the bottom of the Index made no progress at all. Several countries in West Africa continue to do very poorly; Niger started off at the very bottom of our list and stayed there throughout all three periods.

Table 7: Countries that made the most and least absolute progress

Countries that achieved the biggest improvement in child wellbeing (of more than 15 points)	Countries that witnessed the biggest deteriorations in child wellbeing (of more than 2 points)
Malawi (-26.6)	Congo, Rep (+11)
Ethiopia (-25.5)	Iraq (+6.4)
Mauritania (-20.4)	Occupied Palestinian territory (+5.4)
Haiti (-20.1)	Central African Republic (+4.5)
Bangladesh (-19.5)	Lesotho (+4.2)
Tanzania (-19)	Zimbabwe (+3.7)
Eritrea (-18.2)	Congo, Democratic Republic (+3.3)
Lao PDR (-17.2)	Botswana (+2.2)
Morocco (-15.3)	South Africa (+2.1)

Table 8: Countries in sub-Saharan Africa and South Asia that made the most and least progress (in percentage terms)

Sub-Saharan Africa	South Asia
Most improvement	Most improvement
Malawi (56% improvement) Tanzania (45% improvement) Ethiopia (41% improvement)	Maldives (47% improvement) Bangladesh (43% improvement) Bhutan (41% improvement)
Least improvement	Least improvement
Congo, Republic (52% decline) Zimbabwe (17% decline) South Africa (17% decline)	India (27% improvement) Pakistan (31% improvement) Sri Lanka (37% improvement)

The countries that made least progress listed in Table 7 – where their Index scores are actually worsening – span different regions and income groups. Only three of them are classed as low-income countries. Half of them recorded positive economic growth in the period 2000–06, which averaged more than 4% a year in DR Congo, Botswana and South Africa. However, six of them are classed as ‘fragile states’, and most of those are affected by conflict. In the OPT, for example, school closures and movement restrictions have led to a situation where one in four primary school children are no longer enrolled (from 97% enrolment in 1999).

Comparing the *percentage* change in country scores for *sub-Saharan Africa* and *South Asia* (see Table 8 above), we see that *sub-Saharan Africa* stands out, in that it contains countries that saw deteriorations in children’s wellbeing, which *South Asia* does not. In the three best-performing African countries, improvements were made in relation to all three indicators, though mostly in education. In contrast, the three South Asian countries that made the most progress did so mostly by reducing child mortality rates.

5 The policy response

The Child Development Index provides an assessment of children's wellbeing worldwide, but it also illustrates the kind of policy agenda needed to tackle child poverty and deprivation. Three areas in particular deserve more sustained attention on the part of developing country governments, the donor community, the private sector and NGOs.

Prioritising child nutrition

The Index highlights the relative neglect of child nutrition as an issue. This is despite the fact that one-third of all child deaths globally can be attributed to maternal and child undernutrition.²⁸ In South Asia and sub-Saharan Africa, one-third of children under five are undernourished. The absolute numbers of underweight children are even increasing in sub-Saharan Africa.²⁹

The inadequate progress against child malnutrition is partly explained by trends in policy-making and resource allocation that emphasise tangible health deliverables, such as mosquito nets and vaccinations, rather than supporting nutrition as an integral part of health and poverty strategies. There are very few 'champions' promoting nutrition within international development. Donors give little strategic priority to tackling or monitoring malnutrition, allocating it few direct funds. Malnutrition is often not viewed as fundamental to development, and most donors lack a coherent, multi-sectoral strategy to address it.³⁰

The recent spike in food and fuel prices reinforces the urgency of tackling malnutrition – the World Bank has estimated that an additional 44 million people will be malnourished as a result. The effects

on children can be permanent and far-reaching as households find the cost of a decent diet further out of reach.

