

# Forgotten voices

## The world of urban children in India

The story of urbanisation in India is replete with some remarkable statistics - the number of people residing in urban India has risen five times since 1961, the net population increase is now more in urban areas than in villages and is expected to grow to 600 million by 2030. It will eventually have a 50% share in the total population by the decade of 2040-50. Also, the share of urban India in the GDP will grow to 75% by 2030. The 21st century is going to be India's 'urban century'.

The rise in the number of the urban poor, currently standing at 76 million, is equally alarming. As per Census 2011, there are 13.7 million slum households across 63% of **India's towns**. These include migrants, half of them being among the poorest. Of the 377 million urban Indians, 32% are children below 18 years of age. Despite the much-celebrated demographic dividend of India, **more than eight million** children under 6 years live in approximately 49,000 slums.



While tremendous progress has been made on the 'hardware' front in terms of developing city infrastructure, not enough attention has been paid to the 'software', i.e. the quality of service delivery. Urban children, especially those from disadvantaged sections, are susceptible to ill-health, poor access to water and sanitation, insufficient education, urban disasters and lack of protection.

The solution to this challenge lies in making our cities **child-friendly**. They need to have a system of local governance that is committed to fulfil children's rights. This includes influencing decisions about the city, expressing their opinion, social participation, receiving basic services, safety, living in an unpolluted environment and **being equal citizens**.

The focus of the major urban development schemes need to be on smaller urban centres where 68% of the urban population is concentrated. We believe that India's demographic dividend can only be realised if our cities improve their performance in areas such as urban governance, health, nutrition, water and sanitation, education, child protection, and urban resilience.

**Key findings have been summarised below:**

### **Urban governance**

In 1993, the 74<sup>th</sup> Constitution Amendment Act was enacted giving constitutional recognition to ULBs as it envisioned the ushering of decentralised, empowered and strengthened urban governance. The government has, over recent years, implemented various programmes that address the systemic challenges of urban governance, therefore, recognising the importance of urban clusters. Urban schemes need to ensure that it addresses specific needs and allocates **sufficient budget** for **children**. There is also a need to replicate **child-friendly** programmes through child participation and redesigning long-term development plans through a child's lens.

## Health

Providing healthcare right from the pre-natal stage to adolescence is vital in order to ensure a good quality life. Doing this in urban slums is particularly challenging given the large and sometimes mobile population. **In India, an urban primary healthcare facility** caters to a much higher population when compared to the standard norm of one centre per 50,000 persons. Also, the emphasis is on curative care instead of preventive care.

Although we have witnessed an improvement in **mortality** rates from the previous decade, data indicates that all childhood mortality indicators among the urban poor (under-5 mortality rate, infant mortality rate, and neonatal mortality rate) are higher as compared to the overall urban averages. **Infant mortality rate** is of particular concern, varying widely across cities, ranging from 28 per 1,000 live births in Chennai to 63 per 1,000 live births in Meerut.

Immunisation coverage has improved in urban areas but the birth order continues to be a hindrance. While 67.4% of birth order-1 children have received full immunisation, only 40.4% in birth order-4 and above are fully immunised. Child sex ratio has continuously declined from 935 girls per 1,000 boys (1991) to 905 girls per 1000 boys (2011).

Their limited ability to pay for healthcare and overcrowding in government hospitals, forces the urban poor to go to unlicensed and untrained private providers that are more affordable. By going to such providers, the urban poor put themselves to a higher risk of wrong diagnosis and poor treatment.



*"If I become a leader, I will start free medical facilities and build a hospital in the locality so that people don't have to go far for treatments."*

- A boy of 14 near Govandi slum, Mumbai

## Nutrition

Proper nutrition is essential for the development of any city as children form the future workforce which will stimulate economic growth. India is still grappling to provide adequate nourishment to children. In urban India, over **32% children under five years of age are underweight and 39.6% are stunted**. Wealth-related inequity is evident as **six out of 10** children under five years are stunted in the lowest wealth index as compared to 2.5 out of 10 children in the highest index. Also, 21.5% new-borns have low birth weight. Another emerging problem is the rising prevalence of child obesity, especially in the middle and upper middle classes. Research shows that in the private schools of Delhi, 29 to 32% of children (14-18 years) are overweight.

The adverse impact of chronic malnutrition in the first 24 months of life is largely irreversible. The impact of undernutrition in the girl child has serious inter-generational effects. A stunted young girl is likely to grow to be a stunted woman with increased chances of bearing undernourished children. In urban India, **51% women and 17.7% men** (15 to 49 years) are reportedly **anaemic**.



