THE CHILD DEVELOPMENT INDEX **2012**

Progress, challenges and inequality

NO CHILD BORN TO DIE

Save the Children

THE STORY IN NUMBERS

127

countries improved their scores on the Child Development Index in the period of 2005–10

9,000

fewer children under-five died per day on average in the period of 2005–10 than in 1995–99

50 MILLION

more children were in primary school in the period of 2005–10 than in 1995–99

36 MILLION

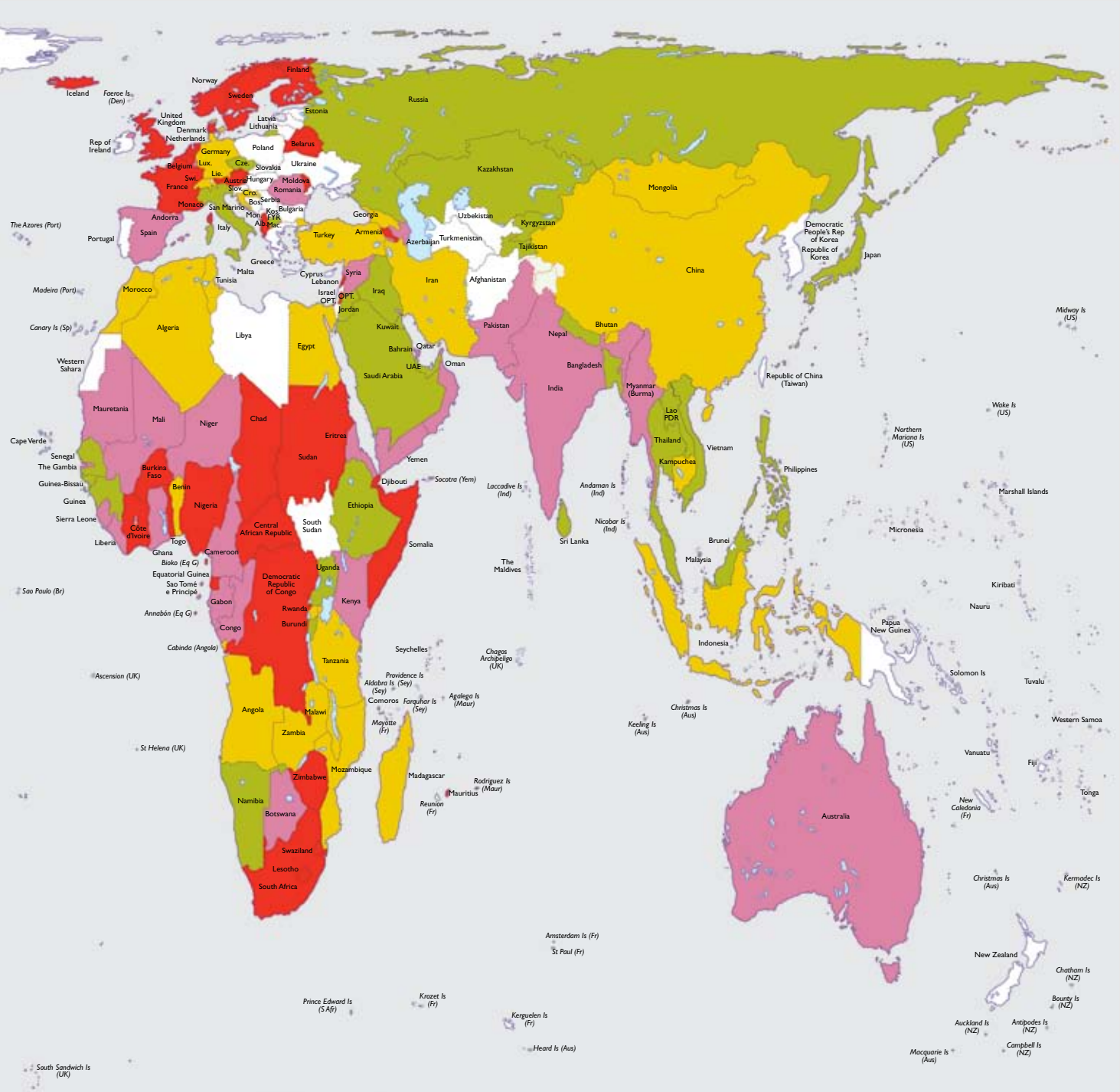
fewer children were underweight in 2005–10 than 1995–99

But…

1.5 MILLION

more children suffered from acute malnutrition in 2005–10 than in the first half of the 2000s.

DEVELOPMENT INDEX 2012



Save the Children works in more than 120 countries.
We save children's lives. We fight for their rights.
We help them fulfil their potential.

Acknowledgements

The Child Development Index 2012 was made possible by the extensive contributions of Terry McKinley and Giovanni Cozzi of the Centre for Development Policy and Research at the School of Oriental and African Studies, University of London.

This paper was written by Alex Cobham, Nuria Molina and Maricar Garde at Save the Children UK, with support from Brendan Cox, Liam Crosby, Shani Winterstein, Simon Wright, Michel Anglade, John Lundine, Patricia Norimarna, Elizabeth Hughes, Melinda van Zyl, Karen Allan, Madhuri Dass and Dragana Strinic. Without implication, we are grateful for comments from Terry McKinley, Isabel Ortiz and Michael Klosson.

The report, data and maps of *The Child Development Index 2012* are available online at www.savethechildren.org.uk/onlinelibrary

Published by
Save the Children
1 St John's Lane
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First published 2012

Typeset by Grasshopper Design Company
Printed by Page Bros Ltd.

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EXECUTIVE SUMMARY

During the last decade, the world witnessed unprecedented progress in child survival and children's well-being. Millions of children were able to go to school for the first time, and many more were given a chance at life as mortality rates in most countries dropped dramatically.

In the year 2000, world leaders met in New York at the Millennium Summit and laid the foundations for the international Millennium Development Goals (MDGs). These included universal access to primary education and a dramatic reduction of child mortality rates, to be achieved by 2015. In turn, developed countries committed to increase much-needed development aid to enable poorer countries to achieve the MDGs.

In 2008, in order to monitor progress in child well-being, Save the Children launched the Child Development Index (CDI), a global tool to assess the performance of 141 world countries on child mortality, nutrition and access to primary education.

The 2012 edition of the Child Development Index tells a story of success. This edition of the Index shows that substantial progress has been made in addressing the most basic threats to child survival and well-being. On average, the lives of children around the world in the indicators we measured improved by more than 30%. This means that the chances of a child going to school were one-third higher, and the chances of an infant dying before their fifth birthday were one-third lower at the end of the 2000s than a decade before. During this period child well-being improved in 90% of the countries surveyed.[1]

Even more encouragingly, this historic progress has been dramatically accelerating in recent years. From the first half of the 2000s to the second, **overall rates of progress in child well-being almost doubled** compared to the end of the 1990s (an average improvement of 22%, up from 12%). Acceleration of progress in under-five mortality and primary school enrolment was even more impressive, as the rate of improvement more than doubled during the 2000s (from 11% to 23%; and from 14% to 32% respectively).

In addition to the accelerating progress it is clear that – since the 2000s – **developing countries experienced higher rates of progress on average than developed countries**. While the world's poorest countries, mostly in sub-Saharan Africa and south Asia, tend to show the lowest child well-being, the gaps at the top of the Index narrowed at the end of the 2000s.

In Africa, Tanzania stands out, moving up 30 places in their CDI ranking. The country's success is based on two remarkable achievements: it more than halved its child mortality, and almost halved the proportion of underweight children. Angola, Benin, Maldives, Rwanda and Madagascar are the other African countries moving rapidly up in the ranking. Three central-American countries, El Salvador, Nicaragua and Guatemala, are also among the fast movers up the ranking.

However, not all the news is good. When we break down the different components of the index – health, education and nutrition – data shows that **undernutrition has consistently lagged behind and remains one of the major factors holding back further progress on children's well-being.** Whereas health and education have improved well above the average of the Index, when progress accelerated in the second half of the 2000s (at a rate of 23% and 32% respectively), in comparison child undernutrition performed very poorly, improving at the much lower rate of 13%. In the world's poorest countries, progress was even weaker, at just below 10%.

Even more concerning is that the already slow progress in tackling undernutrition has been jeopardised by the effects of the global food and financial crises. This study finds that **the proportion of wasted children** (suffering from acute weight

loss, which is commonly used to indicate the severity of food crises), actually **rose in the second half of the 2000s**. Increases in wasting are worrying in their own right, and also because **they could be an early warning sign of further deteriorations in chronic undernutrition** if the situation is not quickly reversed.

RECOMMENDATIONS

The recent G8 agreement on the New Alliance on Food Security and Nutrition; the World Health Assembly support for a global target to reduce child stunting by 40% by 2025; and the commitment of the UK Prime Minister David Cameron to hold a hunger summit during the 2012 Olympic Games in London are all welcome steps in putting the critical issues of hunger and undernutrition higher on the international agenda. But this report highlights the scale of the challenge.

The updated index shows the full impact of the drag that a failure to tackle undernutrition is having on child well being. It also shows the early signs of what could be a new burgeoning crisis. In this context, business as usual will not suffice.

Save the Children is calling on the international community to seize the forthcoming opportunities to redouble its efforts to create the biggest-ever push against world hunger. It will need to target its efforts into support for direct interventions (such as breastfeeding and food fortification), to battle ongoing crises and to tackle the global drivers of undernutrition – such as high food prices and inequality.

We call on developing country governments to:

- Build on the target recently approved by the World Health Organization for a 40% reduction in the number of children who are stunted by 2015, by setting up national policies and specific targets for reducing child stunting.
- Strengthen social transfer programmes (such as cash transfers) as a key policy tool to combat hunger and undernutrition, both in times of stability and as an effective crisis response tool that is easily scalable.
- Ensure that national nutrition policies and social transfers are aimed at reducing inequalities and the disproportionate impact of undernutrition among the poorest and most vulnerable groups in society.

We call on bilateral and multilateral donors to:

- **Maintain the recent focus on these issues. The hunger crisis can be dealt with but it will need a concerted effort, not a stand-alone moment.**
- **Scale up multi-year funding for nutrition, putting in place outcome targets to reduce child undernutrition and to support the establishment of social transfer programmes** – above all for those countries that will find it most difficult to reduce stunting.
- **Address the underlying drivers of high food prices which are at the root of ever more frequent food crises**, such as the ones that we are currently witnessing in the Sahel and the Horn of Africa. In particular, invest in smallholder agricultural development, prioritising support for women smallholder producers and sustainable farming approaches.
- **Commit to support the generation and use of better data, to improve transparency and accountability around these vital issues**. This report has also highlighted the weaknesses in basic child well-being data; the same data is, of course, crucial to effective policy responses.

BOX: MEASURING CHILDREN'S WELL-BEING

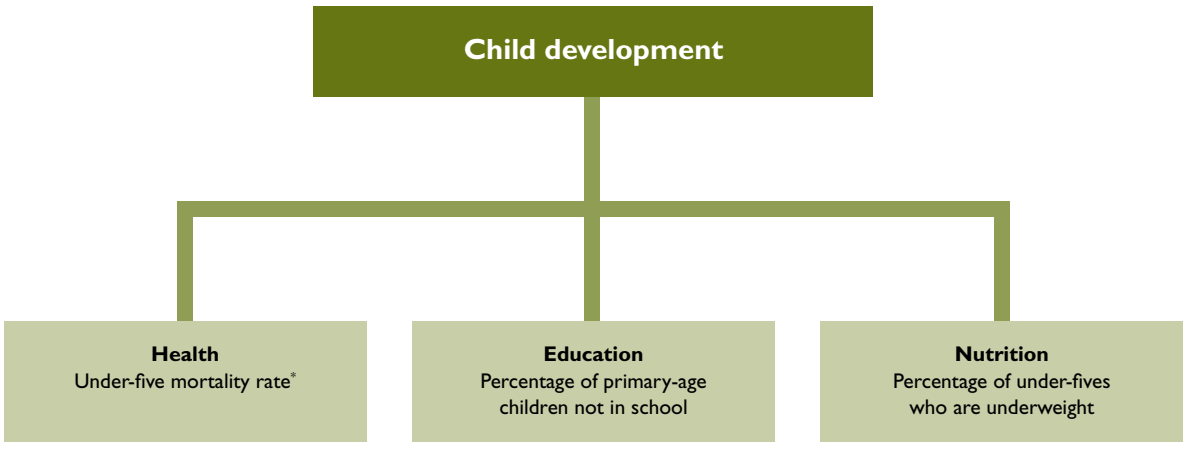
The Child Development Index (CDI) is based on an aggregate of three indicators that contribute to children's wellbeing and development: health, education and nutrition. Countries are ranked according to their scores in terms of a child's chances of dying before her or his fifth birthday, of not enrolling in school and of being underweight. 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.

