

# CHILD POLICY

Commitment and Accountability towards Children



सत्यमेव जयते

Government of Rajasthan  
Department of Women and Child Development



## **VISION**

**We envision a Rajasthan where every child gets an equal opportunity to develop his or her full potential.**

## **MISSION**

**The State shall provide, to all its children an enabling environment for quality services of education, health, nutrition, clean water and sanitation so as to ensure their well being.**

## TABLE OF CONTENTS

1	CONTEXT	1-5
2	RAJASTHAN STATE CHILD POLICY GOALS AND POLICY APPROACH	6-7
I	CHILD HEALTH	8-10
II	CHILDCARE AND NUTRITION	11-12
III	EDUCATION	13-14
IV	CHILD PROTECTION	15-16
V	THE GIRL CHILD	17-18
VI	SPECIAL FOCUS GROUPS	19-21
VII	OVERALL POLICY IMPLEMENTATION MECHANISMS	22-23
3.	DETAILS ACTION PLAN	24-29
	List of abbreviations	30

# 1. CONTEXT

## NATIONAL PERSPECTIVE

- The Constitution of India clearly embodies several significant pledges to promote the rights of children. Article 39 states that :

*The State should ensure that children are given opportunities and facilities to develop in a healthy manner and conditions of freedom and dignity and child and youth are protected against exploitation and moral and material abandonment.*

- The National Policy of children in 1974 further reaffirmed India's Constitutional obligations by explicitly declaring that:

*It shall be the policy of the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development. The State shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth.*

- In 1985 The Department of Women and Child Development was set up as a part of the Ministry of Human Resource Development to give the much needed impetus to the holistic development of women and children.
- In December 1992, India ratified the Convention on the Rights of the Child (CRC). The CRC seeks to protect and promote, without any discrimination and as a matter of priority, the best interests of children everywhere. The Convention states that:

*State Parties undertake to ensure the child such protection and care as is necessary for his or her well being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.*

- India's Tenth Five-Year Plan (2002-07) contains many explicit commitments to children. It states:

*The development of children will be viewed not only as the most desirable societal investment for the country's future, but as the right of every child to achieve his/her full development potential.*





- India has accepted along with 191 States of the world participating in the United Nations Millennium Summit held in New York in September 2000, the challenge of meeting the Millennium Development Goals (MDGs). All the eight MDGs have a direct implication on the well being of children.

*A close look at the Millennium Development Goals (MDGs) shows that child protection issues intersect with every one of them – from poverty reduction to getting children into school, from eliminating gender inequality to reducing child mortality. Most of the MDGs simply cannot be achieved if failures to protect children are not addressed.*

- The National Charter for Children, adopted in 2004, emphasizes Government's commitment to children's rights to survival, development and protection. It also stipulates the duties for the State and the community towards children and emphasizes the duties of children towards family, society and the Nation.
- Government of India's National Plan of Action of Children 2005 comprehensively commits itself to :

*Ensuring all rights to all children up to the age of 18 years. It specifically outlines goals, objectives and strategies in four broad areas i.e. child survival, child development, child protection and child participation.*

- The Approach paper to the Eleventh Five-Year plan (2007-2012) clearly states that 'development of children is at the centre of 11<sup>th</sup> plan'. It identifies several monitorable goals relevant to children.
- In 2006 the Government of India notified the Commissions for Protection of Child Rights Act 2005 in the Gazette of India. The Act envisages setting up a National Commission at the national level and the State Commissions at the state level. In 2007 the National Commission for Protection of Child Rights was set up with a mandate to ensure proper enforcement of children's rights and effective implementation of laws and programmes relating to children.