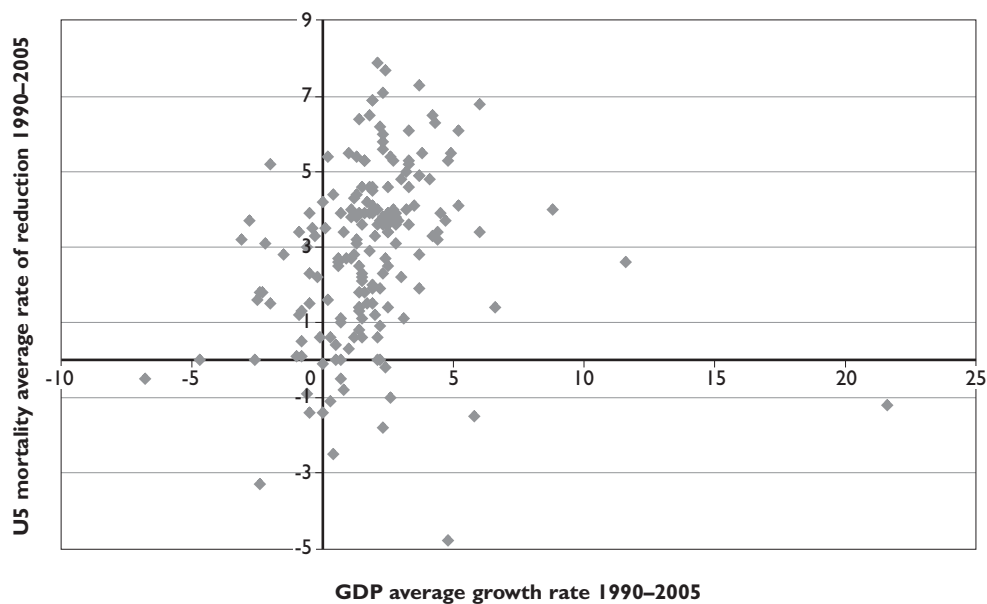
But improvements in children's nutrition will only be sustainable if they occur alongside equitable economic development and the education and empowerment of women.

Promoting equitable development

Economic growth is a necessary but not sufficient condition for improving child wellbeing. In general, wealthier countries perform better on children's wellbeing. So it might be expected that our Index countries hold similar ranks both by income and in performance on child wellbeing – such as the Netherlands, which ranks 11th in the Index and 11th by per capita income. However, there are several significant differences. Malawi, for example, ranks bottom in terms of per capita income, but ranks 88th in the Index, beating 48 other countries that have higher per capita incomes. Likewise, Equatorial Guinea ranks in the top half of the income list, in 47th place, but its level of child deprivation is high, ranking down at 114th place.

A country's annual income growth is also crucial for reducing poverty. We know that, on average, income poverty declines as economic growth occurs.³¹ But the extent of its impact on poverty depends significantly on how income is distributed, and how it translates into human development. The relationship between economic growth and improvements in human development can be disparate and weak. This is shown in Figure 1

Figure 1: Cross-plot of under-five mortality rate reduction and economic growth per capita, average annual change 1990–2005



Source: author's elaboration. Data: UN data

(above), which compares average declines in child mortality against average annual gross domestic product (GDP) growth for 1990–2005; although there is generally a positive relationship between the two, it is small and varies substantially. For example, Botswana enjoyed an average per capita growth rate of 4.8%, but its child mortality rate worsened, also increasing at an average of 4.8% per year. At the other end of the spectrum, Moldova managed to reduce its under-five mortality rate by an average of 5.2% each year, when its average annual growth rate for the same period was -2%. This illustrates that efficient and effective use of resources (in essence, governance), and enabling the poorest citizens to participate in growth creation, both have a significant impact on children's wellbeing.

One of the key issues in nearly every country listed in our Index is that child poverty is severely exacerbated by the effects of inequality. Where children do not have equal opportunities – to go to school or to access healthcare, for example – their outcomes are also unequal.