Countries are then ranked according to their CDI scores. The lower the country's score the better. 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 rate on the scale – that is, 340 per 1,000 live births. For countries starting with already high CDI scores in the first period, it is more important to look at their score rather than their place in the ranking. Their movement across the rankings does not necessarily reflect the same degree of underlying change in child well-being.

Data are drawn largely from UN and World Bank sources, supplemented by some national statistics. A lack of high-quality data makes it impossible to calculate the index on an annual basis, so instead we work with periods of multiple years to ensure that reliable trends for each indicator and each country are identified. The Child Development Index 2012 therefore draws on data for the period 2005–10.

Data limitations also restrict comparisons of country performance over time. We set aside from the main analysis an early period (1990–94) for which data are only available for 88 countries. We therefore present data for three periods (1995–99, 2000–04 and 2005–10), which allows us to create the index consistently for 141 countries in each. Increasing country coverage over time reflects improvements in data collection. For further discussion of the problems posed by data availability, see the Box on 'The uncounted' on page 15.

FIGURE 1. INDICATORS FOR CHILD DEVELOPMENT



*The health indicator is expressed on a scale of 0 to 100 that corresponds to 0 to 340 deaths per 1,000 live births

1 A DECADE OF PROGRESS IN CHILD WELL-BEING

Save the Children's 2012 Child Development Index (CDI) presents a success story of progress in children's well-being across all world regions, richer and poorer.

Since the end of the 1990s child well-being improved in 90% of the countries assessed in the CDI.[2] On average, the lives of children around the world improved by more than 30%. This means that the chances of a child going to school were one-third higher, and the chances of an infant dying before their fifth birthday were one-third lower, at the end of the 2000s than ten years before.

Developed and developing countries substantially improved child well-being. However, whereas the rate of progress was faster in developed countries at the turn of the century (16%, compared to 12% in developing countries), during the decade of the 2000s developing countries accelerated progress (up to 22%) and overtook rich countries (where the rate of improvement was only 9%). This has helped to bridge part of the gap between developed and developing countries; however, inequalities remain, with children born in rich countries eight times better off than those in developing countries.

This is important news as poorer countries, starting from a much lower base, were able to decrease the gap in children's well-being that separates them from richer countries – hence, decreasing world disparities. Unfortunately, the gap is still far from being closed. World inequalities in child well-being remain a challenge in giving every child a fair chance at life.

Moreover, as we show in the sections below, these aggregate figures mask important disparities among countries and regions, as well as uneven progress in different dimensions of child well-being measured by the Index – namely, access to primary education, child mortality and undernutrition.

DEVELOPING COUNTRIES ACCELERATE PROGRESS

Perhaps one of the greatest successes is that – since the 2000s – developing countries experienced faster than average rates of progress, increasing the chances of poor children in poor countries reaching their fifth birthday or being able to go to school (see Figure 2). The overall picture is encouraging; not only has great progress been made, but it has been especially powerful in those countries that had previously lagged behind.

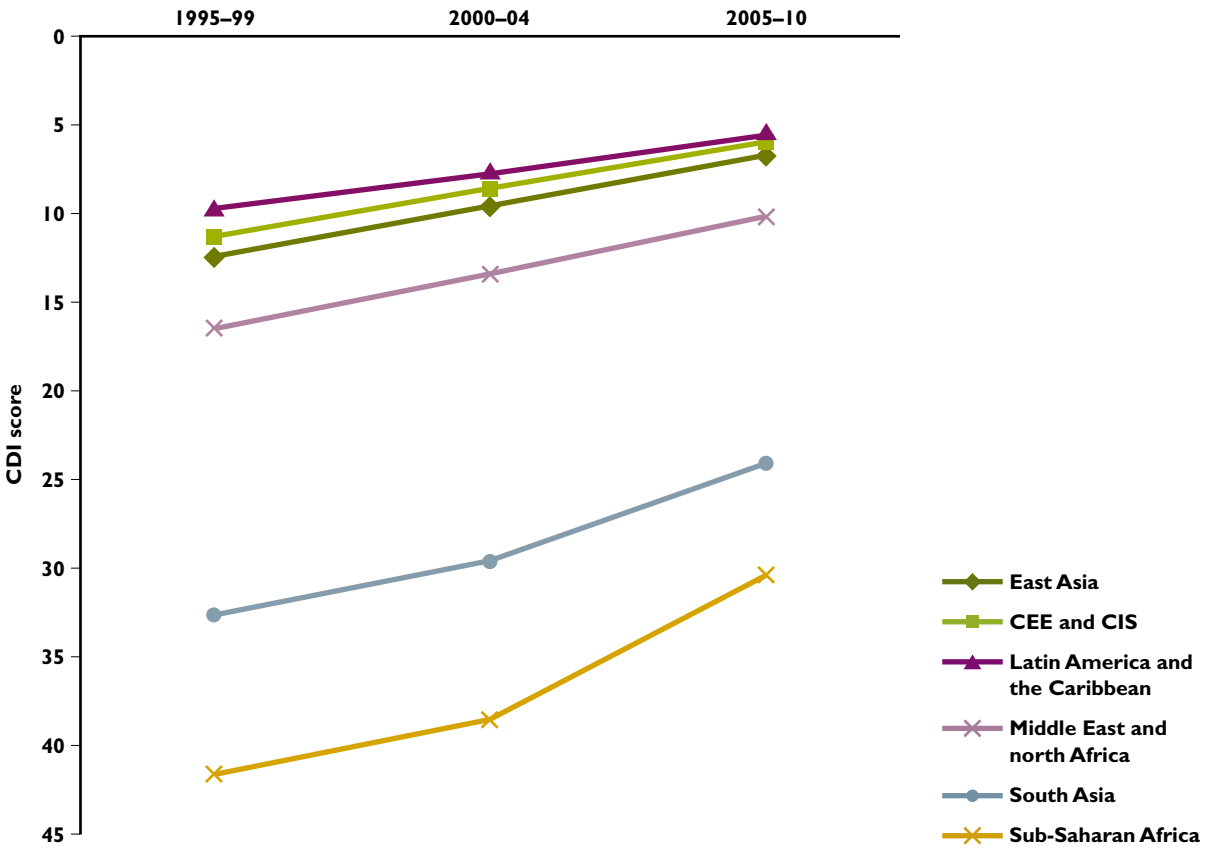
While the world's poorest countries (low-income countries) and the regions of sub-Saharan Africa and south Asia had the weakest performance, the gaps in child well-being narrowed in the 2000s as these countries enjoyed significantly higher rates of progress.

In Africa, one of the world regions with the weakest performance in child well-being, progress in individual countries presents a fragmented picture. While five of the top 11 countries where improvements have been greatest are in Africa, six of the bottom ten countries are also in Africa (see Table 3 on page 7).

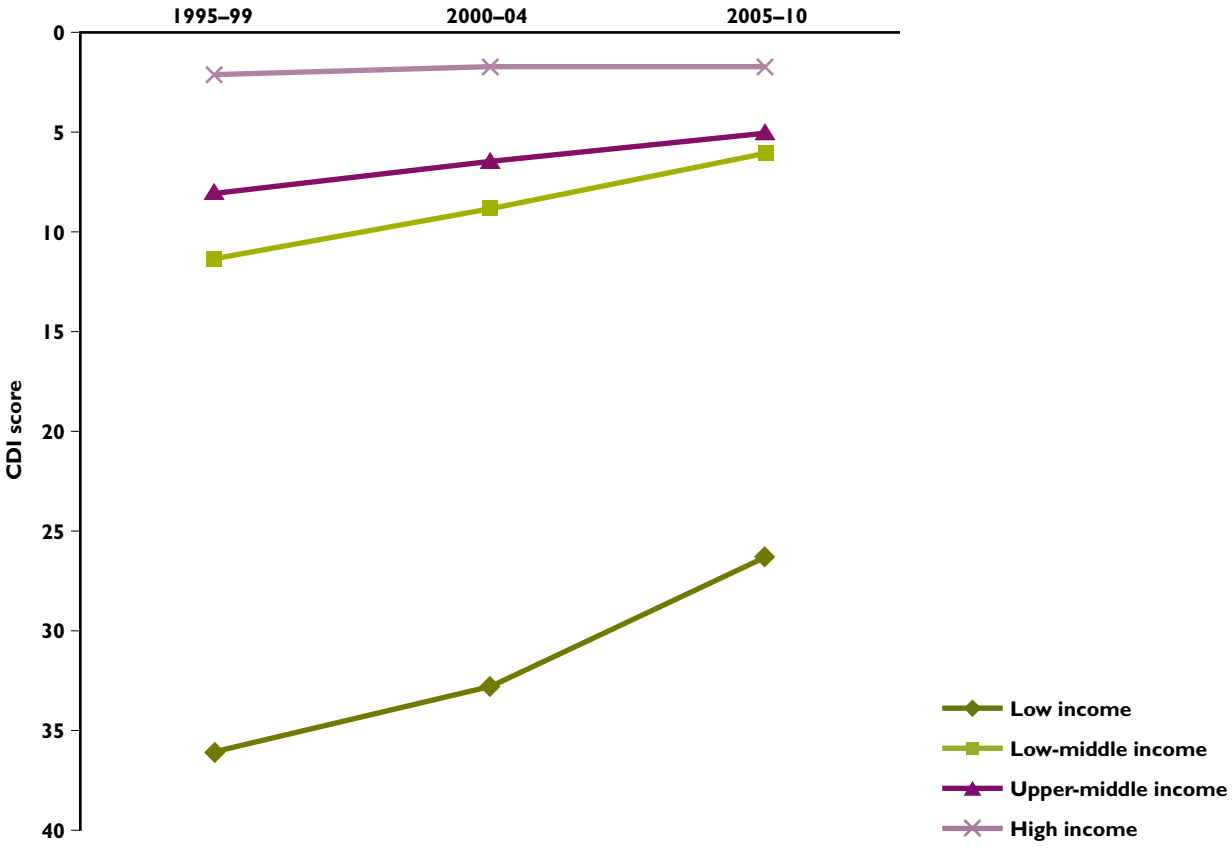
Tanzania stands out; it moved up 30 places from the second half of the 1990s to the second half of the 2000s. The country's success is based on two remarkable achievements: Tanzania more than halved its child mortality rate (from 159 per 1,000 births in 1995, to 76 per 1,000 births in 2010), and almost halved the proportion of moderately or severely underweight children (falling from 30.6% in 1996 to 15.8% in 2010).

FIGURE 2: CDI PERFORMANCE OVER TIME

By region



By income level



INDONESIA – A WORK IN PROGRESS

Indonesia climbed six places up the CDI ranking between 1995–99 and 2005–10, giving it a lead over other big middle-income countries such as India and South Africa. Under-five mortality fell dramatically from 91 per thousand live births in 1990 to 35 per thousand births in 2010. Net primary school enrolment went up from 89% to 96%, and the proportion of under-fives who are underweight went down from 38% in 1990 to 20% in 2007.