## THE LEGAL FRAMEWORK

Year	Document	Purpose
1956	Immoral Traffic (Prevention) Act, 1956	An Act in pursuance of the International Convention signed at New York on the 9th day of May, 1950, for the prevention of immoral traffic.
2006	The Prohibition of Child Marriage Act, 2006	An Act to provide for the prohibition of solemnization of child marriages and for matters connected therewith or incidental thereto.
1992	The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and distribution) Act, 1992	An Act to provide for the regulation of production, supply and distribution of infant milk substitutes, feeding bottles and infant foods with a view to abate protection and promotion of breast-feeding and ensuring the proper use of infant foods and for matters connected therewith or incidental thereto.
2000	The Juvenile Justice (Care And Protection of Children) Act, 2000 (Act No. 56 of 2000)	An Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this enactment.
2005	The Commissions For Protection of Child Rights 2005	An Act to provide for the constitution of a National Commission and State Commissions for Protection of Child Rights and Children's Courts for providing speedy trial of offences against children or of violation of child rights and for matters connected there with or incidental there to.
1986	Child Labor (Prohibition and Regulation) Act (1986)	The Act imposes prohibition on employment of children in hazardous occupation and processes
1994	Pre- conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (1994)	An Act to provide for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female foeticide and, for matters connected there with or incidental thereto.



## STATE PERSPECTIVE : NEED FOR THE POLICY

### Background

Rajasthan is the largest state in India and has a population of over 5.65 crore. The state is overwhelmingly rural with more than three-quarters of the population living in rural areas. The state has one of the highest proportions of Scheduled Caste (SC) and Scheduled Tribes (ST) population among Indian states. The vastly varied geographical, ecological and social dimensions of the State make it difficult to deliver basic services of health, education and water to its citizens.

In the past two decades, Rajasthan has shown significant improvement in its social and economic performance. The state has experienced reduction in poverty and improved its adult sex ratio and literacy status in the last two decades. The IMR<sup>1</sup> in Rajasthan reduced from 76 to 65 per 1000 live births. Malnutrition<sup>2</sup> among children has also come down from 50.6 to 44 per cent of underweight children under the age of three. There is a reduction in Maternal Mortality Ratio (MMR)<sup>3</sup> from 677 in 1998 to 445 in 2005. However, the juvenile sex ratio<sup>4</sup> in the state declined from 916 in 1991 to 909 in 2001. Lack of access to water and sanitation facilities is particularly pronounced in rural areas and has causal links to the incidence of many diseases among children.

### Current Status

Overall literacy rate in the State has improved including the enrolment of girls in elementary education which is currently 97.72<sup>5</sup> percent. One of the major problems confronting elementary education is the low level of retention in schools. The dropout rates for girls after primary stage are higher than for boys of all castes, but are significantly higher for girls belonging to Scheduled Castes and Scheduled Tribes.

Rajasthan being a traditional state is burdened with some adverse practices like child marriage, female infanticide, foeticide and child labour which are major areas of concern.

Several initiatives have been put in place by the Government of Rajasthan to ensure that rights of children are protected. One major landmark in the implementation of the CRC was the development of the State Plan of Action for Children (1995-2000). It brought to focus the situation of children in Rajasthan and enabled coordinated and planned efforts at various levels for its implementation.

1 NFHS II & III  
2 NFHS III & II  
3 SRS 1997 & 2003  
4 Census 1991 & 2001  
5 GoR

The Draft XI<sup>th</sup> Five-Year Plan document prepared by the Government of Rajasthan states that the basic theme and focus of the XI<sup>th</sup> Plan needs to be women and children. The main thrust of the XI plan is to ensure survival, protection and development of Children with a special focus on the girl child. It has set monitorable targets for some important social indicators like IMR, MMR and malnutrition among children in the 0-3 years age group,

sex ratio, bringing down anemia among women in the 15-49 years age group and minimizing drop out rate in elementary education.

Rajasthan state's draft third report on Convention on Rights of Child also suggests focused attention on needs of children at policy and programme level.

Furthermore, the State has made particular reference to the upliftment of the girl child and healthcare of mothers. In her 2007 budget speech, the Chief Minister announced the Five -Point Programme for Women Empowerment that focused on 100 percent retention of girls upto class X, providing facilities of institutional delivery's to every woman, eradication of child marriages, reducing the crude birth rate and creation of employment opportunities for women.

