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

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]

1 – UNICEF Progress for Children Report - A Statistical Review. 2007

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

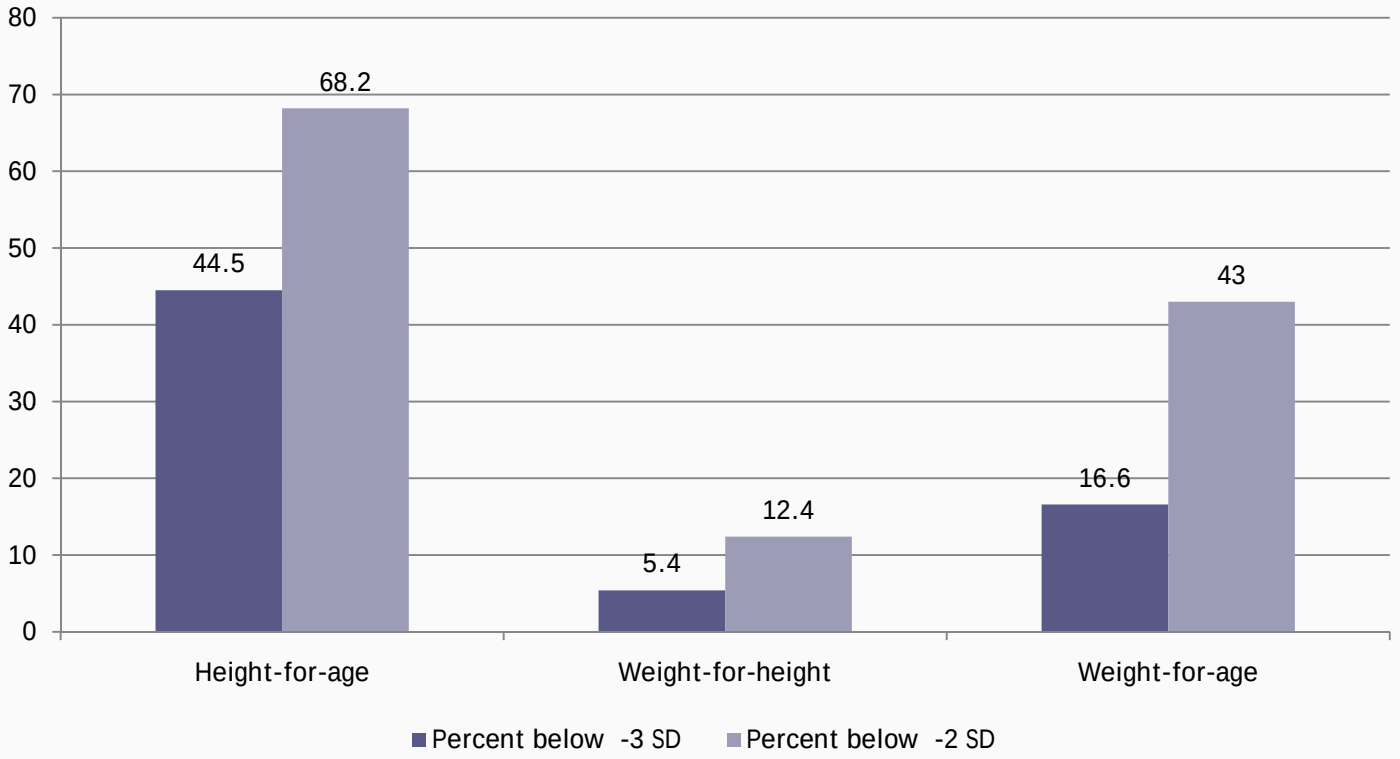
- Exclusive breast feeding was rare -only 12.0% reported having exclusively breastfed for six months

- 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

Nutritional Status of children

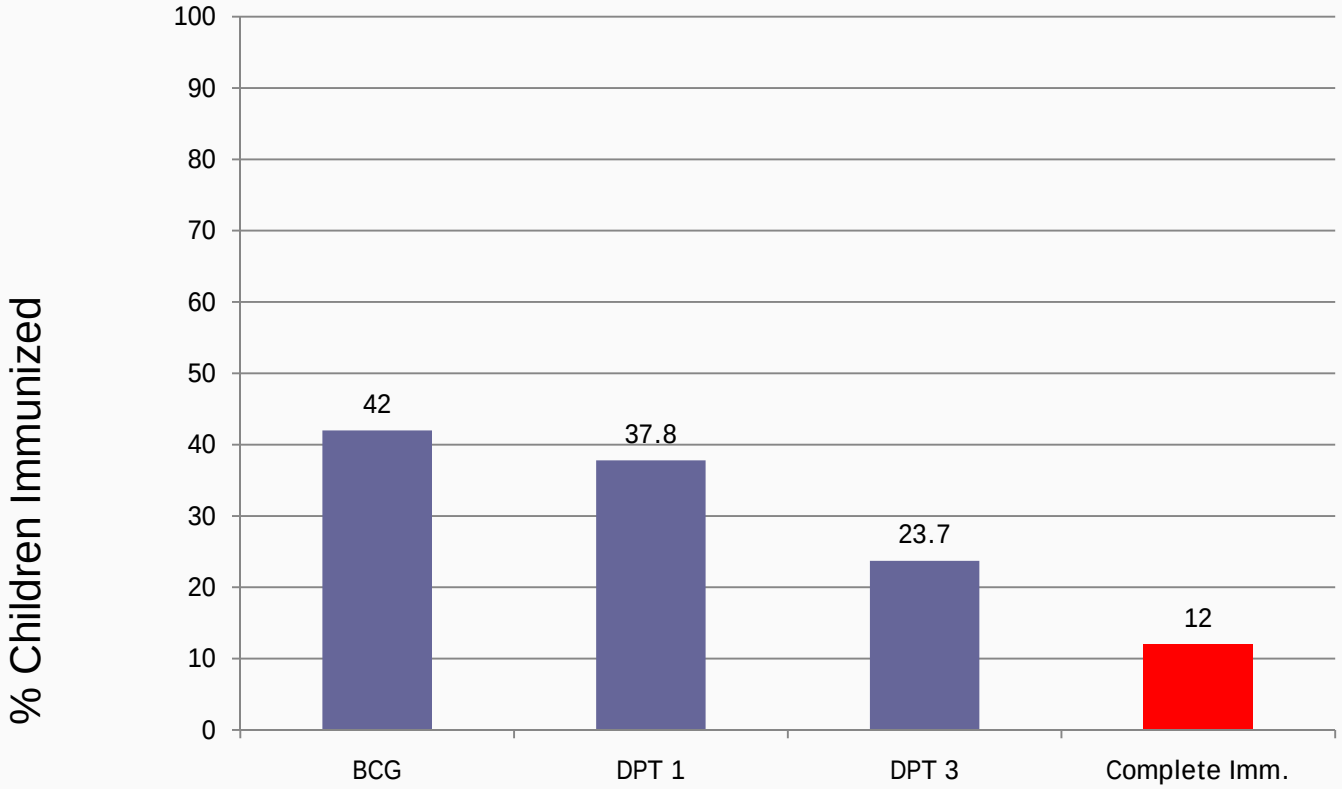


Among children below 3 years of age:

- 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

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

Burden of Diarrhea and Acute Respiratory Infection

- 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.

Treatment seeking

- 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

Knowledge of ORS for control of diarrhea

- 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

Household Behavior Promotion & Demand Generation

- 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