Much of this is down to improved access to health, education and other services. For example, 89% of children received measles immunisation in 2010 compared to 60% two decades ago.[3] Trained health professionals are bringing services to more people and over 80% of the population now has access to improved drinking water, up from around 60% in the 1990s.[4] Spending on education, a key element in the government's development plan, doubled between 2000 and 2006.[5] Efforts are now aimed at improving the quality of health and education services.

However, children's well-being is still a work in progress. More than one-third of Indonesian children are stunted,[6] and breastfeeding rates have steadily declined over the past two decades, with just 32% of mothers exclusively breastfeeding for the first six months.[7] Only about half of the total population and one-third of the rural population have access to adequate sanitation,[8] and more than 50,000 Indonesian children per year die from diarrhoea.[9] Indonesia also has one of the highest maternal mortality rates in south-east Asia (228 per 100,000 live births),[10] and nearly half of all under five deaths occur during the first 28 days of life.[11] Less than half of young learners in Indonesia attend preschool and only about two-thirds of students enrol in secondary school.[12] Finally, Indonesia has the highest number of children in institutions in the world – an estimated 500,000.[13]

As in many other countries, recent years have seen growing income inequality,[14] creating big disparities in children's well-being. The poorest children are more than twice as likely to die before their fifth birthday as those born into the richest households,[15] and with more than a third of under-fives stunted,[16] children in the poorest households are also the most vulnerable to this condition.[17]

The government committed to reduce stunting prevalence among under-fives to 32% in 2014 in its National Mid-term Development Plan. It must also ensure that the country's economic growth brings further improvements in health, protection and education for all children, including the poorest.

TANZANIA – THE HIGHEST CLIMBER

Tanzania has made impressive progress in its CDI score over the past decade, from 42.6 in 1995–99 to 16.7 in 2005–10, moving up 30 places in the country rankings. Progress has been particularly fast between 2006 and 2010, when the under-five mortality rate dropped by 28%, from 112 per 1,000 live births to 81.[18] The number of out-of-school children fell from 3.2 million in 1999 to 33,000 in 2008. The proportion of underweight children, as is true for the index in general, fell less dramatically – from 16.4% in 2004–05 to 15.8% in 2010.

Different factors have contributed to Tanzania's impressive improvements in children's health and education. For instance:

- Budgetary allocations to the **health** sector have been growing at an average rate of 21.8% between 2005/06 and 2010/11, increasing from TZS 446 billion (US$279 million) in 2005/06 to TZS 1193 bn (US$745 m) in 2010/11.[19] The government has also made several strong commitments as part of the UN Secretary General's Every Woman, Every Child initiative. These include a commitment to increase health sector spending from 12% to 15% of the national budget by 2015[20] and double the number of trained health workers.[21]
- On the **education** front, the Complementary Basic Education in Tanzania project provides

continued overleaf

TANZANIA – THE HIGHEST CLIMBER *continued*

alternative education to 8–13-year-olds and helps them re-enter formal education. Also, the Grade 4 exam, which often acted as a barrier to educational progress, has been removed.[22]

With 42% of under-fives stunted, Tanzania is one of the ten countries worst affected by chronic undernutrition. To tackle this, the government has recently introduced a number of measures and is taking an active role in the Scaling up Nutrition (SUN) movement.[23] It has established a Multi-Institutional/Multi-Sectoral High Level Nutrition Steering Committee composed of public, private, civil society and development partners and chaired by the Permanent Secretary in the Prime Minister's office. A National Nutrition Strategy has been launched, and the National Planning and Budgeting Guidelines 2012/13 include nutrition interventions. The civil society Partnership for Nutrition in Tanzania (PANITA)[24] is successfully influencing policy – for example:

- the establishment of a budget line specifically for nutrition in 2012/13[25]
- the implementation of the National Nutrition Strategy
- ensuring that nutrition interventions reach local communities.

Provided that funding is maintained, many of these policies and processes will continue to improve children's wellbeing. But greater transparency and sustained consultation and policy dialogue between the government, civil society and development partners is essential.[26]

SOUTH AFRICA – A MIXED PICTURE

South Africa's CDI scores indicate that children's wellbeing fell between 1995–99 and 2000–04, but slightly improved between 2000–04 and 2005–10. Its ranking fell 24 places between the first and the last period, which is mainly a consequence of other countries overtaking it in terms of advancing children's well-being.

To understand the country's performance, it is important to look at what has happened to the three indicators in the index. Under-five mortality saw a slight decline from 60 per thousand live births in 1990 to 57 per thousand births in 2010, but some years in between actually saw increases in the rate of children dying. South Africa is one of the few countries that hasn't registered progress in both child and maternal mortality.[28] Primary school enrolment was at 90% in 1990 and remains the same in 2010, but again this has seen dips in the years in between.[29] The proportion of underweight children below five years has remained at 9% over the decades.

There are multiple causes of children's deprivation but poverty, income inequality – which affects poor people's access to good quality services – and the AIDS epidemic are some of the key reasons behind the poor quality of children's health and education in South Africa. Economic growth brought great benefits to certain sectors of society, but it has increased inequality, and many children live in poverty. Estimates indicate that about two-thirds of children lived in households with per capita incomes below the poverty line (set at R552 per month in 2009).[30] Access to health facilities and education vary greatly across provinces, with some children in remote areas unable to go to school due to inadequate or unaffordable transport.[31] The HIV and AIDS epidemic is badly affecting the lives of children who are already vulnerable. In 2009, it was estimated that 330,000 children were living with HIV and nearly 2 million were orphaned due to AIDS.[32]

The government is implementing a large-scale social security programme that includes a Child Support Grant to help improve the conditions of children who live in poverty. The grant, which is about R280 (US$33) per month, reaches 11 million children.[33] A study evaluating its impact has shown that those who get the grant do better across several measures of children's wellbeing. For example, they complete more grades in school and girls achieve higher maths scores.[34] Children receiving the grant are also less likely to be ill or stunted.[35] The programme is a step in the right direction. Economic growth may not automatically lead to better outcomes, but investing in children and implementing policies that address their needs help to improve children's lives. This and other efforts are crucial to reversing deprivation and improving children's well-being in South Africa.

At the other end, Equatorial Guinea fell as many places as Tanzania rose, while the West Bank and Gaza fell even further – nearly 50 places, with children's net school enrolment rates in particular showing a sharp decline (from 97% in 1999 to less than 80% since 2005).[27]

The pattern looks broadly similar if we consider changes in percentage scores, rather than ranking. One important difference is Somalia. Although only falling seven places from the second half of the 1990s to the second half of the 2000s, Somalia was one of only six countries to actually see a fall in index score over the period. The others (Central African Republic, South Africa, Equatorial Guinea, Paraguay and West Bank and Gaza) all feature among the biggest fallers in the ranking.

Of those making the most progress in percentage terms, the top six countries are the same as those moving up fastest in the ranking, except that Croatia replaces Angola. Angola's strong improvements over the period saw it move from the 140th in 1995–99 – almost at the bottom of the table – where smaller percentage improvements can result in a greater improvement in ranking. Croatia, by dint of starting higher up the index in the second half of the 1990s, saw a higher percentage improvement in score translate into a smaller shift in ranking.

TABLE 1: TOP TEN AND BOTTOM TEN DEVELOPING COUNTRIES BY CDI PROGRESS, 1995–99 TO 2005–10

Top ten				
Rank by progress	**Country**	**Change in index rank**	**1995–1999**	**2005–2010**
1	Tanzania	30	42.6	16.7
2	Turkey	25	15.2	5.7
3	Angola	21	59.6	28.2
4	El Salvador	20	14.7	5.9
5	Nicaragua	20	17.1	7.4
6	Maldives	20	23.5	9.2
7	Benin	20	43.2	22.8
8	Georgia	18	12.6	5.3
9	Rwanda	18	39.3	19.9
10=	Guatemala	17	21.1	9.4
10=	Madagascar	17	41.0	22.2
Bottom ten				
Rank by progress	**Country**	**Change in index rank**	**1995–1999**	**2005–2010**
109	Albania	-16	10.8	10.2
110	Côte d'Ivoire	-16	37.1	34.4
111	Jamaica	-17	9.1	8.5
112	Togo	-17	26.8	23.3
113	Lesotho	-18	28.4	25.0
114	Central African Republic	-18	40.4	41.5
115	South Africa	-24	11.5	12.2
116	Paraguay	-25	6.2	7.5
117	Equatorial Guinea	-32	28.3	32.9
118	West Bank and Gaza	-49	5.8	10.6

INEQUALITIES BETWEEN DEVELOPED AND DEVELOPING COUNTRIES REMAIN

Despite striking progress both globally and in developing countries, the world still remains a very unequal place. Being born in a developed or in a developing country still makes a big difference in determining children's chances at life. Whereas developed countries are very close to the highest score of the ranking, the average child in developing countries is almost eight times worse off than he or she would be if they had been born in a rich country. The lowest child well-being is found in the regions of sub-Saharan Africa and south Asia, and – unsurprisingly – among the lowest income countries.

Map B at the back of this report (pages 26–27) shows country index scores according to whether they achieve low, medium, high or very high child well-being. Table 2 (below) gives average scores by region of the world and by income level, with lower scores indicating stronger child development. The average score for high-income countries is less than 2, compared to nearly 17 for developing countries as a group.

As in the first edition of the index, Japan is the best performer, with an improved score of 0.35, which represents the highest achieved level of child well-being.

At the bottom of the scale, Niger was previously well adrift of all other countries. We see now, however,

TABLE 2: THE CHILD DEVELOPMENT INDEX, BY REGION AND INCOME LEVEL

	Sample size	Child Development Index 2005–10
Developed countries	**24**	**1.69**
Developing countries	**117**	**16.86**
By region:		
East Asia	11	6.62
CEE and CIS	15	5.84
Latin America and the Caribbean	25	5.62
Middle East and north Africa	14	10.11
Sub-Saharan Africa	45	30.38
South Asia	7	24.11
By income level:		
Low income	50	26.31
Lower-middle income	49	6.14
Upper-middle income	18	5.01
High income	24	1.69
World	**141**	**15.54**

that Niger has experienced a substantial improvement in its index score (from 70 in the second half of the 1990s and 62 in the first half of the 2000s, to 49 in the second half of the 2000s) and caught up with the trailing pack. However, it is against this background of relative progress that the country is once again facing a desperate food crisis.[36] Niger is replaced, predictably, by a country that has been sliding backwards on multiple indicators: Somalia, with a score of 55 (worsening from 50 in 1995–99 as civil conflict has taken its toll).

As shown in table 3 below, all ten of the bottom countries in the Child Development Index for the most recent period assessed (2005–10)[37] are African. However, this does not necessarily provide a fair picture of progress across the continent.

Indeed, it masks a huge variety, since the strongest improvements are also seen in Africa.

Map A, at the very start of this report, shows the world map, with countries coloured according to the extent of their progress on the CDI from 1995–99 to 2005–10. It is noticeable that a range of colours appears in each region. Africa in particular includes countries with low, medium, high and very high rates of progress.

Map B, at the very end of this report, has countries shaded to reflect their CDI scores, from the lowest-scoring quarter of countries to the highest. The pattern of progress by region is clearly seen.

