



State of the WORLD'S MOTHERS 2009
Investing in the Early Years

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Front cover:

Santoshi (right) and Analji (left) learn to write letters in a preschool class supported by Save the Children in the far-western region of Nepal. Santoshi says she likes coming to school, and when she grows up, she wants to be a teacher. Photo by Brent Stirton

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EL SALVADOR ►

Investing in the Early Years

IN COMMEMORATION OF MOTHER'S DAY, Save the Children is publishing its tenth annual *State of the World's Mothers* report. Focusing on the critical importance of children's experiences in their early years, this report suggests specific activities mothers and caregivers can do with their young children to help them reach their full potential in school. The report highlights the urgent need to reach 75 million children worldwide who fail to complete primary school as well as the 2.5 million fourth graders in the United States who are not reading at grade level. It shines a spotlight on places where children have the best chance to succeed in school and shows that effective solutions to early education challenges are affordable – even in the poorest communities.



Foreword



▲ KENTUCKY

Take one step into baby McKenzie's chaotic house in Owsley County, Kentucky and you see why community care for the youngest of babies is essential. Without help, this bright-eyed 4-month-old would likely go to school unprepared and fall quickly behind – as two-thirds of our fourth graders do in the United States.

Baby McKenzie lives with her single, teenage mom, a teenage aunt and her grandparents in a county where the median family income just topped \$17,500 in 2005. No one in the household has a job. Working with the local school district, Save the Children is fighting for McKenzie's future – and we're doing this not only for children here at home, but for children around the world.

Seventy-five million children in the world don't get a basic primary school education. We at Save the Children, where I serve as a trustee, are determined to help provide all children – whether in Appalachia or Africa – a positive start in life with loving home care, opportunities to learn and explore, and the chance to grow up to be anything they want to be.

Years of research prove that interventions early in life can help pull people up out of poverty. And they're incredibly cost-effective. In the U.S., \$1.00 spent in the first 60 days of life on nutrition programs alone saves up to \$3.13 in health care costs. Comprehensive early childhood development programs can mean the difference between a taxpaying, enterprising citizen and someone on the public dole or occupying taxpayer-funded prisons.

McKenzie is headed in the right direction. Her mom, Betty Sue, dotes on her and is ready to listen to Vetta Kidd, a friendly young woman who comes to visit the baby regularly as part of Save the Children's early childhood effort. Vetta is from the area, known to the folks who live on the hills and in the hollers of this community. The local health clinic was happy to identify pregnant girls who would need help as new moms, allowing Vetta to start her work before birth.

Once the baby arrives, Vetta keeps the mother on track, promoting breastfeeding, checking on immunizations and providing hints on playing with the newborn. Things that more affluent mothers do almost instinctively – identifying body parts, singing to the baby, reciting rhymes and reading stories – all are new ideas in some poorer households. In her visits, Vetta brings age-appropriate toys and books, books, books to these homes where they are often completely absent.

Betty Sue also goes regularly with other moms to the local school, to meet with teachers who will make sure McKenzie is ready for school when the time comes. When McKenzie is 3, the home visits will be replaced by monthly visits to the by now familiar school where the little girl will go home with a fresh bag of books every month. By the time she starts school, she should be as prepared as children in the most affluent areas of the country.

The research is astounding. Children who participate in Save the Children's *Early Steps to School Success* program as babies and toddlers score better than the national average for language development. And one of the main reasons the children do so well is that their mothers are involved, and will likely stay involved. We've learned that emphasizing the health, education and participation of mothers works both in America and in dozens of poor countries where Save the Children operates.

That's why, every year, though we are an organization dedicated to children, we take a look at the *State of the World's Mothers*. This report shows what a difference it can make if we invest early – making a commitment to mothers and their young children can change a country. It also shows how much more we need to do in so many poor communities. But we can do it. We can ensure a healthy start, and a promising future, for children everywhere. It's a good news story.

Cokie Roberts
Author, News Commentator
and Save the Children Trustee

Introduction



▲ HAITI

Every year, our *State of the World's Mothers* report reminds us of the inextricable link between the well-being of mothers and their children. More than 75 years of experience on the ground have shown us that when mothers have health care, education and economic opportunity, both they and their children have the best chance to survive and thrive.

During the critical period in a child's life from birth to age 5, the role of the mother is especially important. This is when children's bodies and brains are growing rapidly, when they begin to develop language skills, when the foundation for future health or sickness is established, and when lifelong approaches to learning and living with others are shaped.

This year's report looks at how well children around the world are faring during these formative early years. It examines where families and communities are doing a good job of preparing their children to succeed in school and in life, and where they are setting up their children for failure on both fronts. It finds alarming numbers of children at risk of failure in primary school – both overseas and here in the United States. And it shows how costly this failure will be to society as a whole if we allow it to happen.

To address the early childhood development challenge, Save the Children is working on three fronts:

First, Save the Children is increasing awareness of challenges and solutions in early childhood development. This report highlights the challenges that mothers and families face as they juggle work, child-rearing and threats brought on by poverty, AIDS, displacement and more. It

examines those states and countries that are succeeding – and those that are failing – to prepare their children to succeed in school. It calls attention to areas where greater investments are needed and shows that effective strategies are working, even in some of the poorest places on earth.

Second, Save the Children is encouraging action by mobilizing citizens and organizations in the United States and around the world to support early childhood development and to advocate for better policies and increased funding for proven programs.

Finally, we are making a major difference on the ground. Save the Children is working in partnership with government agencies and local organizations to deliver innovative early childhood development programs in the developing world and in poor communities in the United States. We help parents to raise healthier children and to begin preparing them for school success early in life. We show preschool teachers and child care providers how to create welcoming learning environments for young children. All of Save the Children's education programs emphasize the importance of schooling for girls and active participatory learning that strengthens students' capacities to think creatively, solve problems, negotiate and resolve conflicts.

We call on the world's leaders to take stock of how mothers and young children are faring in every country. Investing in this most basic partnership of all – between a mother and her child – is the first and best step in ensuring healthy children, prosperous families and strong communities.

Every one of us has a role to play. Please read the *Take Action* section of this report, and visit www.savethechildren.org on a regular basis to find out what you can do to make a difference.

Charles F. MacCormack
President and CEO
Save the Children



Executive Summary

Some 75 million children worldwide fail to complete primary school, either because they drop out in the early grades or because they never got the chance to attend school at all. In the United States, nearly 2.5 million fourth graders are not reading at grade level – this is 68 percent of all American fourth graders in public schools.

The cost to the world of this lost brain power is staggering.

Early childhood – the period from birth to age 5 – is the most critical period of growth and learning in a person's life. What happens – and what does not happen – during these earliest years influences how the rest of childhood, adolescence and adult life unfold. When children receive good quality care and learning opportunities in their earliest years, they have a better chance to grow up healthy, to do well in school, and to reach their full potential in well-being and productivity.

State of the World's Mothers 2009 looks at early childhood education as a proven investment in economic prosperity, social development and the survival and well-being of children and their families. It presents two first-ever indexes, ranking 100 developing countries and 50 U.S. states based on how well prepared their youngest children are to succeed in school. It examines economic data from around the world showing that investments in early childhood pay off over the long term. It also shows that tools and resources exist to keep all children healthy, safe and learning, but that these resources are not reaching the mothers and children who need them most.

KEY FINDINGS

1) Early childhood care and development is a proven and powerful investment in national well-being and future economic prosperity. Research from around the world consistently shows that investing in quality early learning programs is one of the most effective ways to improve children's success in school, to increase incomes and to reduce costs to society. In fact, the gains tend to be the highest when early childhood investments target the youngest children and the most disadvantaged groups. (*To read more, turn to pages 13-15.*)

2) In the United States, an alarming number of children are at great risk of failure in school because they are not getting the care and support they need in their early years. New Mexico, Nevada, Mississippi, Arizona and Alabama are the bottom five states where young children face the greatest obstacles to success in school. These states scored low on indicators of parental involvement, quality of home life and preschool participation. Parents in these states are clearly struggling to give their

young children a good start in life – and as a result 71 to 81 percent of fourth graders in the public schools in these states are not reading at grade level. Connecticut, New Hampshire, Massachusetts, Vermont and Maine are the top five states where, generally speaking, parents and communities are doing a better job of preparing children to succeed in school. (*To read more, turn to pages 25-29.*)

EARLY CHILDHOOD DEVELOPMENT: A SNAPSHOT

Worldwide, 75 million children fail to complete primary school, either because they drop out in the early grades or because they never got the chance to attend school at all.

In the United States, nearly 2.5 million fourth graders are not reading at grade level – this is 68 percent of all American fourth graders in public schools.

By age 3, roughly 85 percent of the brain's core structure is formed.

Because of poverty, poor health, insufficient nutrition and deficient care, nearly 40 percent of all children under age 5 in developing countries fail to reach their potential in cognitive development. That's more than 200 million children worldwide.

U.S. economists estimate that a strong investment in children's development at the earliest stages would yield returns as high as 15 to 17 percent per year in better classroom performance, fewer health care costs, higher workforce productivity, lower welfare costs and less crime.

Internationally, economists estimate that each extra year of primary education will increase a person's future productivity by 10 to 30 percent, varying country to country.

Executive Summary

3) Compared to other wealthy countries, the United States is losing ground in educational attainment. The U.S. is falling behind in the resource that matters most in the new global economy: human capital. Four decades ago, America had the best high school graduation rate in the world, but by 2006 it had slipped to 18th out of 24 industrialized countries. As recently as 1995, the U.S. was still tied for first place in the proportion of young adults with a college degree, but by 2000 it had slipped to 9th place, and by 2006 to 14th place. The United States also has one of the highest college dropout rates in the industrialized world – 53 percent of Americans who enter college do not finish. *(To read more, turn to pages 31-33.)*

4) In the developing world, nearly 40 percent of all children under 5 fail to reach their potential in cognitive development because of poverty, poor health and nutrition and deficient care. Chad, Afghanistan, Burundi, Guinea-Bissau and Mali are the bottom five countries where children are most likely to miss out on primary school. In these countries, dire poverty, lack of public services and conflict stack the odds against the youngest children. Approximately 1 child in 5 in these countries does not even survive to age 5, and those who do often suffer from cognitive and physical impairments that limit their development and productivity. In Burundi, 25 percent of primary school-aged children are not attending school. In Mali, Chad and Guinea-Bissau, 37, 40 and 55 percent are not in school. Cuba, Armenia, Cyprus, Chile and Azerbaijan are the top five developing countries where children are better prepared to succeed in primary school. *(To read more, turn to pages 9-11 and 17-23.)*

5) The future of humankind will be defined by how well mothers today are able to raise the next generation. A mother's influence on her child's cognitive development begins before the child is born. Her education level, health, nutritional and economic status all impact the well-being of her child from the moment it is conceived. It is often said that a mother is her child's first and best teacher. Yet mothering, in many ways, has never been so difficult as it is in today's global world, and possibly never so isolated, unsupported and undervalued. Mothers around the world are solving child care challenges as best they can, but millions of the poorest mothers and caregivers need help to access tools, information and support to give their children the best possible future. *(To read more, turn to pages 9-15 and 43-46.)*

RECOMMENDATIONS

Child development experts – from local teachers to Nobel Prize winners – are telling the world about the critical importance of investing in the first five years of children's lives. But with few exceptions, the political will to take action for mothers and young children is the missing ingredient in this proven recipe for success. To help ensure more children succeed in school and in life, Save the Children has developed the following recommendations:

1) Invest in better health care for mothers and young children. The links between good health and nutrition and healthy brain development have been well documented. Good care for young children must begin with care for pregnant mothers, ensuring that they are adequately nourished, free from infections and exposure to harmful substances, and monitored for complications during pregnancy. Prenatal and postnatal care should include counseling to encourage a safe birth, awareness of danger signs that require immediate attention, a plan for going to a skilled health care provider, counseling on how to care for the newborn, and help to ensure breastfeeding. Health outreach strategies and funding must do a better job of targeting the poorest and most marginalized mothers and children in every country. More funding is needed for wellness, prevention and family planning, as well as for staffing, transport, equipment, medicine, health worker training and the day-to-day costs of operating health systems. Health care for young children should start in the home, where many of the simplest ailments can be successfully prevented or treated by informed parents, supported by community-based health outreach workers. *(To read more, turn to pages 35-39.)*

2) Provide coaching and information to help new mothers and fathers give their young children the best possible chance to succeed. Parents are the most influential people in a young child's life, and when they are equipped with better child-raising tools and techniques they can often do wonders. Many successful programs in developing and industrialized countries have improved outcomes for children by teaching new moms and dads to be better parents. This can be done through home-based coaching, community support groups and classes outside the home. In addition to breastfeeding and basic health care, these programs encourage parents to feed their children more nutritious food, to interact more with their children, to create a learning environment in the home, to reduce stress in the family and to discipline without hitting. Parenting coaches can also serve as a critical first line of defense against child abuse and neglect, intervening on

the child's behalf when necessary and rallying community resources to safeguard the child. (To read more, turn to pages 35-39.)

3) Improve training and support for early child care providers and preschool teachers. Good child care is an extension of good parenting. The quality of early childhood education outside the home depends on the ability of the caregiver to provide a secure, consistent, sensitive, stimulating and rewarding environment. To be successful, early child care and preschool facilities – whether center, community or home based – should have sufficient numbers of staff for the number of children, and the caregivers should be well trained, well supervised and well paid. In addition, every effort should be made to retain caregivers so that they are consistent, familiar and reassuring figures in children's lives. (To read more, turn to pages 35-39.)

4) Expand early learning opportunities for children affected by AIDS, conflict and natural disasters. In communities destabilized by these crises, young children often need special attention. Governments and NGOs can help by creating "safe spaces" and alternative child care arrangements where young children benefit from a secure environment and a return to comforting routines. Through play, games, songs, art and other activities, children can process their emotions under the guidance of sympathetic adults, and begin to turn their lives around. (To read more, turn to pages 38-39.)

5) Increase government support for proven early childhood development solutions in the United States and around the world. Governments everywhere should invest in early childhood development (ECD) programs and create plans of action to expand ECD programs and improve related policies. The United States should demonstrate leadership toward the goal of "Education for All" by providing \$1 billion for basic education in developing countries – including support for early childhood development – and \$900 million for child survival programs to provide critical health care to children under 5. The United States should also do more to help the youngest children in need here at home by considerably increasing funding for Early Head Start in fiscal year 2010, and doubling funding for the Child Care Development Block Grant. (To read more, turn to page 41.)

THE 2009 MOTHERS' INDEX: SWEDEN TOPS LIST, NIGER RANKS LAST, UNITED STATES RANKS 27TH

Save the Children's tenth annual *Mothers' Index* compares the well-being of mothers and children in 158 countries – more than in any previous year. The *Mothers' Index* also provides information on an additional 15 countries, 7 of which report sufficient data to present findings on children's indicators. When these are included, the total comes to 173 countries.

Sweden, Norway and Australia top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health, educational and economic status. Niger ranks last among the 158 countries surveyed. The 10 bottom-ranked countries – seven from sub-Saharan Africa – are a reverse image of the top 10, performing poorly on all indicators. The United States places 27th again this year.

Conditions for mothers and their children in the bottom countries are grim. On average, 1 in 24 mothers will die from pregnancy-related causes. More than 1 child in 7 dies before his or her fifth birthday, and over 1 child in 3 suffers from malnutrition. Forty percent of the population lacks access to safe water and only 4 girls for every 5 boys are enrolled in primary school.

The gap in availability of maternal and child health services is especially dramatic when comparing Sweden and Niger. Skilled health personnel are present at virtually every birth in Sweden, while only 33 percent of births are attended in Niger. A typical Swedish woman has almost 17 years of formal education and will live to be 83 years old, 65 percent are using some modern method of contraception, and only one in 185 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Niger, a typical woman has little more than 3 years of education and will live to be 56. Only 5 percent of women are using modern contraception, and 1 child in 6 dies before his or her fifth birthday. At this rate, every mother in Niger is likely to suffer the loss of a child.

Zeroing in on the children's well-being portion of the *Mothers' Index*, Sweden finishes first and Niger is last out of 165 countries. While nearly every Swedish child – girl and boy alike – enjoys good health and education, children in Niger face a 1 in 6 risk of dying before age 5. Forty-four percent of Niger's children are malnourished and 58 percent lack access to safe water. Only 51 percent of children in Niger are enrolled in primary school, and within that meager enrollment, boys outnumber girls 4 to 3.

These statistics go far beyond mere numbers. The human despair and lost opportunities represented in these numbers demand mothers everywhere be given the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

See the Appendix for the Complete *Mothers' Index* and Country Rankings.



Millions of Young Children Are Not Prepared to Succeed in School

Worldwide, 75 million children fail to complete primary school, either because they drop out in the early grades or because they never got the chance to attend school at all.¹

In the United States, nearly 2.5 million fourth graders are not reading at grade level – this is 68 percent of all American fourth graders in the public schools.²

WHO ARE THESE CHILDREN? AND WHY ARE THEY NOT LEARNING?

The vast majority of the children who do not succeed in primary school come from very poor families and communities. They live in the least-developed countries of the world, or in pockets of poverty within economically advanced countries. Almost half (47 percent) live in sub-Saharan Africa and 24 percent live in South and West Asia.³ More than half (55 percent) are girls, and girls are far more likely than boys to never attend school at all.⁴

The children who are missing out on primary school often have a variety of risk factors stacked against them. Besides being poor, their parents typically have little or no education. Often their mothers are very young, and in some countries she is likely to be a single mother. These children tend to live in isolated rural areas, where there are few if any government services. Family resources tend to be scarce, and as a result young children's nutrition and health care suffer.

The early formative years of life are critical to a child's future well-being and productivity. Yet tragically – because of poverty, poor health, insufficient nutrition and deficient care – more than 200 million children under age 5 in developing countries fail to reach their potential in cognitive development.⁵ This is almost 40 percent of all children in this age group.⁶ And the cost to the world of this lost brain power is staggering.

WHAT DO YOUNG CHILDREN NEED TO SUCCEED?

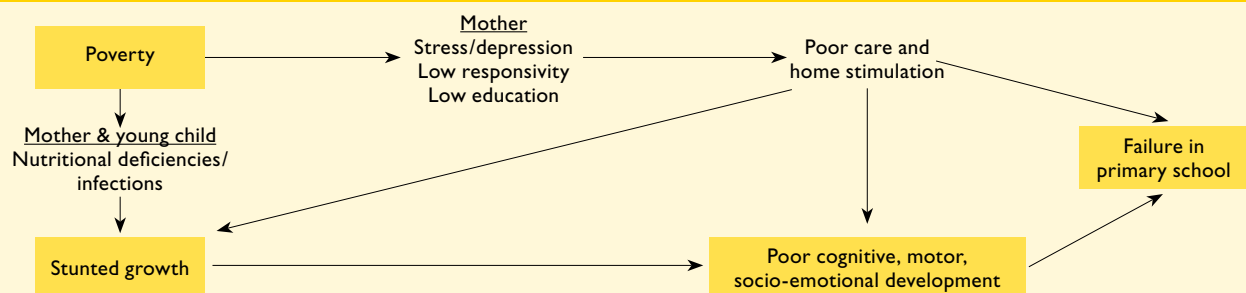
Research shows that 85 percent of brain growth occurs in the first three years of life.⁷ What happens – and what does not happen – in a child's first days, months and years determines how well the brain grows, how language skills develop, and shapes lifelong approaches to learning and living with others.

When babies and toddlers get the encouragement, stimulation and emotional attachment they need in the early years, their brain cells multiply and organize into high-functioning engines for future learning and growth. When children have poor experiences in the earliest years – when they are exposed to fewer sights and sounds, less touch, less interaction with adults and less language – they actually develop smaller brains and lower IQs.⁸

If young children experience long-term starvation, abuse or neglect, their brain development will be further compromised. Poor nutrition and ill-health can begin in the prenatal period, if a child's mother is herself unhealthy and malnourished. If the family is impoverished, it is likely the child will suffer from inadequate diet and health care. When parents lack the wherewithal to provide a safe and nurturing home environment, children often fail to develop the essential foundation of confidence, self-control, and capacity to communicate and cooperate that is needed for success in school and in life. If there is violence in the home or conflict in the community at large, the traumatic consequences for young children can be especially debilitating.

It is, of course, never too late for children to improve in their health and development, to learn new skills, overcome fears or change their beliefs. But more often, when children do not get the right start in life, they never catch up or reach their full potential.

