with the PHQ-9, and classified as mild or moderate to severe. Ordinal logistic regression was used to assess statistical associations between depression and sex, age, illiteracy, family income and centre.

**Results**

1020 participants were included, 446 in São Paulo and 574 in Manaus, of whom 248 (24.3%; 95% CI 21.7 to 27.1) were classified as mild depression and 93 (9.1%; 95% CI 7.4 to 11.1) as moderate to severe depression. The prevalence of mild and moderate to severe depression was similar in the two centres. Women were almost twice as likely as men to present with depression of any severity. We did not find any association between depression and age, illiteracy or family income.

**Conclusion**

Depression is highly prevalent among primary care clients, especially women. Mental healthcare must be integrated into primary care in order to reduce the treatment gap for depression.

**Method**

A cross sectional household survey was conducted in urban and rural Sindh, Pakistan, by trained personnel. Children aged <3 (n=1244) were assessed at home visits using (1) Bayley’s Infant Developmental Scale for psychomotor development; (2) anthropometric status, and (3) socio-economic, hygiene and sanitation conditions via maternal interview. Socioeconomic, hygiene and sanitation indices are created using principal component analyses.

**Results**

Rural areas are highly correlated with hygiene index (HI) and sanitation index (SI), as compared to their urban counterparts. Age and sex adjusted SI is highly correlated with socioeconomic index (SEI). Multilevel modelling analysis showed that SI is significantly associated with child’s delayed development, stunting and being underweight; while HI is associated with underweight and stunting status of children, independent of SEI and rural-urban neighbourhood.

**Conclusion**

Due to a strong association between hygiene and sanitation conditions and development, recognition should be given to the growth and developmental needs of children living in such conditions.