

# Women on the Front Lines of Health Care

State of the World's Mothers 2010



**Save the Children**





Save the Children

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### Save the Children Every One

We are fighting to give millions more children a chance at life. Our goal is to see the achievement of Millennium Development Goal 4, so that 5 million fewer children die every year. Every child has the right to survive. EVERY ONE.

### Front cover

Front cover: In Malawi, a community health worker named Madalitso visits the home of a mother and her 5-day-old baby, Shanil. Madalitso takes the baby's temperature, checks on the health of the mother, and gives advice about breastfeeding and care for her newborn. *Photo by Michael Bisceglie*

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## Women on the Front Lines of Health Care

In commemoration of Mother's Day, Save the Children is publishing its eleventh annual *State of the World's Mothers* report. The focus is on the critical shortage of health workers in the developing world and the urgent need for more female health workers to save the lives of mothers, newborn babies and young children. Every year, 50 million women in the developing world give birth with no professional help and 8.8 million children and newborns die from easily preventable or treatable causes. This report identifies countries that have invested in training and deploying more female health workers and shows how these women are delivering lifesaving health care to some of the poorest and hardest-to-reach mothers and babies. It identifies strategies and approaches that are succeeding in the fight to save lives, and shows that effective solutions to this challenge are affordable – even in the world's poorest countries.



## Foreword



BRIDGET LYNCH  
President  
International Confederation of  
Midwives

It is appropriate and compelling that the launch of this report on May 5 coincides with the annual International Day of the Midwife. Women are the main providers of care within the family and in communities and health facilities. In both the formal and informal health system, midwives working alongside other female health providers in the community have the greatest potential to improve the reproductive health of women and save the lives of mothers and babies in the developing world.

The global community made a commitment in 2000 to “create an environment – at the national and global levels alike – which is conducive to development and to the elimination of poverty.” This commitment led to agreement on eight Millennium Development Goals. Central among those goals are MDGs 4 and 5, which aim to improve women’s reproductive health and reduce maternal and child mortality. Achieving these goals will not only save the lives of millions of women, newborns and children, but also contribute to achieving the other goals related to health, education, equity and poverty reduction. Yet most countries are not on track to meet MDGs 4 and 5, which call for reducing maternal mortality by three-quarters and child mortality by two-thirds between 1990 and 2015. Urgent global action and support is needed for those countries to get on track in the coming five years.

We know what is needed to save lives. Proven, cost-effective interventions, delivered through a continuum-of-care approach, can prevent millions of needless deaths and disabilities. With a continuum of care approach, women, their newborns and children have access to essential health services – from pregnancy, through delivery and the postnatal period and continuing through childhood. During this continuum, the risk of death for mothers and infants is highest during and immediately after childbirth. The continuum of care approach also calls for care that is provided in an integrated continuum from the home, to the community, health center and hospital.

The current shortage of 4.3 million health workers (which includes a shortage of 350,000 midwives) is a significant barrier to delivering those interventions which can prevent maternal, newborn and child deaths. As this report points out, insufficient numbers of qualified health workers, their inequitable distribution and poor working conditions all contribute to leaving women and children who are most in need without access to even the most basic care.

The International Confederation of Midwives is committed to strengthening midwifery around the globe. A midwife is recognized as a responsible and accountable professional who works in partnership with women to provide the necessary support, care and advice during pregnancy, labor and the postpartum period, to conduct births and to provide care for the newborn and the infant. This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, the carrying out of emergency measures and the accessing of medical care or other appropriate assistance when necessary. A midwife may practice in any setting, including the home, community, hospitals, clinics or health units. The midwife also has an important task in health counseling and education and family planning, not only for the woman, but also within the family and the community.

In this timely report, Save the Children compares the well-being of mothers and children in different countries around the world. It is also focusing on a key aspect of sustainable health systems, the female workforce, which is essential to the provision of high quality health care at the community level.

The challenge before us is clear. More investment is needed in the appropriate training, regulation and equitable deployment and support of midwives and other female health providers, so that mothers, newborns and children in the developing world have access to comprehensive, cost-effective, lifesaving services. If we want to achieve the MDGs, the time for that investment is now!

## Introduction

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 90 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.

But many are not so fortunate. Every year, nearly 350,000 women die during pregnancy or childbirth, and nearly 9 million children die before reaching their fifth birthday. Almost all these deaths occur in developing countries where mothers, children and newborns lack access to basic health care services. While child mortality rates in the developing world have declined in recent decades, it is of no solace to the 24,000 mothers who must mourn the loss of a child each and every day. This is especially tragic since most of these deaths could be prevented at a modest cost.

This year's report looks at how female health workers in developing countries are helping to save the lives of mothers, newborns and young children. It highlights women-to-women approaches that are working to bring essential health care to the hard-to-reach places where most deaths occur. It also shows how millions more lives each year can be saved if governments invest in these proven solutions.

Save the Children is working on four fronts as part of our global newborn and child survival campaign:

**First**, Save the Children is increasing awareness of the challenges and solutions to maternal, newborn and child survival. As part of our campaign, this report 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 around the world to support programs to reduce maternal, newborn and child mortality, and to advocate for increased leadership, commitment and funding for programs we know work.