## Water, sanitation and hygiene (WASH)

The physical environment in which these children live as well as access to basic services such as water and sanitation directly impacts their health. Open defecation, lack of proper faecal disposal and management along with insufficient and poor quality water supply leads to the spread of diseases such as diarrhoea, typhoid, cholera and malaria.

Approximately, **443 million school days** are lost as a result of water and sanitation related diseases worldwide. In India, stunting and underweight prevalence in 48% of the malnourished children is linked to the absence of access and use of WASH facilities. Attendance and retention rates for girls studying in the middle and higher classes are affected most by the absence of separate and functional sanitation facilities and their poor upkeep.

Only **71.2%** urban households reportedly have access to **drinking water** within their premises. According to the 2011 Census, around **one in five households** in urban areas do not have a toilet.

Though the urban population in India has better access to sanitation, coverage is failing to keep up with the population growth. As a result, the number of **urban dwellers practising open defecation** has **increased from 140 million to 169 million** between 1990 and 2008.

*"1800 of us share one toilet, which is dirty and we do not use it as boys tease us when we go there."*

- A girl of 14 near Govandi slum, Mumbai

*"We never use school toilets as they are very dirty and so are the tanks that contain drinking water. We also carry our own lunch as the meals provided in schools have dust and sometimes, dead rats in them."*

- A girl of 15 near Govandi slum, Mumbai



A study conducted by HUNGaMA shows that **less than 15% mothers wash their hands** with soap and water after defecation. Poor hand-washing practices are a common reason for the spread of diarrhoea. An estimated 1.8 million children die globally before the age of five from **diarrhoea** and **half a million** of these deaths occur in India. Children living in slums are **1.3 times more likely** to suffer from diarrhoea than in non-slum areas.

There is a huge economic cost associated with the morbidity and mortality caused by water-borne diseases. According to the Ministry of Health and Family Welfare, more than **12 billion INR** is spent every year on illnesses resulting from poor sanitation. According to a 2010 World Bank report, **India loses 240 billion INR annually** due to the lack of toilets and hygienic facilities.

## Education

How well India is able to harness the intellectual capital of its youth is dependent on the access to and quality of education provided to its children. Schooling of children has to deal with the elusive triangle of access, equity and quality. While approximately 27.4% children in the age group of seven to 18 years reside here, only 17% schools are located in urban areas. Also, the Census 2011 shows that child population (0 to 18 years) increased by 12.8% in urban areas during the preceding decade, but neither the corresponding enrolment at the school stage nor the number of education facilities and teachers increased proportionally.



A study in Delhi indicated that 31.5% slum children have never attended school. Reasons for 'never attending' range from being underage (46.5%), financial constraints (36.6%) to parents' negative perception of education (10%).

Migration of children with their families further adds to the problem as language poses a major barrier. Besides, schools only admit children for a brief period each year. These factors ensure that a large number of children remain out of the education system. Hopefully, the introduction of the **RTE Act** which has earmarked 25% seats for underprivileged children, a clause particularly relevant for slum children, will change things for the better.

*"I cannot join school as I need government documents such as an Aadhar card for registration. My parents could not get the card made as we do not have a ration card or any other government document that proves our citizenship."*

- A boy of 15 near Sangam Vihar area, Delhi

## Child protection

Growth of cities gives rise to several **child protection** issues. There was a **24% increase in crimes against children** between 2010 and 2011 and a further **52.5% increase** from 2012 to 2013. The million+ cities are major contributors to crimes against children such as trafficking, kidnapping, rape and infanticide. The girl child is especially affected due to the proliferation of sex work in cities.

Highly urbanised states such as Delhi and Maharashtra are third and fourth in the list of states where most of these crimes take place. A higher-than-average crime rate clearly means that children in the cities are not only victims to such violence but are in the danger of becoming a part of organised crime rackets, especially when faced with disruption in schooling and lack of parental care.

Lack of protection for children on or off the streets was captured rather starkly by the 2007 study on child abuse undertaken by the MoWCD. **Over 54% street children who participated in the study confirmed being sexual abused.**

In India, where it is lucrative for employers to employ child workers since it is a cheaper option and labour laws are poorly implemented, **the number of urban child workers** in small and medium-scale hazardous industries, service establishments, and informal businesses is huge. A large number of children work as domestic helps. A study of this segment indicates that almost 70% children reported physical abuse, slapping, kicking, burns, etc and **32.2% reported sexual abuse**. Further, these children tend to get involved in prostitution and bonded labour.