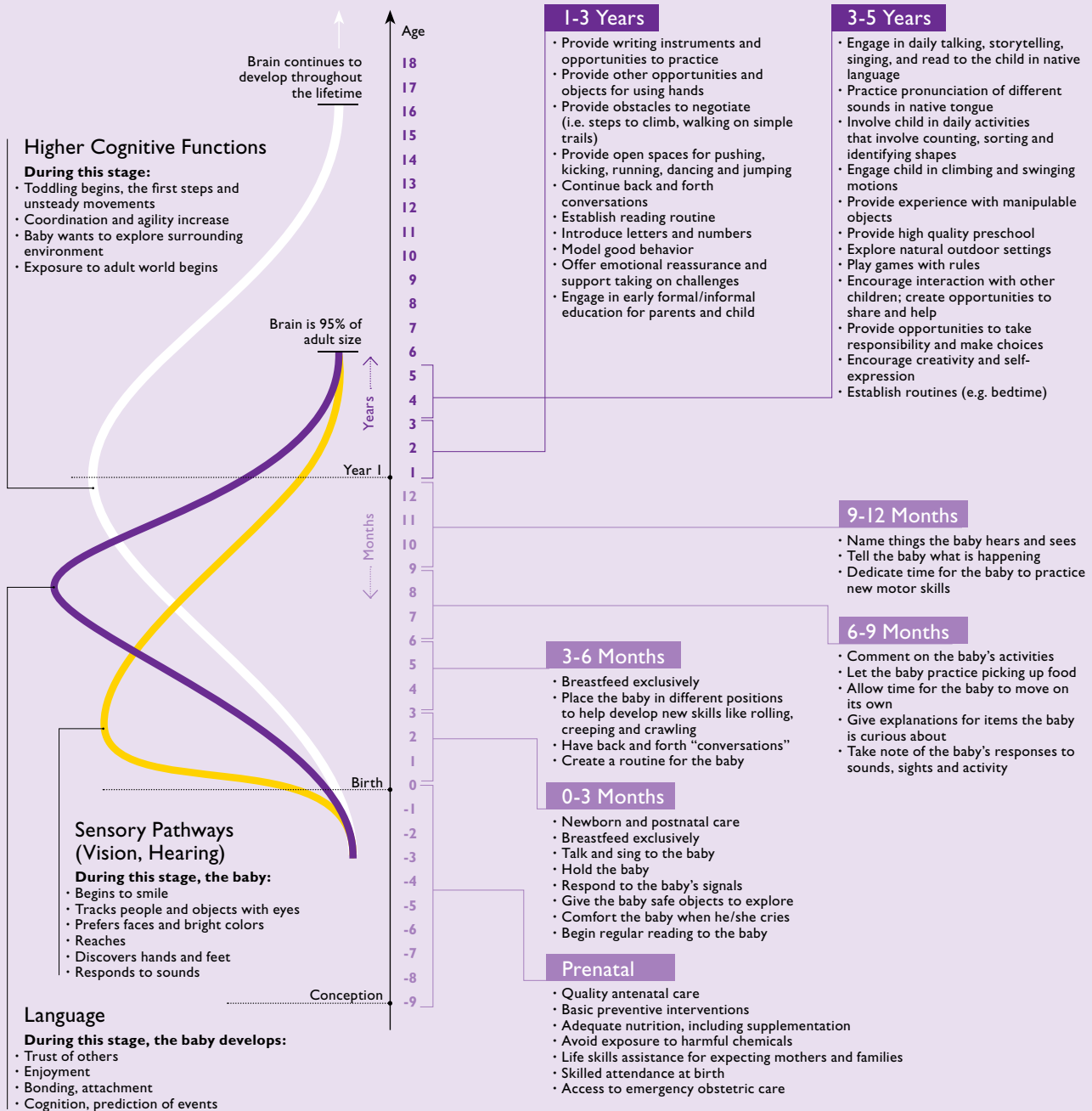
HOW POVERTY AND ILL-HEALTH DIMINISH A CHILD'S BRAIN POWER IN THE FIRST 5 YEARS



In developing countries, an estimated 219 million children under 5 – almost 40 percent of all children in this age group – fail to reach their potential in cognitive development because of poverty, poor health and nutrition, and deficient care.

Data sourced and diagram adapted from: Grantham-McGregor, Sally et al. "Developmental Potential in the First 5 Years for Children in Developing Countries," *The Lancet*. 2007.

HOW A CHILD'S BRAIN DEVELOPS AND HOW A MOTHER CAN HELP



The first years of a child's life are marked by rapid cognitive, linguistic, social, emotional and motor development. By the time children are 3, their brains have reached peak development in most areas. Although progress along these development pathways occurs simultaneously, they each peak at different times. Because of this, children master different skills at different times and need different types of encouragement and activities to match their developmental stages.

Sources: Pablo Stansbery, *Expanding the ECD Menu of Services Beyond Classroom-Based Interventions* (Draft CIES Conference Paper, Save the Children, March 2009); Honeywell, *Child Development Stages*, <http://customer.honeywell.com>; Center on the Developing Child at Harvard University, *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*, www.developingchild.harvard.edu; UNICEF, *State of the World's Children 2001*; Rebecca Parlakian and Claire Lerner, *Your Baby's Development*, www.zerotothree.org; Rhoshel Lenroot and Jay Giedd, "Brain Development in Children and Adolescents: Insights from Anatomical Magnetic Resonance Imaging," *Neuroscience and Biobehavioral Reviews*, Volume 30, Issue 6, 2006, pp.718-729.

THE MOTHER-CHILD CONNECTION

All babies need at least one person who is passionately devoted to them. Loving family members and caregivers can play this role – and many do in situations of parental illness, death or separation – but usually it is the mother who matters most in a young child's life.

A mother's influence on her child's cognitive development begins before the child is born. It is important for a mother to get proper nutrition when she is pregnant and good prenatal care to reduce the chance that her baby will be born too early or too small. Low birthweight babies

enter the world at risk for lifelong physical, cognitive and behavioral disabilities that can have a profound effect on their school performance.⁹ Recent studies have found that children who are born preterm or low birthweight tend to have lower cognitive scores and problem-solving ability in their early years. And in their school years, they are more likely to be enrolled in special education classes, have attention-deficit disorder and other behavioral problems.¹⁰

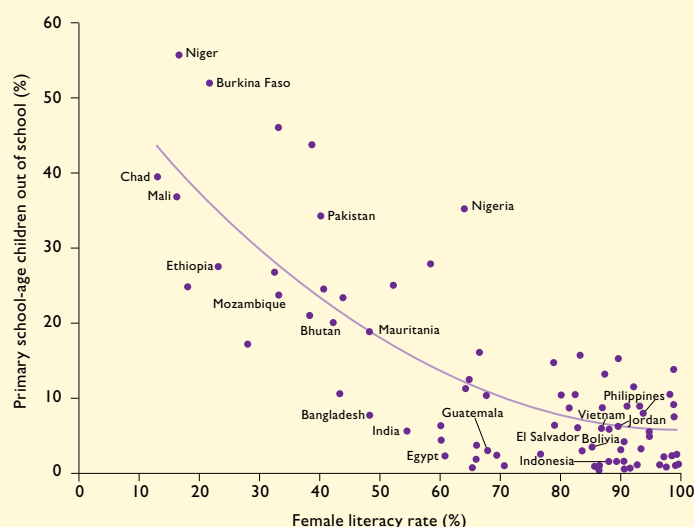
Breastfeeding can enhance the emotional bond between a mother and her child. It can also help protect the child against developmental delays and improve language and

Millions of Young Children Are Not Prepared to Succeed in School

motor skill development.¹¹ Humans are the “thinking animal,” and breast milk is formulated to build the human brain, just as other milks are formulated to build bones, speed or sight – whatever is most important to a species’ survival. The benefits of breastfeeding have been shown to be long-lasting. One study found that breastfed children showed higher levels of cognition up to age 15 (compared to children who were fed formula)¹² and another documented higher standardized test scores, teacher ratings and academic achievement into young adulthood.¹³

It has often been said that a mother is her child’s first and best teacher. So it goes without saying that a mother’s level of education has a tremendous impact on whether her children go to school, and how well they do in school. Numerous studies show the close correlation between mothers’ education levels and children’s school readiness in areas such as reading proficiency, math proficiency, fine motor skills and emotional maturity.¹⁴

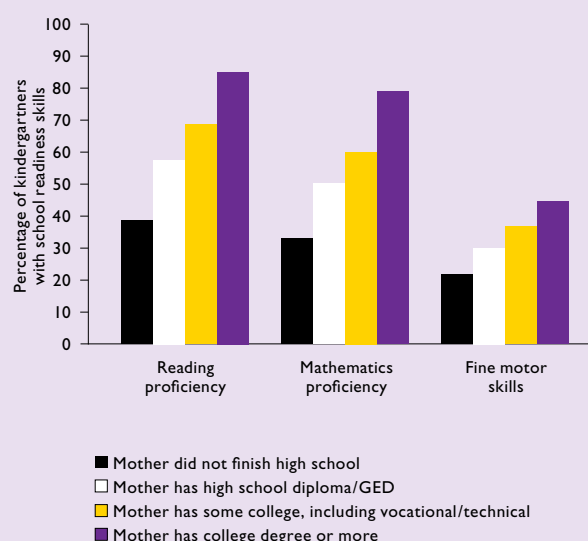
WHERE MOTHERS ARE LITERATE, MORE CHILDREN SUCCEED IN SCHOOL



In countries where more mothers are literate, more children stay in school. The correlation between maternal education and children’s success in school is well documented. Children of better-educated mothers tend to start school on time, progress through the grades at expected rates and are more likely to complete primary school. In Burkina Faso and Niger, roughly 4 in 5 women are illiterate and over half of all primary school-aged children are out of school. Compare this to Argentina, Mongolia and Tajikistan, where nearly all women are literate and almost all children are enrolled in school.

Note: Trend line based on data for 87 School Success Index countries. Sources: Out-of-school children (est. 2006): UNESCO. *EFA Global Monitoring Report 2009*; Female literacy rates (est. 2007 or most recent): UNESCO Institute for Statistics (UIS). Data Centre.

CHILDREN OF BETTER-EDUCATED MOTHERS ARE MORE READY FOR SCHOOL



A mother’s level of education greatly influences how well her children do in school. One study in the United States looked at the relationship between mothers’ education levels and the percentage of first-time kindergartners who demonstrated three positive indicators of school readiness: reading proficiency, math proficiency and fine motor skills.

Source: Child Trends and Center for Child Health Research (2004). *Early Child Development in Social Context*. Data from: K. Denton, E. Germino-Hausken, and J. West (project officer), *America’s Kindergartners*, NCES 2000-070. (Washington: U.S. Department of Education, National Center for Education Statistics: 2000)

In the developing world, many mothers have no education at all, and their children are on average twice as likely to be out of school compared to those whose mothers have some education.¹⁵ Many other mothers have had some schooling, but dropped out before they developed literacy skills. Worldwide, 776 million adults – about two-thirds of them women – lack basic literacy skills.¹⁶ Illiteracy rates are highest in sub-Saharan Africa and South and West Asia,¹⁷ but this problem is not restricted to developing countries. Many economically advanced countries also record high levels of literacy problems. For example, 1 million native Dutch speakers in the Netherlands are classified as functionally illiterate. In metropolitan France, some 10 percent of the population aged 18 to 65 – more than 3 million people – lacks basic reading, writing, math and other fundamental skills, despite having attended French schools.¹⁸ And in the United States, 30 million adults (14 percent) lack basic literacy skills.¹⁹



The Power of Early Childhood Development to Change the World

Research from around the world consistently shows that investing in quality early learning programs is one of the most effective ways to improve children's success in school, to increase incomes and to reduce costs to society. In fact, the gains tend to be the highest when investments target the most disadvantaged groups. Early childhood development programs are changing children's lives and opening doors to brighter futures for the world's poorest children in settings as diverse as the impoverished villages of Africa, the remote hollers of Appalachia, and the slums of Europe's cities.

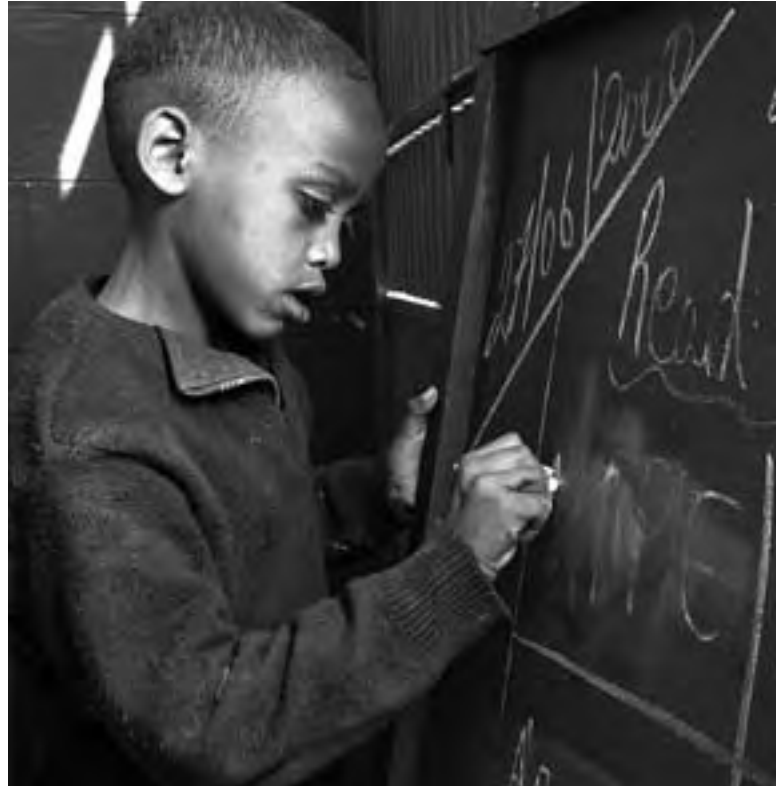
Early childhood development programs come in many forms. Efforts focused on pregnant women ensure mothers' good health and encourage breastfeeding and bonding. Home visiting and parent support networks show mothers and other caregivers how to talk more, read more and have more positive interactions with their young children. And preschool activities augment the good work parents do at home – or make up for support that may be lacking in the home – to build children's cognitive aptitudes, motivation levels, self-control and sociability. These programs may be funded nationally or locally, they may be public or private, for-profit or nonprofit, or in partnership with multiple sectors. They may be located in a well-equipped classroom in Vietnam, or under a mango tree in Uganda, or at the kitchen table of a home on a Navajo Indian reservation.

What matters is that these programs work. Numerous studies show that gains made in early learning programs carry over into the first years of school, well into adulthood, and go on to benefit society as a whole.

AN EARLY START TOWARD SUCCESS IN SCHOOL

Children who get a proper start in their earliest years are better learners when they get to school. They pay attention better, they catch on faster, they are more engaged and less shy, they interact better with their classmates and enjoy themselves more. Many studies have shown that ECD programs help children succeed in school:

- In remote rural villages in Siraha, **NEPAL**, more than 95 percent of children who attended an early learning program went on to primary school, compared to 75 percent of non-participating children. The grade one repetition rate of participants was one-seventh that of non-participants, and the ECD children scored significantly higher on grade one exams. Differences in school starting rates were especially striking for girls and disadvantaged *dalit* (untouchable caste) children.²⁰
- A study of 24 countries in **SUB-SAHARAN AFRICA** found that increased preschool enrollment boosted primary completion rates and lowered dropout and repetition rates. In places where children had no access to



▲ ETHIOPIA

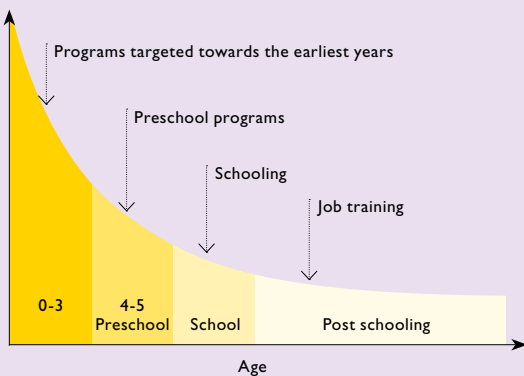
preschool, grade repetition rates were twice as high as in places where half the children had access to preschool (12 percent versus 25 percent) and dropout rates were 2.5 times higher (20 percent versus 50 percent). The benefits of ECD were greatest among children from the poorest families with the least educated parents.²¹

- In Istanbul, **TURKEY**, an early enrichment program provided parenting education and preschool activities to low-income, low-education families. After seven years, 86 percent of the children who participated were still in school, compared to 67 percent of children who did not participate. Over the long run, participant children had higher school attainment and were more likely to attend university.²²
- In **NORTH CAROLINA**, low-income, African-American children who received high-quality early education from infancy to age 5 did better in school in reading and math, were more likely to stay in school longer, graduate from high school and attend a four-year college. They were also older, on average, when their first child was born.²³

The Power of Early Childhood Development to Change the World

THE EARLIER IN LIFE THE INVESTMENT, THE BIGGER THE PAYOFF

Rates of return to human capital investment, ages 0 to adult



To be most effective, investments in early childhood care and development should begin at birth, according to studies by Nobel Prize-winning economist James Heckman. For the most at-risk children, kindergarten may be too late.

Chart adapted from Heckman and Masterov: *The Productivity Argument for Investing in Young Children*. (October 2004).

SUCCESS IN LIFE AND POSITIVE CHANGE FOR FUTURE GENERATIONS

When more children do better in school and in life, all of society benefits. Investments in early learning programs are a powerful tool to fight poverty, violence and numerous other social ills. Money spent today on the nurturing of young children can eliminate the need for far greater government spending in the future on remedial education, early pregnancy, poverty assistance, prisons and wars.

Research by Nobel Prize-winning economist James Heckman shows that the returns on investments in early childhood are greater than investments at any other stage of life. Quality early learning programs – especially those aimed at disadvantaged children – “raise the quality for the workforce, enhance the productivity of school and reduce crime, teenage pregnancy and welfare dependency,” said Heckman. “They raise earnings and promote social attachment.”²⁴

Heckman and others have shown that a strong investment in children’s development at the earliest stages can yield annual returns as high as 15 to 17 percent in better classroom performance, fewer health care costs, higher workforce productivity, lower welfare costs and less crime.²⁵

In the United States, economists predict investments in these programs will pay for themselves over time, and

eventually yield a “profit” to society. “A publicly financed, comprehensive ECD program for all children from low-income families would cost billions of dollars annually, but would create much larger budget savings over time,” said Robert Lynch, an economist at Washington University. “By about the 17-year mark, the net effect on budgets for all levels of government combined would turn positive. Within 25 years, by 2030 if a nationwide program had been started in 2005, the budget benefits would exceed costs by \$31 billion (in 2004 dollars). By 2050, the net budget savings would reach \$61 billion (in 2004 dollars).”²⁶

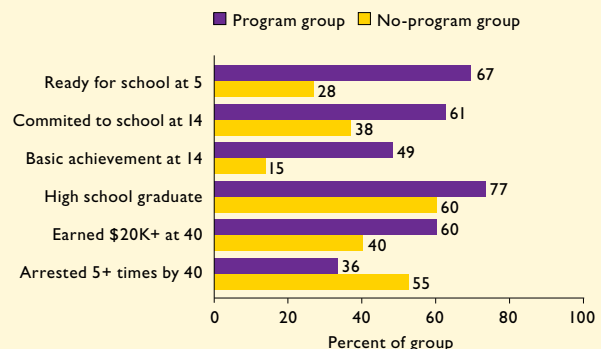
Internationally, economists estimate that each extra year of primary education will increase a person’s future productivity by 10 to 30 percent, varying country to country.²⁷

Studies from across the United States and around the world support these estimates:

- The seminal High/Scope Perry study in Ypsilanti, **MICHIGAN**, examined the lives of 123 African Americans born in poverty and at high risk of failing in school. Researchers began following the 3- and 4-year-olds in 1962. Half the children received a high-quality preschool program and half did not. By age 40, the preschool participants were more likely to have graduated from high school, to have higher earnings, hold a job, own their own homes, and commit fewer crimes than those who did not attend preschool.²⁸

PRESCHOOL CAN BE A FOUNDATION FOR A LIFETIME OF HIGHER ACHIEVEMENT

Major findings to age 40, High/Scope Perry Preschool Study



By age 40, adults who participated as 3- and 4-year-olds in quality preschool were more likely to have graduated from high school, to have higher earnings, hold a job and commit fewer crimes than those who did not attend preschool.

Source: Schweinhart, Xiang, Barnett, Belfield and Nores. *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40*. Monographs of the High/Scope Educational Research Foundation, 14. (Ypsilanti, MI: High/Scope Press: 2005)



▲ EGYPT

- A program targeting unmarried, low-income, first-time mothers in Elmira, **NEW YORK** showed how home visits can improve family safety and health. The women entered the study prior to their 30th week of pregnancy and were visited at home by registered nurses, who provided parent education, social support and referral to social services. The program continued until children were age 2. Compared to a control group, the mothers who received the home support had better diets, smoked less, had 75 percent fewer preterm births and higher birthweight babies. A 15-year follow-up found fewer incidents of child abuse, fewer subsequent pregnancies, less use of welfare and less criminal behavior among the mothers who participated. The benefit-cost ratio of the program was estimated at \$4 for every \$1 invested, and the higher-risk the mother, the higher the return on investment (up to \$6.90 per dollar invested among the highest-risk mothers).²⁹
- A preschool health program in Delhi, **INDIA** increased average school participation by 7.7 percentage points for girls and 3.2 percentage points for boys. With estimated returns for each additional year of education for girls in India at 5 percent and boys at 9 percent, the return in the labor market would be more than \$14 per dollar spent.³⁰
- World Bank analyses in Colombia and Egypt found benefit-cost ratios of 3 to 1. In Egypt, the benefits were as high as 5.8 to 1 when the early childhood development programs targeted children most at risk.³¹

THE ADDED VALUE OF EDUCATING YOUNG GIRLS

The payoffs to society can be especially great when countries invest in early learning initiatives that benefit girls. When young girls participate in ECD programs, parents' attitudes towards their daughters shift: they see their girls as active individuals, capable of learning and directing their own lives and futures. Once parents commit to preschool, they typically enroll their daughters in primary school and support them to continue. In addition, older girls – who might be kept out of school to look after younger siblings while their mothers and fathers work outside the home – are freed by ECD programs to pursue their own education.

When girls go to school and stay in school longer, they have a better chance to grow up healthy, well-nourished, economically empowered and resourceful when it comes to the health and education of their own children.³² Educated girls tend to marry later, have fewer children, healthier pregnancies and safer deliveries.³³ Educated mothers are better equipped to provide a positive early learning environment for their young children in the home and to support their children's educational progress when they go to school.³⁴

Research consistently shows that education for girls is one of the most effective investments a nation can make to improve the health and prosperity of future generations:

- Educating girls helps prevent child deaths from malnutrition and disease. A study of the factors contributing to child malnutrition in 63 developing countries found that female education was by far the most important reason why child malnutrition decreased by 15.5 percent between 1970 and 1995.³⁵ Educated mothers are also much more likely to immunize their children.³⁶
- Educating girls has a catalytic effect on economic development, including higher productivity and faster economic growth. One cross-country analysis estimated that each 1 percent increase in female education would increase a country's average level of GDP by 0.37 percent.³⁷
- Advancements in girls' education played a key role in catalyzing the "Asian Miracle" that brought economic prosperity to Indonesia, Malaysia, South Korea, Thailand and other countries during the past half-century. In the 1950s, these countries had education levels and literacy rates comparable to those in sub-Saharan Africa. Today, roughly 93 percent³⁸ of the adult population can read and write (compared to 62 percent in sub-Saharan Africa),³⁹ and the average gross national income per capita is 2 to 13 times higher than that of the average African country.⁴⁰



School Success Index for Developing Countries

Save the Children introduces a first-ever *School Success Index for Developing Countries* comparing the status of the youngest children in 100 of the world's poorest countries. We looked at the health, academic achievement and parental care of children under age 5 and ranked 100 countries based on how well their young children are prepared to succeed in school.