**Third**, we are making a major difference on the ground. Save the Children works in partnership with national health ministries and local organizations to deliver high quality health services throughout the developing world. Working together to improve pregnancy and delivery care, vaccinate children, treat diarrhea, pneumonia and malaria, as well as to improve children's nutrition, we have saved millions of children's lives. The tragedy is that so many more could be saved, if only more resources were available to ensure that these lifesaving programs reach all those who need them.

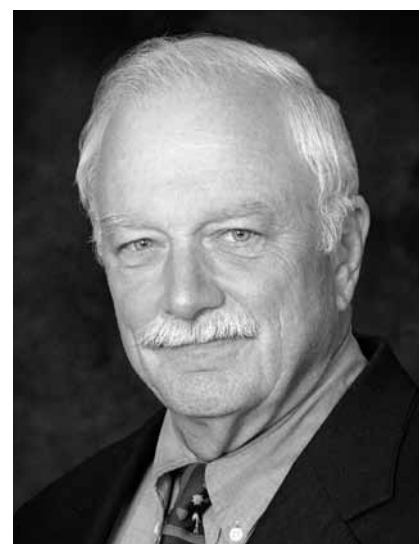
**Fourth**, within our programs that deliver services, we are leading the way in research about what works best to save the lives of babies in the first month of life, who account for over 40 percent of deaths among children under age 5. Our groundbreaking *Saving Newborn Lives* program, launched in 2000 with a grant from the Bill & Melinda Gates Foundation, has identified better care practices and improved interventions to save newborn lives. The benefits of these efforts have reached over 30 million women and babies in 18 countries and are being extended to new mothers in additional countries now, ensuring that even more babies receive needed care, especially during the critical first week of life.

We count on the world's leaders to take stock of how mothers and 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 our website on a regular basis to find out what you can do to make a difference.



JASMINE WHITBREAD  
Chief Executive Officer  
Save the Children



CHARLES F. MACCORMACK  
President and CEO  
Save the Children USA



## Executive Summary

The most dangerous time in a child's life is during birth and shortly thereafter. Newborn babies – those in their first four weeks of life – account for over 40 percent of deaths among children under age 5. Childbirth is also a very risky time for mothers in the developing world, around 50 million of whom give birth each year at home with no professional help whatsoever.

If we want to solve the interconnected problems of maternal and newborn mortality, we must do a better job of reaching these mothers and babies with skilled care during pregnancy, childbirth, and the minutes, days and weeks following birth. For a variety of reasons, in many parts of the world, pregnant women and young children will not receive lifesaving health care unless there is a female health worker nearby to provide it.

This year's *State of the World's Mothers* report examines the many ways women working on the front lines of health care are helping to save the lives of mothers, newborns and young children. It shows how investments in training and deploying female health workers have paid off in term of lives saved and illnesses averted, and it points to low-cost, low-tech solutions that could save millions more lives, if only they were more widely available and used.

### KEY FINDINGS

**1. An alarming number of countries cannot provide the most basic health care that would save mothers' and children's lives.** Developing countries have too few health care workers to take on the life or death challenges facing mothers, their babies and young children. Worldwide, there are 57 countries with critical health workforce shortages, meaning that they have fewer than 23 doctors, nurses and midwives per 10,000 people. Thirty-six of these countries are in sub-Saharan Africa. In addition to insufficient numbers, health workers are often poorly distributed, with the impoverished, hard-to-reach and marginalized families being most poorly served. *(To read more, turn to pages 10-11.)*

**2. Female health workers have an especially critical role to play in saving the lives of women, newborns and young children.** Evidence from many developing countries indicates that investments in training and deploying midwives and other female health workers can make the difference between success and failure in the fight to save lives. Social or cultural barriers often prevent women from visiting male health providers even when they know they – or their children – are ill and need help. Especially in rural areas, husbands and elder family members often decide whether a woman may go for health care outside the home, and may deny permission if the health worker is a man. And for health concerns that are uniquely female – those related to reproductive or sexual issues, pregnancy, childbirth and breastfeeding – it is common for a woman to prefer a female caregiver. When women report greater comfort and higher satisfaction with the care they receive from other women, they are more likely to use professional services, and to seek help before treatable conditions become life-threatening to themselves and their young children. *(To read more, turn to pages 12-15.)*

**3. Relatively modest investments in female health workers can have a measurable impact on survival rates in isolated rural communities.** It costs a lot of money to train a doctor or operate a hospital. But in developing countries, lifesaving health services can often be delivered cost-effectively by community health workers, when given appropriate training and support. Women with a few years of formal schooling can master the skills needed to diagnose and treat common early childhood illnesses, mobilize demand for vaccinations, and promote improved nutrition, safe motherhood and essential newborn care. These community health workers are most effective when they are rooted

### Every year...

...8.8 million children die before reaching age 5.

...343,000 women lose their lives due to pregnancy or childbirth complications.

### Did you know?

...41 percent of these child deaths occur among newborn babies in the first month of life.

...99 percent of child and maternal deaths occur in developing countries where mothers and children lack access to basic health-care services.

...250,000 women's lives and 5.5 million children's lives could be saved each year if all women and children had access to a full package of essential health care.

...57 countries have "critical shortages" of health workers – 36 of them in Africa.