The Rajasthan State Adolescent and Youth Policy, 2007 states that empirical evidence indicates that youth in Rajasthan need more access to information, livelihood, education, literacy, life skills, employment, nutrition and health services as well as various opportunities for growth and development.

In continuity of the above, the State government has felt the need for a Child policy so as to enable systematic implementation and effective monitoring of programmes and policies aimed at children upto the age of 18 years.

Although the Constitution and the National Policy for Children contain several provisions to protect and encourage the development of children, there is no single and unified policy to ensure the development of children in a holistic manner. This policy has been formulated in a concerted effort to address the key issues of health, childcare and nutrition, education, protection, rights of the girl child and children with special needs.



## 2. Rajasthan State Child Policy Goals and Policy Approach

The main purpose of this document is to create a safe, secure and conducive environment ensuring that each child has a right to be born, survive, grow, and develop without prejudice or discrimination and live a dignified life. The State Child Policy draws a broad perspective keeping in mind the specific and diverse situations of children especially girls and children belonging to marginalized sections in the State.

### Goals of Child Policy

Millennium Developmen	National Policy (1974)	State Policy (2008)
Eradicate extreme poverty and hunger	Programmes shall be implemented to provide nutrition services with the object of removing deficiencies in the diet of children.	Ensuring food and nutrition security at all levels specially keeping in mind the specific needs of children and adolescent girls
Achieve universal primary education	Provide free and compulsory education for all children up to the age of 14, with special focus on girls and children of the weaker sections	Providing quality education for all children of all categories up to secondary level.
Promote gender equality and empower women	Ensure equality of opportunity, special assistance shall be provided to all children belong to the weaker sections of the society	Securing for all children legal and social protection from all kinds of abuse, exploitation and neglect with a special focus on girls.
Reduce child mortality	All children shall be covered by a comprehensive health programme	Provide essential healthcare to all children from birth to adulthood, as a right, to reduce mortality and morbidity due to preventable causes
Improve maternal health	Programmes will be undertaken for the general improvement of health care, nutrition and nutrition education of expectant and nursing mothers	Strengthen maternal healthcare with special focus on child delivery and feeding practices
Combat HIV/AIDS, malaria and other diseases	Children who are socially handicapped, who have become delinquent or have been forced to take to begging or are otherwise in distress shall be provided facilities of education, training and rehabilitation and will be helped to become useful citizens	Take care of children affected by HIV and AIDS
Ensure environmental sustainability		Ensuring facilities of sanitation and safe drinking water

Millennium Developmen	National Policy (1974)	State Policy (2008)
Develop a global partnership for development	In organising services for children, efforts would be directed to strengthen family ties so that full potentialities of growth of children are realised within the normal family, neighbourhood and community environment	Ensure effective teamwork of public and private partners and ensure child participation in matters relating to and decisions affecting their lives
		Creating a safe, secure and conducive environment to ensure that each child has a right to be born, survive, grow, and develop without prejudice or discrimination and live a dignified life

### Policy Approach

To make the policy operational at a macro and micro level, the following strategies in policy formulation, programme planning, implementation and impact analysis shall be taken into account:

- Coordinate child development-focused programme implementation efforts throughout State government departments and local self-government institutions, including PRIs
- Prioritize children's needs and interests in all sectors throughout budgeting, planning, and implementation process
- Leverage available resources through better management and coordination of existing programme resources, finances, and services.
- Promote holistic assessment of all schemes that relate to welfare of children, including the effective implementation of poverty alleviation programmes to strengthen livelihood options and thereby promoting the wellbeing of the entire family
- Promote partnerships with relevant private, public and community based organisations for effective execution of policy strategies
- Prioritizing resource allocation for the prevention, care and treatment of HIV/AIDS especially amongst women and children who are at an increased risk.