We found alarming numbers of young children in developing countries are not even remotely ready for school. These children's early days, months and years are often spent fighting for survival, and many of their families are too consumed with meeting basic needs to provide quality learning and socialization opportunities for their young children at home.

Still, there are some bright spots – relatively poor countries that are doing an admirable job of preparing their youngest children to do well in school and in later life. These successes point to greater investments that must be made globally in order to lay a strong foundation for learning and open the doors of education to millions of children.

This analysis is based on indicators of early childhood growth and development that together are highly predictive of success in primary school (defined as entrance into the last grade of primary school, usually grade four or five). For each country, we evaluated:

- **Under-5 survival rates** – to measure the overall health and nutritional status of children, as well as quality and availability of health care for mothers, infants, toddlers and young children.
- **Grade one repetition rates** – to evaluate whether children are entering primary school with sufficient cognitive skills, knowledge and social readiness to do well and learn. Automatic promotion from grade one to grade two is the law in many developing countries, so grade one repetition and dropout rates grossly underestimate early school failure, but they are the best indicators we have.
- **Female literacy rates** – to gauge the likelihood that young children benefit from a home environment that encourages essential language and learning skill development. Mothers' education is also strongly correlated with children's health.
- **Total fertility rates** – which reflect the well-documented link between smaller family size and improved health, nutrition and education of children.

We also compared the number of children who should be in primary school in each country to the number who actually are in school, and we found large numbers of children missing out on education entirely. In sub-Saharan Africa, for example, nearly a third of primary school-aged children are not in school.⁴¹ In Burkina Faso and Niger, more than 50 percent of primary school-aged children are not in

school. South Asia also has large percentages of children not attending primary school. In Bhutan, 20 percent are out of school. In Nepal, 24 percent are out of school. And in Pakistan, 34 percent of primary school-aged children are not in school.

Many of these out-of-school children started first grade with their peers, but because they did not have good health, home support and preschool education in their early years, they were not prepared to thrive in a school environment and dropped out in the early years of primary school. In fact, in many developing countries, 50 percent of dropouts occur in the first year of school.⁴²

WHERE ARE YOUNG CHILDREN BEST PREPARED TO SUCCEED IN SCHOOL?

Cuba, Armenia, Cyprus, Chile and Azerbaijan are the top five countries in the *School Success Index*. In these countries, almost all mothers are literate and the average woman bears only one or two children, so the quality of home care for young children tends to be higher. The relatively high child survival rates in these countries (ranging from 96 to nearly 100 percent) indicate that most families are able to provide nutritious meals for their children and that health systems do a good job of caring for pregnant women, new mothers, babies and toddlers.

In these five countries, most primary school-aged children are in school and they pass successfully from first to second grade, then continue to do well throughout primary school. In Armenia, however, 9 percent of primary school-aged children are not in school. And in Azerbaijan, 14 percent are not in school.

Countries in South Asia and sub-Saharan Africa dominate the lower end of the Index, due to higher poverty, poor health care and inadequate schools throughout both of these regions. But there are a few exceptions. Sri Lanka ranks 8th on the Index – ahead of most other South Asian countries. Children in Sri Lanka are in relatively good health and 90 percent of women are literate. Only 3 percent of primary school-aged children are out of school, less than 1 percent repeat first grade, and 93 percent of children in first grade make it to fifth grade.⁴³

In sub-Saharan Africa, Cape Verde, South Africa and Botswana outperform other countries in the region, though their ranks – all in the 40s – are still disappointing. These countries have relatively high female literacy rates (at or above 80 percent), and grade one repetition rates are relatively low. But while the percentages of children out of school are lower than most other countries in the region, 9 to 16 percent of primary school-aged children in these countries are not in school, and trends suggest rates are

School Success Index for Developing Countries

Country or Territory	Primary school-aged children out of school		Gross intake ratio in the last grade of primary school	School Success Rank	Under-5 survival rate (%)	Grade I repetition rate (%)	Female literacy rate (%)	Total fertility rate (%)
	percentage 2007	absolute no. (thousands) 2006			2007	2007	2007	2007
Cuba	1	27	93	1	99	Ø	100	1.5
Armenia	9	12	91	2	98	Ø	99	1.4
Cyprus	1	0.3	101	3	100	1	97	1.6
Chile	—	—	95	4	99	3	96	1.9
Azerbaijan	14	82	93	5	96	0.3	99	1.8
Brunei Darussalam	3	1	107	6	99	1	93	2.3
China	—	655 [‡]	—	7	98	1	90	1.7
Kazakhstan	1	9	101	8	97	0.1	99	2.3
Sri Lanka	3	51	106	8	98	1	90	1.9
Mongolia	2	7	110	10	96	1	98	1.9
Kuwait	11	24	91	11	99	3	92	2.2
Kyrgyzstan	8	29	95	12	96	0.2	99	2.5
Maldives	2	1	129	13	97	1	97	2.6
United Arab Emirates	2	13	105	13	99	3	89	2.3
Uzbekistan	—	5 [‡]	100	15	96	Ø	96*	2.5
Bahrain	1	0.4	117	16	99	3	86	2.3
Qatar	2	1	104	16	99	1	90	2.7
Vietnam	6*	—	102*	16	99	3	87*	2.2
Colombia	9	367	107	19	98	6	93	2.2
Ecuador	1	11	106	20	98	3	92	2.6
Trinidad and Tobago	11	15	88	21	97	11	98	1.6
Argentina	1	36	97	22	98	10	98	2.3
Jamaica	9	31	82	23	97	4	91	2.5
Jordan	6	53	99	23	98	1	89	3.1
Turkey	9	729	96	23	98	4	81	2.1
Tunisia	3	27	120	26	98	1	69	1.9
Peru	1	33	101	27	98	5	86	2.5
Uruguay	2	0.1	99	27	99	14	98	2.1
Costa Rica	—	41 [‡]	91	29	99	14	96	2.1
Indonesia	2	418	99	29	97	7	88	2.2
Iran, Islamic Republic of	6	391	105	29	97	4	79	2.0
Mexico	1	73	104	29	97	7	91	2.2
Oman	25	82	88	33	99	0.3	77	3.0
Venezuela, Bolivarian Rep. of	6	226	98	33	98	8	93*	2.6
Panama	1	4	99	35	98	9	93	2.6
Tajikistan	2	19	95	36	93	0.0	100	3.4
Philippines	8	953	94	37	97	6	94	3.3
Dominican Republic	15	255	89	38	96	6	90	2.8
Myanmar	1	16	95	39	90	1	86*	2.1
Cape Verde	15	9	86	40	97	2	79	3.4
Paraguay	5	43	95	40	97	10	93	3.1
South Africa	9	469	92	42	94	6	87	2.7
Bolivia	4	52	101	43	94	1	85	3.5
Botswana	16	49	95	44	96	7	83	2.9
Egypt	2	233	98	45	96	Ø	61	2.9
El Salvador	6	39	91	46	98	13	83	2.7
Occupied Palestinian Territory	23	94	83	47	97	0.0	89	5.2
Suriname	6	2	84	47	97	18	88	2.4
Syrian Arab Republic	3*	102 [‡]	114	49	98	12	76	3.1
Brazil	4	597	106	50	98	24	91	2.3

Country or Territory	Primary school-aged children out of school		Gross intake ratio in the last grade of primary school	School Success Rank	Under-5 survival rate (%)	Grade I repetition rate (%)	Female literacy rate (%)	Total fertility rate (%)
	percentage 2007	absolute no. (thousands) 2006			2007	2007	2007	2007
Honduras	3	33	88	51	98	14	84	3.3
Algeria	4	88	95	52	96	12	66	2.4
Nicaragua	9	72	73	53	97	18	81	2.8
Belize	1	0.4	106	54	98	14	70*	3.0
India	6	7,208	86	55	93	4	54	2.8
Namibia	13	89	77	56	93	20	87	3.2
Bangladesh	8	1,371	72	57	94	7	48	2.9
Iraq	11	508	75	58	96	9	64*	4.3
Bhutan	20	20	73	59	92	8	42	2.2
Morocco	11	429	83	59	97	16	43	2.4
Swaziland	21	45	67	61	91	21	78*	3.5
Lesotho	27	102	78	62	92	28	90*	3.4
Pakistan	34	6,821	62	63	91	6	40	3.5
Sudan	56*	2,798‡	50	63	89	3	52*	4.3
Cambodia	11	213	85	65	91	21	68	3.2
Guatemala	3	83	77	66	96	24	68	4.2
Ghana	28	967	71	67	89	10	58	3.9
Kenya	24	1,371	93	67	88	6	70*	5.0
Tanzania, United Rep. of	2	143	74	69	88	8	66	5.2
Madagascar	1	106	62	70	89	13	65*	4.8
Yemen	25	906	60	70	93	4	40	5.5
Lao People's Dem. Rep.	16	125	75	72	93	33	67	3.2
Mauritania	19	92	59	72	88	9	48	4.4
Nepal	24	702	76	74	95	26	44	3.3
Senegal	27	513	49	75	89	5	32	4.7
Zambia	5	150	88	76	83	6	60*	5.2
Comoros	45*	36‡	50	77	93	33	70	4.4
Congo	42	243	73	77	88	28	82	4.5
Nigeria	35	8,097	72	79	81	4	64	5.4
Benin	17	244	64	80	88	1	28	5.5
Gabon	11*	10‡	75*	81	91	48*	82	3.1
Malawi	12	202	55	82	89	23	65	5.6
Mozambique	24	954	42	83	83	4	33	5.2
Ethiopia	28	3,721	46	84	88	7	23	5.3
Cameroon	–	475‡	55	85	85	26	60*	4.4
Côte d'Ivoire	44*	1,164‡	45	85	87	20	39*	4.5
Uganda	–	1,168‡	54	87	87	18	66	6.5
Togo	21	176	57	88	90	24	38*	4.9
Guinea	25	389	64	89	85	4	18*	5.5
Rwanda	6	303	35	90	82	18	60*	5.9
Congo, Dem. Rep. of the	–	5,203‡	38*	91	84	18*	54*	6.7
Burkina Faso	52	1,215	33	92	81	6	22	6.0
Niger	56	1,245	33	93	82	0.2	16	7.2
Equatorial Guinea	11*	26‡	58	94	79	35	80*	5.4
Central African Republic	46	375	24	95	83	31	33*	4.6
Mali	37	793	49	96	80	10	16	6.5
Guinea-Bissau	55*	132‡	27*	97	80	24*	54	7.1
Burundi	25	324	36	98	82	37	52*	6.8
Afghanistan	–	1,816‡	38	99	74	9	13*	7.1
Chad	40*	1,186‡	31	100	79	23	13*	6.2

For complete methodology, indicator definitions, data sources and discussion of study limitations see *Methodology and Research Notes*.

Note: Data refer to the year specified in the column heading or the most recent year available.

* In the absence of recent data, estimates from the UNESCO Institute for Statistics based on outdated census or survey information from 2003 or earlier were used and should be interpreted with caution.

‡ Data are UNICEF estimates: www.childinfo.org/education_outofschool.php

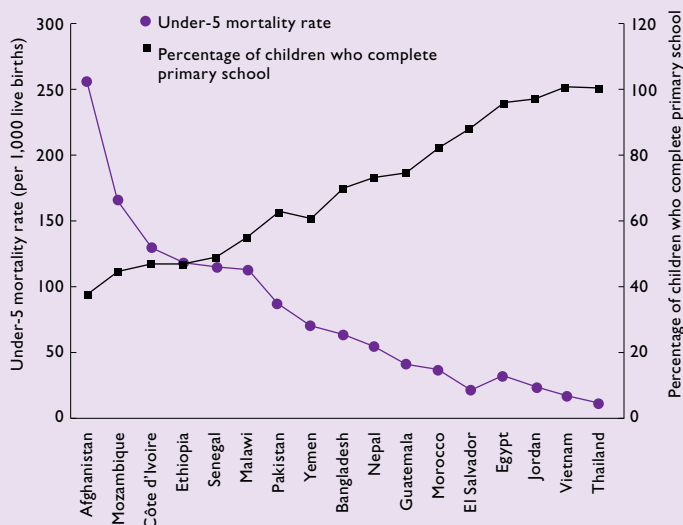
– No data

Ø Magnitude nil or negligible

rising. Between 1999 and 2007, the number of out-of-school children in South Africa rose from 1.4 to 8.6 percent. And in Cape Verde, it climbed from 1 to 14.8 percent.⁴⁴

Among East Asian countries, Brunei and China score the highest (6th and 7th place), due mostly to their national wealth. But Vietnam's performance is perhaps more noteworthy given its meager resources. Vietnam's per capita national income (PPP) is one-half that of China and nearly one-twentieth that of Brunei,⁴⁵ yet Vietnam's performance on school-readiness indicators is only a few points behind the two wealthier countries. Most of Vietnam's children benefit from relatively good health and nutrition and 87 percent of females are literate. Ninety-four percent of primary school-aged children are in school and less than 3 percent repeat first grade. Ninety-two percent of Vietnamese children in the first grade make it to the fifth grade.⁴⁶

HEALTHIER CHILDREN DO BETTER IN SCHOOL



In countries where children under 5 have higher survival rates, children are likely to do better in school. Higher child survival rates indicate that, generally speaking, mothers and children are better nourished and are receiving better health care. They also indicate that families are giving children the kind of care and interaction that helps children thrive as well as survive. These factors contribute to improved cognitive and emotional development in young children. Children with better health also miss fewer days of school due to sickness and find it easier to concentrate and learn.

Sources: Under-5 mortality rate: UNICEF, *State of the World's Children 2009*; Gross intake ratio to last grade of primary school (proxy for completion): UNESCO Institute for Statistics (UIS).



▲ VIETNAM

WHERE DO YOUNG CHILDREN FACE THE GREATEST OBSTACLES TO SUCCESS IN SCHOOL?

Chad, Afghanistan, Burundi, Guinea-Bissau and Mali are the bottom five countries on the *School Success Index*. In these countries, dire poverty, lack of public services and conflict stack the odds against the youngest children. Large percentages of females are illiterate (more than 80 percent in Afghanistan, Chad and Mali), and the average woman bears six or more children in her lifetime, so few children get the kind of care, encouragement and stimulus they need at home in their early years. Approximately 1 child in 5 in these countries does not even survive to age 5, and those who do make it often suffer from cognitive and physical impairments that limit their development and productivity for the rest of their lives.

In Burundi, 25 percent of primary school-aged children are not attending school. In Mali, 37 percent are not in school. In Chad, 40 percent are not in school. And in Guinea-Bissau, 55 percent are not in school. Many of the children who do make it to school in these countries are not doing well there. In Mali, 10 percent of students must repeat first grade. In Chad, it's 23 percent. In Guinea-Bissau, it's 24 percent. And in Burundi, 37 percent of students repeat first grade. Burundi's grade one repetition rate has been steadily increasing since 2000, when it was 24 percent.⁴⁷

School Success Index for Developing Countries

EARLY CHILDHOOD DURING WAR AND CONFLICT

The harsh circumstances of war can have an especially disastrous and lasting impact on children. Basic protections break down and children are vulnerable to physical violence, separation from parents, sexual and gender-based abuse, land mines, displacement and recruitment into armed groups.

The most profound impact on young children is often that their caregivers are unable to meet their needs for nurturing and support. Parents may be missing, wounded or dead. Or they may be emotionally and physically exhausted and unable to provide care and protection. Losing a parent is one of the most traumatizing events a young child can experience. And children who witness horrors such as killing, rape or the destruction of their home can suffer severe psychological damage.

Twenty of the bottom 31 countries in the *School Success Index* are either currently experiencing armed conflict, emerging from conflict or hosting large refugee populations from neighboring conflicts. Afghanistan and Chad – the two bottom-most countries in the ranking – have the lowest preschool enrollment rates in the world.⁴⁸ Other conflict-affected countries scoring very low on the Index include: Burundi, Guinea-Bissau, Mali, Central African Republic and Democratic Republic of the Congo.⁴⁹

In recent years, a number of NGOs and international organizations have come up with better ways to shield young children from the traumas of war and to encourage healthy development, even in very dangerous places (see page 39 for more about safe spaces in conflict zones).



In addition to Afghanistan, several other South Asian countries are struggling to prepare their young children to do well in school. Bangladesh, Bhutan, India, Nepal and Pakistan all score in the bottom half of the Index, due mostly to very low levels of female literacy and inadequate nutrition and health care for children. Large percentages (20 to 34 percent) of primary school-aged children in Bhutan, Nepal and Pakistan are not attending school at all. First grade repetition rates are in the 4 to 9 percent range, with the exception of Nepal, where 26 percent of students must repeat first grade. In India and Bangladesh, less than two-thirds of first graders make it to the fifth grade.⁵⁰ In Afghanistan, only 38 percent of children make it into school and through to the last grade.⁵¹

South Asia has some of the highest rates of stunted growth in the world. In this region, a third to a half of all children under 5 are moderately to severely stunted (stunting rates range from 36 percent in Bangladesh to 54 percent in Afghanistan, which has the highest rate in the world).⁵²

While countries in Latin America tend to score fairly high on the Index, young children in several Central American countries are lagging way behind in school readiness. Belize, Guatemala, Honduras and Nicaragua all score in the bottom half of the Index. In Honduras and Belize, 14 percent of children must repeat first grade. In Nicaragua, 18 percent repeat first grade (this rate has doubled since 1999).⁵³ And in Guatemala, 24 percent repeat first grade.

These Central American countries also have the lowest school retention rates in the region. In Guatemala and Honduras, 1 in 3 children in first grade will not make it to fifth grade.⁵⁴ In Nicaragua, roughly 1 in 2 first graders does not make it to fifth grade.⁵⁵ High rates of female illiteracy in these countries contribute to children's poor performance in school. In Honduras and Nicaragua, about 1 in 5 women is illiterate (16 and 19 percent respectively). In Belize and Guatemala, it's nearly 1 in 3 (30 and 32 percent).

The picture in Central America is not altogether discouraging. Several of these countries have made considerable progress in getting children into school. In Guatemala and Honduras, the percentages of children out of school are only about a quarter what they were in 2000. And between 1999 and 2006, Nicaragua more than halved the percentage of children out of primary school – from 20 to 9 percent.⁵⁶

◀ DR CONGO

School Success Index for Developing Countries

WHERE ARE THE MOST CHILDREN OUT OF SCHOOL?

Countries with the greatest number of primary school-aged children not in school

Greatest Number of Children

Rank	Country	Out-of-school children, 2007-2008* (thousands)
1	Nigeria	8,097
2	India	7,208
3	Pakistan	6,821
4	DR Congo	5,203
5	Ethiopia	3,721
6	Sudan	2,798
7	Afghanistan	1,816
8	United States	1,683
9	Bangladesh	1,371
9	Kenya	1,371

Greatest Share of Children

Rank	Country	Out-of-school children, 2006-2008* (percentage)
1	Liberia	69%
2	Djibouti	62%
3	Niger	56%
3	Sudan	56%**
5	Guinea-Bissau	55%**
6	Eritrea	53%
7	Burkina Faso	52%
8	Central African Republic	46%
9	Comoros	45%**
10	Côte d'Ivoire	44%**

* Data refer to the most recent year available during the period specified. ** Data refer to years other than those specified.

Sources: Absolute number of out-of-school children: For Afghanistan, DR Congo and Sudan: UNICEF. www.childinfo.org/education_outofschool.php; All other countries: UNESCO. *EFA Global Monitoring Report 2009*; Percentage of out-of-school children: UNESCO Institute for Statistics (UIS). *Data Centre*.



▲ INDIA



ETHIOPIA ▲

AIDS AND EARLY CHILDHOOD

Today, 33 million people in the world are living with HIV, including 2 million children under 15 years of age.⁵⁷ The overwhelming majority of these children were born to mothers with HIV and about 90 percent live in sub-Saharan Africa.⁵⁸ With their survival, growth and development threatened from the very beginning, most of these children will live shortened lives, dying before they are in their teens.

Many millions more children are adversely affected by AIDS, because they have lost a parent or they live in a community where much of the adult population is sick, dying or dead. An estimated 15 million children have lost one or both parents to AIDS.⁵⁹ Children under 5 are especially vulnerable, because so much of their survival and healthy development is dependent on the care they get from adults.

Witnessing a parent's illness and death is traumatic for a young child. Children whose parents have HIV or AIDS can also face stigma and discrimination. Children in AIDS-affected families are at higher risk of malnutrition,

illness, poor cognitive and social development, dropping out of school, homelessness, becoming involved in crime, child labor, prostitution and exposure to HIV infection later in life.⁶⁰

When parents are ill, or are busy caring for someone who is HIV-positive, children – especially girls – may be kept out of school to provide care for younger siblings or other young children. When both parents have died and other caregivers are not available, orphaned children sometimes live in child-headed households. In Rwanda, for example, a reported 100,000 children are living in child-headed households, due in large part to conflict and AIDS.⁶¹ Care-giving children lose their own childhood while the younger children for whom they care miss the adult interaction that is so critical for healthy development.

For more about what can be done to help young children overcome the extreme disadvantages associated with AIDS, see page 38.