Afghanistan

in the communities they serve and easily accessible to the mothers and children who need their help most. In one recent study in Bangladesh, female community health workers with limited formal education and 6 weeks of hands-on training contributed to a newborn mortality reduction of 34 percent. *(To read more, turn to pages 17-29.)*

**4. The most effective health care often begins at home, or very close to home.** Dozens of studies in remote parts of the world have shown ways to harness the power of women-to-women relationships to improve health outcomes for mothers and children. In rural Ethiopia, Malawi, Mali and Senegal, grandmothers have been educated about better ways to care for newborn babies. And in remote areas of Nepal, India and Bolivia, groups of women have been brought together to solve shared problems related to pregnancy, childbirth and newborn care. Improvements as a result of these efforts have included increases in prenatal care, skilled birth attendance, exclusive breastfeeding and reductions in newborn mortality up to 45 percent. *(To read more, turn to pages 14-15 and 18-29.)*

**5. Countries that train and deploy more front-line female health workers have seen dramatic declines in maternal, newborn and child mortality.** Bangladesh has reduced its under-5 mortality rate by 64 percent since 1990 with the help of tens of thousands of female health workers who have promoted family planning, safe motherhood and essential care for newborn babies. Indonesia cut its maternal mortality rate by 42 percent during that same period, thanks in part to its “midwife in every village” program. Nepal has achieved similar reductions in maternal and child mortality as result of training 50,000 female community health volunteers to serve rural areas. Pakistan’s Lady Health Workers succeeded in immunizing 11 million women against tetanus infection during childbirth, cutting newborn tetanus deaths in half. And Ethiopia is already seeing results from its relatively new national plan to deploy female health extension workers to rural villages – immunization rates are up, malaria rates are down and more couples are using modern contraceptives. *(To read more, turn to pages 18-25.)*

## RECOMMENDATIONS

**1. Train and deploy more health workers – especially midwives and other female health workers.** An additional 4.3 million health workers are needed in developing countries to help save lives and meet the health-related Millennium Development Goals. Governments and international organizations should make building health workforce capacity a priority, particularly the recruitment and training of front-line female health care providers to serve in their communities or in clinics close to their homes.

**2. Provide better incentives to attract and retain qualified female health workers.** Better incentives must be developed to encourage women to become front-line health workers and to keep well-qualified female health workers in the remote or underserved communities where they are needed most. These include better pay, training, support, protection and opportunities for career growth and professional recognition. In the many places in the developing world where personal safety is a concern, governments and international organizations must take measures to ensure female health workers do not have to risk their lives in order to do their jobs.

**3. Invest in girls' education.** Increased investments in girls' education are essential – not just to enlarge the pool of young women who are qualified to become health workers – but also to empower future mothers to be stronger and wiser advocates for their own health and the health of their children. Educated girls tend to marry later and have fewer, healthier and better-nourished children. Mothers with little or no education are much less likely to receive skilled support during pregnancy and childbirth, and both they and their babies are at higher risk of death.

**4. Strengthen basic health systems and design health care programs to better target the poorest and most marginalized mothers and children.** Thousands of children die every day in developing countries because health systems are grossly under-funded and cannot meet the needs of the people. More funding is needed for staffing, transport, equipment, medicine, health worker training and supportive supervision, and the day-to-day costs of operating these systems. If children are to survive and thrive, health outreach strategies and funding allocations must target the hardest-to-reach mothers and children who are most in need.

#### **The 2010 Mothers' Index: Norway Tops List, Afghanistan Ranks Last, United States Ranks 28th**

Save the Children's eleventh annual *Mothers' Index* compares the well-being of mothers and children in 160 countries – more than in any previous year. The *Mothers' Index* also provides information on an additional 13 countries, 6 of which report sufficient data to present findings on children's indicators. When these are included, the total comes to 173 countries.

Norway, Australia, Iceland and Sweden 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. Afghanistan ranks last among the 160 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 28th this year.

Conditions for mothers and their children in the bottom 10 countries are grim. On average, 1 in 23 mothers will die from pregnancy-related causes. One child in 6 dies before his or her fifth birthday, and 1 child in 3 suffers from malnutrition. Nearly 50 percent of the population lack 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 Norway and Afghanistan. Skilled health personnel are present at virtually every birth in Norway, while only 14 percent of births are attended in Afghanistan. A typical Norwegian woman has more than 18 years of formal education and will live to be 83 years old. Eighty-two percent are using some modern method of contraception, and only 1 in 132 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Afghanistan, a typical woman has just over 4 years of education and will live to be only 44. Sixteen percent of women are using modern contraception, and more than 1 child in 4 dies before his or her fifth birthday. At this rate, every mother in Afghanistan 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 Afghanistan is last out of 166 countries. While nearly every Swedish child – girl and boy alike – enjoys good health and education, children in Afghanistan face a 1 in 4 risk of dying before age 5. Thirty-nine percent of Afghan children are malnourished and 78 percent lack access to safe water. Only 2 girls for every 3 boys are enrolled in primary school.

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*.