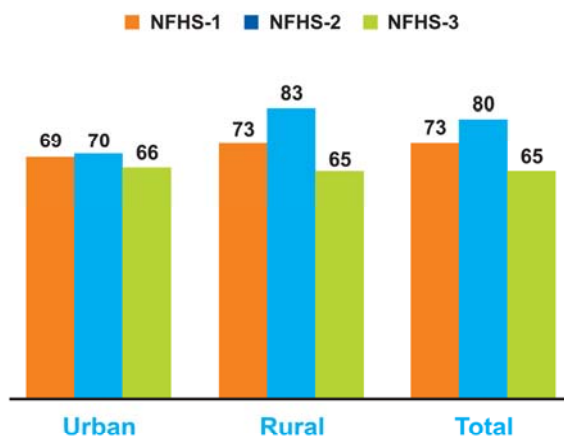
## I. CHILD HEALTH

### Objectives

- Reduction in Infant Mortality Rate (IMR) to at least 32/1000 live birth by the end of 2012
- Ensure that all infants receive appropriate vaccines available in the public health system, as part of UIP to enable at least 90 percent of children to receive complete immunization
- Ensure quality essential new born care to all neonates appropriate care and treatment of infants and children suffering from common illness
- Maternal Mortality Rate (MMR) to be brought down to at least 148 per 100,000 of live births by 2012.
- Promote safe motherhood by providing affordable access to essential obstetric care, well equipped and adequately staffed maternal health care services and skilled attendants at delivery
- Preventing water borne diseases among children by making available safe drinking water at the household and community level
- Promoting hygiene and sanitation practices among families, communities and school children, especially the poorer sections of society.
- Setting of yearly targets of process indicators.

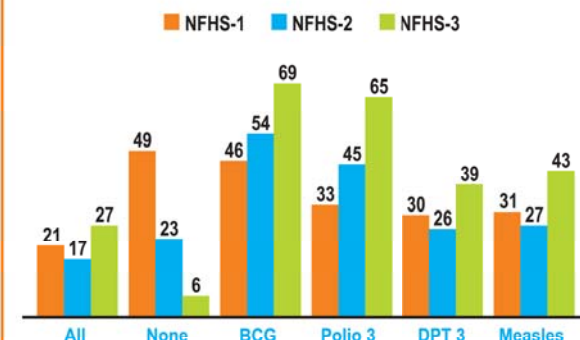
#### Trends in Infant Mortality

Deaths per 1,000 live births



#### Trends in Vaccination Coverage

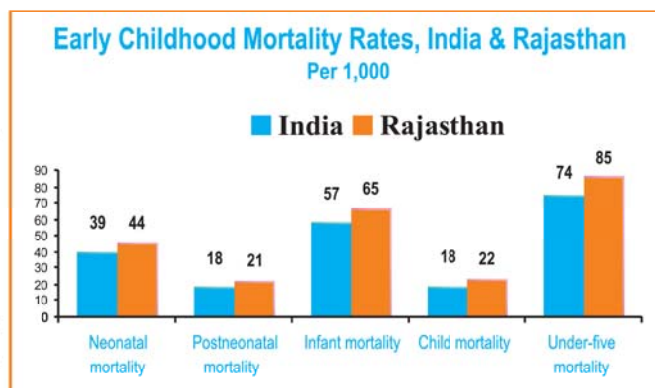
Percentage of Children 12-23 months receiving vaccinations





## Strategy

- The State Government has taken an innovative step by combining the role of Sahyogini, the additional worker at Anganwari Centres with ASHA of NRHM.
- Improving quality of healthcare services and ensuring availability and accessibility in remote rural areas of the state through strengthening of Maternal Child Health and Nutrition (MCHN) strategy.
- Providing at least one 24hour medical facility within 15-20 km radius at the block level.
- Enlarging and strengthening institutional health systems for ensuring emergency obstetric care, newborn care, routine immunization, preventive care, antenatal care and postnatal care.
- Ensuring that the routine services of Integrated Child Development Scheme (ICDS) actually reach the disadvantaged and excluded communities.
- Increased recognition and strengthening of referral services for referring severely malnourished children to health centres and providing appropriate advice to families on timely nutritional interventions for home management of childhood illnesses.
- Creating effective dissemination strategies about Oral Rehydration Salt (ORS), identification of symptoms of dehydration and therapies available at home and nutritional advice for reduction in deaths due to diarrhea.
- Scaling up and strengthening Integrated Management of Neo-natal and Childhood Illnesses (IMNCI) to reduce mortality due to common childhood illness.
- Strategies to combat Micro-Nutrient deficiency (Vitamin A, iron, folic acid, iodine, zinc) to be adopted especially through supplementation and fortification.
- Launch and sustain awareness programmes for home management of Acute Respiratory Infections (ARI) among families and skill upgradation of health functionaries and medical officers for reduction in child deaths due to Acute Respiratory Infections (ARI).
- Create a database of physically and mentally challenged children in the State (and regularly update the same) from both primary and secondary sources and make provisions of special help, care and services to children who are physically and mentally challenged.
- Strengthening the convergence between the departments of Medical & Health and Women & Child Development.

