

# Identifying Global Trends in Child Poverty: *Save the Children's* New Child Development Index

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**On 10 December 2008** the international NGO *Save the Children* launched a new global Child Development Index (CDI), which is a composite measure of child wellbeing focused on health, education and nutrition (See *Save the Children UK 2008*).

The CDI is designed to be a simple, transparent and easily understandable index for global comparisons of progress across countries and regions. Hence, it is best suited for global advocacy and identifying broad policy priorities. More detailed analysis, based on a wider set of indicators, would be needed for specific policy implications at the country level.

The Centre for Development Policy and Research helped *Save the Children* devise the index and developed it in the tradition of the *Human Development Index* and the *Human Poverty Index* of UNDP. Hence, the index seeks to *directly* measure dimensions of child wellbeing.

This approach led to choosing three key indicators. For health, the CDI includes the mortality rate of children who are under five years of age. For education, it includes the percentage of school-age children who are *not* enrolled in primary school. And for nutrition, it incorporates the percentage of children under five years of age who are underweight.

Each indicator is expressed in deprivation form, i.e., as the lack of a basic human capability. The index does not include lack of household income as a barometer of deprivation because income is regarded as only an *indirect* means for achieving human wellbeing. The purpose of money is to purchase the *direct means*, such as food, clothing and energy.

Once chosen, the three CDI indicators are normalised to range from 0 to 100 and then combined together with equal weights to form the composite. This simple method of aggregation implies that achieving progress in each dimension is absolutely essential: progress in the two other dimensions cannot be a substitute.

The three indicators in the CDI are all MDG indicators. As expected, data for them are more plentiful after 2000. Nevertheless, the index is able to cover a total of 137 countries, including high-income, middle-income and low-income countries. Based on available data, we can use the index to analyse broad trends in child deprivation across three periods: 1990-1994, 1995-1999 and 2000-2006.

For 2000-06, *Save the Children* ranks all 137 countries by the CDI score. At the bottom of the ranking are 18 countries in Africa. Niger has the highest level of child deprivation, with an index of 58.6; while Sierra Leone is not far beyond, with an index of almost 56. The country with the largest child population in

Africa, Nigeria, does not perform well: its CDI of 40.5 ranks it at 126. Ranked at 119 is the first Asian country, Pakistan, with an index of 33.6. Ranked at 120 is the first country in the Middle East, Yemen, with a CDI of 33.3.

## The Lowest-Ranking Countries

CDI rank 2000-2006	CDI score 2000-2006	Country
118	33.3	Yemen, Rep.
119	33.6	Pakistan
120	33.9	Guinea
121	34.2	Cote d'Ivoire
122	36.4	Ethiopia
123	37.7	Sudan
124	38.3	Eritrea
125	39.3	Burundi
126	40.5	Nigeria
127	43.1	Djibouti
128	44.4	Guinea-Bissau
129	44.9	Central African Republic
130	45.5	Mali
131	46.0	Chad
132	46.5	Congo, Dem. Rep.
133	48.2	Angola
134	50.2	Burkina Faso
135	53.13	Somalia
136	55.9	Sierra Leone
137	58.5	Niger

Source : *Save the Children*, 2008

## Measuring Progress

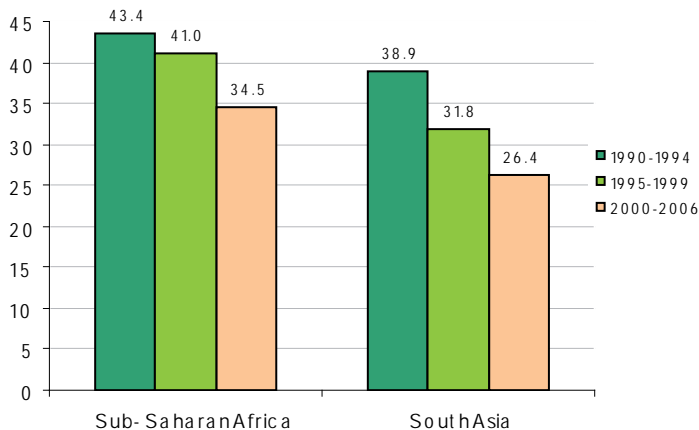
For all countries, including high-income countries, the CDI declined from 26.6 in 1990-94 to 21.9 in 1995-99, or by almost 18 per cent. Between 1995-99 and 2000-06, the CDI declined further to 17.5, or by 20 per cent. Hence, the overall reduction was 9.1 percentage points, or about 34 per cent.

This is good news overall. But progress should have been much faster in the more recent period since economic growth was more rapid (and the period was slightly longer). Moreover, progress in low-income countries was slower than in all countries: this group's index declined by only 28 per cent and remained at the high level of about 29 in the 2000s.