## 2010 Mothers' Index Rankings

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank***
<b>TIER I: More Developed Countries</b>			
Norway	1	2	9
Australia	2	1	28
Iceland	3	5	6
Sweden	3	7	1
Denmark	5	4	19
New Zealand	6	3	24
Finland	7	6	18
Netherlands	8	9	22
Belgium	9	11	13
Germany	9	14	3
Ireland	11	8	26
France	12	13	4
Spain	13	15	11
United Kingdom	14	10	24
Switzerland	15	18	12
Slovenia	16	12	20
Estonia	17	19	13
Italy	17	24	2
Portugal	19	22	8
Canada	20	17	21
Hungary	21	15	23
Lithuania	22	21	27
Czech Republic	23	27	13
Greece	24	26	17
Latvia	25	19	33
Austria	26	33	5
Croatia	27	25	32
United States	28	23	34
Luxembourg	29	34	9
Poland	29	29	29
Slovakia	31	30	30
Japan	32	38	6
Belarus	33	28	36
Bulgaria	34	31	31
Malta	35	41	13
Serbia	36	40	35
Romania	37	32	39
Russian Federation	38	35	38
Ukraine	39	37	37
Moldova, Republic of	40	38	41
Bosnia and Herzegovina	41	36	43
Macedonia, TFYR	42	42	40
Albania	43	43	42
<b>TIER II: Less Developed Countries</b>			
Cuba	1	1	10
Israel	2	2	2
Argentina	3	4	13
Barbados	3	3	2
Korea, Republic of	5	6	7
Cyprus	6	8	1
Uruguay	7	7	8
Kazakhstan	8	9	21
Bahamas	9	12	5
Mongolia	10	4	53
Thailand	11	10	19
Costa Rica	12	21	12
Chile	13	20	4
Colombia	13	10	33
Brazil	15	15	19
South Africa	16	14	51
Peru	17	18	31
China	18	13	42
Ecuador	18	17	40
Venezuela, Bolivarian Republic of	20	16	34
Dominican Republic	21	19	26
Mexico	21	26	18
Uzbekistan	23	23	36
Bahrain	24	26	17
Kyrgyzstan	25	24	38
Panama	26	21	39
Trinidad and Tobago	27	34	25
Tunisia	28	36	14
Jamaica	29	30	29
Kuwait	30	30	27
Mauritius	31	35	27
Vietnam	31	24	57
Bolivia, Plurinational State of	33	29	52
Paraguay	34	28	54
Armenia	35	36	37
Suriname	36	38	47
Namibia	37	30	65

\* 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*.

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank***
<b>TIER II: Less Developed Countries (Continued)</b>			
Malaysia	38	45	22
Qatar	39	49	9
Sri Lanka	40	33	60
El Salvador	41	39	56
Iran, Islamic Republic of	42	43	35
Georgia	43	55	10
Libyan Arab Jamahiriya	43	41	46
Guyana	45	48	48
Botswana	46	45	45
United Arab Emirates	46	56	23
Cape Verde	48	50	49
Lebanon	48	60	6
Philippines	48	41	62
Belize	51	54	30
Algeria	52	52	41
Azerbaijan	53	51	54
Indonesia	54	44	66
Tajikistan	55	40	71
Jordan	56	61	14
Egypt	57	61	24
Gabon	57	45	70
Nicaragua	57	57	59
Honduras	60	58	58
Turkey	60	65	16
Saudi Arabia	62	67	32
Swaziland	63	53	72
Ghana	64	59	69
Syrian Arab Republic	64	68	42
Guatemala	66	66	63
Zimbabwe	67	61	73
Morocco	68	73	61
Oman	69	70	67
Kenya	70	64	79
Cameroon	71	69	76
Congo	71	71	74
India	73	74	75
Papua New Guinea	74	72	81
Pakistan	75	76	77
Côte d'Ivoire	76	76	78
Nigeria	77	75	80
<b>TIER III: Least Developed Countries</b>			
Maldives	1	1	4
Rwanda	2	2	10
Lesotho	3	3	2
Malawi	4	6	7
Uganda	5	5	11
Bhutan	6	12	3
Solomon Islands	7	13	1
Mozambique	8	4	26
Lao People's Democratic Republic	9	6	19
Cambodia	10	8	21
Nepal	10	10	12
Comoros	12	11	8
Gambia	13	17	5
Madagascar	14	8	30
Bangladesh	15	15	14
Tanzania, United Republic of	16	18	13
Burundi	17	14	27
Senegal	18	23	6
Mauritania	19	18	20
Timor-Leste	19	16	28
Liberia	21	21	22
Togo	21	24	14
Guinea	23	22	23
Zambia	23	26	16
Ethiopia	25	20	32
Benin	26	28	17
Burkina Faso	27	26	31
Djibouti	28	30	17
Sierra Leone	29	25	38
Angola	30	29	34
Equatorial Guinea	31	31	24
Eritrea	32	34	33
Sudan	32	36	25
Mali	34	33	36
Congo, Democratic Republic of the	35	32	39
Yemen	36	37	29
Guinea-Bissau	37	38	35
Chad	38	35	40
Niger	39	39	41
Afghanistan	40	40	42

\*\*\* Rankings for Tiers I, II and III are out of the 43, 77 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, 81 and 42 countries respectively for which sufficient data existed to calculate the *Children's Index*.

