Health, nutrition and WASH are highly interrelated phenomena. Inadequate access to water, sanitation and hygiene compounded with childhood malnutrition form critical impediments to the good health and well-being of children. With the current pace of decline in childhood mortality in urban India, meeting the United Nations’ Sustainable Development Goals targets and India’s National Health Policy goals in the stipulated time frame seems unachievable. A series of proactive measures needs to be adopted to achieve the overall well-being of children and adolescents. These initiatives become all the more important in view of the recent pandemic which has exposed the vulnerability of health and existing physical health infrastructure in the country.

**Policy Brief**

**Key Policy Messages**
- Integrate efforts across all relevant ministries
- Create a health database for children aged 5-14 years
- Activate a robust evaluation of mother and child health through tracking and an incentivisation mechanism
- Implement Behaviour Change Communication programmes
- Strengthen government schemes such as ‘Poshan Abhiyan’ and ‘Nal se Jal’ in non-performing states
- Focus on WASH in peri-urban areas and new census towns
- Strengthen the urban health care system at all levels

**Major Health Policies and Programmes**
- Ayushman Bharat, 2018
- Prime Minister’s Overarching Scheme for Holistic Nutrition (POSHAN Abhiyan), 2018
- National Nutrition Strategy, 2017
- National Health Policy, 2017
- Food and Safety Standard Regulations, 2016
- National Indradhanush Mission, 2014
- National Urban Health Mission, 2013
- National Rural Health Mission, 2005
- National Guidelines for Infant and Young Feeding, 2004
- National Population Policy, 2000
- National Nutritional Anaemia Control Programme, 1991
- Integrated Child Development Services, 1975
Key Facts

- Current level of under-5 mortality rate in urban India is higher than the SDG target of 25 per 1,000 live births.
- Uttar Pradesh, Bihar and Chattisgarh report the highest under-5 mortality rates.
- Diarrhoea is the major cause of under-5 mortality. Every seventh child in urban India dies due to diarrhoea.
- 64% all-urban children are fully immunised as compared to 59% of urban poor children.
- Immunisation coverage is highest in Kerala, Chhattisgarh and West Bengal, where three in every four children are fully immunised. Gujarat, Uttar Pradesh and Karnataka have the lowest coverage where the ratio drops to two in every four urban children.
- Every fifth child born in urban poor households reports low birth weight as compared to every seventh child in all-urban India, with Delhi, Madhya Pradesh, Uttar Pradesh and Karnataka reporting high shares.
- Half of urban poor adolescent girls are anaemic. The share is high in Telangana, Jharkhand, Andhra Pradesh and West Bengal.

Urban adolescent (15-19 years) pregnancies declined from 6.3% in 2005-06 to 3.3% in 2015-16.
- 58% urban adolescent women received four or more antenatal services, and 90% received skilled birth attendants during delivery.
- Only 44% urban poor adolescent girls (15-24 years) had access to hygienic methods during the menstrual period compared to 78% of all-urban adolescent girls.
- Only 32% urban poor households have access to safely managed water as compared to 50% of all-urban households. This figure ranges between a low of 20.2% in Bihar to 92.6% in Kerala.
- Urban poor households suffer from inadequate sanitation and hygiene which disproportionately exposes children and adolescents to risk of both communicable and non-communicable diseases.
- One in ten urban poor children reported access to Minimum Acceptable Diet. The share is low in Rajasthan, Gujarat, Uttar Pradesh, Bihar, Jharkhand, Maharashtra and Odisha.

Vital Statistics in Urban India

<table>
<thead>
<tr>
<th>Year</th>
<th>Neo Natal Mortality Rate (per 1,000)</th>
<th>Infant Mortality Rate (per 1,000)</th>
<th>Under-five Mortality Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>28.5</td>
<td>41.5</td>
<td>51.7</td>
</tr>
<tr>
<td>2015-16</td>
<td>28.5</td>
<td>41.5</td>
<td>34.4</td>
</tr>
</tbody>
</table>

Diarrhoea has a significantly positive correlation with the indicators of malnutrition (stunting, wasting and being underweight). The states with a higher prevalence of diarrhoea also report higher cases of stunting and being underweight (Uttar Pradesh, Madhya Pradesh and Bihar).

Stunting among under-5 children is negatively associated (r=-0.42) with safely managed water. Improvement in the level of safely managed water may lead to a significant decline in the stunting levels.

Minimum dietary diversity is inversely related with indicators of child malnutrition and anaemia. Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Rajasthan and Gujarat have the least MDD and a higher prevalence of anaemia, stunting and being underweight.
Challenges related to COVID-19

- Lack of Safely Managed Water (68%), Basic Sanitation (58%) and Basic Hand washing (38%) expose the poor living in urban areas to serious threat of COVID-19
- Due to COVID-19, many pregnant women have faced difficulty in accessing health facilities for deliveries. Refusal to hospitalisation and multiple referrals increase the risk of maternal and child death
- Outreach of full immunisation among the children living in slums remains a challenge during the COVID-19 crisis
- The vulnerability of urban poor children and adolescents with regard to health, nutrition and WASH could increase the risk of COVID-19

Policy Recommendations

- Promote integration of intervention strategies among allied ministries, different levels of government and other parastatals to address the challenges of overlapping goals
- Create a real time database on morbidities, mortalities and causes of death for children and adolescents
- Strengthen institutional capacity including the capacity of frontline workers
- The impediments in availing full immunisation and all ANC services, which includes complete course of IFA tablets/syrups, needs to be identified and addressed accordingly. These should also be included under the module of mother and child tracking system (MCTS)
- Sustain neighbourhood capacity and performance-based incentive provisions in order to foster higher community participation towards the achievement of national goals
- Ensure behavioural change with regard to safe and hygienic practices
- Promote social protection measures for migrant workers and the urban poor
- Undertake evidence-based studies to address gaps in literature with regard to identification of impediments to full ANC services

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