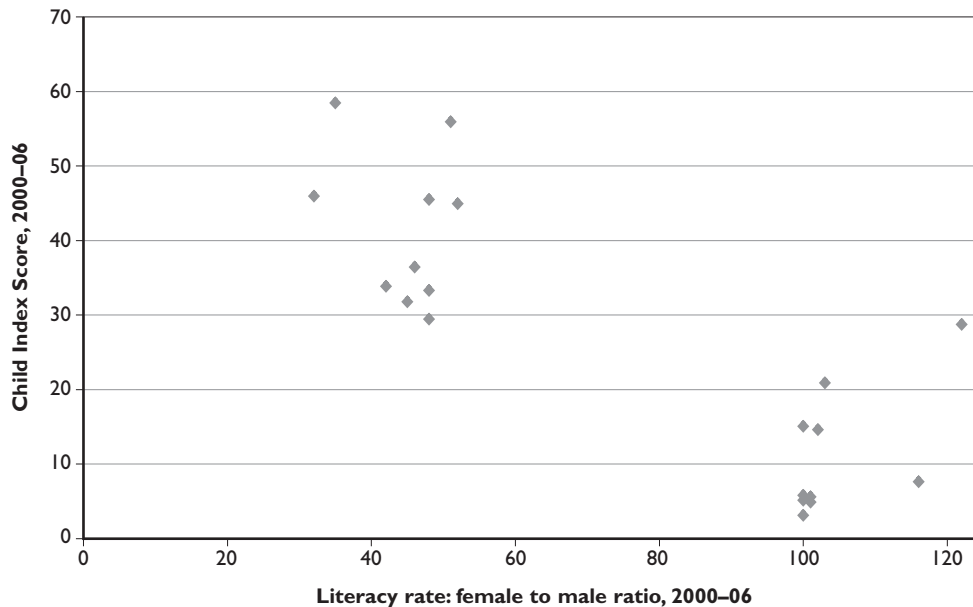
On average, the world's poorest children are more than twice as likely to die before the age

of five as those from the wealthiest families. They are more likely to suffer illness and malnutrition than their better-off counterparts; they are less likely to be literate, and are likely to pass on these disadvantages to their own children. Often, children in a country's lowest income households are significantly disadvantaged – for example, the poorest 20% of people in Lesotho have just 1.5% of the country's income, whereas the richest 20% have two-thirds.³²

Supporting women's education and empowerment

We need to look beyond income inequality to understand why many children are still living in poverty. Gender inequality is a central cause of poverty, and holds back progress in improving child wellbeing. To examine how girls' and women's limited opportunities translate into poorer life chances and affect child wellbeing, we examined our Index alongside the ratio of literate females to males in the 111 countries in our Index that record it. This information is generally only collected in developing countries, so our results do not mix developing and developed countries.

Figure 2: Top and bottom ten countries for female/male literacy ratio against the Child Development Index



Source: author's elaboration. Data: UN data

The results (see Figure 2, above) show that the ten countries with the worst literacy ratios had high levels of child poverty and deprivation (clustered in the top left hand corner), with an average index score of 41.6. But the ten countries with the best literacy ratios had lower levels of child poverty, scoring just 12.9 (all in the bottom right corner).

In terms of the progress that these 20 countries made over the three periods we examined, the ten countries with the worst literacy ratios saw an average improvement in child wellbeing of just 11%, but those with the best literacy ratios saw an average improvement of 25%. Clearly, there is a strong relationship over time between women's empowerment and children's wellbeing; educated women are more likely to have healthy, spaced pregnancies, and subsequently healthy and educated children. One study found that women's education was the biggest factor in determining child malnutrition rates.³³

Gender inequality and its impact on children goes beyond access to services, and is often

compounded by other exclusions; for instance, nearly three-quarters of girls who miss out on school are estimated to be from minority groups.³⁴ Where women have less power to speak out, control household resources, or seek decent employment, the impact on children is significant.

These issues are particularly central to understanding the tremendous deficit in child nutrition in South Asia. Women's status is lower in this region than in any other, and worst in India.³⁵ Girls in South Asia are less likely to be immunised than boys.³⁶ One calculation estimated that equalising women's status with that of men could reduce the number of underweight children by 13.4 million.³⁷ This happens as women's capacity to improve their own nutrition increases, which has knock-on impacts on improving pre-natal and neo-natal wellbeing. Greater gender equality also increases women's empowerment in decisions regarding feeding and caring for their children.

6 Recommendations and conclusion

Our Child Development Index highlights the considerable progress made in many parts of the world in improving children's wellbeing since 1990. It also shows that child poverty and deprivation are deep-rooted and pervasive, particularly in relation to the three areas measured by the Index. Save the Children believes that reducing child poverty in developing countries will require political choices that prioritise pro-poor development policies that strengthen health systems and empower women. This will involve the following integrated areas of policy change.