# The Complete Mothers' Index 2010

TIER I	Women's Index							Children's Index				Rankings		
Development Group	Health Status			Educational Status	Economic Status			Political Status	Children's Status			SOWM 2010		
MORE DEVELOPED COUNTRIES	Lifetime risk of maternal death (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 (2009)		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) <sup>+</sup>	Women's Index Rank (out of 43 countries) <sup>+</sup>	Children's Index Rank (out of 43 countries) <sup>+</sup>
	2005	2008	2009	2008	length	% wages paid	2007	2010	2008	2008	2008			
Albania	490	22	80	11	365 days <sup>l</sup>	80, 50 (a)	0.54	16	14	49	78	43	43	42
Australia	13,300	71	84	21	12 months	— (b)	0.70	27	6	101	148	2	1	28
Austria	21,500	47	83	15	16* weeks	100	0.40	28	4	92	100	26	33	5
Belarus	4,800	56	76	15	126 days <sup>l</sup>	100	0.63	32	13	102	95	33	28	36
Belgium	7,800	73	83	16	15 weeks	82, 75 (c,d)	0.64	38	5	121	110	9	11	13
Bosnia and Herzegovina	29,000	11	78	13 (z)	1 year	50-100	0.61	19	15	11	89	41	36	43
Bulgaria	7,400	40	77	14	135 days	90	0.68	21	11	82	105	34	31	31
Canada	11,000	72	83	16	17 weeks	55 (d,e)	0.65	22	6	70	101	20	17	21
Croatia	10,500	—	80	14	1+ year	100 (f,g)	0.67	24	6	51	94	27	25	32
Czech Republic	18,100	63	80	16	28* weeks	69	0.57	16	4	114	95	23	27	13
Denmark	17,800	72	81	18	52 weeks	100 (d)	0.74	38	4	96	119	5	4	19
Estonia	2,900	56	79	17	140* days <sup>l</sup>	100	0.65	23	6	95	100	17	19	13
Finland	8,500	75	83	18	105* days <sup>ll</sup>	70 (h)	0.73	40	3	64	111	7	6	18
France	6,900	77	85	16	16* weeks	100 (d)	0.61	19	4	113	113	12	13	4
Germany	19,200	66	83	16 (z)	14* weeks	100 (d)	0.59	33	4	108	101	9	14	3
Greece	25,900	46	82	17	119 days	50+ (b,j)	0.51	17	4	69	102	24	26	17
Hungary	13,300	71	78	16	24* weeks	70	0.75	11	7	89	97	21	15	23
Iceland	12,700	—	84	20	3 months	80	0.62	43	3	96	110	3	5	6
Ireland	47,600	66	83	18	26 weeks	80 (h,d)	0.56	14	4	—	113	11	8	26
Italy	26,600	41	84	17	5 months	80	0.49	21	4	101	100	17	24	2
Japan	11,600	44	87	15	14 weeks	67 (b)	0.45	11	4	88	101	32	38	6
Latvia	8,500	56	78	17	112 days <sup>l</sup>	100	0.67	22	9	90	115	25	19	33
Lithuania	7,800	33	78	17	126 days <sup>l</sup>	100	0.70	19	7	69	99	22	21	27
Luxembourg	5,000	—	82	13	16 weeks	100	0.57	20	3	86	95	29	34	9
Macedonia, The former Yugoslav Republic of	6,500	10	77	12	9 months	— (k)	0.49	33	11	38	84	42	42	40
Malta	8,300	43	82	15	14 weeks	100 (l)	0.45	9	6	101	98	35	41	13
Moldova, Republic of	3,700	43	73	12	126 days <sup>l</sup>	100	0.73	24	17	72	83	40	38	41
Montenegro	4,500 ‡	17	77	—	—	—	0.58	11	8	—	—	—	—	—
Netherlands	10,200	65	82	17	16 weeks	100 (d)	0.67	42	5	101	120	8	9	22
New Zealand	5,900	72	82	20	14 weeks	100 (d)	0.69	34	6	93	120	6	3	24
Norway	7,700	82	83	18	46-56* weeks	80, 100 (m)	0.77	40	4	92	113	1	2	9
Poland	10,600	28	80	16	16* weeks	100	0.59	20	7	60	100	29	29	29
Portugal	6,400	63	82	16	120 days	100	0.60	27	4	80	101	19	22	8
Romania	3,200	38	77	15	126 days <sup>l</sup>	85	0.68	11	14	72	87	37	32	39
Russian Federation	2,700	53	73	14	140 days <sup>l</sup>	100 (b,d)	0.64	14	13	89	84	38	35	38
Serbia	4,500 ‡	19	77	14	365 days	100 (n)	0.59	22	7	57	90	36	40	35
Slovakia	13,800	66	79	15	28* weeks	55	0.58	18	8	94	93	31	30	30
Slovenia	14,200	63	82	18	105 days <sup>l</sup>	100	0.61	14	4	80	94	16	12	20
Spain	16,400	62	84	17	16* weeks	100	0.52	37	4	123	119	13	15	11
Sweden	17,400	65	83	16	480 days <sup>l</sup>	80 (o,d)	0.67	46	3	101	103	3	7	1
Switzerland	13,800	78	84	15	14 weeks	80 (d)	0.62	29	5	101	96	15	18	12
Ukraine	5,200	48	74	15	126 days	100	0.59	8	16	98	94	39	37	37
United Kingdom	8,200	82 (r)	82	16	52 weeks	90 (p)	0.67	20	6	73	97	14	10	24
United States	4,800	68	82	16	12 weeks	— (q)	0.62	17(i)	8	61	94	28	23	34