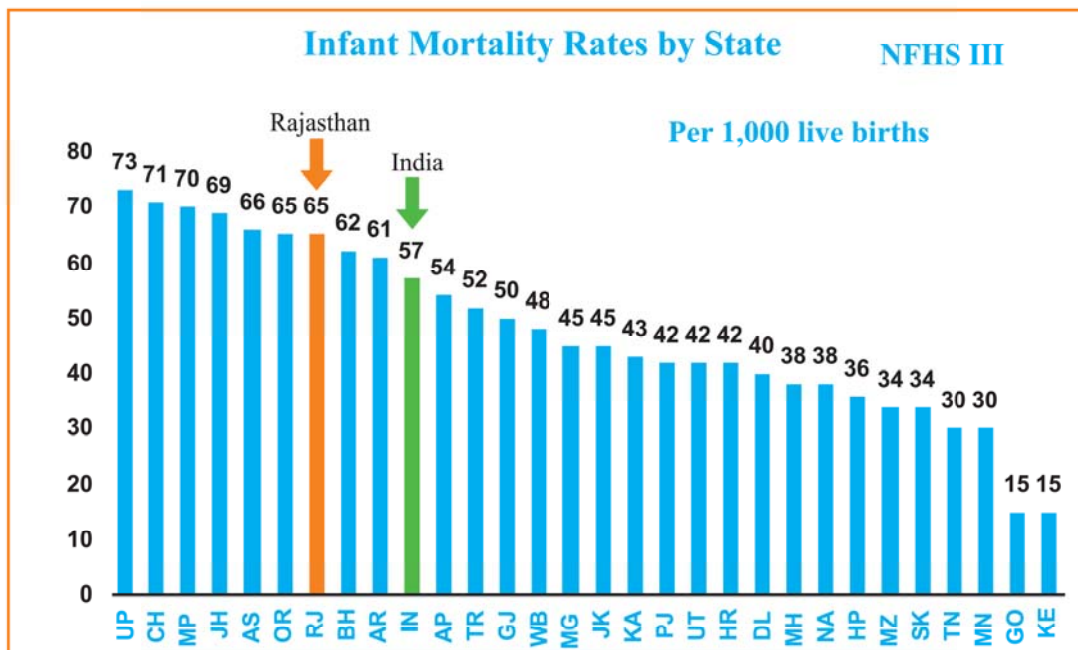




## Implementation

- Creation of a Monitoring and Evaluation Cell in the Department of Health and family Welfare for Maternal and Child Health services to assess impact of various interventions and identify gaps in implementation in association with the Department of Women & Child Development.
- Establish and maintain Management Information System (MIS) about children with relevant details from AWC-level upwards and use collected data to make mid-course corrections and to inform new initiatives/programmes.
- Promoting institutional deliveries for minimizing Maternal Mortality (MMR) and developing a system for Maternal Mortality auditing to assess the causes of death within risk period of delivery.
- Strengthen and re-energize school health programme and regularly monitor outcomes.
- Capacity building of ASHA-Sahyoginis.
- Common data base of departments of Medical & Health and Women & Child Development for better tracking of children.
- Community based monitoring.