Firstly, dramatic action is needed to reverse the slowdown in progress against child malnutrition. National investments in, and policy prioritisation of, child nutrition are inadequate. Save the Children believes that developing country governments, civil society groups, the private sector and international donors need to:

- significantly scale up their efforts on child nutrition, making it a central development objective. They should support initiatives such as cash transfers, community supplement schemes, and breastfeeding programmes – and integrate nutritional support through strategies aiming to strengthen health systems and reduce poverty
- report on the impact of their work, and improve data collection, in reducing child malnutrition.

Secondly, economic growth does not necessarily have comparable impacts on child wellbeing. Therefore, it is vital that developing countries increase their economic growth rates in a way that benefits the poorest as much as possible through three approaches:

- enable poor people to participate in the growth process, through the provision of social protection and access to basic services
- support the creation of decent jobs for the poor, particularly for women and those in poorer areas
- ensure that government spending is allocated to programmes that reduce poverty, so that the poor, especially children, benefit as much as possible.

Lastly, there needs to be a significant effort to promote women's and girls' rights and empowerment at the local and national level, across the developing world, and particularly in South Asia. This is a substantial challenge, and will require developing country governments, civil society groups, the private sector and donors to:

- prioritise girls' and women's quality education, tackling the financial, social and cultural barriers to access
- promote the development of sectors where women work, such as agriculture and textiles, by increasing productivity
- facilitate women's employment and empowerment through the provision of community childcare and care-giver allowances.

The levels of child mortality, child undernutrition and non-attendance at school are a gross violation of children's basic rights, and are a scandalous waste of human potential. It is vital that we accurately and consistently measure the impact of economic, social and political processes on children, as the starting point for enhancing their rights, opportunities and wellbeing. We hope this Index will put a powerful

spotlight on governments, so that good performers feel emboldened and proud of their achievements, and poor performers are pressured to up their game. For our part, Save the Children will champion the needs and interests of children everywhere, and will press governments to uphold their moral, legal and political obligations to children at all times.

Appendix

The Child Development Index

Please note: All the indicators for the Index are available on our website for download:
www.savethechildren.org.uk/childindex

CDI rank 2000–2006	Country	Child Development Index		
		1990–94	1995–99	2000–06
1	Japan	0.72	0.53	0.41
2	Spain	0.98	0.75	0.57
3	Canada	1.54	1.09	0.73
4	Italy	0.97	1.14	0.86
5	Finland	1.26	0.97	0.87
6	Iceland	0.77	0.93	0.88
7	France	0.89	0.87	0.91
8	United Kingdom	1.70	0.70	0.99
9	Germany	6.12	4.69	1.02
10	Norway	0.85	0.55	1.03
11	Netherlands	2.44	0.88	1.20
12	Belgium	2.14	1.10	1.25
13	Sweden	0.77	0.50	1.30
14	Luxembourg	7.07	1.71	1.48
15	Austria	5.09	1.49	1.50
16	Australia	1.19	2.65	1.72
17	Denmark	1.46	1.53	1.87
18	Ireland	4.09	..	2.31
19	Switzerland	6.25	2.49	2.95
20	Cuba	..	4.86	3.12
21	Costa Rica	6.87	6.95	3.26
22	Argentina	..	4.33	3.34
23	United States	2.50	3.14	3.88
24	Malaysia	11.92	8.89	4.11
25	Chile	6.14	5.10	4.14
26	Bahrain	..	5.76	4.51
27	Tunisia	..	7.70	4.54