TIER II	Women's Index							Children's Index					Rankings		
Development Group	Health Status				Educational Status	Economic Status	Political Status	Children's Status					SOWM 2010		
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal death (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 77 countries) <sup>+</sup>	Women's Index Rank (out of 77 countries) <sup>+</sup>	Children's Index Rank (out of 81 countries) <sup>+</sup>
	2005	2008	2008	2009	2008	2007	2010	2008	2008	2008	2008	2006			
Algeria	220	95	52	74	13	0.36	8	41	4	108	83	85	52	52	41
Argentina	530	99	64	79	17	0.51	39	16	4	115	85	96	3	4	13
Armenia	980	100	19	77	12	0.57	9	23	4	80	88	98	35	36	37
Azerbaijan	670	88	13	73	13	0.44	11	36	10	116	106	78	53	51	54
Bahamas	2,700	99	60	77	12 (z)	0.72 (y)	12	13	—	102	94	97 (y)	9	12	5
Bahrain	1,300	98	31 (s)	78	15	0.51	3	12	9	105	97	—	24	26	17
Barbados	4,400	100	53	80	16 (z)	0.65	10	11	6 (y)	105 (z)	103 (z)	100	3	3	2
Belize	560	95	31	79	12	0.43	0	19	6	120	75	91 (y)	51	54	30
Bolivia, Plurinational State of	89	66	34	68	14	0.61	25	54	6	108	82	86	33	29	52
Botswana	130	94	42	55	12	0.58	8	31	13	110	80	96	46	45	45
Brazil	370	97	70	76	14	0.60	9	22	2 (z)	130	100	91	15	15	19
Brunei Darussalam	2,900	99	—	80	14	0.59	—	7	—	107	97	—	—	—	—
Cameroon	24	63	12	52	9	0.53	14	131	19	111	37	70	71	69	76
Cape Verde	120	78	46 (y)	74	11	0.49	18	29	9	101	68	80 (y)	48	50	49
Chile	3,200	100	58 (y)	82	14	0.42	14	9	1	106	91	95	13	20	4
China	1,300	98	86	75	11	0.68	21	21	7	112	74	88	18	13	42
Colombia	290	96	68	77	14	0.71	8	20	7	120	91	93	13	10	33
Congo	22	83	13	55	8	0.51	7	127	14	114	43	71	71	71	74
Costa Rica	1,400	99	72	82	12	0.46	37 (z)	11	5	110	89	98	12	21	12
Côte d'Ivoire	27	57	8	59	5	0.34	9	114	20	74	26	81	76	76	78
Cuba	1,400	100	72	81	19	0.49	43	6	4	102	91	91	1	1	10
Cyprus	6,400	100 (y)	—	82	14	0.58	13	4	—	102	98	100	6	8	1
Dominican Republic	230	98	70	76	13	0.59	20	33	4	104	75	95	21	19	26
Ecuador	170	99	58	78	14	0.51	32	25	9	118	70	95	18	17	40
Egypt	230	79	58	72	10 (z)	0.27	2	23	8	100	79	98	57	61	24
El Salvador	190	92	66	76	12	0.46	19	18	9	115	64	84	41	39	56
Fiji	160	99	—	71	13	0.38	—	18	8 (y)	94	81	47	—	—	68
Gabon	53	86	12	62	12	0.59	15	77	12	134	53	87	57	45	70
Georgia	1,100	98	27	75	13	0.38	7	30	2	107	90	99	43	55	10
Ghana	45	55	17	58	9	0.74	8	76	14 (z)	102	54	80	64	59	69
Guatemala	71	41	34	74	10	0.42	12	35	23	114	57	96	66	66	63
Guyana	90	83	33	71	12	0.41	30	61	12	109	102	93	45	48	48
Honduras	93	67	56	75	12	0.34	18	31	11	116	65	84	60	58	58
India	70	47	49	66	10	0.32	11	69	48	113	57	89	73	74	75
Indonesia	97	79	57	73	13	0.44	18	41	18 (z)	121	76	80	54	44	66
Iran, Islamic Republic of	300	97	59	73	15	0.32	3	32	5	128	80	94 (y)	42	43	35
Iraq	72	80	33	72	8	—	26	44	8	98	47	77	—	—	64
Israel	7,800	99 (y)	52 (t)	83	16	0.64	19	5	—	111	91	100	2	2	2
Jamaica	240	97	66	76	12	0.58	13	31	2 (z)	90	90	93	29	30	29
Jordan	450	99	41	75	13	0.19	6	20	4	96	86	98	56	61	14
Kazakhstan	360	100	49	72	16	0.68	18	30	4	108	92	96	8	9	21
Kenya	39	42	32	55	9	0.65	10	128	21	112	58	57	70	64	79
Korea, Democratic People's Republic of	140	97	58	70	—	—	16	55	23	—	—	100	—	—	—
Korea, Republic of	6,100	100	75	83	16	0.52	15	5	—	104	97	92 (y)	5	6	7
Kuwait	9,600	98	39 (s)	80	13	0.36	8	11	10	95	91	—	30	30	27