A countrywide study of 4,024 child respondents in the age group of five to 18 years found that **83.2% respondents consumed tobacco on a daily basis.**

*"This boy who grew up with me tried to rape me while I was sleeping. He is a nice boy but was under the influence of alcohol, and the police took him and thrashed him so hard that he was unable to walk for a week."*

- A girl of 17 near Patancheru, Hyderabad

## Urban resilience and disaster management

Natural disasters and extreme climates adversely impact children. According to a Save the Children 2008 report, **more than 50% of those affected by natural disasters worldwide are children**. According to UNICEF, every year, between 2000 and 2009, **8.45 million children under five years of age** were affected by disasters in India. Of these, **1.25 million children were malnourished**. **Eighty-five per cent** of the country's area is vulnerable to calamities and 25 of the over 53 million cities are located in coastal states.

Yet, disaster preparedness in India has immense scope for improvement both at the policy as well as the implementation level. The **Disaster Management Act does not make** any references to **vulnerable** groups, such as children. District disaster management plans do not provide age-disaggregated data. The government does not recognise heat and cold waves, major causes of death among the urban homeless, as a calamity.

## What we need to do

In compiling this report, the following areas of intervention for policymakers and NGOs emerged:

**Urban governance:** For **inclusive cities**, a child-led planning process is essential since it allows children to provide solutions to the challenges that they encounter. Land-use planning needs to be made more sensitive to the needs of vulnerable children through the use of social housing, master plans, land use conversion, discouragement of low or no occupancy, etc. We also recommend that in defining schemes such as smart cities, the government should go beyond accommodating the aspirations of the new middle class and address the challenges faced by the urban poor. **Citizen reference frameworks** need to be implemented to capture the concerns of children.



**Health, nutrition and WASH:** Data on urban child health is both limited as well as difficult to use to provide useful information. There is a need to generate **evidence on indicators of child health**, specifically looking at poor versus non-poor and slum versus non-slum. **Models of child care** for urban populations, staffing norms for urban health facilities and convergence of public and private providers also need to be developed as the private sector has a strong presence in cities.

We also advocate the need for an explicit policy on **women's nutrition**, community-based care of SAM children and monitoring of all urban pregnant women. Other recommendations include the mapping of urban poor clusters in order to identify high-risk populations, promoting home-based care practices, and ensuring universal coverage with micronutrients.

We strongly recommend that the **public policy on water and sanitation** gives first right to the resources to children. Inhuman practices such as manual cleaning of septic tanks need to be immediately curbed. The National Urban Sanitation Programme must **instate children** as a **priority group**. Hygiene education needs to be proactively promoted. City sanitation ratings have to be scaled up and the urban WASH database needs to identify children as a category.

**Education: Bridging and support classes** need to be **integrated** within the educational planning process so as to help bring back out-of-school children and retain them. Other recommendations include establishing publicly funded pre-schools in urban areas with an age-appropriate learning curriculum and trained teachers, a **national-level mechanism for tracking migrant children**, vertical development of school space and, in view of the highly mobile nature of urban poor population, the need for a policy to ensure that the identity of children and subsequent entitlement in term of educational right is protected.

**Child protection:** We recommend a **comprehensive national census of street children**. Other recommendations include making the elimination of child marriage in urban areas a time-bound goal, utilisation of gender resource centres as a medium to address violence against children, intensive training and sensitisation of the police force in order to ensure that they act in a child-friendly manner and setting-up of de-addiction facilities for children.

**Urban resilience** Considering the increasing threat of natural disasters, we recommend the integration of flood and climate change mitigation and adaptation measures into day-to-day urban development and service delivery. We specifically recommend **more city-level partnerships and knowledge sharing**, clearer role definitions in urban resilience planning, **children's active participation in resilience building**, and prioritising **comprehensive school safety**.

For overall city development, **an inclusive and child-led planning** process is essential, to allow children to speak of the challenges that they face and provide solutions as well as to facilitate the integration of child development with government schemes and policies.

*\*For references, please refer to the main report*

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Save the Children works in 120 countries globally and across 17 states in India for children's rights – to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. It is determined to build a world in which every child attains the right to survival, protection, development and participation. We deliver immediate and lasting improvements to children's lives worldwide.

*A world which respects and values each child.*

*A world which listens to children and learns.*

*A world where all children have hope and opportunity.*

Worldwide, Save the Children has a growing portfolio of urban programming aimed at addressing the multiple deprivations and vulnerabilities of the urban poor and their children. In 2014, it had 307 projects in the urban context and an investment of \$306 million mainly in cities of South and Central Asia, East Africa and West and Central Africa.

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