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CDI rank 2000–2006	Country	Child Development Index		
		1990–94	1995–99	2000–06
28	Uruguay	6.74	5.80	4.89
29	Panama	8.50	6.43	5.04
30	Croatia	8.48	6.03	5.05
31	Russian Federation	..	..	5.05
32	China	11.49	8.23	5.06
33	Belarus	..	..	5.15
34	Qatar	..	6.83	5.16
35	Brazil	..	8.84	5.63
36	Romania	11.17	5.93	5.76
37	Paraguay	7.39	6.18	5.77
38	Thailand	13.33	..	5.79
39	Belize	8.27	..	5.82
40	Mexico	..	7.79	5.87
41	Peru	15.27	9.54	6.20
42	Albania	..	..	6.25
43	Ecuador	..	10.00	6.33
44	Syrian Arab Republic	10.73	9.66	6.40
45	Algeria	13.55	12.63	6.57
46	Venezuela, RB	9.93	9.28	6.74
47	Jordan	8.01	8.17	6.84
48	Turkey	20.01	15.25	7.12
49	Kazakhstan	..	..	7.48
50	Egypt, Arab Republic	16.94	12.66	7.61
51	Jamaica	7.58	9.08	7.63
52	Honduras	15.58	..	7.64
53	Georgia	..	12.58	7.79
54	El Salvador	18.68	14.74	7.91
55	Mauritius	..	10.19	8.03
56	Colombia	..	9.42	8.19
57	Moldova	..	7.95	9.11
58	Mongolia	18.10	15.19	9.12
59	Suriname	..	..	9.41
60	Armenia	..	..	9.61
61	United Arab Emirates	..	12.94	9.61
62	Saudi Arabia	..	8.77	9.66
63	Kyrgyz Republic	..	13.76	9.86
64	Kuwait	..	9.10	9.89
65	Nicaragua	20.68	17.14	10.13
66	Bolivia	..	14.87	10.20
67	Lebanon	..	8.90	10.23

CDI rank 2000–2006	Country	Child Development Index		
		1990–94	1995–99	2000–06
68	Iran, Islamic Republic	..	16.62	10.75
69	Trinidad and Tobago	..	..	10.77
70	Morocco	26.35	19.62	11.01
71	Occupied Palestinian territory	..	5.79	11.15
72	Vietnam	23.38	19.46	11.90
73	Dominican Republic	24.52	12.58	12.14
74	Sri Lanka	18.50	15.23	12.27
75	Guyana	18.41	15.93	12.57
76	Tajikistan	..	..	13.36
77	Guatemala	..	21.07	13.44
78	Sao Tome and Principe	..	..	13.72
79	South Africa	12.24	10.89	14.36
80	Indonesia	25.19	20.80	14.52
81	Philippines	18.45	16.89	14.65
82	Maldives	28.30	23.49	15.10
83	Oman	21.44	14.25	15.70
84	Azerbaijan	..	17.82	15.98
85	Gabon	..	..	16.89
86	Bhutan	..	33.88	20.08
87	Botswana	..	18.70	20.89
88	Malawi	47.85	36.17	21.21
89	Namibia	22.78	25.18	21.82
90	Zimbabwe	18.65	20.42	21.91
91	Tanzania	41.88	42.58	22.87
92	Cambodia	33.94	35.20	23.28
93	Myanmar (Burma)	24.03	27.07	23.53
94	Uganda	39.21	28.04	24.20
95	Nepal	..	38.92	25.62
96	Togo	..	26.83	25.88
97	Lao PDR	43.28	35.44	26.08
98	Bangladesh	45.84	36.16	26.32
99	Kenya	25.50	30.42	26.52
100	India	36.53	31.22	26.62
101	Madagascar	41.41	41.01	26.64
102	Swaziland	..	..	26.76
103	Senegal	40.09	37.22	26.91
104	Rwanda	37.97	39.26	28.61
105	Lesotho	24.54	28.40	28.73
106	Cameroon	28.37	31.00	29.27
107	Benin	..	43.15	29.47