# The Complete Mothers' Index 2010

TIER II continued	Women's Index							Children's Index					Rankings				
	Development Group				Health Status			Educational Status	Economic Status	Political Status	Children's Status					SOWM 2010	
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal death (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 77 countries) <sup>+</sup>	Women's Index Rank (out of 77 countries) <sup>+</sup>	Children's Index Rank (out of 81 countries) <sup>+</sup>		
	2005	2008	2008	2009	2008	2007	2010	2008	2008	2008	2008	2006					
Kyrgyzstan	240	98	46	72	13	0.55	26	38	3	95	85	89	25	24	38		
Lebanon	290	98	34	74	14	0.25	3	13	4	101	82	100	48	60	6		
Libyan Arab Jamahiriya	350	94	26	77	17	0.25	8	17	5	110	93	72 (y)	43	41	46		
Malaysia	560	98	30 (w)	77	13	0.42	10	6	8	98	69	99	38	45	22		
Mauritius	3,300	98	39	76	13	0.42	17	17	15	99	88	100	31	35	27		
Mexico	670	93	67	79	14	0.42	28	17	5	113	87	95	21	26	18		
Micronesia, Federated States of	—	88	21	75	12 (z)	—	0	39	15	110	91	94	—	—	49		
Mongolia	840	99	61	70	14	0.87	4	41	6	102	95	72	10	4	53		
Morocco	150	63	52	74	10	0.24	11	36	10	107	56	83	68	73	61		
Namibia	170	81	54	62	12	0.63	27	42	21	112	66	93	37	30	65		
Nicaragua	150	74	69	77	11	0.34	21	27	7	117	68	79	57	57	59		
Nigeria	18	39	9	49	8	0.42	7	186	27	93	30	47	77	75	80		
Occupied Palestinian Territory	—	99	39	75	14	0.12 (y)	—	27	3	80	92	89	—	—	42		
Oman	420	99	18 (s)	78	11	0.23	0	12	18	75	88	79 (y)	69	70	67		
Pakistan	74	39	22	67	6	0.18	22	89	38	85	33	90	75	76	77		
Panama	270	92	54 (y)	79	14	0.58	9	23	8	111	71	92	26	21	39		
Papua New Guinea	55	53	20	64	6	0.74	1	69	26	55	—	40	74	72	81		
Paraguay	170	82	70	74	12	0.64	13	28	4	108	66	77	34	28	54		
Peru	140	71	47	76	14	0.59	28	24	5	113	98	84	17	18	31		
Philippines	140	62	36	74	12	0.58	21	32	28	108	81	93	48	41	62		
Qatar	2,700	99	32 (s)	77	15	0.28	0	10	6	109	93	100	39	49	9		
Saudi Arabia	1,400	91	29 (ys)	76	13	0.16	0	21	14	98	95	95 (y)	62	67	32		
Singapore	6,200	100	53	83	—	0.53	23	3	3	—	—	100 (y)	—	—	—		
South Africa	110	91	60	53	14 (z)	0.60	45 (ii)	67	12	105	95	93	16	14	51		
Sri Lanka	850	99	53	78	13 (z)	0.56	6	15	22 (z)	105	87	82	40	33	60		
Suriname	530	90	41	73	13	0.44	26	27	10	114	75	92	36	38	47		
Swaziland	120	69	47	46	10	0.71	14	83	7	108	53	60	63	53	72		
Syrian Arab Republic	210	93	43	76	11 (z)	0.20	12	16	10	124	74	89	64	68	42		
Tajikistan	160	88	33	70	10	0.65	20 (z)	64	18	102	84	67	55	40	71		
Thailand	500	97	80	72	14 (z)	0.63	13	14	9	104 (z)	83 (z)	98	11	10	19		
Trinidad and Tobago	1,400	98	38	73	12	0.55	27	35	6	103	89	94	27	34	25		
Tunisia	500	95	52	76	15	0.28	28	21	3	108	90	94	28	36	14		
Turkey	880	91	43	75	11	0.26	9	22	3	98	82	97	60	65	16		
Turkmenistan	290	100	45	69	—	0.65	17	48	11	—	—	72 (y)	—	—	—		
United Arab Emirates	1,000	99	24 (s)	79	12	0.27	23	8	14	108	94	100	46	56	23		
Uruguay	2,100	100	75	80	16	0.55	15	14	5	114	92	100	7	7	8		
Uzbekistan	1,400	100	59	71	11	0.64	22	38	5	94	102	88	23	23	36		
Venezuela, Bolivarian Republic of	610	95	62	77	15	0.48	18	18	5	103	81	83 (y)	20	16	34		
Vietnam	280	88	68	77	10	0.69	26	14	20	108 (z)	67	92	31	24	57		
Zimbabwe	43 (z)	69	58	46	9	0.58 (y)	15	96	17	104	41	81	67	61	73		

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

— No data \* calendar days \*\* 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 total refers to all voting members of the House; (ii) Figures calculated on the basis of permanent seats only; (iii) The parliament was dissolved following the December 2008 coup