School Success Index for the United States

Save the Children introduces a first-ever *United States School Success Index* comparing early childhood conditions across the country and showing where American children have the best and worst chance to succeed in school. We ranked all 50 states, plus the District of Columbia, based on how well their youngest children are faring in terms of parental encouragement, preschool participation and quality of the home environment.

We found states where alarming numbers of children are not getting the care and support they need in their early years, and as a result are at great risk of failure in school. Even in the highest-ranked states, significant percentages of young children are falling through the cracks. Clearly, greater investments in early childhood care and development are needed everywhere.

The analysis uses indicators that, taken together, are strongly predictive of reading proficiency in the fourth grade. We looked at how often parents read to their children, how many children go to preschool, how many children are growing up in single-parent households, and how many mothers are mentally and emotionally healthy.

WHERE ARE YOUNG CHILDREN BEST PREPARED TO SUCCEED IN SCHOOL?

Connecticut, New Hampshire, Massachusetts, Vermont and Maine scored highest on the *School Success Index*. In these states, generally speaking, parents and communities are doing a good job of preparing children to succeed in school. Still, the findings point to pockets of need, even in the best-performing states.

In the top five states, at least 85 percent of young children are read to frequently by a family member. In all but Maine, preschool enrollment rates are at or above the national average and there are fewer single-parent households than in most other states. About 80 percent of children in these states have mothers who are reported to be in very good or excellent mental and emotional health.

Families in Maine and Vermont lead the nation in reading to their young children. In both of these states, 89 percent of children are read to three or more days per week. Connecticut has the highest preschool enrollment rate of any state (65 percent). Children in New Hampshire and Vermont have mothers with the highest reported levels of mental and emotional health. And Massachusetts has the highest percentage of fourth graders testing at or above grade level in reading (49 percent).

Children in the top five states are more likely to go on to do better in school and in life. Vermont, New Hampshire and Connecticut have some of the lowest high school dropout rates in the nation (less than 4 percent).⁶² Compare

this to the bottom five states, where 30 to 44 percent of ninth graders do not graduate from high school within four years with a regular diploma.⁶³

Educational advancement tends to continue through the college years. In Connecticut, Massachusetts, New Hampshire and Vermont, roughly half of all young adults aged 18 to 24 are enrolled in college or graduate school.⁶⁴ In Maine, the college enrollment rate is 43 percent.⁶⁵

Children in the top five states will grow up to earn significantly higher incomes than most children in the bottom five. Median household income in Connecticut, Massachusetts and New Hampshire, for example, is 70 to 80 percent higher than that of Mississippi, which has the lowest level of household income in the nation.⁶⁶

If you look at the flip side of the *School Success Index* indicators for the top five states, however, it is clear that many families with young children in the Northeast could use extra help. In Massachusetts, for example, 15 percent of children are not read to three days a week and 22 percent of children have mothers whose emotional health could be better. In all five states, about a quarter of children under age 5 are growing up in single-parent households.

The top five states score among the highest in the nation in fourth grade reading proficiency, but public school test results show there is great room for improvement in even the “best” of states. Massachusetts has the nation’s highest fourth grade reading proficiency level – 49 percent read at or above grade level, but that means 51 percent do not. Connecticut, New Hampshire and Vermont all have 41 percent fourth grade reading proficiency (so 59 percent are not proficient). And in Maine, only 36 percent of fourth graders are proficient in reading (64 percent are not).

WHERE DO YOUNG CHILDREN FACE THE GREATEST OBSTACLES TO SUCCESS IN SCHOOL?

New Mexico, Nevada, Mississippi, Arizona and Alabama are the five lowest-ranked states in the *School Success Index*. In these states, too many parents are struggling to give their young children the encouragement, stimulus and attachment they need in their early years. And as a result, too many children are starting school ill-prepared to learn.

About a quarter of all children in these five states are not read to enough. In all but Mississippi, preschool enrollment levels are far below the national average, ranging from 28 percent in Nevada to 43 percent in Alabama. Thirty to 43 percent of young children in these states live in single-parent households. And about 30 percent of children under 5 have mothers whose mental and emotional health is less than optimal.

Families in Mississippi lag behind the rest of the country when it comes to reading to their young children. Mississippi is tied for last place with Georgia and Louisiana on this indicator – in all three states only 73 percent of children are read to three or more days per week. Mississippi also has the highest percentage of children living in single-parent households of any state (43 percent). Nevada has the nation's lowest preschool enrollment rate (28 percent). And 31 percent of children under 5 in Nevada and New Mexico have mothers whose mental and emotional health could be a good deal better.

GREATER NEEDS FOR YOUNG CHILDREN IN RURAL AREAS

A recent study found many of the lowest-ranked states on the *School Success Index* have large unmet educational needs in their rural areas.

The study looked at factors such as the size of the rural population in each state, poverty, unemployment and adult education levels in rural areas, educational expenditures, and school performance of fourth and eighth graders in these areas. It prioritized states having the greatest educational needs in their rural areas.

Six of the bottom ten states on the *School Success Index* ranked among the top ten states with the most urgent rural education needs. Mississippi, Alabama and Arizona ranked first, second and third in terms of rural education needs. Tennessee, New Mexico and Louisiana ranked seventh, eighth and ninth. Texas and California also have significant rural education challenges, and ranked 13th and 26th respectively.⁶⁷

Compared to their urban and suburban peers, young children in rural areas are more likely to live in low-income families, to be overweight, to live in a household with a smoker, and to have unmet mental health needs.⁶⁸ Rural children are less likely to be breastfed, and less likely to receive preventive health and dental care.⁶⁹ And though there has been progress in recent years, rural children remain at higher risk for inadequate prenatal care, low birthweight and infant mortality.⁷⁰



▲ MISSISSIPPI

After missing out on important learning and growth experiences in their early years, children in the bottom states tend to do poorly in primary school. In Alabama, 71 percent of fourth graders in the public schools are reading below grade level. In Arizona, Nevada and New Mexico, 76 percent read below grade level. And in Mississippi, 81 percent are not reading at grade level.

Poor performance in primary school is often a sad prelude to difficulties later in life. Teen dropout rates are high in Arizona, Alabama and Nevada, where 1 in 10 teenagers is a high school dropout.⁷¹ Rates are little better in New Mexico and Mississippi, where 8 percent of 16- to 19-year-olds are dropouts.⁷²

The bottom five states have some of the highest teen birth rates in the nation. In Alabama, Arizona, New Mexico and Mississippi, girls aged 15 to 19 are about five times as

School Success Index for the United States

likely as girls in Maine to become teen mothers.⁷³ Girls in Nevada are four times as likely as girls in Maine to become teen mothers.⁷⁴ In New Mexico and Mississippi, roughly 16 percent of all births are to women under the age of 20 – more than any other state.⁷⁵ Similarly, in Arizona, Nevada and New Mexico, about 30 percent of births are to mothers with less than a high school education. In Mississippi and Alabama, 24 and 22 percent of births, respectively, are to mothers without a high school diploma.⁷⁶

The bottom-ranked states tend to have higher percentages of young people in trouble with the law.

POOR NUTRITION, OBESITY AND LOW SCHOOL ACHIEVEMENT

Low birthweight, poor nutrition, physical inactivity and childhood obesity are all directly associated with lower levels of student achievement.⁷⁷

Poor nutrition starts long before birth, and the eating and exercise patterns children establish in their earliest years set the stage for lifelong habits. In addition to impeding cognitive development, poor nutrition also contributes to many health problems and sets children up for poor health throughout their lives – at a cost to them, their communities and society.⁷⁸

For two decades, the incidence of low birthweight in America has been on the rise.⁷⁹ About 1 in 12 babies born in the United States is low birthweight. Black babies are about twice as likely as white or Hispanic babies to have low birthweight.⁸⁰

Childhood obesity is rapidly reaching epidemic proportions in the United States. According to the most recent studies, 9.5 percent of American children under age 2 (birth to 23 months) are overweight. Among infants and young children aged 6 months to 23 months, the obesity rate is 11.5 percent.⁸¹ And by the time children reach the 2 to 5 age group, 23.3 percent – nearly a quarter – are overweight or obese. This rate has quadrupled since the late 1970s, when overweight prevalence was only 5 percent for 2- to 5-year-olds.⁸²

Children in Alabama and Nevada, for example, are roughly four times as likely as children in Vermont to become juvenile offenders.⁸³

And in the bottom-ranked states, few young people go on to higher education. In Nevada, only 27 percent of young adults aged 18 to 24 are enrolled in college or graduate school. College enrollment rates are similarly low in the other four bottom-ranked states. They range from 33 percent in Arizona to 39 percent in Alabama.⁸⁴

A number of the bottom-ranked states struggle with higher-than-average unemployment rates. In Alabama, for example, the unemployment rate in 2007 was 30 percent higher than in New Hampshire or Vermont (6.7 percent compared to 5.1 percent). And in Mississippi – where 9.3 percent of the population 16 years and older are without work – unemployment rates are more than 80 percent higher.⁸⁵

And in the lowest ranked states, even those who find gainful employment have lower earnings potential. Full-time, year-round workers in each of the bottom five states earn at least \$10,000 less a year than their peers in Connecticut and Massachusetts. Median earnings in Connecticut are nearly 60 percent higher than median earnings in Mississippi (\$50,325 compared to \$32,045).⁸⁶

As a result of unemployment and low earnings, poverty rates among adults aged 18 to 64 tend to be highest in the bottom five states. In Alabama, Arizona, Mississippi and New Mexico, poverty rates are well above the national average. In Alabama, New Mexico and Mississippi, 15, 16 and 18 percent of adults live in poverty. These rates are more than double those found in Connecticut (7.1 percent) or New Hampshire (6.6 percent).⁸⁷



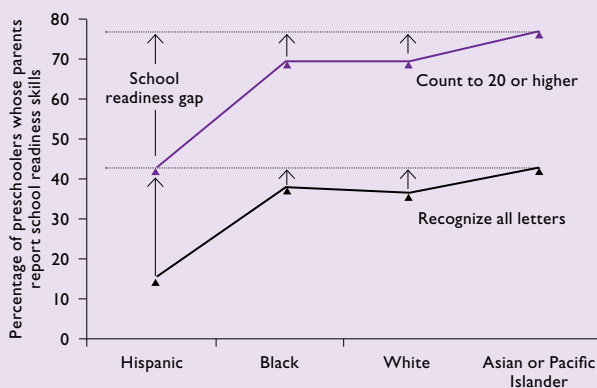
EARLY LEARNING INEQUITIES IN AMERICA

In the United States – like everywhere in the world – it is the poorest, most marginalized children who are most likely to enter school unprepared to learn. The United States has one of the world's widest gaps between rich and poor, so the disparities are especially striking.

Poor children in America are about twice as likely as other American children to live in single-parent families and unsafe neighborhoods, to have three or more siblings (large family size), to experience harsh discipline (spanked two or more times per week), to be born to a teenage mother and/or a mother with high levels of maternal depressive symptoms. They are about three times as likely to have mothers who are high school dropouts, to have fewer than 10 children's books in the home,⁸⁸ and to be chronically absent from kindergarten.⁸⁹ Compared to affluent children, poor children are also much more likely to skip meals and go hungry.⁹⁰

Black and Hispanic children are much more likely to experience hardships than white children. The prevalence of single-parent families, low birthweight, harsh parenting and maternal depressive symptoms is highest among black children. Hispanic children are the most likely to have mothers who did not complete high school and to have few children's books in their homes.⁹¹

Few Hispanic Children Are Ready for School



Hispanic parents report the lowest levels of school readiness skills in their 3- to 6-year-old children.

Data Source: O'Donnell, K. (2008). *Parents' Reports of the School Readiness of Young Children from the National Household Education Surveys Program of 2007* (NCES 2008-051). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.



▲ ARIZONA

School Success Index for the United States

State	4th grade public school students who scored below the proficient level in reading		School Success Rank	Children aged 0-5 who are read to 3 or more days a week by a family member (%)	Children aged 3-4 enrolled in nursery school, preschool or kindergarten**	Children aged 0-5 in single-parent households (%)***	Children aged 0-5 whose mother's mental and emotional health status is excellent or very good (%)
	percentage 2007	absolute no. 2007		2003*	2007	2007	2003*
Connecticut	59	24,800	1	86	65	27	80
New Hampshire	59	8,900	2	87	47	23	81
Massachusetts	51	36,000	3	85	61	26	78
Vermont	59	3,900	4	89	49	29	81
Maine	64	9,100	5	89	41	27	80
Minnesota	63	37,400	6	87	43	25	80
Iowa	64	21,900	7	87	46	27	79
Maryland	64	39,100	8	84	49	30	81
New Jersey	57	55,900	9	77	64	26	77
Utah	66	26,800	9	82	39	17	78
Wyoming	64	3,900	11	86	44	32	80
Hawaii	74	10,200	12	82	52	27	76
Virginia	62	55,200	13	81	49	28	79
Idaho	65	13,000	14	82	33	20	79
Nebraska	65	13,300	14	84	43	28	79
Pennsylvania	60	77,500	14	86	48	30	77
Colorado	64	36,900	17	82	44	25	77
Washington	64	48,200	18	83	41	27	79
Montana	61	6,300	19	84	35	24	79
Kansas	64	21,200	20	84	45	28	76
Illinois	68	104,100	21	81	54	30	75
Missouri	68	45,200	22	83	43	32	79
New York	64	122,900	22	79	58	31	76
Michigan	68	81,200	24	81	46	31	78
Wisconsin	64	38,200	25	83	43	29	77
Florida	66	131,800	26	76	52	34	80
Kentucky	67	31,900	27	83	43	33	76
West Virginia	72	14,400	27	85	41	31	74
Oregon	72	29,900	29	83	39	26	74
Alaska	71	6,800	30	82	40	29	76
North Dakota	65	4,500	31	80	30	28	80
Delaware	66	5,900	32	84	45	36	75
North Carolina	71	77,100	33	81	45	33	75
South Dakota	66	5,900	34	82	38	33	77
Ohio	64	83,600	35	82	45	33	74
Indiana	67	52,400	36	81	39	31	74
Rhode Island	69	7,700	37	82	44	33	72
Oklahoma	73	33,200	38	81	41	34	74
South Carolina	74	37,800	39	82	49	38	71
Arkansas	71	25,400	40	75	47	35	75
Georgia	72	86,900	41	73	50	34	74
District of Columbia	86	3,900	42	74	68	47	74
Texas	70	239,600	43	75	42	31	72
California	77	362,800	44	76	50	29	66
Louisiana	80	41,100	45	73	52	42	75
Tennessee	73	52,500	46	76	38	36	74
Alabama	71	40,300	47	76	43	37	74
Arizona	76	61,600	48	74	36	32	71
Mississippi	81	30,000	49	73	51	43	71
Nevada	76	24,700	50	75	28	30	69
New Mexico	76	18,500	51	77	38	40	69
U.S. National	68	2,451,300		79	47	31	74

Notes:

* Findings from 2007 were not available for inclusion in this report. For 2007 data see www.nschedata.org

**Includes children enrolled in educational programs sponsored by federal, state or local agencies, e.g. Head Start. Does not include private homes that

primarily provide custodial care.

*** Single-parent families may include cohabiting couples and do not include children living with step-parents or in group quarters (e.g. institutions, dormitories, or group homes).

For complete methodology, indicator definitions, data sources and discussion of study limitations see *Methodology and Research Notes*.

State prekindergarten programs are insufficiently funded to meet The National Institute for Early Education

Research's (NIEER) quality benchmarks. For a review of access to, quality in and resources devoted to state-funded pre-school programs see: Barnett, Steven et al. *The State of Preschool 2008: State Preschool Yearbook*. (NIEER).



Early Childhood Development Report Card for Wealthy Countries

How do the more developed countries measure up on early childhood development? We looked at ten minimum child care standards in 25 countries to evaluate how well governments are ensuring children's earliest experiences are in the best interest of both the children and their nations' future.

These ten benchmarks were drawn up in consultation with government officials and academic experts from high-income countries in Asia, Europe and North America, with input from UNICEF and the World Bank.⁹² The benchmarks are:

- **Parental leave** of at least a year for one parent upon the birth of a child, at 50 percent salary
- **A national plan with priority for disadvantaged children**, indicating governments have at least drawn up a plan for the organization and financing of early childhood services
- **Subsidized and regulated child care services for at least 25 percent of children under 3**
- **Subsidized and accredited early education services for at least 80 percent of 4-year-olds** for a minimum of 15 hours per week
- **Minimum level of training for all child care staff** – at least 80 percent have some relevant training in child care
- **Minimum proportion of child care staff with higher level education and training** – at least 50 percent of staff in early education centers have a minimum of three years tertiary education with recognized qualification in early childhood studies or a related field
- **Minimum staff-to-child ratio** – the ratio of preschool children to trained staff is not greater than 15 to 1 and group size does not exceed 24
- **Minimum public funding** – public spending on early childhood education and care for children 0-6 is not less than 1 percent of GDP
- **Low level of child poverty** – a child poverty rate of less than 10 percent
- **Universal outreach** – an estimate of the extent to which basic child health services have been made available to the most marginalized and difficult-to-reach families.

Sweden is the only country to achieve a perfect 10 out of 10 on this Report Card. Iceland follows closely behind, meeting 9 of the 10 child care benchmarks. Denmark, Finland, France and Norway each meet 8 of 10 minimum standards.

Canada and Ireland are tied for last place, each having achieved only 1 of the 10 child care benchmarks. Australia is second from the bottom, meeting only 2 of 10 benchmarks. The United States is in a tie for the third lowest ranking with Mexico, Spain and Switzerland (each country meets 3

out of 10 minimum child care standards). Austria, Belgium, Germany, Hungary, Italy, Japan, Korea, Netherlands, New Zealand, Portugal, Slovenia and the United Kingdom all score higher than the United States. Each of these countries meets between 4 and 6 of the minimum child care standards.



▲ MEXICO

The most widely met child care standard among wealthy countries is higher-level education of staff in early learning centers. Twenty of the 25 countries meet this standard, with 50 percent or more of staff in accredited early learning centers having at least three years of specialized training.

The standards addressing parental leave and public funding are met by the fewest countries – only 6 out of 25 countries guarantee a new parent leave of up to one year at 50 percent of salary, and likewise only 6 countries spend 1 percent or more of their GDP on early childhood education and care.

Here are some additional facts about early child care and educational achievement in the economically advanced countries of the Organisation for Economic Co-operation and Development (OECD):

- All but two countries – Australia and the United States – currently provide an entitlement to some form of paid leave to employed parents following the birth of a child.⁹³
- In the United States and the United Kingdom, a majority of children under age 1 are now in some form of child care for a substantial portion of each working day. In United States, more than 50 percent of under-ones are in some form of child care. Some 75 percent of these children begin going to child care at 4 months or earlier and for an average of 28 hours per week.⁹⁴

Early Childhood Development Report Card for Wealthy Countries

- In the United States, public funds provided for pre-kindergarten education come mostly from state and local governments and amount to about 0.4 percent of GDP.⁹⁵ Total public expenditure on child care and preschool education services in the United States totals about 0.6 percent of GDP, or roughly one-third of what is spent in Iceland.
- The United States is falling behind other countries in the resource that matters most in the new global economy: human capital. Among 30 OECD countries, American 15-year-olds ranked 25th in math and 21st in science



achievement on the most recent international assessment conducted in 2006. At the same time, the United States ranked high in inequity, with the third largest gap in science scores between students from different socio-economic groups.⁹⁶

- The United States is rapidly losing its historic edge in educational attainment. Four decades ago, America had the best high school graduation rate in the world, but by 2006 it had slipped to 18th out of 24 industrialized countries. As recently as 1995, the U.S. was still tied for first place in the proportion of young adults with a college degree, but by 2000 it had slipped to 9th and by 2006 to 14th – below the OECD average for the first time.⁹⁷ According to the latest OECD figures, the United States has one of the highest college dropout rates in the industrialized world – 53 percent of Americans who enter college do not finish.⁹⁸ Only Italy has a higher college dropout rate (55 percent).
- The OECD estimates that each additional year of schooling among the adult population raises a nation's economic output by 3 to 6 percent.⁹⁹ A recent study predicted that if the United States could improve its math and science achievement levels over the next two decades to become a top-performing nation on international assessments, its GDP would be 5 percent higher by 2037 and 36 percent higher by 2080.¹⁰⁰
- Countries such as Canada, Finland, Japan and Korea have demonstrated that students from disadvantaged backgrounds need not automatically perform poorly in school. Demographers now predict that in the United States, “minorities” will constitute the majority of schoolchildren by 2023 and of working-age Americans by 2039. The educational performance of American minorities is far below the averages of most industrialized nations. In 2006, Hispanic 15-year-olds in the U.S. performed below the average of every OECD country except Turkey and Mexico in science literacy. Black students performed even worse.¹⁰¹
- Korea has gone from well behind to significantly ahead of the United States in high school attainment in just a few generations. According to the World Bank, “the contribution of knowledge ... was a key factor in Korea's miracle of rapid economic growth.”¹⁰² In 1960, Mexico's economic productivity was twice as large as Korea's, but by 2003 Korea's GDP was twice as large as Mexico's.¹⁰³

◀ UNITED STATES

EARLY CHILDHOOD DEVELOPMENT REPORT CARD*

How wealthy countries measure up on suggested minimum standards for ECD

	Number of benchmarks achieved 2008	Parental leave of 1 year at 50% of salary	A national plan with priority for disadvantaged children	Subsidized and regulated child care services for 25% of children under 3	Subsidized and accredited early education services for 80% of 4-year-olds	80% of all child care staff trained	50% of staff in accredited early education services tertiary educated with relevant qualifications	Minimum staff-to-children ratio of 1:15 in preschool education	1% of GDP spent on early childhood services	Child poverty rate less than 10%	Near-universal outreach of essential child health services	Percentage of children aged 3-4 enrolled in preschool [‡] 2006
Best in Class												
Sweden	10	★	★	★	★	★	★	★	★	★	★	84
Iceland	9		★	★	★	★	★	★	★	★	★	94
Denmark	8	★	★	★	★		★	★	★	★		94
Finland	8	★	★	★		★		★	★	★	★	44
France	8	★	★	★	★	★	★		★	★		112
Norway	8	★	★	★	★			★	★	★	★	89
"A" for (Average) Effort												
Belgium (Flanders)	6		★	★	★		★			★	★	125
Hungary	6		★		★	★	★	★		★		82
New Zealand	6		★	★	★	★	★	★				91
Slovenia	6	★	★	★		★	★				★	75
Austria	5		★		★	★		★		★		68
Netherlands	5		★	★		★	★	★				37
United Kingdom**	5		★	★	★	★	★					90
Germany	4		★		★		★	★				97
Italy	4		★		★	★	★					105
Japan	4		★		★	★					★	83
Portugal	4		★		★	★	★					72
Republic of Korea	4		★			★	★				★	24
Falling Behind												
Mexico	3		★			★	★					53
Spain	3				★	★	★					123
Switzerland	3					★		★		★		26
United States	3			★			★	★				48
Australia	2			★			★					42
Canada	1						★					—
Ireland	1						★					24
Total benchmarks met		6	19	13	15	17	20	12	6	10	8	

* Report Card adapted from UNICEF: *The Child Care Transition*, Innocenti Report Card 8. (Innocenti Research Center: Florence: 2008)

** Data for the United Kingdom refer to England only

‡ Source: OECD (2008), *Education at a Glance 2008*, Table C2.1

★ Benchmark met
— Data not available



Keeping Young Children Healthy, Safe and Learning

Although the particulars of their lives may differ, millions of parents around the world – in poor countries and rich countries – face the same challenges: finding the time, the energy and the resources to provide for their young children. All mothers and fathers want their children to grow up strong and healthy, protected from harm, excited about learning and confident in their abilities. They search for guidance from informal support networks and community organizations as they struggle, often against great odds, to give their children a better future.