TABLE 3: TOP TEN AND BOTTOM TEN COUNTRIES BY CDI 2012 RANK

Top ten			**Bottom ten**		
Rank	**Country**	**Index**	**Rank**	**Country**	**Index**
1	Japan	0.35	132	Eritrea	39.39
2	Spain	0.55	133	Mali	39.53
3	Germany	0.64	134	Sierra Leone	39.71
4	Italy	0.70	135	Djibouti	40.03
5	France	0.74	136	Central African Republic	41.47
6	Canada	0.74	137	Congo, Dem. Rep.	43.01
7	Switzerland	0.82	138	Burkina Faso	43.93
8	Norway	0.89	139	Chad	44.11
9	United Kingdom	0.92	140	Niger	48.73
10	Netherlands	0.93	141	Somalia	54.50

BOX: THE CHILD DEVELOPMENT INDEX AND THE HUMAN DEVELOPMENT INDEX

The Child Development Index follows in the footsteps of the UNDP's Human Development Index (HDI), pioneered by the economist Mahbub ul Haq. This index established the importance of measuring human well-being beyond simple national income measures. The two indices each have three components with broadly common aims:

Element of well-being	HDI component	CDI component
Health	Life expectancy rate	Under-five mortality
Education	An education index (changed in 2011 from combining literacy and gross enrolment, to years of schooling)	Net enrolment rate
Basic needs	Average per capita national income, as a proxy for the ability to meet basic needs	Nutrition (under-weight prevalence among under-fives), as perhaps the most basic need

It is interesting to see where there are major differences in countries' performance between the two indices. Following the HDI, we can divide each index into four quartiles, indicating low development, medium, high and very high development. Figure 3 shows, as would be expected, that the majority of countries that feature in both indices fall into the same quartile in both: this is the grey shaded diagonal running from the top right (very high development on both indices) to the bottom left (low development on both indices).

The countries off the diagonal are perhaps of greater interest. Those above the diagonal, shaded in yellow, demonstrate better performance on the HDI than on the CDI. The risk here is that by failing to invest in child well-being to a commensurate level, these countries may be storing up trouble for the future. It is additionally a concern that a number of the countries in this category (from UAE to Equatorial Guinea) are highly dependent on natural resource extraction, which offers only finite development possibilities.

The countries below the diagonal, in contrast, score more highly on the CDI than the HDI and can be thought of as investing relatively strongly in their children. Sub-Saharan Africa is particularly strongly represented at the bottom of the figure, with low HDI countries in the medium CDI quartile – including, for example, the noted strong performer Tanzania. This should be seen as encouraging news.

However, some caution is required in interpreting these results. Since the CDI refers to a longer period, while the HDI data relate to the most recent year, a country which has gone backwards in the CDI ranking – such as Zimbabwe – can still appear to outperform on the CDI. Differences will therefore not always reflect the relative intensity of child-centred development efforts.

Finally, it is worth drawing attention to the BRICS nations, often highlighted as emerging global powers. Three – Brazil, South Africa and Russia – are on the diagonal (that is, they occupy the same quartiles of the CDI and the HDI). China and India both qualify as of medium development on the HDI; but while China is in the highest quartile of the CDI, India is in the lowest.

In fact, China is the only country which scores not one, but two quartiles higher in the CDI than the HDI. The implication is that, in relative terms, China is heavily prioritising investment in children. Both score highly on net enrolment rates, but more than 40% of India's children are moderately or severely underweight, compared to less than 5% of China's; and India's under-five mortality rate exceeds 60 out of 1,000, while China's is below 20.

FIGURE 3: CDI AND HDI COMPARED

HDI \ CDI	Low	Medium	High	Very high
Very high			Qatar UAE	Argentina Australia Austria Bahrain Belgium Canada Chile Croatia Czech Republic Denmark Finland France Germany Iceland Ireland Italy Japan Luxembourg Netherlands Norway Spain Sweden Switzerland United Kingdom United States
High		Albania Azerbaijan Oman	Armenia Brazil Colombia Ecuador Georgia Iran Jamaica Kazakhstan Kuwait Lebanon Malaysia Mauritius Panama Peru Russian Federation Saudi Arabia Trinidad and Tobago Turkey Venezuela	Belarus Belize Costa Rica Cuba Macedonia Mexico Romania Tunisia Uruguay
Medium	Congo Equatorial Guinea Ghana India Lao PDR	Bhutan Botswana Cambodia Dominican Republic Gabon Guatemala Guyana Indonesia Iraq Maldives Morocco Namibia Philippines South Africa Sri Lanka Swaziland Tajikistan Vietnam West Bank and Gaza	Algeria Bolivia Egypt El Salvador Honduras Jordan Kyrgyzstan Moldova Mongolia Nicaragua Paraguay Suriname Syria Thailand	China
Low	Angola Bangladesh Burkina Faso Burundi Central African Republic Chad Côte d'Ivoire Djibouti DR Congo Eritrea Ethiopia Gambia Guinea Guinea-Bissau Haiti Lesotho Liberia Mali Mauritania Mozambique Nepal Niger Nigeria Pakistan Senegal Sierra Leone Sudan Timor-Leste Togo Yemen	Benin Cameroon Comoros Kenya Madagascar Malawi Myanmar Rwanda Sao Tome and Principe Tanzania Uganda Zambia Zimbabwe		

2 UNDERNUTRITION: HOLDING BACK PROGRESS

To understand better the nature of progress in the CDI, we break down the analysis to look at each of the key components: under-five mortality rates, net non-enrolment in primary education, and the prevalence of underweight children. A clear picture emerges: strong progress on the first two is set against relatively poor performance on the latter, as undernutrition continues to retard advances in children's well-being.

UNDER-FIVE MORTALITY

Between the second half of the 1990s and the second half of the 2000s, developing countries reduced under-five mortality rates by more than 30% (see Table 3 below).

As with the overall index, we see a significant acceleration in progress in the 2000s, when the rate of improvement went up to 23% from only 11% at the end of the 1990s. During the 2000s, the number of children dying each year went down from around 10 million to 7.6 million.[38]

However, the world's poorest countries, most of which are in sub-Saharan Africa and south Asia, lag behind, with improvement rates well below the world average.

TABLE 3: UNDER-5 MORTALITY RATE COMPONENT: CDI PROGRESS, 1995–99 TO 2005–10

	Value 1995–99	**Value 2000–04**	**Value 2005–10**	**Improvement 1995–99 to 2000–04**	**Improvement 2000–04 to 2005–10**	**Total improvement**
Developed countries	**2.2**	**1.9**	**1.7**	**13.6**	**7.8**	**20.3**
Developing countries	**26.6**	**23.7**	**18.9**	**10.9**	**23.3**	**31.6**
By region:						
East Asia	14.7	11.9	7.9	19.0	34.0	46.5
CEE and CIS	13.9	10.9	6.6	22.0	39.5	52.8
Latin America and the Caribbean	12.8	9.9	7.1	22.9	28.6	45.0
Middle East and north Africa	17.5	14.4	10.3	17.6	28.3	40.9
Sub-Saharan Africa	49.0	47.9	39.1	2.3	18.3	20.2
South Asia	30.9	26.8	20.7	13.3	22.7	33.0
By income level:						
Low income	37.9	34.8	27.5	8.2	20.8	27.3
Low-middle income	14.1	11.3	7.6	19.9	32.4	45.9
Upper-middle income	9.8	8.4	5.8	13.5	31.4	40.6
High income	2.2	1.9	1.7	13.6	7.8	20.3
World	**24.5**	**21.8**	**16.7**	**10.9**	**23.2**	**31.5**

SURVIVAL – AN EQUAL RIGHT

The number of children dying before their fifth birthday has gone down from around 12 million in 1990 to 7.6 million in 2010, despite an increasing birth rate.[39] This is remarkable progress. But the global figure masks growing inequality within and between countries. Also worrying is the increased proportion of deaths that occur in the first month of life (now 40% of under-five deaths),[40] and the fact that undernutrition (which shows least progress on the Child Development Index) is the underlying cause of one-third of child deaths.[41]

Five large countries – India, Nigeria, the Democratic Republic of Congo, Pakistan and China – account for about half the global under-five mortality figure.[42] While under-five mortality is increasingly concentrated in sub-Saharan Africa and south Asia, 23 of the 75 Countdown to 2015 countries (those that account for over 95% of child deaths) are on track to meet MDG 4 (a two-thirds reduction in child mortality) by 2015.[43] On the whole, the poorest countries are doing least well but some low-income countries – like Bangladesh, Cambodia, Laos and Nepal – are on track. And the rate of decline of under-five mortality in a number of African countries – including Senegal, Rwanda, Kenya and Uganda – has accelerated significantly in recent years.[44]

Many countries, however, are showing little or no progress. Renewed efforts are needed to address the direct and structural causes of under-five mortality. Pneumonia, premature births, diarrhoea and malaria are the most common causes of under-five deaths. Increasing coverage of successful interventions – vaccines, treatment of childhood illnesses, insecticide-treated bed nets – has protected many children. But access to these remains grossly inequitable.

One reason why the deaths of newborn babies have not gone down as much as under-five deaths is that many mothers have no access to good-quality health services. Forced to give birth without a skilled attendant, many mothers die along with their babies.

Efforts must be focused on reducing children's unequal chances of surviving. In some countries, the poorest children are two to three times more likely to die before their fifth birthday than those born in the richest households.[45] Mortality should be tracked across wealth groups and other socioeconomic characteristics. Countries must ensure that in achieving MDG 4 (a two-thirds reduction in child mortality between 1990 and 2015) they do not leave the poorest children behind.

Equal attention must be paid to girls' education and rights, which is a major factor in improving child survival rates. Governments and donors need to invest more to combat undernutrition among mothers and children to address a major underlying cause of child mortality.

COLIN CROWLEY/SAVE THE CHILDREN

Rukia with her son Husseinat, who was delivered two months premature by caesarean section and is being cared for at the district hospital in Mtwara, Tanzania.

PRIMARY SCHOOL ENROLMENT

The figures for increased numbers of children enrolled in primary school are even more positive, with an average increase of 40% in developing countries from the second half of the 1990s to the second half of the 2000s. South Asia leads the way among regions, with nearly a 50% increase, while sub-Saharan Africa has achieved similar rates to others regions.

The acceleration that developing countries experienced in overall child well-being at the beginning of the 2000s is, if anything, more pronounced when it comes to primary school enrolment. While at the end of the 1990s the improvement rate was only 14%, in the 2000s this rate climbed up to 32%. It is striking that improvement rates in the world's poorest countries have been, in this case, higher than the world average – with south Asia standing out with 40% improvement rates in the 2000s.

TABLE 4: NET NON-ENROLMENT IN PRIMARY EDUCATION: CDI PROGRESS, 1995–99 TO 2005–10

	Value 1995–99	**Value 2000–04**	**Value 2005–10**	**Improvement 1995–99 to 2000–04**	**Improvement 2000–04 to 2005–10**	**Total improvement**
Developed countries	**4.1**	**3.3**	**3.2**	**17.9**	**2.8**	**20.2**
Developing countries	**18.8**	**16.2**	**10.9**	**13.9**	**32.8**	**42.1**
By region:						
East Asia	4.1	3.4	2.2	15.9	34.7	45.1
CEE and CIS	13.4	10.5	7.1	21.5	32.6	47.1
Latin America and the Caribbean	8.3	7.1	5.4	14.6	24.1	35.2
Middle East and north Africa	15.9	12.2	9.4	23.3	22.8	40.8
Sub-Saharan Africa	44.1	39.1	27.6	11.3	29.5	37.5
South Asia	20.4	17.4	10.4	14.8	40.2	49.0
By income level:						
Low income	29.4	25.6	17.1	12.9	33.5	42.1
Low-middle income	6.7	5.5	3.8	18.5	31.1	43.8
Upper-middle income	5.9	4.7	4.4	20.2	6.4	25.3
High income	4.1	3.3	3.2	17.9	3.1	20.4
World	**17.5**	**15.1**	**10.2**	**13.9**	**32.2**	**41.6**

EDUCATION – ACCESS AT THE EXPENSE OF QUALITY

"We cannot talk about building strong economies, sustainable democracies, and equitable societies without having educated children. We need boys and especially girls who can read, write, calculate and think critically to lead us to a more peaceful and secure world. This call for a renewed global commitment on learning will help catalyse important actors from around the world to invest time, energy, and resources in improving learning for all."