(a) 80% prior to birth and for 150 days after and 50% for the rest of the leave period; (b) A lump sum grant is provided for each child; (c) 82% for the first 30 days and 75% for the remaining period; (d) Up to a ceiling; (e) Benefits vary by province and jurisdiction; (f) 45 days before delivery and 1 year after; (g) 100% until the child reaches 6 months, then at a flat rate for the remaining period; (h) Benefits vary, but there is a minimum flat rate; (i) 50% plus a dependent's supplement (10% each, up to 40%); (j) Paid amount not specified; (l) Paid only the first 13 weeks; (m) Parental benefits paid at 100% for 46-week option; 80% for 56-week option; (n) 100% of earnings paid for the first 6 months, 60% from the 6th-9th month; 30% for the last 3 months; (o) 480 calendar days paid parental leave: 80% for 390 days; flat rate for remaining 90; (p) Paid for up to 39 weeks: 90% for the first 6 weeks and a flat rate for the remaining weeks; (q) There is no national program. Cash benefits may be provided at the state level; (r) Data excludes Northern Ireland; (s) Data pertain to 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 leave (at least 2 years). For additional information on child-related leave entitlements see OECD Family database: [www.oecd.org/els/social/family/database](http://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 2010		
LEAST DEVELOPED COUNTRIES	Lifetime risk of maternal death (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) <sup>†</sup>	Women's Index Rank (out of 40 countries) <sup>†</sup>	Children's Index Rank (out of 42 countries) <sup>†</sup>
	2005	2008	2008	2009	2008	2007	2010	2008	2008	2008	2008	2006			
Afghanistan	8	14	16	44	5	0.24	27	257	39	106	0.66	22	40	40	42
Angola	12	47	5	50	4 (z)	0.64	39	220	16 (z)	84(z)	0.83 (z)	51	30	29	34
Bangladesh	51	18	48	68	8	0.51	19	54	46	94	1.07	80	15	15	14
Benin	20	74	6	63	6	0.52	11	121	23	117	0.87	65	26	28	17
Bhutan	55	71	31	68	11	0.39	9	81	19	106	1.00	81	6	12	3
Burkina Faso	22	54	13	55	5	0.66	15	169	32	73	0.87	72	27	26	31
Burundi	16	34	9	52	7	0.77	31	168	39	136	0.95	71	17	14	27
Cambodia	48	44	27	63	9	0.68	21	90	36	116	0.94	65	10	8	21
Central African Republic	25	53	9	49	—	0.59	10	173	29	77	0.71	66	—	—	37
Chad	11	14	2	50	4	0.70	5	209	37	83	0.70	48	38	35	40
Comoros	52	62	19	68	10	0.58	0	105	25	122	0.88	85	12	11	8
Congo, Democratic Republic of the	13	74	6	49	6	0.46	8	199	31	90	0.83	46	35	32	39
Djibouti	35	61	17	57	4	0.57	14	95	33	55	0.88	92	28	30	17
Equatorial Guinea	28	65	6	52	7	0.36	10	148	19	99	0.95	43	31	31	24
Eritrea	44	28	5	62	5	0.50	22	58	40	52	0.82	60	32	34	33
Ethiopia	27	6	14	57	7	0.67	22	109	38	98	0.89	42	25	20	32
Gambia	32	57	13	58	8	0.63	8	106	20	86	1.06	86	13	17	5
Guinea	19	46	4	60	7	0.68	— (iii)	146	26	90	0.85	70	23	22	23
Guinea-Bissau	13	39	6	50	5	0.46	10	195	19	120	0.67	57	37	38	35
Haiti	44	26	24	63	—	0.37	4	72	22	—	—	58	—	—	—
Lao People's Democratic Republic	33	20	29	67	8	0.76	25	61	37	112	0.91	60	9	6	19
Lesotho	45	55	35	46	10	0.73	24	79	14 (z)	108	0.99	78	3	3	2
Liberia	12	46	10	60	9	0.50	13	145	24	91	0.90	64	21	21	22
Madagascar	38	51	17	63	10	0.71	9 (z)	106	42	152	0.97	47	14	8	30
Malawi	18	54	38	55	9	0.74	21	100	21	120	1.03	76	4	6	7
Maldives	200	84	34	74	12	0.54	7	28	30	112	0.94	83	1	1	4
Mali	15	49	6	49	7	0.44	10	194	32	91	0.83	60	34	33	36
Mauritania	22	61	8	59	8	0.58	22	118	31	98	1.07	60	19	18	20
Mozambique	45	55	12	49	7	0.90	39	130	18	114	0.88	42	8	4	26
Myanmar	110	57	33	64	9 (z)	0.61	—	98	32	115	0.99	80	—	—	9
Nepal	31	19	44	68	8	0.61	33	51	45	124	0.95	89	10	10	12
Niger	7	33	5	53	4	0.34	12 (z)	167	43	58	0.78	42	39	39	41
Rwanda	16	52	26	53	9	0.79	56	112	23	151	1.01	65	2	2	10
Senegal	21	52	10	58	7	0.55	23	108	17	84	1.02	77	18	23	6
Sierra Leone	8	43	6	49	6	0.74	13	194	21 (z)	158	0.88	53	29	25	38
Solomon Islands	100	70	—	68	9	0.51	0	36	12 (z)	107	0.97	70	7	13	1
Somalia	12	33	1	52	—	—	7	200	36	—	—	29	—	—	—
Sudan	53	49	6	60	5 (z)	0.33	19	109	31	69	0.88	70	32	36	25
Tanzania, United Republic of	24	43	20	57	5	0.74	31	104	22	110	0.99	55	16	18	13
Timor-Leste	35	18	7	63	10 (z)	0.53	29	93	49	107	0.94	62	19	16	28
Togo	38	62	11	65	8 (z)	0.45	11	98	21	105	0.86	59	21	24	14
Uganda	25	42	18	54	10	0.69	32	135	20	120	1.01	64	5	5	11
Yemen	39	36	19	65	7	0.25	0.3	69	46	85	0.80	66	36	37	29
Zambia	27	47	27	47	7	0.56	14	148	19	119	0.98	58	23	26	16