**The infant mortality rate in Rajasthan is the sixth highest in the country. One out of every 15 children die within the first year of life.**



## II. CHILDCARE AND NUTRITION

### Objectives

- Improving children's health and wellbeing keeping in mind their specific physical, mental and cognitive needs
- Virtual elimination of acute severe malnutrition and reduction in proportion of underweight children under three years of age
- Ensuring reduction in anemia among children, adolescent girls, pregnant and lactating girls/women by 50 percent
- Exclusive breast-feeding to be increased to 75 percent. Complementary feeding of infants aged 6-9 months to be increased to at least 80 percent
- Expansion of Management of Child Malnutrition System throughout the state including establishment of Malnutrition Treatment Centres (MTCs) in district hospitals/ at all levels

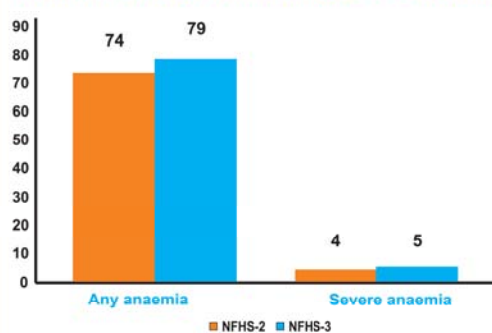
### Strategies

- Mission Mode Approach to combat malnutrition particularly among children in tribal areas as recommended by Economic Policy and Reform Council (EPRC). To be gradually extended to other parts of the State.
- The state level Nutrition Mission under Department of Women and Child Development (DWCD) to coordinate with National Rural Health Mission (NRHM). Integrated Child Development Service (ICDS) to ensure reduction of malnutrition in children under 3 years of age.
- Evolving a nutrition management and surveillance system focusing on infants, young children and adolescents especially in drought prone and tribal districts.
- Strengthening training component for management of malnutrition such as timely and correct identification, treatment, and follow-up.
- Monthly Maternal Child Health and Nutrition Day (MCHN) to be regularly organized.
- Strengthening the ICDS programme by rationalising the roles and responsibilities of functionaries and supervision and accountability mechanisms. Partnership with community and Panchayati Raj Institutions (PRIs) may be solicited.
- Regular monitoring of MCHN at ICDS centres to ensure complete immunization coverage with the assistance of Medical & Health Department.

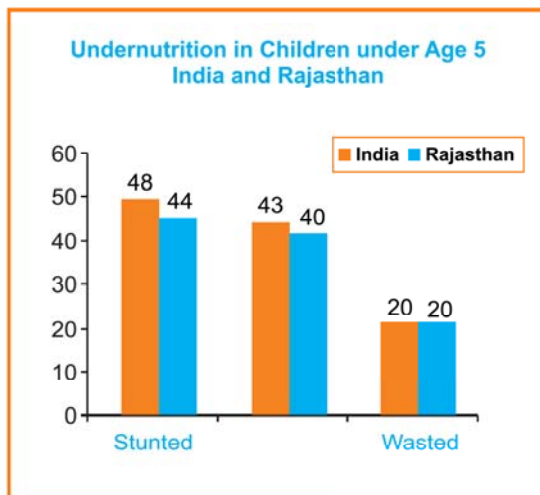
#### Indicators of Nutritional Status of Children

- Height-for-age (stunting)  
Indicator of chronic undernutrition
- Weight-for-height (wasting)  
Indicators of acute undernutrition
- Weight-for-age (underweight)  
Composite measure of chronic and acute malnutrition