Ellen Johnson Sirleaf, President of Liberia speaking about the 2011 Global Compact on Learning[46]

The reason the education component of the Child Development Index is based on how many primary-age children are enrolled in school is, in part, because of the availability of relatively strong national data. However, data over the past decade suggests that the MDG focus on increasing the numbers of children enrolled in school has been at the expense of learning.[47] Students in many countries are not gaining even basic literacy and numeracy skills.

Impressive school enrolment rates don't reflect the number of children who actually complete a school year, much less master basic skills. With overcrowded classrooms and a lack of trained teachers, children are spending years in school without gaining even basic reading, writing, maths or life skills. According to the Brookings Institution,[48] "approximately 200 million children who are in primary school are learning so little that they are struggling to read basic words."

Enrolling children in school is not enough. Their right to education includes the right to learn. Recent research shows the importance of education to other development goals. For example, a child born to a mother who can read is 50% more likely to survive past the age of five.[49] Evidence also shows that learning levels matter more than the number of years spent in school in terms of individual earnings, health, and a country's economic growth.[50] UNESCO estimates that approximately 171 million people could be lifted out of poverty if all students in low-income countries learn basic reading skills in school.[51]

Governments, donors, civil society and academic institutions are supporting a sharper focus on learning targets to guide progress in the education sector. The post-2015 framework provides a key platform to ensure this change, but data is needed now. This is a clear opportunity for international policy-makers, including President Johnson Sirleaf as one of the co-chairs of the high-level panel on post-2015 (see page 15), to ensure that consistent data are generated for more powerful education indicators.

PAUL ZHANG/SAVE THE CHILDREN

An early childhood centre run by Save the Children in a Beijing suburb.

UNDERNUTRITION

By comparison, the **nutrition picture is alarming**. While progress in under-five mortality and primary school enrolment accelerated during the 2000s, and improvement rates almost doubled (going up to 23% and 32% respectively), there was no significant acceleration in progress in nutrition. Improvement rates in underweight prevalence were much weaker at 13%.

The picture of under-performance is highly concentrated in the world's poorest countries and in sub-Saharan Africa and south Asia. While middle income countries saw improvement rates between 25 and 30% during the 2000s, sub-Saharan Africa saw only 14% improvement and south Asia just 8%.

TABLE 5: PREVALENCE OF UNDERWEIGHT CHILDREN: CDI PROGRESS, 1995–99 TO 2005–10

	Value 1995–99	Value 2000–04	Value 2005–10	Improvement 1995–99 to 2000–04	Improvement 2000–04 to 2005–10	Total improvement
Developed countries	**0.4**	**0.4**	**0.1**	**1.4**	**66.3**	**66.8**
Developing countries	**28.0**	**24.7**	**21.5**	**11.6**	**13.0**	**23.1**
By region:						
East Asia	18.5	13.4	9.8	27.5	27.1	47.1
CEE and CIS	6.4	4.3	3.9	32.2	10.1	39.0
Latin America and the Caribbean	8.2	6.2	4.4	24.6	27.9	45.6
Middle East and north Africa	16.0	13.6	10.6	14.9	22.4	34.0
Sub-Saharan Africa	31.7	28.3	24.4	11.0	13.6	23.0
South Asia	46.7	44.5	41.2	4.6	7.5	11.8
By income level:						
Low income	41.1	38.0	34.3	7.6	9.7	16.5
Low-middle income	13.4	9.8	7.0	26.6	28.6	47.5
Upper-middle income	8.6	6.5	4.8	23.9	26.0	43.6
High income	0.4	0.4	0.1	1.4	66.3	66.8
World	**25.6**	**22.6**	**19.7**	**11.6**	**13.1**	**23.2**

Henry, 10, with his nine-month-old nephew Jeremiah, outside his home in Sugar Hill, Liberia.

BOX: THE UNCOUNTED

Compiling the Child Development Index reveals just how weak are the data that tell us how countries are performing in terms of even the most basic indicators of child well-being. *How can governments and donors claim to be targeting progress when they don't even know where they're starting from?* Indeed, how can the well-being of children be improved, if those children are – literally – not counted?

There has been an impressive improvement in the coverage of child mortality data. Here the data shift from a relatively consistent pattern of coverage every five years, to annual coverage from 2005 onwards. Net primary enrolment data has never had the same consistency of coverage, but exists for more than one hundred countries each year for most years since 2000. Underweight nutrition data, on the other hand, is entirely reliant on household surveys and there may only be a small number of these conducted around the world in a given year. To track progress, to understand and respond to problems or threats such as food price spikes, or to hold governments and donors to account for commitments made, the data are all too often simply not available.

During 2012, Indonesia and the UK are together co-chairs of both the Open Government Partnership and, with Liberia, of the high-level UN panel on the post-2015 successor to the Millennium Development Goals (MDGs). The Open Government Partnership is committed to generating data on human development and on policies and their impact, and making data available to citizens in the interests of transparency and accountability.

The post-2015 panel is intended to move forward the discussions about the global framework for development. Since one major criticism of the MDGs has been that they lack accountability for various reasons, including often the absence of consistent, high-quality data, there is a real opportunity for leadership here.

Children outside their makeshift home by a metro station in New Delhi.

3 FOOD AND FINANCIAL CRISES THREATEN INCREASED UNDERNUTRITION

A further – and even more worrying – concern is that data on wasting and stunting (very sparse for the second half of the 1990s and the first half of the 2000s and, therefore, not included in the CDI) suggest that the current 'triple f' – financial, fuel and food-price crisis – is having a significant impact on children's nutrition.

Stunting, when children are too short for their age, is the result of chronic undernutrition and, hence, reflects structural trends in the nutritional status of children in a certain country. Wasting – acute weight loss – is the result of grave deprivation of nutritious food and/or disease at a specific point in time. It is a rapidly changing indicator and it is commonly used to indicate the severity of famine and food crises.[52]

We examined changes in wasting to see whether more children are suffering from acute weight loss as a possible result of the global food crisis. We have been able to gather representative data for wasting for the first and second half of the decade of the 2000s only. This allows us to examine the change from pre-crisis to crisis period, but prevents a comparison with an earlier change (eg, from the second half of the 1990s to the first half of the 2000s).

Between the first and second half of the 2000s, there was a reduction of 13% in the proportion of under-five children who were underweight in developing countries – significantly weaker than the other components of the CDI. The performance on stunting was weaker still, showing only a 10% fall over the same period – unsurprising, since it is a longer-term condition and so, harder to address.

When we look at **wasting**, the picture is even bleaker, as the proportion of wasted children **did not decline as did the rest of CDI indicators, but actually rose by 1.2%**. The indicator appears, therefore, to be registering some of the setbacks that analysts would expect to see as a result of the triple 'food-price, fuel and financial' crises, especially the dramatic hikes in food prices. Wasting is showing negative trends across various income groupings and regions for the late 2000s.

Across different world regions (see Figure 4 below), **the proportion of children who were wasted *rose* by almost 17% in East Asia and by over 4% in the Middle East and North Africa, and in lower-middle income countries as a group**. This indicates that many hundreds of thousands of additional children suffered acute under-nutrition.

This proportion of wasted children even rose in developed countries – though from a very small base. This may seem surprising, given the expectation that even low-income households in rich countries will spend relatively small shares of their income on food. But it underlines the extent of income instability associated with the crisis, including through both employment and out of work benefits.

These findings are worrying in their own right, and also because they could be interpreted as an early warning for future increases in chronic undernutrition – which will only become clear as more data become available.

The significant impacts of food crisis and children suffering from wasting are not evenly distributed. Save the Children research found that the poorest suffer the most. On the basis of household surveys we carried out before and after the 2007–08 food-price spikes, we found that while the wealthiest households had benefited from the increased price of staple foods, the poorest had suffered, as evidenced by analysis of the impact of the escalation of food prices on household income and children's nutrition in a rural community in northern Bangladesh.[53]

Using data from the Domestic Household Surveys for 48 countries over the last 12 years, we found a consistent pattern in keeping with this. As Figure 5 (on page 18) illustrates, the greater the child nutrition inequalities between the wealthiest quintile and the two poorest quintiles, the worse a country appears to perform overall.