The regions of sub-Saharan Africa and South Asia have the highest levels of child deprivation. In the first, the CDI declined from 43.4 to only 34.5 during the decade and a half that we examine. This represents a reduction of only 20.5 per

cent (see Figure 1). But its rate of progress did become more rapid in the recent period. In South Asia, the overall reduction in the CDI was about average, i.e., 32 per cent, as the index declined steadily from 38.9 to 26.4.

**Figure 1. Regional CDI scores**



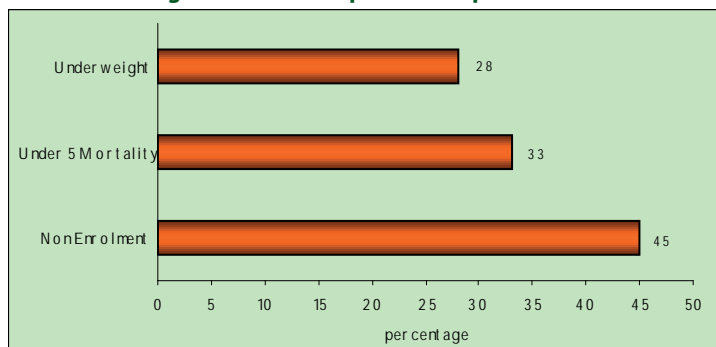
Hence, the performance of sub-Saharan Africa and South Asia on reducing child deprivation has been disappointing, especially in respect of the severity of the problem. Other regions made more rapid progress. For example, the overall reduction of child deprivation was 57 per cent in Latin America and the Caribbean, 45 per cent in East and Southeast Asia and 41 per cent in the Middle East and North Africa. Their resultant CDIs in 2000-06 were 6.8, 8.5 and 11.2, respectively.

### The Three Dimensions

How did progress differ on each of the three dimensions: health, education and nutrition? Progress was average on health, faster on education and slower on nutrition (see Figure 2).

Countries displayed the greatest progress on boosting the net enrolment of children in primary school. The overall reduction in non-enrolment was 46 per cent. Nevertheless, it should be noted that the rate of reduction in sub-Saharan Africa was measurably slower, i.e., 36 per cent.

**Figure 2. Global Improvement per Indicator**



Countries achieved reasonable progress on reducing the child mortality rate. But it is noteworthy that the percentage reduction in mortality doubled from 12 per cent in the first period to 24 per cent in the second. Still, in sub-Saharan Africa, child mortality declined by only a modest 11 per cent overall. And this region's CDI remained very high indeed, namely, 46, in the 2000s.

Progress on child malnutrition was slow. It was reduced by only 28 per cent overall and its rate of reduction slowed, in fact, from 18 per cent in the earlier period to a mere 12 per cent in the recent period. Progress in both sub-Saharan Africa and South Asia, where malnutrition levels were highest, was very slow indeed, namely, only 13-14 per cent overall.

In sub-Saharan Africa about 27 per cent of all children under five years of age are still malnourished and in South Asia an extraordinarily high 46 per cent are malnourished. Because of its large child population, India heavily influences the region's recorded malnutrition. Almost half of Indian children are malnourished. In contrast, in China, which decisively influences East Asia's index, only about seven per cent of children are malnourished.

### Summary

In summary, progress on reducing child deprivation remains slow in sub-Saharan Africa and South Asia. Progress has been disappointing in low-income countries in general. Though overall progress on expanding primary schooling has been significant, performance in sub-Saharan Africa has lagged behind. On child mortality, advances in sub-Saharan Africa have been particularly slow.

Reductions of child malnutrition have been sluggish in both sub-Saharan Africa and South Asia and their levels of malnutrition remain extraordinarily high. Hence, one of the clearest messages from analysing the general trends in the Child Development Index is that child nutrition needs to be given much greater global priority.

But targeted interventions alone could not substantially reduce malnutrition. As Save the Children stresses in its report, a coherent, multi-sectoral strategy, which is also combined with health and poverty reduction strategies, is now urgently needed.

More generally, rapid economic growth can certainly contribute positively to child wellbeing. But the recent rise of income inequality in many countries has hampered advances. So achieving a more equitable pattern of growth and human development is absolutely essential.

Comparing achievements in child wellbeing of the richest fifth of the population with that of the poorest fifth is revealing in this regard. Take the child mortality rate, for example.

In Indonesia this mortality rate is only 29 (per 1,000 live births) among the richest fifth but it is 109 among the poorest fifth. In Madagascar, the rate is 49 among the richest fifth while it is 142 among the poorest fifth. In Nigeria, the rate is 79 for the richest but 258 for the poorest.

When progress in reducing child deprivation is slow, often this is due to only meagre advances among the poorest 20 per cent or 40 per cent of children. So eradicating the deprivation of children in the poorest families has to be an overriding priority.

### Reference:

Save the Children UK (2008). *The Child Development Index: Holding Governments to Account for Children's Wellbeing*. Save the Children Fund, London.