#### Anaemia among Children Age 6-35 Months

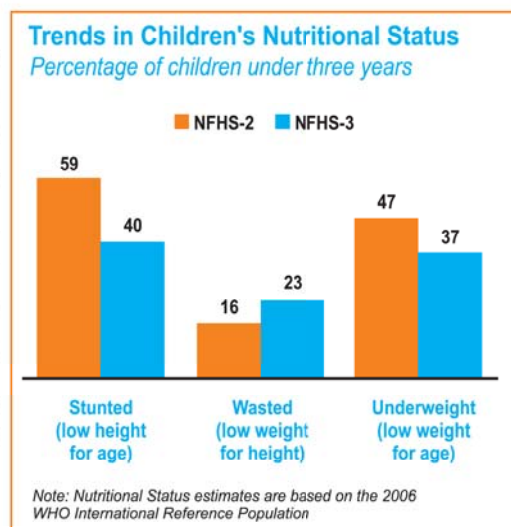


- Promoting Infant and Young Child Feeding (IYCF) practices by encouraging colostrums feeding and exclusive breast-feeding of infants for first six months and continued breast-feeding with safe, appropriate and adequate complementary feeding up to two years of age or beyond. Create facilities for children at workplace and child-care centres to facilitate working mothers to breast-feed their children.
- Adopting an integrated approach for combating anaemia through a life cycle approach to cover children of 3-6 years age group, adolescent girls and pregnant and lactating women).
- Accelerate elimination of iodine deficiency disorders, Vitamin A deficiency, anaemia, folic deficiency and other micro-nutrient deficiencies through dietary diversification, food fortification and supplementation and medical interventions such as deworming all of which need to be monitored for effectiveness and efficacy, quality, targeting, etc.
- Strengthening the Kishore Shakti Yojana for adolescent girls.



### Implementation

- Establishment and strengthening of surveillance centres for severely malnourished children in all districts of the state.
- Setting up of Counseling Centres for families, legal guardians and caregivers with regard to infant feeding and nutritional management.
- Ensure registration of every child at or within 15 days of birth with the help of Panchayats and Anganwari Centres and Health Sub Centres.
- Modification of the job chart of Anagwari Workers (AWWs) and ASHA-Sahyogini with a focus on Under-3s including prioritised home visits and counselling and better team-work between Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs). For this, specific arrangements should be put in place to facilitate smooth coordination between AWWs and ASHA-Sahyogini by joint training programmes, joint participation in the monthly 'health and nutrition day' and joint home visits.





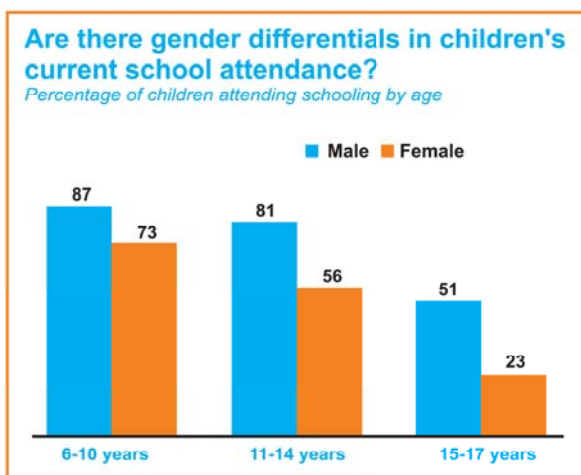
### III. EDUCATION

#### Objectives

- Universalisation of quality primary education.
- Ensuring that all children, particularly girls and those belonging to socially marginalized, minority and 'hard to reach' groups have access to free education of quality up to secondary level.
- Strengthening the formal school system to ensure that the learning needs of all children are met through a gender sensitive and locally relevant schooling process.
- Ensuring retention and reducing drop outs especially among girls.
- Making education an effective tool to empower young people to take initiative and control of their lives, body and behavior.

#### Strategy

- Enforcing provisions of the 86th and 93rd Constitutional Amendments and the new Article 21-A, making education free and compulsory for children up to 14 years and to ensure that children attend school and are not subjected to child labour.
- Making school structure accessible and meaningful to the aspirations of all children.
- Improving quality of education for ensuring better retention, learning outcomes and reducing dropout among children especially children from the disadvantaged groups and girls.
- Expanding the network of upper primary and secondary schools to ensure that girls have greater access to formal schools at higher levels. These schools would need to have necessary infrastructure facilities, adequate staff, and special provisions for SC/ST and physically challenged children.
- Special enrolment campaigns to be organised at the beginning of every academic session for scattered populations.
- Setting up a primary elementary school in all the SC and ST habitations with viable population of school-age children.
- Upgrading teacher education programmes in terms of relevance and professional skills.
- Strengthening the pre-school component in ICDS to achieve better enrolment and retention.
- Reviewing existing school curriculum and pedagogy from a gender perspective.





