Child Health Scenario in the Slums of Meerut, Uttar Pradesh: Implications for Program and Policy

MNCH Study in Meerut Slums

Collaborative project of: UHRC, JHU and CSMMU (KGMU)

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Outline of presentation

- Background
- Child Health Scenario in slums
  - Breastfeeding and complementary feeding
  - Nutritional status
  - Immunization coverage
  - Illnesses among children and care seeking for sick newborn
- Program and policy implications
Child Health Scenario in the slums of Meerut:
Background
India accounts for 2.1 million of the 9.7 million annual under-five child deaths (21 per cent of the global burden of child deaths)\(^1\)

Nearly 26 million infants are born each year, of which 1.7 million die before reaching the first birthday. \(^2\)

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2 - WHO India Core Programme Clusters: Family and Community health.
Child Health Scenario in the slums of Meerut:

Breastfeeding and complementary feeding
Breastfeeding and complementary feeding

- Exclusive breast feeding was rare - only 12.0% reported having exclusively breastfed for six months.

- Complementary feeding was delayed - only 1 out of 4 infants received semi-solid food at seventh month.
Child Health Scenario in the slums of Meerut:
Nutritional Status
Among children below 3 years of age:

- 68.2% were stunted while 44.5% were severely stunted
- 12.4% were wasted and 5.4% were severely wasted
- 43% were underweight while 16.6% were severely underweight
Child Health Scenario in the slums of Meerut: Immunization Coverage
42% children (12-23 months) received BCG vaccination
12% children received complete immunization
Considerable drop in percentage of children who received DPT1 (38%) and DPT3 (23%).
Reasons for poor immunization

- Long distance to the nearest public health facility
- Side effects of vaccination such as fever, swelling, and pain
- Belief that polio vaccine can cause sterility in their children
Child Health Scenario in the slums of Meerut: Illnesses among children and care seeking
Around a fourth of the children reported diarrhea in the 15 days preceding the survey.

Also about a fourth (22%) had signs of ARI in the 15 days preceding the survey.
Care seeking was high for both diarrhea (86%) and ARI (92%).

Private sector was the preferred source of care for both diarrhea (95%) and for ARI (97%).

Half of these private providers were qualified and others were unqualified.
80.0% of the women were aware of Oral Rehydration Solution (ORS)

Only 21.2% of the children suffering from diarrhea were given ORS.

This underlines the fact that their awareness was not getting translated into practice.
Child Health Scenario in the slums of Meerut: Program/policy implications
Child Health in Meerut: Key Findings

- Exclusive breastfeeding was low
- Complementary feeding was delayed
- Malnutrition was highly prevalent
- Immunization coverage was very low
- Diarrhea and ARI prevalence was high
- Care seeking for diarrhea and ARI was high but half sought care from unqualified providers
Key interventions

- Household behavior promotion and demand generation
- Improving care seeking for sick child
- Improving access and quality of affordable healthcare services for children
- Addressing determinants of Child Health
Intensive behavior change strategy to promote optimal child health practices

Group counseling and individual counseling of mothers, elderly women, men

Reinforce child health messages through local media

Dispelling misconceptions about child health care practices
Improving care seeking

- Counseling of mothers and care givers on prompt care seeking for sick child
- Deployment and training of slum-based link volunteers
- Networking and coordination among link volunteers and slum level institutions such as AWW, ANM, CDS and existing CBOs
Improving access and quality of affordable healthcare services for children

- Reach and quality of public health centers in slum areas should be expanded
  - New infrastructure/upgrade existing infrastructure
  - Mobile services; **regular** outreach camps
  - Capacity Building of health care providers on child health
  - Enhancing faith and confidence among slum community on public health facilities

- Public-private partnership could enable
  - expanded coverage
  - subsidized treatment through innovative financing options

- Increasing availability of supplies e.g. ORS, IFA
  - Community groups or shops could be depot holders
Linkage with Programs Addressing Determinants of Child Health

- Focus on determinants of child health: food and nutrition insecurity, sanitation, water
- Expanding coverage of and access to government health and nutrition services such as
  - Targeted Public Distribution System
  - Antyodaya Anna Yojana
  - Integrated Child Development Scheme
- Linkage with sanitation, water and hygiene improvement programs e.g. BSUP