FIGURE 4: CHANGES IN STUNTING AND WASTING, 2000–2004 TO 2005–2010

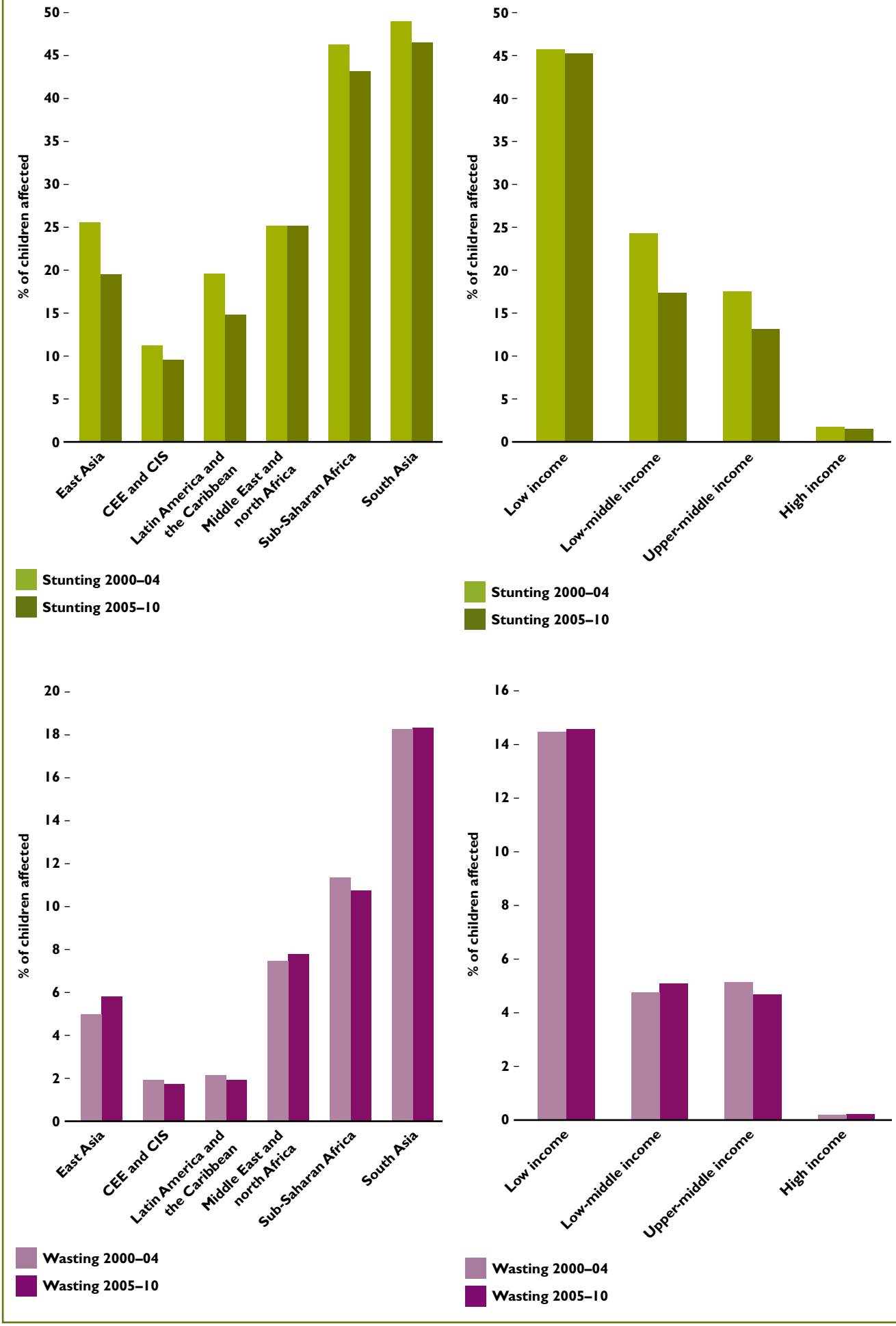
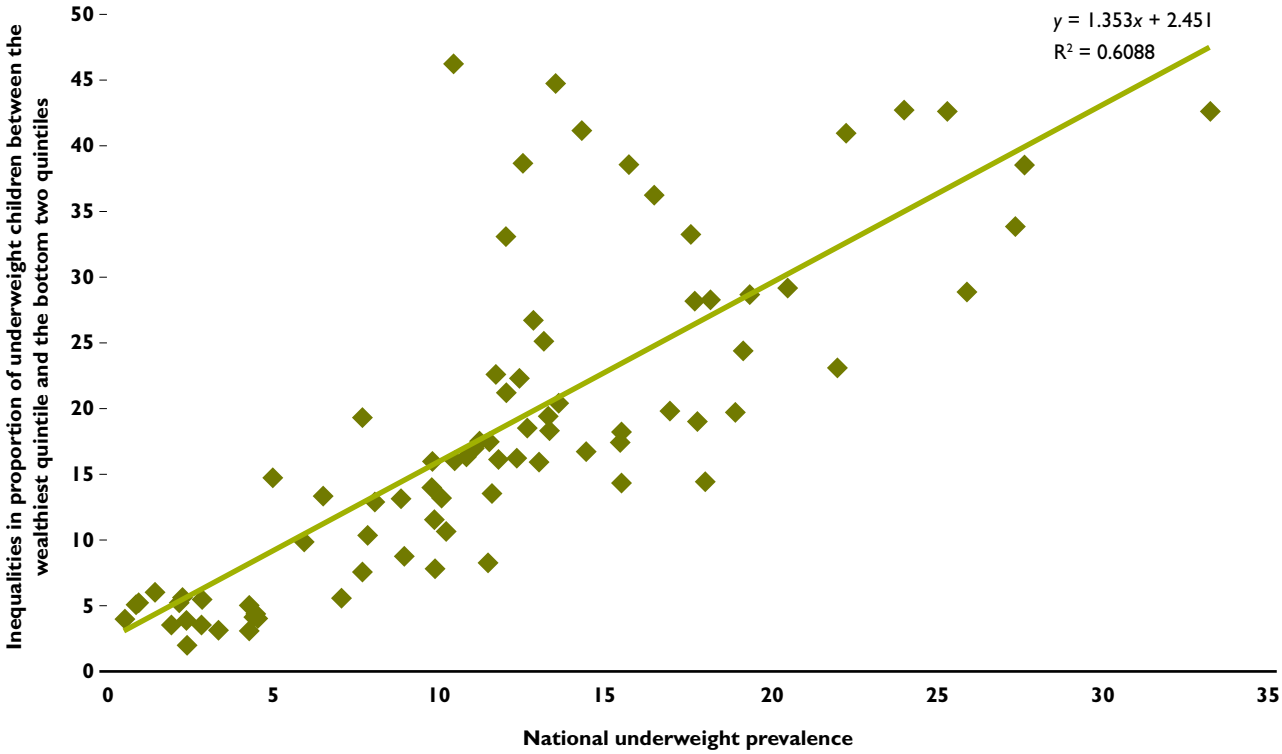


FIGURE 5: PREVALENCE OF UNDERWEIGHT CHILDREN AND INEQUALITY IN WEALTH BY COUNTRY



Source of basic data: DHS (various years), Underweight data follow WHO Growth Standard

In the Save the Children study of social protection, *A Chance to Grow*,[54] we showed that using social transfers to increase the share of income of the poorest two quintiles by just 10% – at a total cost of just 1.5% of GDP – would reverse the increase in people suffering undernutrition and lead to a substantial reduction simply by reducing the number of households unable to afford sufficient nutrition.

Of course, serious policy attention must be paid to the deeper structural causes of inequality – around, for example, low wages and extreme inequalities in the distribution of productive assets. Such measures, including social transfers to address remaining inequalities, can not only support better long-term outcomes on child undernutrition, of the type captured by the nutrition component of the Child Development Index, but can also play a vital role in limiting the effects of crisis by ensuring a social safety net operates.

CONCLUSIONS

The Child Development Index combines measures of primary school enrolment, child mortality and nutrition to provide a simple measure of child well-being that can be tracked across time and compared across countries.

The 2012 edition of the Child Development Index tells a story of success. This edition of the Index shows that, since the mid-1990s, substantial progress has been made in addressing the most basic threats to child survival and well-being. On average, the lives of children around the world improved by more than 30%. This means that the chances of a child going to school were one-third higher, and the chances of an infant dying before their fifth birthday were one-third lower, at the end of the 2000s than a decade before. During this period child well-being improved in 90% of the countries surveyed.

Moreover, progress has been dramatically accelerating. From the first to the second half of the 2000s, **the overall improvement rates in child well-being almost doubled** compared with the end of the 1990s (improvement rates were 22%, up from 12%). Acceleration of progress in under-five mortality and primary school enrolment was even more impressive: the rate of improvement more than doubled during the 2000s (from 11% to 23%; and from 14% to 32% respectively).

In addition to the accelerating progress it is clear that – since the 2000s – **developing countries experienced faster than average rates of progress than developed countries**. While the world's poorest countries, mostly in sub-Saharan Africa and south Asia, had the weakest performance, each group also includes countries that have shown very strong improvements. These groups have also shown the greatest acceleration in the most recent period.

Less encouraging has been the progress on reducing underweight prevalence among children under five. When we break down the different components of the Index – health, education and nutrition – data shows that progress has been mainly driven by improvements in health and education. **Undernutrition has consistently lagged behind and remains one of the major reasons depressing further progress on child well-being.** Whereas health and education have improved well above the average of the Index, when progress accelerated in the second half of the 2000s (at a rate of 23% and 32% respectively), in comparison, child undernutrition performed very poorly, improving at the much lower rate of 13%. In the world's poorest countries, progress was even weaker, at just below 10%.

Even more concerning is that the already slow progress in tackling undernutrition has been further jeopardised by the effects of the global food and financial crises. **The proportion of children wasting** (suffering from acute weight loss), which is commonly used to indicate the severity of food crises, actually **rose in the second half of the 2000s**. Increases in wasting are worrying in their own right, and also because **they could be an early warning sign of further deteriorations in chronic undernutrition** if the situation is not quickly reversed.

Moreover, inequalities between countries are still big. Whereas developed countries are very close to the highest score of the ranking, the average child in developing countries is almost eight times worse off than if she or he had been born in a rich country.

RECOMMENDATIONS

The recent G8 agreement on the New Alliance on Food Security and Nutrition; the World Health Assembly support for a global target to reduce child stunting by 40% by 2025; and the commitment of the UK Prime Minister David Cameron to hold a hunger summit during the 2012 Olympic Games in London are all welcome steps in putting the critical issues of hunger and undernutrition higher on the international agenda. But this report highlights the scale of the challenge.

Save the Children is calling on the international community to seize these opportunities to redouble its efforts to tackle hunger and undernutrition. It needs to do this through direct interventions during crises and by addressing the global drivers of under-nutrition – including the causes of this unprecedented period of rising and high food prices, coupled with inequality, which has seen the numbers of people living in hunger rise for the first time in a generation.

We call on the developing country governments to:

- Build on the target recently approved by the World Health Organization of a 40% reduction in the number of children who are stunted by 2015, by setting up national policies and specific targets for reducing child stunting.
- Strengthen social transfer programmes (such as cash transfers) as a key policy tool to combat hunger and undernutrition, in times of stability and as an effective crisis response tool that is easily scalable.
- Ensure that national nutrition policies and social transfers are aimed at reducing inequalities and the disproportionate impact of undernutrition among the poorest and most vulnerable groups in society. Action on other drivers of undernutrition is also necessary: female education, family planning and key maternal and child health interventions.

We call on bilateral and multilateral donors to:

- **Maintain the recent focus on these issues. The hunger crisis can be dealt with but it will need a concerted effort, not a stand-alone moment.**
- **Scale up multi-year funding for nutrition, putting in place outcome targets to reduce malnutrition and to support the establishment of social transfer programmes** – above all, for those countries that will find it most difficult to reduce stunting.
- **Address the underlying drivers of high food prices, which are at the root of ever more frequent food crises**, such as the ones that we are currently witnessing in the Sahel and the Horn of Africa. In particular, invest in smallholder agricultural development, prioritising support for women smallholder producers and sustainable farming approaches.
- **Commit to support the generation and use of better data to improve transparency and accountability around these vital issues.** This report has also highlighted the weaknesses in basic child well-being data; the same data is, of course, crucial to effective policy responses.

APPENDIX

TABLE A1: CHILD DEVELOPMENT INDEX SCORE AND RANK, ALL COUNTRIES, OVER TIME

CDI rank 1995–99	CDI rank 2000–04	CDI rank 2005–10	Change 1995–2010	Country	CDI score 1995–99	CDI score 2000–04	CDI score 2005–10
2	1	1	+1	Japan	0.53	0.44	0.35
5	4	2	+3	Spain	0.75	0.59	0.55
22	9	3	+19	Germany	4.69	0.81	0.64
12	14	4	+8	Italy	1.14	0.96	0.70
6	10	5	+1	France	0.87	0.85	0.74
10	8	6	+4	Canada	1.09	0.78	0.74
16	18	7	+9	Switzerland	2.49	2.52	0.82
3	5	8	-5	Norway	0.55	0.62	0.89
4	7	9	-5	United Kingdom	0.70	0.69	0.92
7	11	10	-3	Netherlands	0.88	0.86	0.93
8	6	11	-3	Iceland	0.93	0.65	1.01
11	13	12	-1	Belgium	1.10	0.96	1.05
15	16	13	+2	Luxemburg	1.71	1.63	1.30
9	2	14	-5	Finland	0.97	0.53	1.37
13	15	15	-2	Austria	1.49	1.60	1.49
17	17	16	+1	Australia	2.65	2.09	1.54
30	29	17	+13	Croatia	6.03	5.39	1.62
18	19	18	+0	Ireland	2.79	2.56	1.68
1	3	19	-18	Sweden	0.50	0.55	1.85
14	12	20	-6	Denmark	1.53	0.86	1.87
23	20	21	+2	Cuba	4.86	2.83	2.27
24	25	22	+2	Chile	5.10	4.30	2.83
19	21	23	-4	United States of America	2.98	3.04	2.86
20	23	24	-4	Argentina	4.33	3.60	2.95
36	22	25	+11	Costa Rica	6.95	3.47	3.15
38	31	26	+12	Tunisia	7.70	5.76	3.40
27	30	27	+0	Uruguay	5.80	5.53	3.62
28	24	28	+0	Czech Republic	5.81	3.67	3.63
42	39	29	+13	China	8.23	6.39	3.69
25	26	30	-5	Bahrain	5.76	4.66	3.98