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CDI rank 2000–2006	Country	Child Development Index		
		1990–94	1995–99	2000–06
108	Mauritania	50.12	32.03	29.69
109	Ghana	39.80	33.63	29.78
110	Haiti	50.01	37.68	29.89
111	Comoros	32.35	35.34	29.99
112	Zambia	32.86	36.40	30.11
113	Gambia, The	..	35.19	30.63
114	Equatorial Guinea	..	..	30.70
115	Timor-Leste	..	..	31.32
116	Mozambique	..	45.35	31.76
117	Congo, Republic	21.31	..	32.29
118	Yemen, Republic	40.37	42.03	33.32
119	Pakistan	48.46	..	33.59
120	Guinea	..	46.48	33.87
121	Côte d'Ivoire	41.37	37.06	34.23
122	Ethiopia	61.93	54.11	36.43
123	Sudan	43.09	..	37.69
124	Eritrea	56.51	48.81	38.29
125	Burundi	..	..	39.28
126	Nigeria	49.37	43.06	40.53
127	Djibouti	48.61	46.02	43.15
128	Guinea-Bissau	..	..	44.37
129	Central African Republic	..	40.40	44.93
130	Mali	..	54.02	45.48
131	Chad	..	49.05	45.98
132	Congo, Democratic Republic	..	43.17	46.46
133	Angola	..	59.56	48.16
134	Burkina Faso	55.42	52.17	50.18
135	Somalia	..	..	53.13
136	Sierra Leone	..	..	55.94
137	Niger	70.88	70.04	58.47
	Czech Republic	6.01	2.21	..
	Iraq	11.18	17.52	..
	Cape Verde	13.33	..	..
	FYRO Macedonia	..	6.84	..
	Fiji	..	4.91	..
	Liberia	..	51.24	..

Endnotes

Summary

¹ In 2007. UNICEF, Sep 2008 press release

² *Countdown to 2015 MNCH: The 2008 Report; Tracking Progress in Maternal, Newborn and Child Survival*

³ UNICEF, *The State of the World's Children*, 2008

⁴ UNICEF, *The State of the World's Children*, 2008

1 What commitments have been made to children?

⁵ UNICEF, *The State of the World's Children*, 2006

⁶ ChildInfo. UNICEF. www.childinfo.org/undernutrition.html

⁷ World Bank, *Global Monitoring Report*, 2008

2 What are the costs and consequences of child deprivation?

⁸ A Barrientos and J de Jong, (2004). 'Child poverty and cash transfers'. Report No.4. London: Childhood Poverty Research and Policy Centre, Save the Children UK

⁹ C Harper and R Marcus (2003) 'Enduring poverty and the conditions of childhood: lifecourse and intergenerational poverty transmissions', *World Development* 31 (3): 535–554

¹⁰ C Harper (2005) 'Breaking poverty cycles: the importance of action in childhood', Policy Briefing 8. London: Childhood Poverty Research and Policy Centre, Save the Children UK

¹¹ S Grantham-McGregor, Y Cheung, S Cueto, P Glewwe, L Richter, B Strupp (2007) 'Developmental potential in the first 5 years for children in developing countries', *The Lancet*, 369: 60–70

¹² P Schultz (2003) 'Human capital, schooling, and health returns'. Discussion Paper 853. New Haven, CT: Economic Growth Centre, Yale University

¹³ Grantham-McGregor, *The Lancet* (see note 10). See also N Gregory Mankiw, David Romer and David N Weil (1992) 'A contribution to the empirics of economic growth', *Quarterly Journal of Economics*, 107 (2): 407–437

¹⁴ E Andersen and S Hague 'The Impact of Investing in Children'. ODI Working Paper 280. See also Barro R and Sala-i-Martin X (2005) *Economic Growth*. London: MIT Press

¹⁵ As cited in W Jack and M Lewis, *Health Investments and Economic Growth: An Overview*, Commission on Growth and Development, Washington

3 The Child Development Index

¹⁶ The background paper on the Child Development Index methodology can be requested from Save the Children: *Developing a Child Poverty Index*, T McKinley and K Kyrili (2008).

¹⁷ This means that a zero score in this component equals an under-five mortality rate of 0 deaths per 1,000 live births, and a score of 100% equals our upper bound of 340 deaths per 1,000 live births. The upper bound is higher than any country has ever reached; Niger came the closest in the 1990s with 320 under-five deaths per 1,000 live births.

¹⁸ The common definition of moderately or severely underweight, which we use here, is being below two standard deviations of the median weight for age of the reference population.

¹⁹ For our measure of education deprivation, we use the opposite of the Net Primary Enrolment rate – ie, 100 – the NER. This gives us the percentage of primary school-age children who are not enrolled.

²⁰ The methodology for our index was recommended by Terry McKinley at the Centre for Development Policy and Research (SOAS, University of London), who has extensive background working on human development indicators. The decision to give equal weighting to the three components follows the tradition of previous human development indices in using a weighting that is both simple and transparent. When calculating the index for the regional or global levels, the scores reflect the size of each country's child population – for example, India represents three-quarters of South Asia's children and therefore three-quarters of the region's score. We recognise that there is some correlation between the mortality and malnutrition components.