Early childhood care and development programs support families so they can give their infants and toddlers a better start. These programs typically do not cost a lot, and the cognitive and emotional growth they promote in the early years of life result in tangible economic returns down the road. What's more – the damage done to children by inadequate attention in early childhood cannot be easily or inexpensively reversed.

To ensure that investments in the youngest children are made in ways that do the most good, Save the Children has developed the following recommendations. Based on decades of experience, these practices have succeeded in a wide range of countries to encourage the healthy growth and development of young children. These solutions empower parents and caregivers to do what's best for their children. And they encourage young children to develop the inquisitiveness, determination, creative thinking and perseverance they need to succeed in school and in life.

BUILDING THE FOUNDATION FOR LIFELONG LEARNING

Even in “ordinary” circumstances, it can be tough to be a parent. Feeding, protecting, teaching, guiding and encouraging young children to be the best they can be requires a lot of time and energy. Few parents today – in the developing world or the industrialized world – live in settings where a village or extended family raises the children. Many women must work for their families' survival, and as caregivers to their young children are tired, stressed, and very short on time. The poorer a family is, the harder it is to provide basic nutrition, health care, stimulation and interaction children need for healthy growth and development.

Here are some key investments that will help parents and communities give the best possible futures to their youngest children:

Health care – Good care for newborn babies must begin with care for pregnant mothers, ensuring that they are adequately nourished, free from infections and exposure to harmful substances, and monitored for complications during

“I DIDN'T DO THIS WITH MY OTHER CHILDREN”

Delfia is a 32-year-old mother of five living in a small farming community in western El Salvador. She does not know how to read or write, and there are no schools in her village. But Delfia has found a way to give her youngest child, 18-month-old Juan, a good start on his education.

A community health promoter visited Delfia at home a few months ago and gave her a set of colorful laminated cards. The cards suggest fun learning activities Delfia can do with Juan to help him develop language, cognition, emotional and motor skills. “I use the cards to play with my son,” she says. “We put the toys inside the bucket, then outside, like it shows on the cards.” Using the cards, Delfia also sings with Juan and asks him to reach for things, name things, count things and identify different body parts. Juan doesn't always know the answers to Delfia's questions, but he enjoys trying, and he is developing important language skills.

The health promoter also encourages families in Delfia's village to go for prenatal visits and well-baby visits where children receive vaccines. When she sees the health promoter, Delfia often asks for new cards. “These cards help children learn more,” she says. “I didn't do this with my other children, but with Juan I do, and I know it's going to help him.”

The laminated cards are provided through Save the Children's *Early Steps to School Success* program, in cooperation with El Salvador's Ministry of Health.



pregnancy. Every year, around 50 million mothers in the developing world give birth at home with no professional care whatsoever.¹⁰⁴ Pregnant women and newborn babies are especially vulnerable to infections and complications that – if they do not kill them – can injure or weaken them for life. Good prenatal and postnatal care includes counseling to encourage a safe birth, awareness of danger signs that require immediate attention, a plan for going to a skilled health care provider, counseling on newborn care practices, and help to ensure immediate and exclusive breastfeeding.

The quality and availability of health care for mothers and children varies greatly from country to country, but it is safe to say the majority of children under age 5 in the poorest regions of the world do not get basic health care when they need it.¹⁰⁵ Health outreach strategies and funding must do a better job of targeting the poorest and most marginalized mothers and children in every country. More funding is needed for wellness, prevention and family planning, as well as for staffing, transport, equipment, medicine, health worker training and the day-to-day costs of operating health systems. Good curative care for young children should start in the home, where many of the simplest ailments can be successfully and inexpensively treated by informed parents, supported by community-based health outreach workers.

Nutrition – The links between good nutrition and healthy brain development have been well documented. Yet it is estimated that 30 percent of children under age 5 in developing countries (169 million children) do not get enough of the right food to eat or do not benefit from what they eat because of parasitic infections and other forms of diarrheal disease.¹⁰⁶ These undernourished children have lowered resistance to common childhood ailments like respiratory infections. Frequent illnesses sap the nutritional status of children who survive, locking them into a vicious cycle of recurring sickness and faltering mental and physical growth. Childhood malnutrition is most common in the developing world, but poor families in wealthy countries also struggle to feed their children an adequate and healthy diet.

Poverty and food scarcity are complex problems, but a number of low-cost solutions can make a difference for young children. Breastfeeding works everywhere to protect children against developmental delays and improve language and motor skill development. And Vitamin A supplementation has saved and improved the lives of millions of children in the developing world.¹⁰⁷

When children get plenty of one-on-one interaction and cognitive stimulation along with improved feeding, it is a win-win strategy that yields better nutrition outcomes in the near term and improved adult capacities in the long term. The recipe for early feeding is straightforward yet too



Anita, age 4, is the first child you are likely to notice when you visit the early childhood development center in Simalphanta village in far-western Nepal. She is very enthusiastic and is usually the first to call out answers to the teacher's questions. Ten years ago, chances are that Anita would have been among the 70 percent of *dalit* (untouchable caste) children in this part of Nepal who did not complete primary school. Today, she is looking toward a brighter future.

Anita's mother, Manju, age 26, says Anita loves to go to school. "Whenever I try to keep her at home to help me with chores, she insists on going to school," says Manju. "And she cries whenever there is no school." Anita's teacher, Madhavi, talks about how attentive Anita is in class and how she likes to write and dance. When she comes home from school, Anita often shows her parents the dances she learned that day.

Anita's parents are both illiterate and her two older siblings – ages 10 and 8 – are behind in school. Her 10-year-old sister is in second grade and her 8-year-old brother is in first grade. Neither of the older children attended ECD classes. Asked about the difference between Anita and her older siblings, Manju replies: "Anita asks me to comb her hair, oil her hair and cut her nails. She tells me not to eat food touched by flies, or else I will get sick. My older children never did these things. I am learning from Anita to be more hygienic around the house."

Anita's teacher says she has high hopes for Anita. "Anita likes to try everything," said Madhavi. "She is very good at role playing and she likes to play doctor. She always wants to be the doctor and have another child be the sick person. She diagnoses tummy aches and tells the other children their problem is that they did not eat good food. So maybe she will become a doctor."

Save the Children began its early childhood development program in Nepal in 1997. We currently support more than 1,000 centers like the one in Simalphanta with teacher training, educational materials and funds for preschool building construction.

Keeping Young Children Healthy, Safe and Learning

seldom followed: breastfeed exclusively for 6 months, then add good complementary foods. Recent studies suggest that young children who have stimulating learning experiences along with improved nutrition develop better than those who have improved nutrition alone.¹⁰⁸ These compounded benefits can lead to improved lifetime productivity and economic gains for entire nations if they are achieved at scale.¹⁰⁹

Coaching and classes for new parents – Parents are the most influential people in a young child's life, and when they are equipped with better child-raising tools and techniques they can often do wonders. Many successful programs in developing and industrialized countries have improved outcomes for children by teaching new moms and dads to be better parents. This can be done through home-based coaching, community support groups and classes for new parents. In addition to breastfeeding and basic health care, these programs encourage parents to feed their children safer and more nutritious food, to interact more with their children, to create a learning environment in the home, and to discipline without hitting. Parenting coaches can also serve as a critical first line of defense against child abuse and neglect, intervening on the child's behalf when necessary and rallying community resources to safeguard the child.

Better early child care providers and preschool teachers – Good child care is an extension of good parenting. The quality of early childhood education outside the home depends on the ability of the caregiver to provide a secure, consistent, sensitive, stimulating and rewarding environment. To be successful, early child care and preschool facilities – whether center, community or home based – should have sufficient numbers of staff for the number of children, and the caregivers should be well trained, well supervised and well paid. In addition, every effort should be made to retain caregivers so that they are consistent, familiar and reassuring figures in children's lives.

In many countries, child care professionals are at the bottom of the wage ladder and have little in the way of either job security or opportunity for career advancement. Preschool and kindergarten teachers are excluded from many teachers' unions and civil service pay scales and benefits. Women dominate the professions that teach and care for very young children. Their lack of status and inadequate pay diminish the quality of professional caregiving. The quality of family life and mothering that caregivers can give their own children is also affected, since many must take on additional work to earn enough income to survive.

Parental leave and child care assistance – Around the world, few parents have the advantage of paid time off from work to care for their youngest children. Some experts



Jordan is 2 years old and his favorite books are *Goodnight Moon* (which he has memorized) and *The Hungry Caterpillar* (which he likes because of the colors, especially the rainbow at the end).

Jordan lives in a remote community on the Navajo Nation in northern Arizona. His parents' small two-room house is more than 20 miles from the nearest grocery store, hospital and school. There is no plumbing in the house, but it's nice and cozy, with plenty of books, and interesting activities that Jordan's parents have learned will help him develop his language skills and social abilities, so he'll be ready for school when the time comes.

As part of Save the Children's *Early Steps* program, Jordan and his parents receive a visit twice a month from a child development specialist named Karen who brings books, activities, guidance and information about how children grow and learn. Karen urges Jordan's parents to read to him as much as possible, and to talk with him using regular language, not baby talk or jibber jabber. She has explained about how a child's brain develops and how they are role models for their son. Jordan's parents are now teaching him colors, shapes and numbers, using ordinary items around the house.

Jordan's parents are delighted at his progress. Already, Jordan is using language that is advanced for his age, and he is correcting his parents when they get things wrong. Jordan's father says he is very proud of Jordan, and every day he cannot wait to see what Jordan will say or do next. Just yesterday, he opened the door by himself for the first time.

believe children benefit most from full-time parental care for the first year of life, while others believe it is fine for children to begin out-of-home care after three months, provided that care is of good quality. But whatever parents believe may be best for their children, the very real need to earn a living is often the deciding factor when it comes to child care. Only a handful of high-income countries provide parental leave for the first year after a child is born with at least 50 percent salary (see pages 31-33). In the developing world, parental leave benefits are less generous if they exist at all.

Services for special needs children – "Special needs" is an umbrella term for a wide array of difficulties that may impede a child's normal growth and development. Children

PRESCHOOLS HELP FIGHT THE RAVAGES OF AIDS



Children in Mozambique's Gaza Province live in some of the most disadvantaged communities in the world. The area has been hit hard by HIV and many of the children are orphans, having lost one or both parents to AIDS. High poverty levels, compounded by the overwhelming number of adult deaths, have left many young children without the care they need to develop to their full potential. Many 3- to 5-year-olds already show signs of delayed cognitive and behavioral development.

One year ago, thousands of orphans and vulnerable children in 42 communities in southern Gaza got a chance to go to preschool and start turning their lives around. A new Save the Children initiative, funded by donations from *American Idol* viewers, opened 96 preschools offering children a safe place to play, learn and prepare themselves to do well in school.

The preschools have well-trained teachers who are sensitive to the special needs of children affected by HIV and AIDS. The teachers ask the children questions, laugh with them and encourage the children to share their ideas and be heard. Many children who had become withdrawn or aggressive after losing a loved one have started to open up again.

"Many children here drop out in first grade because they are not prepared for school," said Damião Mungoi, education program coordinator for Save the Children in Mozambique. "These children live in rural and remote villages where they speak dozens of local languages. When entering first grade, they are overwhelmed and confused because they don't know Portuguese, the national language used in schools. But now, by attending preschool, these children will be ready for first grade."

with special needs may have mild learning disabilities or profound mental retardation; food allergies or terminal illness; mild emotional issues or serious psychiatric problems. Though the term is broad, it is still useful in helping to get needed services to the child, for setting appropriate goals, and for gaining understanding for a child and a stressed family. Parents and out-of-home caregivers often need guidance on how best to help a child with special needs.

KEEPING CHILDREN SAFE

Conflict, AIDS, displacement, migration. Children today are growing up with challenges that are daunting and threaten the development of an entire generation. Even though they may not understand the meaning of what they see and hear, children absorb the images that surround them and are deeply impacted by the emotions of the people they rely on for love and security. During difficult and uncertain times, parents and caregivers need to help children cope and recover from stressful experiences. But oftentimes, these adults need help themselves, especially when they are emotionally and physically drained by violence in the home, a natural disaster, civil unrest or conflict.

Children who have experienced trauma may suffer from disrupted sleep, increased alertness, bed-wetting, profound sadness, frequent worry, obsessive-compulsive behaviors, withdrawal, regression and/or increased aggression. Parents often need guidance to understand better what their infants and young children are going through. Some parents are frightened themselves and need support and confidence-building in order to settle down and learn how to understand their children's behavior, listen to their children, soothe and reassure their children, and help them heal.

Very young children may not need specialized therapy to recover from trauma. They benefit from a return to routine, opportunities to play and to let their imaginations help them come to terms with past events. Relief organizations are increasingly establishing "safe spaces" in disaster and war zones for just this purpose. These are special places where children can feel secure again while they enjoy toys, games and music, and establish positive relationships with sympathetic and supportive adults. For these children, the greatest benefits may come when they return to a healthy, safe and supportive community.

GENDER ROLES AND PARENTING IN TODAY'S GLOBAL WORLD

In less than a century, families, households and gender roles have been transformed as markets have become global. Many women raise children alone without other adults

Keeping Young Children Healthy, Safe and Learning

to share in the joys and challenges of parenting. In the developing world, as in industrialized nations, parental leave and benefits in the formal work sector vary, from social security systems with good benefits, to businesses with on-site child care, to incentive zones where worker protections are relaxed to attract investment.

In most developing countries, the majority of working mothers are in agriculture or nonformal markets. For them, every hour away from work is income or productivity lost. Most solve their child care dilemma by reaching out to friends and family for help looking after their children. Voluntary and community-based organizations may lend some assistance, but support to informal child care arrangements and networks needs to be much more systematic, of better quality, and more available particularly to the poor who need it most. Many women need help and assistance to think through, plan and implement quality care and a stimulating learning environment for multiple children in settings that may be crowded and even unsafe.

The value of mothering is critical for nothing less than the future of humankind. Economic data show clearly that investing in child care and development pays off over the long term. Tools and resources exist to make all child care quality care – to keep all children healthy, safe and learning – even in a global world of “new” gender roles. What appears to be missing is political will.



▲ VIETNAM

A PLACE TO LEARN, SAFE FROM CONFLICT



In Karamoja, Uganda, one of the driest and poorest regions of Africa, families compete fiercely for water and pasture land to raise cattle for market. In recent years, feuds and violence over cattle have become so commonplace that some children consider cattle raiding a natural part of growing up. It is not uncommon for children to awake at night and find their small village in flames, as cattle are stolen from their family and neighbors. The next morning they will be filled with fear and anxiety.

But now children between the ages of 2 and 5 in one village in Karamoja have a special preschool center they can attend where adult caregivers help them cope with their feelings. Children like going to the center, first of all, because they get food there. “If we stay at home, there is nothing to eat,” says one boy. “At the center we get porridge.” They also enjoy listening to stories, singing songs, playing games and doing art activities that they cannot do at home.

When children arrive at the center agitated by the violence, the caregivers have been trained to respond. “They sit the children down, talk with them, and explain what’s being done to make things better,” says Rosemary Akech, Save the Children’s regional director in Karamoja. “Then they make sure the troubled kids are mixed in with other children who haven’t gone through trauma, so it calms them down.”

Children at the preschool also get regular health check-ups including immunizations, Vitamin A supplements, deworming treatments and growth monitoring.

The center is adjacent to the elementary school, and Rosemary likes to see the preschool students show an interest in continuing their education. “They point to the primary school and tell me, ‘After the center, I want to go to that school.’”



Take Action Now for the World's Youngest Children!

Worldwide, 75 million children fail to complete primary school, either because they drop out in the early grades or because they never got the chance to attend school at all. In the United States, nearly 2.5 million – or 68 percent – of all American fourth graders are not reading at grade level.

Research has shown that early childhood development is an especially powerful lever to move the world towards a better future. By ensuring that young children have the care and encouragement they need to succeed in school, communities vastly improve their ability to fight poverty, prevent illiteracy, end hunger, reduce child mortality, improve maternal health, combat disease and ensure education for all.

Children in the United States and overseas deserve a strong start in life. Help us build a better future for all children:

- **Contact your government leaders and tell them you support early childhood development around the world.** Urge them to allocate funds for early childhood learning programs in developing countries and to create plans of action to expand ECD programs and improve ECD policies. If you are a United States citizen, urge your congressional representatives to fund \$1 billion for basic education in developing countries – including support for early childhood development – and \$900 million for child survival programs to provide critical health care to children under 5. Go to www.savethechildren.org/advocacy to send a note of support to your member of Congress.
- **Urge your congressional representatives to support early childhood development in the United States.** Ask your member of Congress to support a considerable increase in funding for Early Head Start in fiscal year 2010, and to double funding for the Child Care Development Block Grant (CCDBG), which is the primary source of federal child care funding for low-income working families. Also support local and state initiatives that strengthen programs for the development of young children.

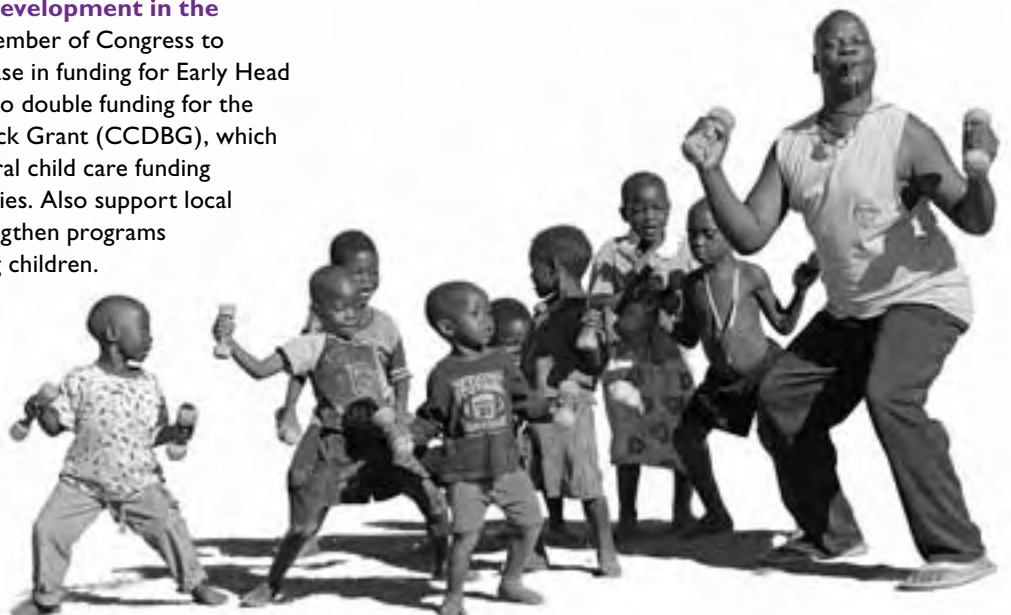
Go to www.savethechildren.org/advocacy to send a note of support to your member of Congress.

- **Join the Save the Children Action Network** to receive monthly email updates on legislative issues regarding education as well as other critical policy issues affecting children. Learn about ways that you can get involved and make your voice heard. To sign up visit: www.savethechildren.org/advocacy.
- **Support on-the-ground programs that work.** Visit www.savethechildren.org to learn more and do more!

EDUCATION FOR ALL

Save the Children supports the *Education for All* global movement to provide quality basic education for all children. The countries of the world have recognized the vital role that education plays in growing economies, fighting poverty, and promoting health and security for future generations. World leaders have agreed to the broad goal of “education for all” by the year 2015. The first of six key *Education for All* goals is to **expand early childhood care and education**.

MALAWI ►





Appendix: The Mothers' Index and Country Rankings

The tenth annual *Mothers' Index* helps document conditions for mothers and children in 158 countries – 43 developed nations¹⁰ and 115 in the developing world – and shows where mothers fare best and where they face the greatest hardships. All countries for which sufficient data are available are included in the *Index*.

Why should Save the Children be so concerned with mothers? Because more than 75 years of field experience has taught us that the quality of children's lives depends on the health, security and well-being of their mothers. In short, providing mothers with access to education, economic opportunities and maternal and child health care gives mothers and their children the best chance to survive and thrive.