continued overleaf

TABLE A1: CHILD DEVELOPMENT INDEX SCORE AND RANK, ALL COUNTRIES, OVER TIME *continued*

CDI rank 1995–99	CDI rank 2000–04	CDI rank 2005–10	Change 1995–2010	Country	CDI score 1995–99	CDI score 2000–04	CDI score 2005–10
32	33	31	+1	Belize	6.78	6.07	4.06
35	27	32	+3	Republic of Macedonia (FYROM)	6.84	4.68	4.07
21	28	33	-12	Belarus	4.37	4.95	4.30
29	34	34	-5	Romania	5.93	6.12	4.32
39	38	35	+4	Mexico	7.79	6.29	4.40
43	44	36	+7	Brazil	8.84	6.96	4.44
37	47	37	+0	Russian Federation	7.48	7.17	4.47
51	48	38	+13	Peru	9.54	7.37	4.50
33	41	39	-6	Qatar	6.83	6.68	4.71
53	43	40	+13	Ecuador	10.00	6.93	4.93
34	32	41	-7	Panama	6.83	5.78	4.94
44	37	42	+2	Malaysia	8.89	6.27	5.17
62	67	43	+19	Georgia	12.58	11.55	5.27
48	63	44	+4	Kuwait	9.10	9.85	5.32
41	42	45	-4	Jordan	8.17	6.73	5.33
49	45	46	+3	Venezuela	9.28	7.10	5.69
73	56	47	+26	Turkey	15.25	8.86	5.70
69	61	48	+21	El Salvador	14.74	9.66	5.87
57	46	49	+8	Thailand	10.37	7.10	6.24
64	55	50	+14	Algeria	12.63	8.78	6.35
56	54	51	+5	Kazakhstan	10.33	8.73	6.35
50	53	52	-2	Colombia	9.42	8.58	6.66
65	62	53	+12	Egypt, Arab Republic	12.66	9.71	6.69
52	36	54	-2	Syrian Arab Republic	9.66	6.25	6.97
46	60	55	-9	Trinidad and Tobago	8.96	9.60	7.26
40	49	56	-16	Moldova	7.95	7.82	7.26
78	69	57	+21	Nicaragua	17.14	12.29	7.40
31	35	58	-27	Paraguay	6.18	6.24	7.50
71	82	59	+12	Mongolia	15.19	14.86	7.59
75	76	60	+15	Iran, Islamic Republic	15.99	14.01	7.93
45	57	61	-16	Lebanon	8.90	9.19	8.05
66	68	62	+4	United Arab Emirates	13.14	12.23	8.06
77	71	63	+14	Honduras	16.93	12.70	8.09
61	64	64	-3	Saudi Arabia	11.57	10.04	8.13
55	58	65	-10	Mauritius	10.19	9.40	8.50
47	51	66	-19	Jamaica	9.08	8.03	8.53
59	66	67	-8	Suriname	11.28	11.00	8.62

TABLE A1: CHILD DEVELOPMENT INDEX SCORE AND RANK, ALL COUNTRIES, OVER TIME *continued*

CDI rank 1995–99	CDI rank 2000–04	CDI rank 2005–10	Change 1995–2010	Country	CDI score 1995–99	CDI score 2000–04	CDI score 2005–10
54	52	68	-14	Armenia	10.18	8.58	8.66
67	65	69	-2	Kyrgyz Republic	13.76	10.61	8.74
70	70	70	+0	Bolivia	14.87	12.42	9.04
91	84	71	+20	Maldives	23.49	14.97	9.15
89	85	72	+17	Guatemala	21.07	15.23	9.39
72	72	73	-1	Sri Lanka	15.23	12.90	9.74
74	74	74	+0	Guyana	15.93	13.40	10.22
58	59	75	-17	Albania	10.85	9.57	10.25
63	50	76	-13	Dominican Republic	12.58	7.86	10.31
85	78	77	+8	Morocco	19.62	14.34	10.45
26	40	78	-52	West Bank and Gaza	5.79	6.48	10.56
84	81	79	+5	Vietnam	19.46	14.75	11.26
76	83	80	-4	Philippines	16.89	14.86	11.35
79	77	81	-2	Iraq	17.52	14.03	11.40
88	79	82	+6	Indonesia	20.80	14.38	11.40
68	75	83	-15	Oman	14.25	13.77	11.55
60	73	84	-24	South Africa	11.48	13.09	12.25
87	86	85	+2	Tajikistan	20.62	16.24	12.43
81	80	86	-5	Sao Tome and Principe	18.66	14.56	13.23
80	88	87	-7	Azerbaijan	17.82	18.66	14.12
83	87	88	-5	Gabon	19.02	16.38	14.62
82	89	89	-7	Botswana	18.70	19.50	15.27
92	91	90	+2	Namibia	25.18	22.41	15.81
104	106	91	+13	Bhutan	33.88	29.28	16.28
122	107	92	+30	Tanzania	42.58	29.69	16.66
106	97	93	+13	Cambodia	35.20	26.79	18.61
94	93	94	+0	Myanmar	27.07	24.70	18.68
90	96	95	-5	Swaziland	22.41	25.54	18.86
86	90	96	-10	Zimbabwe	20.42	21.57	19.23
102	94	97	+5	Uganda	33.13	24.80	19.53
110	95	98	+12	Malawi	36.17	24.98	19.54
117	120	99	+18	Rwanda	39.26	35.60	19.94
107	110	100	+7	Comoros	35.34	31.60	20.64
111	118	101	+10	Zambia	36.40	34.47	20.79
97	102	102	-5	Kenya	30.42	28.52	21.18
120	115	103	+17	Madagascar	41.01	33.94	22.20
99	99	104	-5	Cameroon	31.00	28.10	22.52

continued overleaf

TABLE A1: CHILD DEVELOPMENT INDEX SCORE AND RANK, ALL COUNTRIES, OVER TIME *continued*

CDI rank 1995–99	CDI rank 2000–04	CDI rank 2005–10	Change 1995–2010	Country	CDI score 1995–99	CDI score 2000–04	CDI score 2005–10
125	114	105	+20	Benin	43.15	32.99	22.77
108	105	106	+2	Lao PDR	35.44	29.10	22.81
109	101	107	+2	Bangladesh	36.16	28.36	22.82
113	116	108	+5	Senegal	37.22	34.00	22.90
103	111	109	-6	Ghana	33.63	31.92	23.04
93	100	110	-17	Togo	26.83	28.25	23.26
98	109	111	-13	Congo, Republic	30.48	31.37	23.32
100	103	112	-12	India	31.22	28.72	23.46
116	112	113	+3	Nepal	38.92	32.57	25.01
96	92	114	-18	Lesotho	28.40	24.40	25.01
127	123	115	+12	Mozambique	45.35	38.18	25.38
101	113	116	-15	Mauritania	32.03	32.80	25.63
105	104	117	-12	Gambia, The	35.19	28.73	25.68
119	119	118	+1	Timor-Leste	40.47	34.79	28.16
140	134	119	+21	Angola	59.56	48.16	28.22
115	121	120	-5	Pakistan	38.64	36.50	30.15
129	126	121	+8	Guinea	46.48	41.78	30.47
132	133	122	+10	Guinea-Bissau	49.43	47.94	31.02
121	122	123	-2	Yemen, Republic	42.03	36.89	31.17
133	132	124	+9	Burundi	50.63	47.27	32.35
114	108	125	-11	Haiti	37.68	31.10	32.42
138	136	126	+12	Ethiopia	54.11	49.35	32.53
95	98	127	-32	Equatorial Guinea	28.30	27.59	32.93
112	117	128	-16	Côte d'Ivoire	37.06	34.02	34.42
123	127	129	-6	Sudan	42.79	41.93	35.77
124	125	130	-6	Nigeria	43.06	41.70	37.07
135	137	131	+4	Liberia	51.24	50.82	37.90
130	124	132	-2	Eritrea	48.81	40.85	39.39
137	135	133	+4	Mali	54.02	48.40	39.53
139	140	134	+5	Sierra Leone	55.45	55.51	39.71
128	130	135	-7	Djibouti	46.02	46.25	40.03
118	128	136	-18	Central African Republic	40.40	44.65	41.47
126	131	137	-11	Congo, Democratic Republic	43.17	46.46	43.01
136	138	138	-2	Burkina Faso	52.17	52.58	43.93
131	129	139	-8	Chad	49.05	45.91	44.11
141	141	140	+1	Niger	70.04	62.19	48.73
134	139	141	-7	Somalia	50.93	55.02	54.5

ENDNOTES

[1] This percentage refers only to the CDI sample, which includes 141 countries. See Box 1 for further methodological details.

[2] The CDI assesses a sample of 141 countries. See Box 1 for further methodological details.

[3] World Health Organization and UNICEF (2012) *Countdown to 2015: Building a Future for Women and Children: the 2012 Report*

[4] *Ibid*

[5] World Bank and Education in Indonesia http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/EASTASIAPACIFICEXT/0,,contentMDK:23187196~pagePK:146736~piPK:146830~theSitePK:226301,00.html

[6] UNICEF http://www.unicef.org/infobycountry/indonesia_statistics.html

[7] *Ibid*

[8] Ministry of National Development Planning/National Development Planning Agency (BAPPENAS) *Republic of Indonesia – Report on the Achievement of the Millennium Development Goals Indonesia 2010*

[9] I Rafiqah and I Blackett (2010) *Public-Private Partnership for Handwashing with Soap in Indonesia* http://www.wateraidcommunity.org.au/document.doc?id=28

[10] United Nations Population Fund (2011) *State of the World's Midwifery 2011: Delivering health, saving lives*

[11] UNICEF http://www.unicef.org/infobycountry/indonesia_statistics.html

[12] *Ibid*

[13] Save the Children, Indonesia's Ministry of Social Affairs, UNICEF (2077) *Someone That Matters: The quality of care in childcare institutions in Indonesia*

[14] A Sumner, A Suryahadi and N Thang (2012) *Poverty And Inequalities In Middle-Income Southeast Asia* Institute of Development Studies

[15] Demographic and Health Survey for Indonesia 2007, data on under-five mortality disaggregated by wealth quintiles

[16] See www.childinfo.org for the most up-to-date data on child undernutrition. The 65th World Health Assembly adopted the Maternal, Infant and Young Child Nutrition Implementation plan which includes a global stunting reduction target of 40% by 2025. The Indonesian government also committed to reduce stunting prevalence among under-five children from 37 per cent in 2007 to 32 per cent in 2014 in its National Mid-term Development Plan 2010–2014.

[17] World Health Organization and UNICEF (2012) *Countdown to 2015: Building a Future for Women and Children: the 2012 Report*

[18] Tanzanian Demographic and Health Survey (2009/10)

[19] Save the Children (2011) Analysis of Health Budget and Financing for Maternal, Newborn and Child Health in Tanzania

[20] World Health Organization, Accountability for Women's and Children's health: The United Republic of Tanzania. Available at: http://www.who.int/woman_child_accountability/countries/tza/en/index.html Accessed 15 June 2012

[21] *Ibid*

[22] Save the Children UK, UNICEF, Overseas Development Institute (2012) *Progress in Child Well-being: Building on What Works*

[23] Progress of the Scaling Up Nutrition Movement in Tanzania http://www.scalingupnutrition.org/wp-content/uploads/2011/09/Tanzania-SUN-NYC-EE-2011.pdf

[24] Progress Report on Creation of the Partnership for Nutrition in Tanzania (PANITA) for the Period of September 2010-August 2011, http://nutritiontanzania.org/cms/index.php?option=com_content&view=article&id=16&Itemid=24

[25] United Republic of Tanzania (2011) Guidelines for Councils for the preparation of Plan and Budget for nutrition 2012-13

[26] EU Health Overseas Development Assistance and Aid Effectiveness, Country Briefing 2, October 2010, *Health Spending in Tanzania: The Impact of Current Aid Structures and Aid Effectiveness*

[27] Save the Children website, Occupied Palestinian territory http://www.savethechildren.org.uk/where-we-work/middle-east/occupied-palestinian-territory

[28] World Health Organization and UNICEF (2012) *Countdown to 2015: Building a Future for Women and Children: the 2012 Report*. Other countries include Cameroon, Chad, Democratic Republic of Congo, Lesotho, Somalia and Zimbabwe.