²¹ All the data for these three indicators are commonly gathered by the United Nations as each is a Millennium Development Goal target. UN data are reviewed for reliability. Several gaps still occur where countries have not carried out frequent surveys, particularly in the 1990s. As a result, it is not possible to report the scores year by year; instead we group them into three periods, beginning from 1990 when MDG measurement began. Data collection has improved recently and we will add new data each year.

²² These are the countries that are too new to collect data using the same global standards (such as Bosnia), too devastated (such

as Afghanistan), or too small (such as Vanuatu); in addition, several countries that do not collect nutrition data because it is not an issue of concern were excluded when we could not assume that the estimated level of malnutrition was zero (such as Slovakia). To this end, all OECD countries with per capita average incomes of below \$25,000 (by purchasing power parity) were excluded.

²³ Indeed, many countries do collect more detailed data to develop country or region-specific child poverty analyses and these should be strongly encouraged and developed across far wider numbers of countries and indicators than at present. See Gordon, Pantazis and Townsend's *Child Rights and Child Poverty in Developing Countries*, UNICEF, 2003, which reviews the state of child deprivation in 70 developing countries; or UNICEF's 'Report Card' that reviews child wellbeing in 21 high-income countries. The advantage of the Child Development Index, which is complementary to such studies, is that it is the first globally representative and comparable index of children's well-being.

4 Global and regional trends

²⁴ 3,835,000 in 1990 to 1,919,000 in 2005. UNICEF, *The State of the World's Children*, 1992 and 2007

²⁵ International Save the Children Alliance, *Last in Line, Last in School: How donors are failing children in conflict-affected fragile states*, 2007

²⁶ von Braun, Ruel, and Gulati (2008) *Accelerating Progress toward Reducing Child Malnutrition in India*

²⁷ We therefore assume a 0% level of malnourished children in all high-income OECD countries (over \$25,000 [by purchasing power parity] per capita income), except in the USA, which is the only country to collect the data and records a 1% level. Even if we had assumed a 0% underweight level for the United States as well, it would not have changed their overall index ranking. These are the only data assumed. The tiny relative increase in malnutrition in developed countries as a group is merely due to the increase in the population of the United States.

5 The policy response

²⁸ Black R, Allen L, Bhutta Z, Caulfield L, Onis M, Ezzati M, Mathers C, Rivera J, (2008) 'Maternal and Child Undernutrition: Global and regional exposures and health consequences', *The Lancet*, Volume 371, Issue 9608, pages 243–260, 19 January 2008

²⁹ *Why is undernutrition not a higher priority for donors?* A Sumner, J Lindstrom and L Haddad (2008) id21 insight 73, available at: www.id21.org/insights/insights73/art01.html

³⁰ Save the Children (2007) *Everybody's Business, Nobody's Responsibility: How the UK Government and the European Commission are Failing to Tackle Malnutrition*, Save the Children UK; *Effective International Action Against Undernutrition: Why has it proven so difficult and what can be done to accelerate progress?* Morris S, Cogill B, Uauy R, *Lancet* 2008 Feb 16;371(9612):608–21

³¹ See the *World Development Report 2001/01*; and D Dollar, A Kraay. (2002) *Growth is Good for the Poor*

³² World Development Indicators, 2008

³³ L Smith and L Haddad (1999) *Explaining Child Malnutrition in Developing Countries: A Cross-Country Analysis*. FCND Discussion Paper No 60, International Food Policy Research Institute (IFPRI)

³⁴ MA Lewis and ME Lockheed (2007) 'Getting all girls into school', *Finance and Development*, Vol 44

³⁵ See the Gender Equity Index, produced by Social Watch: www.socialwatch.org/en/avancesyRetrosos/IEG_2008/index.htm

³⁶ Cited in *Gender and the MDGs* (2008) ODI Briefing Paper 42, Overseas Development Institute

³⁷ L Smith, Haddad L, (2003) *The Importance of Women's Status for Child Nutrition in Developing Countries*, Research Report 131, IFPRI