The *Index* relies on information published by governments, research institutions and international agencies. The *Complete Mothers' Index*, based on a composite of separate indices for women's and children's well-being, appears in the fold-out table in this appendix. A full description of the research methodology and individual indicators appears after the fold-out.

MOTHERS' INDEX RANKINGS

European countries – along with New Zealand and Australia – dominate the top positions while countries in sub-Saharan Africa dominate the lowest tier. The United States places 27th again this year.

While most industrialized countries cluster tightly at the top of the *Index* – with the majority of these countries performing well on all indicators – the highest ranking countries attain very high scores for mothers' and children's health, educational and economic status.

2009 MOTHERS' INDEX RANKINGS

Top 10 Best places to be a mother		Bottom 10 Worst places to be a mother	
Rank	Country	Rank	Country
1	Sweden	149	Djibouti
2	Norway	150	Eritrea
3	Australia	151	Angola
4	Iceland	152	Sudan
5	Denmark	153	Yemen
6	New Zealand	154	DR Congo
7	Finland	155	Guinea-Bissau
8	Ireland	156	Chad
9	Germany	157	Sierra Leone
10	Netherlands	158	Niger

The 10 bottom-ranked countries in this year's *Mothers' Index* are a reverse image of the top 10, performing poorly on all indicators. Conditions for mothers and their children in these countries are devastating.

- More than half (54 percent) of all births are not attended by skilled health personnel.
- On average, 1 in 24 mothers will die over the course of her lifetime from pregnancy-related causes.
- 1 child in 7 dies before his or her fifth birthday.
- 1 child in 3 children suffers from malnutrition.
- Roughly 1 child in 4 is not enrolled in primary school.
- Only 4 girls are enrolled in primary school for every 5 boys.
- On average, females have only about 4 years of formal education.
- Women earn less than half what men do for equal work.
- 9 out of 10 women are likely to suffer the loss of a child in their lifetime.

The contrast between the top-ranked country, Sweden, and the lowest-ranked country, Niger, is striking. Skilled health personnel are present at virtually every birth in Sweden, while only 33 percent of births are attended in Niger.

A typical Swedish woman has nearly 17 years of formal education and will live to be 83 years old, 65 percent are using some modern method of contraception, and only one in 185 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Niger, a typical woman has little over 3 years of education and will live to be 56. Only 5 percent of women are using modern contraception, and 1 child in 6 dies before his or her fifth birthday. At this rate, every mother in Niger is likely to suffer the loss of a child.

The data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the regional dimension of this tragedy. Three of the bottom 10 countries are Arab States and the remaining seven are in sub-Saharan Africa. Sub-Saharan Africa also accounts for 16 of the 20 lowest-ranking countries.

Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- Fewer than 15 percent of births are attended by skilled health personnel in Chad and Afghanistan. In Ethiopia, only 6 percent of births are attended. Compare that to 99 percent in Sri Lanka and 94 percent in Botswana.
- 1 woman in 7 dies in pregnancy or childbirth in Niger. The risk is 1 in 8 in Afghanistan and Sierra Leone. In Bosnia and Herzegovina, Greece and Italy the risk of maternal death is less than 1 in 25,000 and in Ireland it's 1 in 47,600.

Appendix: The Mothers' Index and Country Rankings

- A typical woman will die before the age of 45 in Afghanistan, Angola, Mozambique, Sierra Leone, Zambia and Zimbabwe. Life expectancy for women is only 42 in Lesotho. In Swaziland, the average woman will not live to see her 40th birthday, while in Japan women on average live to be more than 86 years old.
- In Somalia, only 1 percent of women use modern contraception. Family planning rates are less than 5 percent in Angola, Chad, Democratic Republic of the Congo, Guinea-Bissau and Sierra Leone. Eighty-two percent of women in the United Kingdom and 90 percent of women in China use some form of modern contraception.
- In Egypt, Morocco, Oman, Qatar, Sudan and the United Arab Emirates, women earn 25 cents or less for every dollar men earn. Saudi Arabian and Palestinian women earn only 17 and 12 cents respectively to the male dollar. In Kenya, Mozambique and Sweden, women earn more than 80 cents for every dollar men earn.
- In Micronesia, Qatar, Saudi Arabia and the Solomon Islands, not one seat in parliament is occupied by a woman. In Papua New Guinea, women have only 1 of 109 seats. In Yemen, it's 1 out of 301 seats in the lower house. Compare that to Rwanda, where well over half – 56 percent – of all seats in the lower house are held by women. In Sweden, women hold 47 percent of parliamentary seats.
- A typical female in Afghanistan, Burkina Faso, Chad, DR Congo, Eritrea and Guinea-Bissau receives less than 5 years of formal education. In Angola, Djibouti and Niger, women receive less than 4 years of education. In

WHAT THE NUMBERS DON'T TELL YOU

The national-level data presented in the *Mothers' Index* provide an overview of many countries. However, it is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. Remote rural areas tend to have fewer services and more dire statistics. War, violence and lawlessness also do great harm to the well-being of mothers and children, and often affect certain segments of the population disproportionately. These details are hidden when only broad national-level data are available.

Australia and New Zealand, the average woman stays in school for more than 20 years.

- Forty-five percent of children in Papua New Guinea are not enrolled in primary school. Rates are 49 and 56 percent in Niger and Djibouti. In comparison, nearly all children in Australia, Belgium, France, Italy and Spain make it from preschool all the way to high school.
- In Central African Republic, Niger and Yemen fewer than 3 girls for every 4 boys are in primary school. In Chad and Guinea-Bissau, it's about 2 girls for every 3 boys, and in Afghanistan it's even less – only 3 girls for every 5 boys are enrolled in primary school.
- 1 child in 5 does not reach his or her fifth birthday in Chad and Equatorial Guinea. In Afghanistan and Sierra Leone, mortality rates are 1 in 4. In Iceland, Luxembourg, Singapore and Sweden, only 1 child in 333 dies before age 5.
- Over 40 percent of children under age 5 suffer from malnutrition in Bangladesh, India, Madagascar, Nepal, Niger, Sudan and Yemen. In Timor-Leste, nearly half of all children in this age group are moderately or severely underweight.
- More than half of the population of Chad, DR Congo, Ethiopia, Equatorial Guinea, Fiji, Madagascar, Mozambique, Niger, Nigeria and Papua New Guinea lack access to safe drinking water. In Somalia and Afghanistan, 71 and 78 percent of the population lack access to safe water.

Statistics are far more than numbers. It is the human despair and lost opportunities behind these numbers that call for changes to ensure that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.



▲ SIERRA LEONE

FREQUENTLY ASKED QUESTIONS ABOUT THE MOTHERS' INDEX

Why doesn't the United States do better in the rankings?

The United States ranked 27th this year based on several factors:

- One of the key indicators used to calculate well-being for mothers is lifetime risk of maternal mortality. The United States' rate for maternal mortality is 1 in 4,800 – one of the highest in the developed world. Thirty-five out of 43 countries performed better than the United States on this indicator, including all the Western, Northern and Southern European countries (save Estonia and Albania) as well as Australia, Bulgaria, Canada, Czech Republic, Hungary, Japan, New Zealand, Poland, Slovakia, and Ukraine. A woman in the United States is more than 5 times as likely as a woman in Bosnia and Herzegovina, Greece or Italy to die from pregnancy-related causes and her risk of maternal death is nearly 10-fold that of a woman in Ireland.
- Similarly, the United States did not do as well as many other countries with regard to under-5 mortality. The U.S. under-5 mortality rate is 8 per 1,000 live births. This is on par with rates in Serbia, Slovakia and Lithuania. Twenty-nine countries performed better than the U.S. on this indicator. At this rate, a child in the U.S. is more than twice as likely as a child in Iceland or Sweden to die before his or her fifth birthday.
- Only 61 percent of children in the United States are enrolled in preschool – making it the seventh lowest country in the developed world on this indicator.
- The United States has the least generous maternity leave policy – both in terms of duration and percentage of wages paid – of any wealthy nation.
- The United States is also lagging behind with regard to the political status of women. Only 17 percent of seats in the House of Representatives are held by women,

compared to 47 percent in Sweden and 42 percent in Finland.

Why is Sweden number one?

Sweden performed as well as, or better than, other countries in the rankings on all indicators. It has the highest ratio of female-to-male earned income, the highest percentage of women with seats in the national government and – along with Iceland and Luxembourg – the lowest under-5 mortality rate in the world.

Why are some countries not included in the Mothers' Index?

Rankings were based on a country's performance with respect to a defined set of indicators related primarily to health, nutrition, education, economic and political status. There were 158 countries for which published information regarding performance on these indicators existed. All 158 were included in the study. The only basis for excluding countries was insufficient or unavailable data or national populations below 250,000.

What should be done to bridge the divide between countries that meet the needs of their mothers and those that don't?

- Governments and international agencies need to increase funding to improve education levels for women and girls, provide access to maternal and child health care and advance women's economic opportunities.
- The international community also needs to improve current research and conduct new studies that focus specifically on mothers' and children's well-being.
- In the United States and other industrialized nations, governments and communities need to work together to improve education and health care for disadvantaged mothers and children.

2009 MOTHERS' INDEX RANKINGS

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank‡
TIER I: More Developed Countries			
SWEDEN	1	2	1
NORWAY	2	3	11
AUSTRALIA	3	1	27
ICELAND	4	5	6
DENMARK	5	6	19
NEW ZEALAND	6	3	30
FINLAND	7	7	21
IRELAND	8	8	20
GERMANY	9	12	3
NETHERLANDS	10	9	26
FRANCE	11	13	4
SPAIN	11	13	10
UNITED KINGDOM	13	10	21
SWITZERLAND	14	16	17
SLOVENIA	15	13	17
ITALY	16	24	2
BELGIUM	17	22	13
PORTUGAL	18	18	15
ESTONIA	19	23	13
CANADA	20	11	33
GREECE	21	21	16
LITHUANIA	22	17	28
CZECH REPUBLIC	23	27	11
LATVIA	24	18	25
AUSTRIA	25	31	5
HUNGARY	26	25	23
UNITED STATES	27	18	34
LUXEMBOURG	28	34	9
CROATIA	29	26	35
MALTA	29	33	7
POLAND	31	29	28
BELARUS	32	28	32
SLOVAKIA	32	30	24
JAPAN	34	36	8
BULGARIA	35	34	31
ROMANIA	36	32	38
RUSSIAN FEDERATION	37	37	37
SERBIA	38	42	36
UKRAINE	39	39	39
BOSNIA AND HERZEGOVINA	40	37	42
MOLDOVA, REPUBLIC OF	41	40	40
MACEDONIA, TFYR	42	41	43
ALBANIA	43	43	41
TIER II: Less Developed Countries			
CUBA	1	2	10
ISRAEL	2	1	2
ARGENTINA	3	4	12
BARBADOS	4	3	5
CYPRUS	5	6	1
URUGUAY	6	5	2
KOREA, REPUBLIC OF	7	8	6
KAZAKHSTAN	8	7	16
COSTA RICA	9	11	11
BAHAMAS	10	10	9
THAILAND	11	9	16
PANAMA	12	12	35
PERU	13	14	30
CHINA	14	13	39
CHILE	15	20	2
BRAZIL	16	14	23
KYRGYZSTAN	17	17	32
COLOMBIA	18	16	34
ECUADOR	19	21	37
MEXICO	20	27	25
BAHRAIN	21	25	14
UZBEKISTAN	22	22	32
JAMAICA	23	24	28
VIETNAM	23	19	48
MAURITIUS	25	28	26
VENEZUELA, BOLIVARIAN REPUBLIC OF	25	25	35
KUWAIT	27	23	27
DOMINICAN REPUBLIC	28	30	29
MONGOLIA	29	17	50
TUNISIA	30	38	20
SOUTH AFRICA	31	33	44
ARMENIA	32	40	12
GUYANA	33	33	49
SURINAME	33	37	42
TRINIDAD AND TOBAGO	33	38	37
MALAYSIA	36	43	20

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank‡
TIER II: Less Developed Countries (continued)			
BOTSWANA	37	31	43
PARAGUAY	38	28	50
EL SALVADOR	39	33	54
LIBYAN ARAB JAMAHIRIYA	39	36	46
UNITED ARAB EMIRATES	41	52	19
PHILIPPINES	42	32	59
QATAR	43	56	6
AZERBAIJAN	44	41	56
BELIZE	44	49	31
BOLIVIA	44	44	50
HONDURAS	44	45	53
JORDAN	44	56	15
GEORGIA	49	58	8
IRAN, ISLAMIC REPUBLIC OF	49	45	45
LEBANON	49	55	18
ALGERIA	52	53	41
NAMIBIA	53	45	65
SRI LANKA	54	51	63
TAJIKISTAN	55	50	67
NICARAGUA	56	60	58
TURKEY	57	63	23
GABON	58	41	72
INDONESIA	58	54	66
SYRIAN ARAB REPUBLIC	58	62	55
EGYPT	61	67	22
KENYA	62	48	75
ZIMBABWE	63	61	68
GHANA	64	59	70
MOROCCO	65	71	57
GUATEMALA	66	69	61
OMAN	67	66	61
CONGO	68	65	71
SWAZILAND	68	71	69
INDIA	70	73	73
CAMEROON	71	70	76
PAKISTAN	72	74	74
PAPUA NEW GUINEA	73	68	79
CÔTE D'IVOIRE	74	76	77
NIGERIA	75	75	78
TIER III: Least Developed Countries			
MALDIVES	1	1	3
CAPE VERDE	2	4	1
UGANDA	3	3	11
RWANDA	4	5	17
MALAWI	5	6	9
CAMBODIA	6	2	21
LESOTHO	6	9	4
BHUTAN	8	10	2
SOLOMON ISLANDS	9	12	5
MOZAMBIQUE	10	7	29
NEPAL	11	13	11
MADAGASCAR	12	8	31
TANZANIA, UNITED REPUBLIC OF	13	14	14
BURUNDI	14	11	25
SENEGAL	15	22	7
COMOROS	16	19	6
GAMBIA	17	21	8
LAO PEOPLE'S DEMOCRATIC REPUBLIC	17	15	24
MAURITANIA	19	17	21
BANGLADESH	20	18	13
TIMOR-LESTE	21	16	27
GUINEA	22	20	21
LIBERIA	23	27	19
ZAMBIA	24	28	17
TOGO	25	29	16
ETHIOPIA	26	23	34
EQUATORIAL GUINEA	27	24	32
BENIN	28	31	15
BURKINA FASO	29	26	36
MALI	30	25	37
DJIBOUTI	31	34	20
ERITREA	32	32	29
ANGOLA	33	30	39
SUDAN	34	39	26
YEMEN	35	39	28
CONGO, DEMOCRATIC REPUBLIC OF THE	36	35	38
GUINEA-BISSAU	37	38	34
CHAD	38	33	41
SIERRA LEONE	39	36	40
NIGER	40	37	42

* Due to different indicator weights and rounding, it is possible for a country to rank high on the women's or children's index but not score among the very highest countries in the overall Mothers' Index. For a complete explanation of the indicator weighting, please see the *Methodology and Research Notes*.

** Rankings for Tiers I, II and III are out of the 43, 76 and 40 countries respectively for which sufficient data existed to calculate the Women's Index.

‡ Rankings for Tiers I, II and III are out of the 43, 79 and 43 countries respectively for which sufficient data existed to calculate the Children's Index.

The Complete Mothers’ Index 2009

TIER I	Women’s Index								Children’s Index			Rankings		
Development Group	Health Status			Educational Status	Economic Status			Political Status	Children’s Status			SOWM 2009		
MORE DEVELOPED COUNTRIES	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Female life expectancy at birth (years)	Expected number of years of formal schooling for females	Maternity leave benefits (2008)		Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Gross pre-primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Mothers' Index Rank (out of 43 countries) ⁺	Women's Index Rank (out of 43 countries) ⁺	Children's Index Rank (out of 43 countries) ⁺
	2005	2007	2008	2007	length	% wages paid	2006	2009	2007	2007	2007			
Albania	490	8	80	11	365 days ⁱ	80, 50 (a)	0.55	7	15	49	77	43	43	41
Australia	13,300	64	84	21	52 weeks	— (b)	0.73	27	6	104	150	3	1	27
Austria	21,500	47	83	16	16* weeks	100	0.40	28	4	90	102	25	31	5
Belarus	4,800	42	75	15	126 days	100	0.64	32	13	103	95	32	28	32
Belgium	7,800	74 (q)	82	16	15 weeks	82, 75 (c)	0.52	35	5	121	110	17	22	13
Bosnia and Herzegovina	29,000	16	78	11 (z)	1 year	100	0.67	12	14	10	85	40	37	42
Bulgaria	7,400	26	77	14	135 days	90	0.66	22	12	82	105	35	34	31
Canada	11,000	73	83	17	17-18 weeks	55 (d,e)	0.65	22	6	68	117	20	11	33
Croatia	10,500	—	79	14	1+ year	100 (f,g)	0.69	21	6	50	91	29	26	35
Czech Republic	18,100	63	80	15	28* weeks	69	0.60	16	4	114	96	23	27	11
Denmark	17,800	72	81	17	52 weeks	100 (d)	0.74	38	4	95	120	5	6	19
Estonia	2,900	56	77	17	140* days ⁱ	100	0.63	21	6	93	100	19	23	13
Finland	8,500	75	83	18	105* days ⁱⁱ	70	0.72	42	4	62	112	7	7	21
France	6,900	77	84	17	16* weeks	100 (d)	0.62	18	4	116	114	11	13	4
Germany	19,200	66	82	16 (z)	14* weeks	100	0.61	32	4	106	102	9	12	3
Greece	25,900	34	82	17	119 days	100	0.53	15	4	69	103	21	21	16
Hungary	13,300	68	78	16	24* weeks	70	0.67	11	7	86	96	26	25	23
Iceland	12,700	—	83	19	3 months	80	0.73	33	3	96	110	4	5	6
Ireland	47,600	—	81	18	18 weeks	70	0.58	13	4	—	112	8	8	20
Italy	26,600	39	84	17	5 months	80	0.49	21	4	104	100	16	24	2
Japan	11,600	44	86	15	14 weeks	60	0.46	9	4	86	101	34	36	8
Latvia	8,500	39	78	17	112 days ⁱ	100	0.67	20	9	89	99	24	18	25
Lithuania	7,800	31	78	17	126* days ⁱ	100	0.72	18	8	69	99	22	17	28
Luxembourg	5,000	—	82	14	16 weeks	100	0.55	23	3	88	96	28	34	9
Macedonia, the former Yugoslav Republic of	6,500	10	77	12	9 months	— (h)	0.49	28	17	33	84	42	41	43
Malta	8,300	—	81	15	14 weeks	100 (j)	0.53	9	5	97	99	29	33	7
Moldova, Republic of	3,700	44	73	12	126 days ⁱ	100	0.63	22	18	70	83	41	40	40
Montenegro	4,500 ‡	—	77	—	—	—	0.54	11	10	—	—	—	—	—
Netherlands	10,200	76	82	16	16 weeks	100 (d)	0.66	41	5	90	118	10	9	26
New Zealand	5,900	71	82	20	14 weeks	100 (d)	0.72	34	6	92	120	6	3	30
Norway	7,700	69	83	18	42-52* weeks	80, 100 (k)	0.79	36	4	90	113	2	3	11
Poland	10,600	19	80	16	16* weeks	100	0.60	20	7	57	100	31	29	28
Portugal	6,400	63	81	16	120 days	100	0.61	28	4	79	97	18	18	15
Romania	3,200	38	76	14	126 days	85	0.70	11	15	72	86	36	32	38
Russian Federation	2,700	47	73	14	140 days ⁱ	100	0.63	14	15	87	84	37	37	37
Serbia	4,500 ‡	19	76	11 (z)	365 days	100 (l)	0.56	22	8	59	88	38	42	36
Slovakia	13,800	41	79	15	28* weeks	55	0.59	19	8	93	96	32	30	24
Slovenia	14,200	59	82	17	105 days	100	0.62	13	4	81	95	15	13	17
Spain	16,400	66	84	17	16* weeks	100	0.53	36	4	121	119	11	13	10
Sweden	17,400	65	83	17	480 days	80 (m,d)	0.84	47	3	95	103	1	2	1
Switzerland	13,800	78	84	15	14 weeks	80 (d)	0.66	29	5	99	93	14	16	17
Ukraine	5,200	38	74	15	126 days	100	0.58	8	24	94	94	39	39	39
United Kingdom	8,200	82 (r)	82	17	52 weeks	90 (n)	0.70	20	6	72	98	13	10	21
United States	4,800	68	81	16	12 weeks	— (p)	0.64	17 (iv)	8	61	94	27	18	34