[29] Education data from United Nations and World Bank data sets

[30] L Jamieson *et al* (eds) (2011) *South African Child Gauge 2010/2011*, Cape Town: Children's Institute, University of Cape Town

[31] *Ibid*

[32] UNICEF (2009) *State of the World's Children 2009*, New York

[33] South African Social Security Agency (SASSA) Fact Sheet No. 4 of 2012, 30 April 2012

[34] Department of Social Development, SASSA and UNICEF (2012) *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households*. Pretoria: UNICEF South Africa

[35] *Ibid*

[36] Save the Children website: http://www.savethechildren.org.uk/what-we-do/emergencies/west-africa-appeal

[37] The full Index, for each of the three periods 1995–99, 2000–04 and 2005–10, can be found in Table A1 of the Appendix.

[38] See UNICEF's State of the World's Children reports for 2007 and 2012

[39] See www.childinfo.org for the latest data on under-five mortality.

[40] World Health Organization and UNICEF (2012) *Countdown to 2015: Building a Future for Women and Children: the 2012 Report*

[41] *Ibid*

[42] *Ibid*

[43] Countdown to 2015 countries are 75 countries which together account for over 95% of under-five mortality globally.

[44] *Africa's Child Health Miracle: The Biggest, Best Story in Development*, http://blogs.cgdev.org/globaldevelopment/2012/05/africas-child-health-miracle-the-biggest-best-story-in-development.php?utm_

[45] Analyses of under-five mortality rates disaggregated by wealth quintile from the Demographic and Health Surveys show this.

[46] The 2011 Global Compact on Learning provides a policy agenda and concrete steps to advance learning for girls and boys in some of the world's poorest countries http://www.globalcompactonlearning.org/

[47] UNESCO *EFA Global Monitoring Report* http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/ , World Bank 2011 *"Learning for All: Investing in People's Knowledge and Skills to Promote development"*. http://siteresources.worldbank.org/EDUCATION/Resources/ESSU/Education_Strategy_4_12_2011.pdf

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[50] Centre for Universal Education at Brookings (2011) *A Global Compact on Learning: Taking Action on Education in Developing Countries* http://www.brookings.edu/~/media/events/2011/6/15%20education%20compact/0609_global_compact.pdf

[51] UNESCO, *Education and the Millennium Development Goals* (2010) Paris: UNESCO, 2010)http://www.unesco.org/fileadmin/MULTIMEDIA/HQ/ED/GMR/pdf/gmr2010/MDG2010_Facts_and_Figures_EN.pdf

[52] See, for example, the survey in Helen Young and Susanne Jaspars (2006) 'The meaning and measurement of acute malnutrition in emergencies: A primer for decision-makers', ODI/Humanitarian Practice Network: http://www.odihpn.org/documents/networkpaper056.pdf

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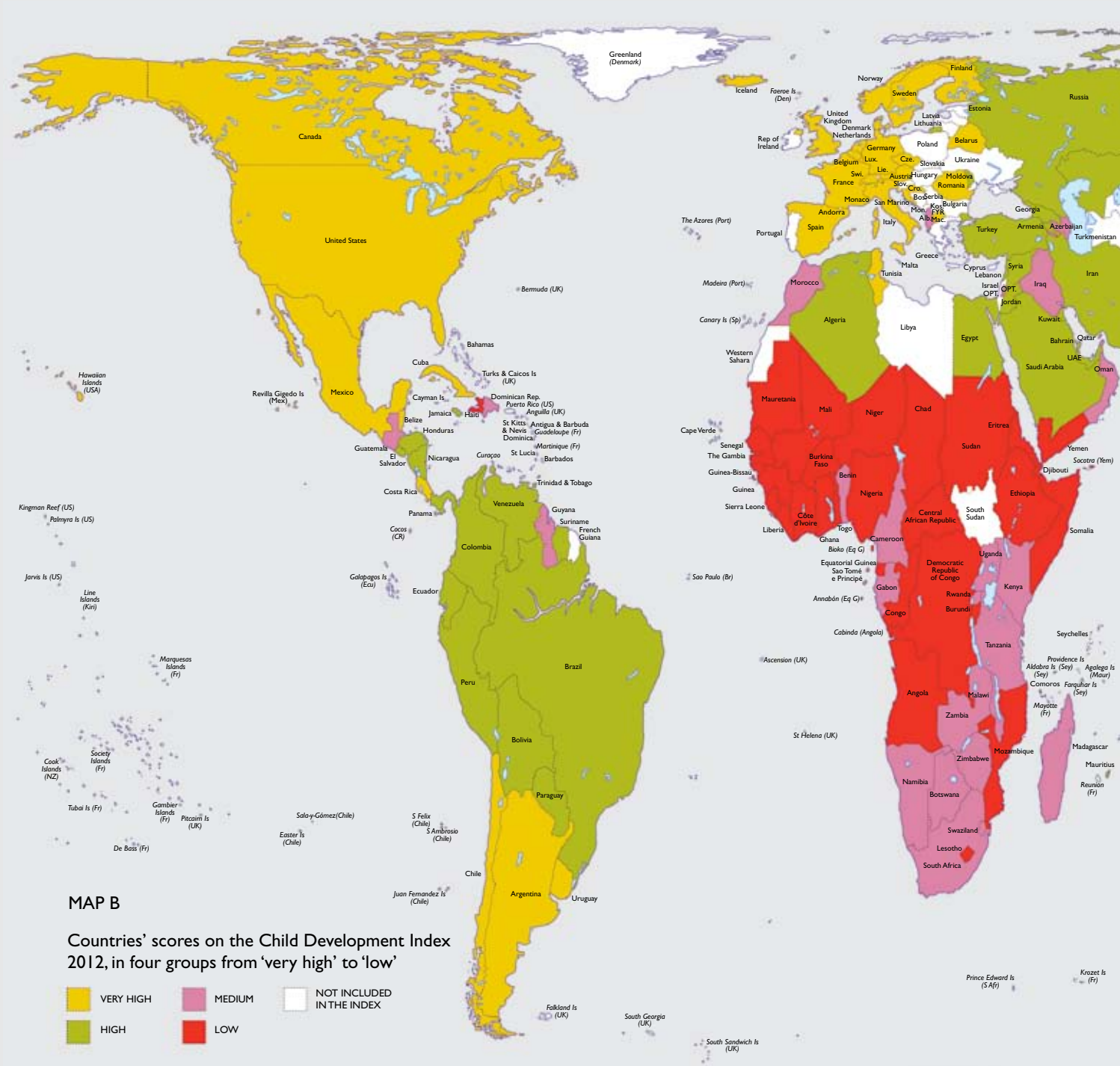
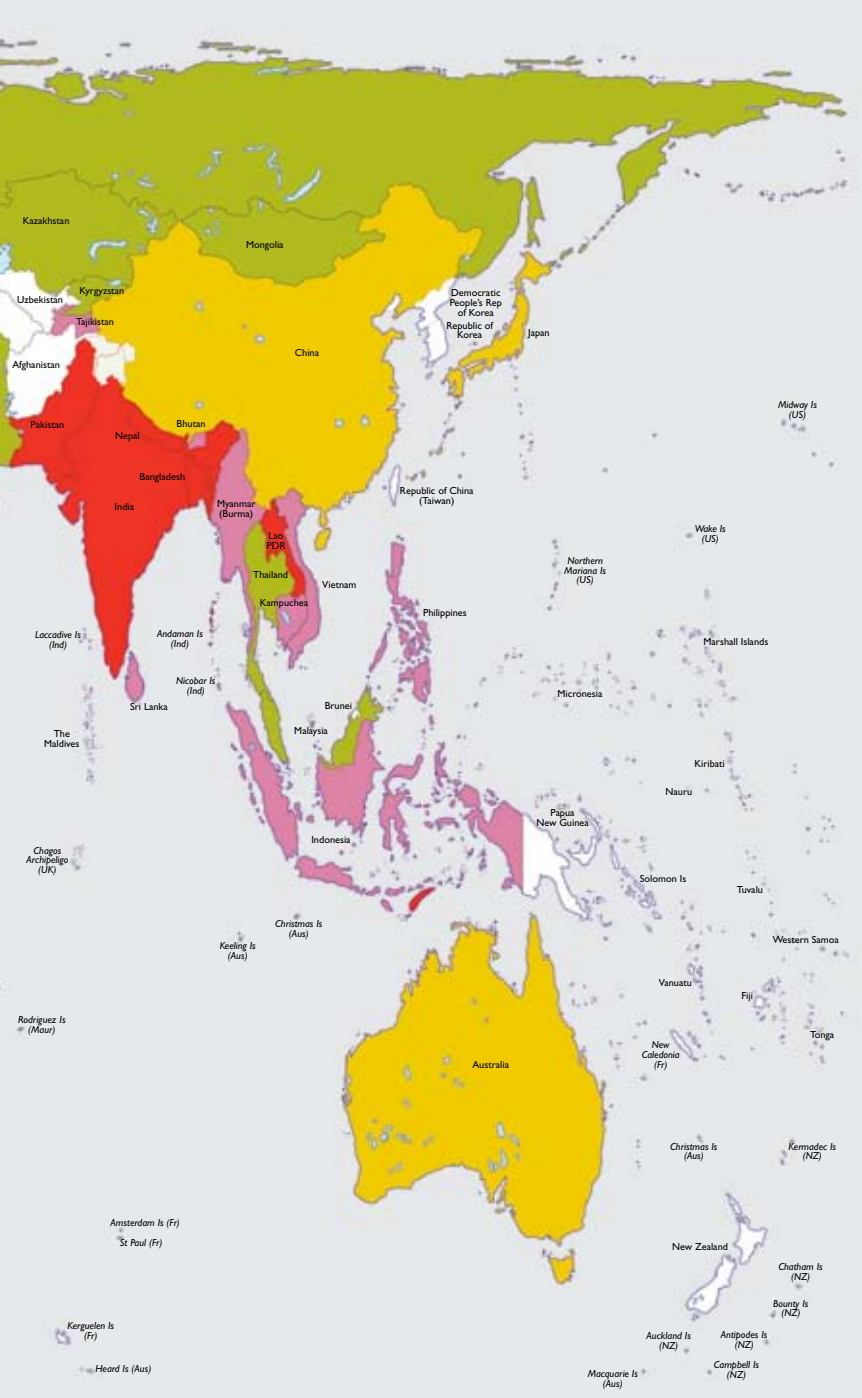
[54] Save the Children (2012) *A Chance to Grow: How social protection can tackle malnutrition and promote economic opportunities*



MAP B

Countries' scores on the Child Development Index 2012, in four groups from 'very high' to 'low'

VERY HIGH
HIGH
MEDIUM
LOW
NOT INCLUDED IN THE INDEX



Cover photo: Three-year-old Asha in Sanjay Colony, a slum area in Delhi where Save the Children supports a mobile health clinic, staffed by a doctor, nurses and a pharmacist. (Photo: Rachel Palmer/Save the Children)

THE CHILD DEVELOPMENT INDEX **2012**

Progress, challenges and inequality

The Child Development Index (CDI) offers a fascinating insight into how children are faring around the world.

Key findings of this new edition of the CDI are:

- Overall improvement rates in child well-being almost doubled in the first decade of the 21st century.
- Developing countries experienced faster rates of progress than developed countries in the same period.
- Undernutrution remains one of the main factors holding back progress on children's well-being as shown by the Index.
- The proportion of children suffering from wasting – or acute weight loss – actually rose in the second half of the 2000s.

The CDI monitors child well-being in 141 countries, aggregating data on child mortality, primary-school enrolment and underweight. Case studies on Tanzania – the highest climber on the CDI – Indonesia and South Africa are also included.

This new edition highlights the impressive progress the world has made. At the same time it warns of the impact of the failure to tackle child undernutrition on children's overall well-being.

Drawing on data on stunting and wasting, it looks at the disastrous effects of the food and financial crises on children. Finally, it makes a series of recommendations to developing-country governments and to donors on tackling hunger and undernutrition.

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