TIER II	Women's Index							Children's Index					Rankings		
Development Group	Health Status				Educational Status	Economic Status	Political Status	Children's Status					SOWM 2009		
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal mortality (1 in number stated)	Percent of births attended by skilled health personnel	Percent of women using modern contraception	Female life expectancy at birth (years)	Expected number of years of formal schooling for females	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age	Gross primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Percent of population with access to safe water	Mothers' Index Rank (out of 75 countries) ⁺	Women's Index Rank (out of 76 countries) ⁺	Children's Index Rank (out of 79 countries) ⁺
	2005	2007	2007	2008	2007	2006	2009	2007	2007	2007	2007	2006			
Algeria	220	95	52	74	13	0.35	8	37	4	110	83	85	52	53	41
Argentina	530	99	—	79	16	0.56	40	16	4	112	84	96	3	4	12
Armenia	980	98	20	75	12	0.55	8	24	4	98	90	98	32	40	12
Azerbaijan	670	88	12	71	11	0.66	11	39	10	98	83	78	44	41	56
Bahamas	2,700	99	60	77	12 (z)	0.72	12	13	—	98	91	97 (y)	10	10	9
Bahrain	1,300	98	31(s)	78	16	0.43	3	10	9	120	102	—	21	25	14
Barbados	4,400	100	53	80	16	0.64	10	12	6 (y)	105	103	100	4	3	5
Belize	560	96	53	79	13	0.40	0	25	6	123	79	91 (y)	44	49	31
Bolivia	89	67	35	68	11 (z)	0.58	17	57	8	109	82	86	44	44	50
Botswana	130	94	42	50	12	0.67	11	40	13	107	76	96	37	31	43
Brazil	370	88	70	76	15	0.56	9	22	5	137	105	91	16	14	23
Brunei Darussalam	2,900	99	—	80	14	0.42	—	9	—	106	97	—	—	—	—
Cameroon	24	63	13	51	8	0.50	14	148	19	110	25	70	71	70	76
Chile	3,200	100	58	82	14	0.41	15	9	1	104	91	95	15	20	2
China	1,300	98	90	75	11	0.65	21	22	7	111	76	88	14	13	39
Colombia	290	96	68	77	13	0.62	8	20	7	116	85	93	18	16	34
Congo	22	83	13	57	8	0.50	7	125	14	106	43	71	68	65	71
Costa Rica	1,400	99	71	81	12	0.56	37	11	5	110	87	98	9	11	11
Côte d'Ivoire	27	57	7	49	5 (z)	0.32	9	127	20	72	25	81	74	76	77
Cuba	1,400	100	72	81	19	0.45	43	7	4	102	93	91	1	2	10
Cyprus	6,400	100 (y)	—	82	14	0.60	14	5	—	102	97	100	5	6	1
Dominican Republic	230	98	66	76	13	0.44	20	38	5	107	79	95	28	30	29
Ecuador	170	99	58	78	11 (z)	0.57	28 (iii)	22	9	117	68	95	19	21	37
Egypt	230	74	57	74	10 (z)	0.25	2	36	6	105	88	98	61	67	22
El Salvador	190	92	61	75	12	0.50	19	24	10	118	65	84	39	33	54
Fiji	160	99	—	71	13	0.49	—	18	8 (y)	94	82	47	—	—	64
Gabon	53	86	12	57	13 (z)	0.58	17	91	12	152	55	87	58	41	72
Georgia	1,100	98	27	75	13	0.33	6	30	2	99	90	99	49	58	8
Ghana	45	50	19	61	9	0.71	8	115	18	98	49	80	64	59	70
Guatemala	71	41	34	74	10	0.33	12	39	23	113	56	96	66	69	61
Guyana	90	83	34	70	13	0.47	30	60	12	115	105	93	33	33	49
Honduras	93	67	56	74	12	0.46	23	24	11	117	61	84	44	45	53
India	70	47	49	67	9	0.32	9	72	46	112	55	89	70	73	73
Indonesia	97	72	57	73	11	0.46	12	31	28	114	66	80	58	54	66
Iran, Islamic Republic of	300	97	56	73	13	0.41	3	33	11	121	73	94 (y)	49	45	45
Iraq	72	89	33	62	8	—	26	44	8	99	45	77	—	—	60
Israel	7,800	99(y)	52(t)	83	16	0.67	18	5	—	110	92	100	2	1	2
Jamaica	240	97	66	75	12	0.57	13	31	4	95	87	93	23	24	28
Jordan	450	99	41	75	13	0.31	6	24	4	97	89	98	44	56	15
Kazakhstan	360	100	53	73	16	0.68	16	32	4	105	93	96	8	7	16
Kenya	39	42	32	55	9	0.82	10	121	20	106	50	57	62	48	75
Korea, Democratic People's Republic of	140	97	58	69	—	—	20	55	23	—	—	100	—	—	—
Korea, Republic of	6,100	100	67	82	15	0.52	14	5	—	105	98	92 (y)	7	8	6
Kuwait	9,600	98	39(s)	80	13	0.40	3 (vi)	11	10	96	89	—	27	23	27

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TIER II continued	Women’s Index							Children’s Index					Rankings		
Development Group	Health Status				Educational Status	Economic Status	Political Status	Children’s Status					SOWM 2009		
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal mortality (1 in number stated)	Percent of births attended by skilled health personnel	Percent of women using modern contraception	Female life expectancy at birth (years)	Expected number of years of formal schooling for females	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age	Gross primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Percent of population with access to safe water	Mothers’ Index Rank (out of 75 countries) ⁺	Women’s Index Rank (out of 76 countries) ⁺	Children’s Index Rank (out of 79 countries) ⁺
	2005	2007	2007	2008	2007	2006	2009	2007	2007	2007	2007	2006			
Kyrgyzstan	240	98	49	70	13	0.58	26	38	3	95	86	89	17	17	32
Lebanon	290	98	37	74	14	0.32	5	29	4	95	81	100	49	55	18
Libyan Arab Jamahiriya	350	94	26	77	17	0.31	8	18	5	110	94	72 (y)	39	36	46
Malaysia	560	98	30(w)	77	13	0.44	11	11	8	100	69	99	36	43	20
Mauritius	3,300	98	41	76	13	0.42	17	15	15	101	88	100	25	28	26
Mexico	670	93	67	79	13	0.42	23	35	5	113	87	95	20	27	25
Micronesia, Federated States of	—	88	—	74	12 (z)	—	0	40	15	110	91	94	—	—	47
Mongolia	840	99	58	70	14	0.60	4	43	6	100	92	72	29	17	50
Morocco	150	63	55	74	9	0.25	11	34	10	107	56	83	65	71	57
Namibia	170	81	43	53	11	0.56	27	68	24	109	59	93	53	45	65
Nicaragua	150	74	66	76	11	0.32	19	35	7	116	66	79	56	60	58
Nigeria	18	35	8	47	7	0.40	7	189	29	95	32	47	75	75	78
Occupied Palestinian Territory	—	99	39	75	14	0.12	—	27	3	80	92	89	—	—	39
Oman	420	98	18 (s)	78	12	0.20	0	12	18	80	90	79 (y)	67	66	61
Pakistan	74	39	20	66	6	0.30	23	90	38	92	33	90	72	74	74
Panama	270	91	54 (y)	78	14	0.62	17	23	8	113	70	92	12	12	35
Papua New Guinea	55	41	20	60	6 (z)	0.70	1	65	35 (y)	55	—	40	73	68	79
Paraguay	170	77	61	74	12	0.60	13	29	4	111	66	77	38	28	50
Peru	140	71	48	74	14	0.56	29	20	5	116	94	84	13	14	30
Philippines	140	60	33	74	12	0.61	21	28	28	110	83	93	42	32	59
Qatar	2,700	99	32 (s)	77	14	0.25	0	15	6	109	103	100	43	56	6
Saudi Arabia	1,400	91	29	75	13 (z)	0.17	0	25	14	—	—	95 (y)	—	64	—
Singapore	6,200	100	53	82	—	0.52	25	3	3	—	—	100 (y)	—	—	—
South Africa	110	92	60	50	13	0.45	33 (ii)	59	12	103	96	93	31	33	44
Sri Lanka	850	99	50	76	12 (z)	0.39	6	21	29	108	87	82	54	51	63
Suriname	530	90	41	74	13	0.41	26	29	10	119	80	92	33	37	42
Swaziland	120	69	46	39	10	0.34	14	91	7	106	47	60	68	71	69
Syrian Arab Republic	210	93	43	76	11 (z)	0.34	12	17	10	126	72	89	58	62	55
Tajikistan	160	83	33	70	10	0.58	18	67	17	100	84	67	55	50	67
Thailand	500	97	70	75	14	0.62	12	7	9	106	83	98	11	9	16
Trinidad and Tobago	1,400	98	33	72	11	0.47	27	35	6	95	76	94	33	38	37
Tunisia	500	90	53	76	14	0.30	23	21	4	108	85	94	30	38	20
Turkey	880	83	43	74	11	0.28	9	23	4	94	79	97	57	63	23
Turkmenistan	290	100	53	68	—	0.64	—	50	11	—	—	72 (y)	—	—	—
United Arab Emirates	1,000	99	24 (s)	82	13	0.25	23	8	14	107	92	100	41	52	19
Uruguay	2,100	100	75	80	16	0.57	12	14	5	115	101	100	6	5	2
Uzbekistan	1,400	100	59	71	11	0.60	18	41	5	95	102	88	22	22	32
Venezuela, Bolivarian Republic of	610	95	62	77	12	0.54	19	19	5	106	79	83 (y)	25	25	35
Vietnam	280	88	57	76	10	0.71	26	15	20	103	66	92	23	19	48
Zimbabwe	43 (z)	69	58	43	9	0.58 (y)	15	90	17	101	40	81	63	61	68

Note: Data refer to the year specified in the column heading or the most recently available. — No data 1 calendar days 2 working days (all other days unspecified)

+ The *Mothers’ Index* rankings include only those countries for which sufficient data were available to calculate both the Women’s and Children’s Indexes. The *Women’s Index* and *Children’s Index* ranks, however, include additional countries for which adequate data were available to present findings on either women’s or children’s indicators, but not both. For complete methodology see *Methodology and Research Notes*.

‡ Data refer to Serbia and Montenegro prior to its separation into two independent states in June 2006.

(i) The parliament was dissolved following the December 2008 coup; (ii) Figures calculated on the basis of permanent seats only; (iii) Data refer to the transitional period. Elections to the National Assembly are due to take place in April 2009; (iv) The total refers to all voting members of the House ; (v) 45 seats reserved for women are yet to be filled; (vi) No women were elected in 2008, however two women were appointed to the cabinet and also sit in parliament.

(a) 80% prior to birth and for 150 days, and 50% for the rest of the leave period; (b) A lump sum payment is paid for each child; (c) 82% for the first 30 days and 75% for the remaining period; (d) Up to a ceiling; (e) Duration depends on the province; (f) 45 days before delivery and 1 year after; (g) 100% until the child reaches 6 months, then at a predefined level for the remaining period; (h) Paid amount not specified; (i) 13 weeks coverage; (k) 100% for 44-week option; 80% for 54-week option; (l) 100% of earnings paid with 6 months continuous coverage; 60% with 3-6 months; 30% with at least 3 months; (m) 480 calendar days paid parental leave (shared between both parents); 80% for 390 days; flat rate for remaining 90; (n) Paid for up to 39 weeks: 90% for the first 6 weeks and a flat rate for the remaining weeks; (p) There is no national program. Cash benefits may be provided at the state level; (q) Data pertain to the Flemish population; (r) Data excludes Northern Ireland; (s) Data pertain to the nationals of the country; (t) Data pertain to the Jewish population; (w) Data pertain to Peninsular Malaysia; (y) Data are from an earlier publication of the same source; (z) Data differ from the standard definition and/or are from a secondary source.

* These countries also offer prolonged periods of parental leave (at least 2 years) at lower levels of pay. For additional information on child-related leave entitlements see OECD Family database: www.oecd.org/els/social/family/database

TIER III	Women's Index							Children's Index					Rankings		
Development Group	Health Status				Educational Status	Economic Status	Political Status	Children's Status					SOWM 2009		
LEAST DEVELOPED COUNTRIES	Lifetime risk of maternal mortality (1 in number stated)	Percent of births attended by skilled health personnel	Percent of women using modern contraception	Female life expectancy at birth (years)	Expected number of years of formal schooling for females	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age	Gross primary enrollment ratio (% of total)	Ratio of girls to boys enrolled in primary school	Percent of population with access to safe water	Mothers' Index Rank (out of 40 countries) ⁺	Women's Index Rank (out of 40 countries) ⁺	Children's Index Rank (out of 43 countries) ⁺
	2005	2007	2007	2008	2007	2006	2009	2007	2007	2007	2007	2006			
Afghanistan	8	14	9	44	4	—	28	257	39	101	0.59	22	—	—	43
Angola	12	47	5	44	3 (z)	0.62	37	158	31	194	0.93	51	33	30	39
Bangladesh	51	18	47	65	8	0.46	6 (v)	61	46	103	1.03	80	20	18	13
Benin	20	74	7	58	6	0.47	11	123	23	96	0.83	65	28	31	15
Bhutan	55	56	31	68	10	0.51	9	84	19	102	0.98	81	8	10	2
Burkina Faso	22	54	9	54	5	0.66	15	191	37	65	0.84	72	29	26	36
Burundi	16	34	9	51	7	0.77	31	180	39	103	0.91	71	14	11	25
Cambodia	48	44	27	62	9	0.75	16	91	36	119	0.93	65	6	2	21
Cape Verde	120	78	46	75	12	0.36	18	32	14 (y)	101	0.94	80 (y)	2	4	1
Central African Republic	25	53	7	46	—	0.61	11	172	29	71	0.70	66	—	—	33
Chad	11	14	2	51	4	0.66	5	209	37	76	0.68	48	38	33	41
Comoros	52	62	19	68	7	0.50	3	66	25	85	0.88	85	16	19	6
Congo, Democratic Republic of the	13	74	4	48	4 (z)	0.51	8	161	31	61	0.78	46	36	35	38
Djibouti	35	61	18	56	4	0.48	14	127	29	44	0.81	92	31	34	20
Equatorial Guinea	28	65	—	53	9	0.43	6	206	19	122	0.95	43	27	24	32
Eritrea	44	28	5	60	4	0.50	22	70	40	62	0.81	60	32	32	29
Ethiopia	27	6	14	54	7	0.61	22	119	38	91	0.88	42	26	23	34
Gambia	32	57	9	61	7	0.54	9	109	20	74	1.08	86	17	21	8
Guinea	19	38	6	58	7	0.67	— (i)	150	26	91	0.85	70	22	20	21
Guinea-Bissau	13	39	4	48	4	0.51	10	198	19	70	0.67	57	37	38	34
Haiti	44	26	25	63	—	0.53	4	76	22	—	—	58	—	—	—
Lao People's Democratic Republic	33	19	29	66	8	0.51	25	70	37	116	0.89	60	17	15	24
Lesotho	45	55	35	42	10	0.53	25	84	20	114	1.00	78	6	9	4
Liberia	12	51	6	47	8	0.50	13	133	26	91	0.90	64	23	27	19
Madagascar	38	51	18	62	9	0.70	8	112	42	141	0.97	47	12	8	31
Malawi	18	54	39	48	9	0.74	13	111	21	116	1.04	76	5	6	9
Maldives	200	84	34	70	12	0.52	12	30	30	116	0.97	83	1	1	3
Mali	15	45	6	57	5	0.66	10	196	32	83	0.80	60	30	25	37
Mauritania	22	57	5	66	8	0.52	22	119	32	103	1.06	60	19	17	21
Mozambique	45	48	12	43	7	0.81	35	168	24	105	0.86	42	10	7	29
Myanmar	110	57	33	65	8	0.61	—	103	32	114	1.01	80	—	—	10
Nepal	31	19	44	65	8	0.50	33	55	45	126	0.99	89	11	13	11
Niger	7	33	5	56	3	0.56	12	176	44	51	0.74	42	40	37	42
Rwanda	16	39	10	48	9	0.73	56	181	23	147	1.01	65	4	5	17
Senegal	21	52	10	65	6 (z)	0.55	22	114	17	84	1.00	77	15	22	7
Sierra Leone	8	43	4	44	6	0.45	13	262	30	147	0.90	53	39	36	40
Solomon Islands	100	85	—	64	8	0.51	0	70	21	101	0.96	70	9	12	5
Somalia	12	33	1	50	—	—	—	142	36	—	—	29	—	—	—
Sudan	53	87	6	60	5 (z)	0.25	18	109	41	66	0.86	70	34	39	26
Tanzania, United Republic of	24	43	20	54	5 (z)	0.72	30	116	22	110	0.97	55	13	14	14
Timor-Leste	35	18	9	62	10 (z)	0.47	29	97	49	91	0.94	62	21	16	27
Togo	38	62	9	60	7	0.43	11	100	26	97	0.86	59	25	29	16
Uganda	25	42	18	53	10	0.71	31	130	20	117	1.01	64	3	3	11
Yemen	39	36	13	65	7	0.30	0	73	46	87	0.74	66	35	39	28
Zambia	27	43	23	43	7	0.54	15	170	19	119	0.97	58	24	28	17

Methodology and Research Notes

SCHOOL SUCCESS INDEXES

The *School Success* indexes assess how well prepared young children are to succeed in school in both developing countries and the United States. Based on a thorough review of the literature, programmatic expertise and available data, “school success” for developing countries was defined as completion of primary school. Gross intake ratio in the last grade of primary school (GIRLG) was selected as the best proxy for this indicator. GIRLG is the total number of new entrants in the last grade of primary school, regardless of age, expressed as a percentage of the total population of the theoretical entrance age to the last grade of primary. For the United States, the percentage of fourth graders reading at

or above grade level was selected as the measure of school success.

Bivariate and multivariate regression analyses were used to examine the relationship between each selected indicator of school success and factors (including influences at the level of the child, family and community) known to put children at risk of poor academic performance. Regression models for each study group were then identified. For the developing world, this model included rates of under-5 survival, female literacy, fertility, and grade one repetition. The set of indicators found to be most highly predictive of school success in the United States included the frequency of home reading activities, incidence of single-parent families,

INDICATORS ANALYZED AS PART OF THE SCHOOL SUCCESS INDEXES, BY MODEL

Indicator Definition*		Principal Source
Developing Countries (adjusted R-square = 0.81; independent variable coefficients all significant at 1% or better)		
Out-of-school children	Percentage and absolute number of children of official primary school age who are not enrolled in either primary or secondary schools.	UNESCO. EFA <i>Global Monitoring Report 2009</i> . (Paris: 2009) and/or data from UNESCO Institute for Statistics (UIS)
Primary school completion (Proxy: Gross intake ratio in the last grade of primary school)	Total number of new entrants in the last grade of primary education, regardless of age, expressed as a percentage of the population at the theoretical entrance age to the last grade of primary.	
Grade 1 repetition	Proportion of pupils from a cohort enrolled in grade 1 in a given school year who study in the same grade in the following school year.	
Female literacy	Percentage of females aged 15 and over who can read and write with understanding a simple statement related to their everyday life.	
Under-5 survival	Probability of surviving from birth to exactly 5 years of age, expressed as a percentage of all live births.	UNICEF. <i>State of the World's Children 2009</i> . (New York: 2009)
Total fertility	Average number of children who would be born to a woman if she were to live to the end of her childbearing years (15 to 49) and bear children at each age in accordance with prevailing age-specific fertility rates.	
U.S. States (adjusted R-square = 0.68; independent variable coefficients all significant at 5% or better)		
4th grade reading achievement	Percentage of 4th grade public school students who scored at or above the proficient level in reading, as measured and defined by the National Assessment of Educational Progress (NAEP).**	U.S. Department of Education, IES, National Center for Education Statistics (NAEP), 2007 Reading Assessment.
Home reading activities	Percentage of children aged 0-5 who were read aloud to three or more days during the past week by a family member.	Child and Adolescent Health Measurement Initiative. 2003 <i>National Survey of Children's Health</i> (NSCH).
Maternal mental and emotional health	Percentage of children aged 0-5 living with mothers whose mental and emotional health status is excellent or very good.	
Preschool enrollment	The share of children aged 3-4 enrolled in public or private nursery school or kindergarten during the previous two months.	U.S. Census Bureau, 2007 American Community Survey
Children in single-parent families	Percentage of children under age 5 who live with their own single parent either in a family or subfamily.	

* For specific indicator notes please refer to the corresponding *Index* table

** The absolute number of 4th graders reading below grade level is estimated by multiplying the difference between 100% and this data by the total number of 4th grade students in each state (source: National Center for Education Statistics Common Core of Data (CCD), *State Nonfiscal Survey of Public Elementary/Secondary Education*, 2006-07 (version 1a))

■ Measure of school success

■ Independent variables

quality of maternal mental health and preschool enrollment. For a list of indicators used to compute each index, see the table on page 47.

Countries and states were ranked based on index scores calculated as a simple average (i.e. equal weighting) of standard scores for indicators in each regression model. Only cases with data across all variables were included. Statistical analyses were performed using Microsoft Excel and SPSS.

Limitations of this study

The complex interactions and relationships among the independent variables included in this study have not been explored. Considerable associations were noted within the independent variable set. Illustratively, poor maternal mental health is strongly associated with reading activities; and, under-5 survival rates and fertility rates are also strongly associated. Nevertheless, collinearity diagnostics indicate that each independent variable in the model helps to explain some (but not all) variation in the dependent variable, school success.

The decision to give equal weighting to the components of the indexes reinforces the synergistic nature of the interaction between these variables – the notion that no single factor exclusively enhances or limits a child's chance of school success. As a simple average, however, the index may mask important variations among its components. Results for indicators on which a state or country has made less progress can offset advances on others. Moreover, variables least amenable to treatment strategies (e.g. single-parent families or fertility rates) are given equal importance as those that have more actionable interventions (e.g. reading at home and school enrollment). This methodology similarly overstates the effectiveness of certain interventions. For example, although preschool enrollment and repetition enhance the predictive validity of their respective model, of all indicators modeled, they are the least strongly correlated with school success.

The study also has several limitations with respect to specific variables. In selecting indicators, relevance had to be balanced with data availability. Existing data on primary school completion, for instance, are not entirely satisfactory. For our purposes, gross intake ratio in the last grade of primary school (GIRLG) was the best proxy. And although GIRLG is the most widely available indicator of completion and reflects the likelihood of all children to complete primary school (and not just those fortunate enough to enter school, as measured by survival rates to grades 4 or 5), it can be difficult to compare across countries as the last grade of school varies and some countries require exit exams while others do not. Moreover, even though children may enroll in the last grade of primary school, many will not complete it.

The use of first grade repetition rates is particularly problematic. Repetition rates reflect policies and traditions about the effectiveness of repetition as a learning strategy. In some cases, it may be used as a screening or disincentive strategy to weed out low performing students. In others, low repetition rates reflect policies or practices of automatic promotion that obscure the reality of poor quality and school failure. As a result, countries that hold kids back to

make sure they master basic skills may be unjustly penalized. Care should be taken in interpreting this indicator.

A number of variables – such as female literacy – are also slow to change and therefore, it could be argued, are not good indicators of year-to-year progress. Similarly, the data for home reading activities and maternal mental health were self-reported and therefore reflect parent perceptions of their health and of family characteristics. Some parents, such as highly educated mothers, for example, may give socially desirable rather than objective responses to survey questions and as a result might overestimate reading frequency or provide a more optimistic assessment of their mental and emotional health.

It should also be noted that data for out-of-school children – which are used in the narrative, but not in the model – are notoriously difficult to estimate. Both the numerator and denominator are subject to many challenges, including incentives to inflate enrollments, large numbers of over- or under-aged children, systems that neglect to record dropouts, and outdated census numbers.

However, with the notable exception of a few outliers, the regression models identified for developing countries and the U.S. states work remarkably well. So, despite their limitations, these models remain valid and powerful predictors of school success as we have defined it for the purposes of analysis.

COMPLETE MOTHERS' INDEX

1. In the first year of the *Mothers' Index* (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status and children's well-being as key factors related to the well-being of mothers. In 2007, the *Mothers' Index* was revised to include indicators of economic status. All countries with populations over 250,000 were placed into one of three tiers according to United Nations development groups: more developed countries, less developed countries and least developed countries. Indicators for each development group were selected to best represent factors of maternal well-being specific to that group and published data sources for each indicator were then identified. To facilitate international comparisons, in addition to reliability and validity, indicators were selected based on inclusivity (availability across countries) and variability (ability to differentiate between countries). To adjust for variations in data availability when calculating the final index, indicators for maternal health and children's well-being were grouped into sub-indices (see step 7). This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available. Data presented in this report includes information available through 01 March 2009.

Sources: 2008 Population: United Nations Population Fund. *State of World Population 2008*. (New York: 2008); Classification of development regions: United Nations Population Division. *World Population Prospects: The 2008 Revision*. Population Data-base available online at: esa.un.org/unpp/index.asp?panel=5

2. In Tier I, data were gathered for seven indicators of women's status and three indicators of children's status. Sufficient data existed to include analyses of two additional indicators of children's well-being in Tiers II and III. Indicators unique to specific development groups are noted below.

THE INDICATORS THAT REPRESENT WOMEN'S HEALTH STATUS ARE:

Lifetime risk of maternal mortality

A woman's risk of death in childbirth over the course of her life is a function of many factors, including the number of children she has and the spacing of births as well as the conditions under which she gives birth and her own health and nutritional status. Calculations are based on the maternal mortality and fertility rate in a country. Some country estimates are derived using a WHO/UNICEF methodology. Data are for 2005.

Source: *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank.* (WHO: 2007)
Available online at: www.who.int/whosis/mme_2005.pdf

Percent of women using modern contraception

Access to family planning resources, including modern contraception, allows women to plan their pregnancies. This helps ensure that a mother is physically and psychologically prepared to give birth and care for her child. Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception, which include: male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. Contraceptive prevalence data are the most recent available as of November 2007.

Source: United Nations Population Division. *World Contraceptive Use 2007* (wall chart). Available online at: www.un.org/esa/population/publications/contraceptive2007/contraceptive2007.htm

Skilled attendance at delivery

The presence of a skilled attendant at birth reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care. Skilled attendance at delivery is defined as those births attended by physicians, nurses or midwives. Data are from 2000-2007. As nearly every birth is attended in the more developed countries, this indicator is not included in Tier I.

Source: United Nations Children's Fund (UNICEF). *The State of the World's Children 2009.* (New York: 2009) Table 8, pp.146-149 Available online at: www.unicef.org/sowc09/statistics/tables.php

Female life expectancy

Children benefit when mothers live longer, healthier lives. Life expectancy reflects the health, social and economic status of a mother and captures trends in falling life expectancy associated with the feminization of AIDS. Female life expectancy is defined as the average number of years of life that a female can expect to live if she experiences the current mortality rate of the population at each age. Data estimates are for 2008.

Source: United Nations Population Fund (UNFPA). *State of World Population 2009.* (New York: 2008) pp. 86-89, 94 Available online at: www.unfpa.org/swp/

THE INDICATOR THAT REPRESENTS WOMEN'S EDUCATIONAL STATUS IS:

Expected number of years of formal female schooling

Education is singularly effective in enhancing maternal health, women's freedom of movement and decision-making power within households. Educated women are more likely to be able to earn a livelihood and support their families. They are also more likely than uneducated women to ensure that their children eat well, finish school and receive adequate health care. Female school life expectancy is defined as the number of years a female child of school entrance age is expected to spend at school or university, including years spent on repetition. It is the sum of the age-specific enrollment ratios for primary, secondary, post-secondary non-tertiary and tertiary education. Primary to secondary estimates are used where primary to tertiary are not available. Data are from 2007 or the most recent year available.

Sources: UNESCO Institute for Statistics (UIS). Data Centre. <http://stats.uis.unesco.org>, supplemented with data from UNESCO. *Global Education Digest 2007.* (Montreal: 2007) Table 12, pp.154-163

THE INDICATORS THAT REPRESENT WOMEN'S ECONOMIC STATUS ARE:

Ratio of estimated female to male earned income

Mothers are likely to use their influence and the resources they control to promote the needs of their children. Where mothers are able to earn a decent standard of living and wield power over economic resources, children survive and thrive. The ratio of estimated female earned income to estimated male earned income – how much women earn relative to men for equal work – reveals gender inequality in the workplace. Female and male earned income are crudely estimated based on the ratio of the female nonagricultural wage to the male nonagricultural wage, the female and male shares of the economically active population, the total female and male population and GDP per capita in purchasing power parity terms in US dollars. Estimates are based on data for the most recent year available between 1996 and 2006.

Source: United Nations Development Programme (UNDP). *Human Development Indices: A statistical update 2008.* (UNDP: 2008) Table 5, pp.41-44. Available online at: hdr.undp.org/en/media/HDI_2008_EN_Tables.pdf

Maternity leave benefits

The maternity leave indicator includes both the length of time for which benefits are provided as well the extent of compensation. The data are compiled by the International Labour Office and the United States Social Security Administration from a variety of legislative and non-legislative sources from 2004 to 2006. Data on maternity leave benefits are reported for Tier I countries only, where women comprise a considerable share of the non-agricultural workforce and thus most working mothers are free to enjoy the benefits of maternity leave.

Source: United Nations Statistics Division. Statistics and indicators on women and men. Table 5g. Updated December 2008. Available online at: unstats.un.org/unsd/demographic/products/indwm/tab5g.htm

THE INDICATOR THAT REPRESENTS WOMEN'S POLITICAL STATUS IS:

Participation of women in national government

When women have a voice in public institutions, they can participate directly in governance processes and advocate for issues of particular importance to women and children. This indicator represents the percentage of seats in the lower or single-house of national legislatures or parliaments occupied by women. Data are as of 28 February 2009.

Source: Inter-Parliamentary Union (IPU). Women in National Parliaments. Available online at: www.ipu.org/wmn-e/classif.htm

THE INDICATORS THAT REPRESENT CHILDREN'S WELL-BEING ARE:

Under-5 mortality rate

Under-5 mortality rates are likely to increase dramatically when mothers receive little or no prenatal care and give birth under difficult circumstances, when infants are not exclusively breastfed, few children are immunized and fewer receive preventive or curative treatment for common childhood diseases. Under-5 mortality rate is the probability of dying between birth and exactly five years of age, expressed per 1,000 live births. Estimates are for 2007.

Source: UNICEF. *The State of the World's Children 2009*. (New York: 2009) Table 1, pp.118-121. Available online at: www.unicef.org/sowc09/statistics/tables.php

Percentage of children under age 5 moderately or severely underweight

Poor nutrition affects children in many ways, including making them more susceptible to a variety of illnesses and impairing their physical and cognitive development. Children moderately or severely underweight are more than two and three standard deviations below median weight for age of the reference population respectively. Data are from 2000-2007. This indicator is included in Tier II and Tier III only, as few more-developed countries report this data.

Source: UNICEF. *The State of the World's Children 2009*. (New York: 2009) Table 2, pp.122-125. Available online at: www.unicef.org/sowc09/statistics/tables.php

Gross pre-primary enrollment ratio

Early childhood care and education (ECCE), including pre-primary schooling, supports children's growth, development, learning and survival. It also contributes to proper health, poverty reduction and can provide essential support for working parents, particularly mothers. The pre-primary gross enrollment ratio (GER) is the total number of children enrolled in pre-primary education, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age. GERs can be higher than 100 percent when children enter school later than the official enrollment age or do not advance through the grades at expected rates. Data are for the school year ending in 2007 or the most recently available. Pre-primary enrollment is analyzed across Tier I countries only.

Source: UNESCO Institute for Statistics (UIS). *Data Centre*. <http://stats.uis.unesco.org>

Gross primary enrollment ratio

The gross primary enrollment ratio is the total number of children enrolled in primary school, regardless of age, expressed as a percentage of the total number of children of official primary school age. Data are for the school year ending in 2007 or the most recently available. This indicator is not tracked in Tier I, where nearly all children complete primary school.

Source: UNESCO Institute for Statistics (UIS). *Data Centre*. <http://stats.uis.unesco.org>

Gender parity index (GPI)

Educating girls is one of the most effective means of improving the well-being of women and children. The ratio of gross enrollment of girls to boys in primary school – or gender parity index (GPI) – measures gender disparities in primary school participation. It is calculated as the number of girls enrolled in primary school for every 100 enrolled boys, regardless of age. A score of 1 means equal numbers of girls and boys are enrolled; a score between 0 and 1 indicates a disparity in favor of boys; a score greater than 1 indicates a disparity in favor of girls. Data are for the school year ending in 2007 or the most recently available. GPI is included in Tier III, where gender equity gaps disadvantaging girls in access to education are the largest in the world.

Source: UNESCO Institute for Statistics (UIS). *Data Centre*. <http://stats.uis.unesco.org>

Gross secondary enrollment ratio

The gross secondary enrollment ratio is the total number of children enrolled in secondary school, regardless of age, expressed as a percentage of the total number of children of official secondary school age. Data are for the school year ending in 2007 or the most recently available. This indicator is not tracked in Tier III where many children still do not attend primary school, let alone transition to higher levels.

Source: UNESCO Institute for Statistics (UIS). *Data Centre*. <http://stats.uis.unesco.org>

Percent of population with access to safe water

Safe water is essential to good health. Families need an adequate supply for drinking as well as cooking and washing. Access to safe and affordable water also brings gains for gender equity, especially in rural areas where women and young girls spend considerable time collecting water. This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling. Data are for 2006.

Source: UNICEF. *The State of the World's Children 2009*. (New York:2009) Table 3, pp.126-129. Available online at: www.unicef.org/sowc09/statistics/tables.php

3. Missing data were supplemented when possible with data from the same source published in a previous year, as noted in the fold-out table in this appendix.

4. Data points expressed as percentages were rounded to the nearest tenth of one percent for analysis purposes. Data analysis was conducted using Microsoft Excel software.

5. Standard scores, or z-scores, were created for each of the indicators using the following formula: $Z = (X - \bar{X}) / S$

where:

Z = The standard, or z-score

X = The score to be converted

\bar{X} = The mean of the distribution

S = The standard deviation of the distribution

6. The standard scores of indicators of ill-being were then multiplied by (-1) so that a higher score indicated increased well-being on all indicators.

Notes on specific indicators

- To facilitate cross-country comparisons, length of maternity leave was converted into days and allowances were averaged over the entire pay period.
- To avoid rewarding school systems where pupils do not start on time or fail to progress through the system at expected rates, gross enrollment ratios (GERs) between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were either discounted to 100 with any amount over 105 percent subtracted from 100 (for example, a country with a gross enrollment rate of 107 percent would be discounted to 100 - (107 - 105), or 98) or the respective country's net enrollment ratio, whichever was higher.
- To avoid rewarding countries in which girls' educational progress is made at the expense of boys', countries with gender parity indices greater than 1.02 (an indication of gender inequity disfavoring boys) were discounted to 1.00 with any amount over 1.02 then subtracted from 1.00.

7. The z-scores of the four indicators related to women's health were averaged to create an index score of women's health status. In Tier I, an index score of women's economic status was similarly calculated as a weighted average of the ratio of female to male earned income (75 percent), length of maternity leave (12.5 percent) and percent of wages paid (12.5 percent). An index of child well-being – the *Children's Index* – was also created by first averaging indicators of education, then averaging across all z-scores. At this stage, cases (countries) missing more than one indicator on either index were eliminated from the sample. Countries missing any one of the other indicators (that is educational, economic or political status) were also eliminated. A *Women's Index* was then calculated as a weighted average of health status (30 percent), educational status (30 percent), economic status (30 percent) and political status (10 percent).

8. The *Mothers' Index* was calculated as a weighted average of children's well-being (30 percent), women's health status (20 percent), women's educational status (20 percent), women's economic status (20), and women's political status (10 percent). The scores on the *Mothers' Index* were then ranked.

NOTE: Data exclusive to mothers are not available for many important indicators (school life expectancy and government positions held, for example). In these instances, data on women's status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators is available, the index emphasizes indicators that address uniquely maternal issues.



Endnotes

- ¹ UNESCO. *EFA Global Monitoring Report 2009*. (Paris: 2008) Table 5, p.307. 75 million is a conservative estimate. Millions more children may be missing out on primary school. Recent estimates by UNICEF place the total at 101 million.
- ² Calculations by Save the Children using data from the U.S. Department of Education's National Center for Education Statistics Common Core of Data (CCD): *State Nonfiscal Survey of Public Elementary/Secondary Education*. 2006-07 (version v.1a) <http://nces.ed.gov/ccd/>
- ³ UNICEF. *Childinfo*. www.childinfo.org/education_outofschool.php
- ⁴ UNESCO. *EFA Global Monitoring Report 2009*. pp. 9, 307
- ⁵ Grantham-McGregor, Sally, Santiago Cueto, Paul Glewwe, Linda Richter, Barbara Strupp and the International Child Development Steering Group. "Developmental Potential in the First 5 Years for Children in Developing Countries." *The Lancet*. Volume 369, Issue 9555. January 6, 2007. p.65
- ⁶ Population of children under-5: UNICEF. *State of the World's Children 2009*. (New York: 2009) Table 6, p.141
- ⁷ Bruner, Charles, Victor Elias, Debbie Stein and Stephanie Schaefer. *Early Learning Left Out: An Examination of Public Investments in Education and Development by Child Age*. (Voices for America's Children and Child and Family Policy Center: Washington: February 2004)
- ⁸ National Research Council Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. (National Academy Press: Washington: 2000) pp.182-217
- ⁹ Shore, Rima. *Preventing Low Birth Weight*. (Annie E. Casey Foundation: July 2005)
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- ¹¹ Dee, Deborah, Ruowei Li, Li-Ching Lee and Laurence Grummer-Strawn. "Associations Between Breastfeeding Practices and Young Children's Language and Motor Skill Development." *Pediatrics*. Volume 119. February 2007. pp.S92-S98
- ¹² Anderson, J.W., B.M. Johnstone, D.T. Remley. "Breast-Feeding and Cognitive Development: A Meta-analysis." *American Journal of Clinical Nutrition*. Volume 70. October 1999. pp.525-535
- ¹³ Horwood, L. John and David M. Fergusson. "Breastfeeding and Later Cognitive and Academic Outcomes." *Pediatrics*. Volume 101, Number 1. January 1998. p.e9
- ¹⁴ See, for example: Child Trends and Center for Child Health Research. *Early Child Development in Social Context*. (New York: 2004) and Pamela C. High and the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health. "School Readiness." *Pediatrics*. Volume 121, Number 4. April 2008, pp.e1008-e1015
- ¹⁵ UNESCO. *EFA Global Monitoring Report 2007*. (UNESCO:2006) p.1
- ¹⁶ UNESCO. *EFA Global Monitoring Report 2009*. Table 2. p.274
- ¹⁷ Ibid.
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Nepal. *Santoshi (right) and Analji (left) learn to write letters in a preschool class supported by Save the Children in Simalphanta village.*

Page 1 – Michael Bisceglie

El Salvador. *Lilian reads to her daughters Lilian, 6, and Ana, 4. The books come from a library established by Save the Children.*

Page 2 – Laurence Levin

USA. *News Commentator Cokie Roberts visits the home of 4-month-old McKenzie who participates in Save the Children’s Early Steps to School Success program in Owsley County, Kentucky.*

Page 3 – Karin Epstein

Haiti. *Save the Children President Charles MacCormack and preschoolers at the Republique de Venezuela School in Port au Prince share a shaping moment.*

Page 4 – Brent Stirton

Nepal. *Krishna never went to school but she is determined to help her 5-year-old daughter Sarita have better opportunities. Sarita is one of the brightest students at an ECD center supported by Save the Children in Nimuwaboshi village.*

Page 8 – Michael Bisceglie

Philippines. *A young boy plays with burning garbage beside the railroad tracks in Victoria Ville, near Manila.*

Page 12 – Brent Stirton

Nepal. *ECD facilitator Hariram Chaudhary holds up a mirror to show 4-year-old Naisha her reflection. This preschool in Nimuwaboshi village is supported by Save the Children.*

Page 13 – Jenny Matthews

Ethiopia. *Getahun works on his writing skills at a preschool supported by Save the Children in a part of Addis Ababa that has been hit hard by HIV.*

Page 15 – Ahmed El Nemr

Egypt. *4-year-old Hagar enjoys coloring a picture at a preschool supported by Save the Children in Minya.*

Page 16 – Michael Bisceglie

Mozambique. *Preschool teacher Rute reads to 4-year-old Madalena in one of the new Save the Children ECD centers established with donations from America Idol viewers.*

Page 20 – Jeff Holt

Vietnam. *Can Thu and her 4-year-old daughter Ho Thi Thom enjoy activities at a reading and play group supported by Save the Children.*

Page 21 – Kate Holt

DR Congo. *A young girl carries her family’s mattress on her head as they flee heavy fighting in Kibati, north of the provincial capital of Goma.*

Page 22 – Peter Caton

India. *This young girl in the Bhagwanpura slum colony in Dhakar makes money by searching the dump for garbage she can sell.*

Page 23 – Michael Bisceglie

Ethiopia. *A brother and sister, orphaned by AIDS, at a therapeutic feeding center. The boy has just finished being treated for severe malnutrition.*

Page 24 – Susan Warner

USA. In Kentwood, Louisiana, Kenyarta and her 2-year-old daughter Azireah get regular visits from a Save the Children Early Steps coordinator who suggests activities they can do to promote healthy growth and learning.

Page 26 – Susan Warner

USA. 1-year-old Jamayaih and her grandmother enjoy visits from the Save the Children Early Steps coordinator in West Marion, Mississippi.

Page 27 – Thomas Boggan, AP/ Wide World Photos

USA. Teenage mothers and their babies take a bus to high school in Tempe, Arizona.

Page 28 – Rick D'Elia

USA. On the San Carlos Apache reservation in Arizona, 20-month-old Israel does a puzzle based on primary shapes and colors. The activities are promoted by Save the Children's Early Steps to School Success program.

Page 30 – Christopher Grant AP/ Wide World Photos

Sweden. A boy uses a computer to work on an assignment at school.

Page 31 – Rebecca Janes

Mexico. 3-year-old Briccida and her friends play with puzzles at an early childhood development center supported by Save the Children in Quiriago.

Page 32 – Susan Warner

USA. 4-year-old Evan at a preschool class in Connecticut.

Page 34 – Jeff Holt

Afghanistan. Qand, a 17-month-old girl, plays with string and wooden beads at an early childhood development center supported by Save the Children in the village of Ghojar Qudoq.

Page 35 – Fátima Herrera

El Salvador. Delfia uses laminated cards to encourage her 18-month-old son Juan to develop good language and motor skills.

Page 36 – Brent Stirton

Nepal. 4-year-old Anita – who loves going to preschool classes – is held by her father, Gopal outside their home in Simalphanta village. Behind them are Anita's mother, Manju, and her 2-year-old brother.

Page 37 – Alfreda Haskie

USA. 2-year-old Jordan and his parents are visited at home regularly by a coordinator from Save the Children's Early Steps to School Success program on the Navajo Nation in northern Arizona.

Page 38 – Eileen Burke

Mozambique. 5-year-old twins Samuel and Pedro lost both parents to AIDS. They attend a community-based preschool supported by Save the Children in Guemulene village.

Page 39 (left) – Michael Bisceglie

Vietnam. Ho Thi Du works in the field with her 8-month-old baby Ho Thi To. They receive vaccinations and nutritional counseling through a Save the Children program.

Page 39 (right) – Mike Kiernan

Uganda. Young students work on their writing skills in a preschool classroom in conflict-stricken Karamoja.

Page 40 – Rick D'Elia

Armenia. Teacher Gayane reads a story to kindergarten students.

Page 41 – Michael Bisceglie

Malawi. Children enjoy dancing with wooden dumb-bells – one of the activities provided by an early childhood development program supported by Save the Children.

Page 42 – Jeff Holt

Vietnam. Ho Thi A Roi – eight months pregnant with her first child – goes for a prenatal check-up at a community health center supported by Save the Children.

Page 44 – Anna Kari

Sierra Leone. Kadiatu's baby Kadija wears a knit cap that keeps her warm, and could help save her life. "It floods where we live and it gets very cold when the water comes in the house," says Kadiatu.

Page 51 – Bill Foley

Egypt. Amal has a small shop where she sells household items to make money for her family.

Back Cover – Susan Warner

USA. 2-year-old Cynthia and her parents are visited at home regularly by a coordinator from Save the Children's Early Steps to School Success program in west Marion, Mississippi.



Worldwide, 75 million children fail to complete primary school, either because they drop out in the early grades or because they never got the chance to attend school at all. In the United States, nearly 2.5 million fourth graders are not reading at grade level – this is 68 percent of all American fourth graders.

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