- Ensuring effective monitoring of Mid Day Meal Scheme (MMS) to enhance nutritional status as well as improved learning abilities and extending the scheme to upper primary stage.
- Expanding IT educational facilities in schools and ensuring regular monitoring of computer education programmes.
- Increasing allocation for educational programmes to meet the goals of Education for All (EFA).

### Implementation

- Increased involvement of Panchayati Raj Institutions to ensure efficient working of the schooling system at the local level.
- Enhancing the child tracking system under SSA to check and monitor the dropout rate.
- Ensuring that the State level Resource group meets at regular intervals to review current school curriculum and develop appropriate and relevant curricula keeping in view children's needs to face varied life situations and enhancement of life skills with support from State Council of Educational Research and Training (SCERT) / Rajasthan Board of Secondary Education (RBSE).
- Strengthening the State level Task Force reviewing in-service teacher education programmes and planning systematic and professional inputs for teachers training with involvement of SCERT and District Institute of Education and Training (DIET).
- Creating a pool of resources at all levels to support programmes for girls' education with active involvement of women's groups, retired teachers, Self Help Group (SHG) members NGO functionaries and members of cross-cutting departments.
- Making Schools 'child-friendly', by ensuring basic facilities of safe drinking water and sanitation, adequate classrooms, appropriate teaching learning materials, space for recreation and creativity. Care to be taken so that special needs of girl children are taken into account. Ensuring an environment in educational institutions which children especially girls feel safe, secure and are protected from abuse, violence and discrimination.
- Life skill education to be imparted in an effective manner.
- Mapping of poor areas wherein special attention needs to be given by way of additional supplementation vis-à-vis the MMS.
- Promoting good health and sanitation practices by organising regular health check up in schools. Counseling and consultations with parents with regard to physical and mental health of their children needs to be ensured.
- Mapping of schools in child labour intensive areas, and hard to reach areas with the help of Panchayats, Urban local Bodies, NGOs and Community Based Organizations (CBOs) to open new educational institutions. Residential schools/hostels can also be started in these areas.

## IV. CHILD PROTECTION

### Objectives

- Ensuring that children are protected from all forms of exploitation, discrimination, neglect, inhuman or degrading treatment and violence and get special protection under all circumstances
- Providing protection to children from all forms of sexual exploitation including pedophilia, trafficking and abduction and to prevent cross-border and inter-country trafficking of children
- Preventing use of narcotic drugs, alcohol and other forms of substance used by children and provide appropriate treatment and rehabilitation to such children
- Abolishing child labour including labour by migrant children
- Ensuring mainstreaming of child labour prevention strategies with State poverty eradication and developmental initiatives
- Protect children against abuse of all kinds and corporal punishment in schools
- Protecting children in need of special protection including orphans, abandoned children, migrant children, sex workers, street children and children from any other socially excluded group.
- To protect the children's right to property in their parental property in case the mother remarries.

### Strategy

- Reviewing existing child protection legislation, measures and systems for ensuring rights of all children including children's right to property in their parental property when the mother remarries.
- Adaptation and enforcement of laws to improve implementation of policies and programmes to protect children from all forms of violence, abuse, neglect and discrimination at home, school, workplace and community.
- Adoption of special measures to eliminate discrimination against children on the grounds of birth, sex, disability, religion, caste, creed or socio-economic status and ensure equal access to education and basic social services.
- Priority be given for providing adequate funds for institutional care, support services and child-friendly facilities for both girls and boys.
- Effective monitoring of children's homes, orphanages, charitable homes, as well as observation homes.



- Sensitization of lawmakers, administrative authorities and law officers dealing with juvenile cases.
- Training of Police, and Vigilance personnel for improved implementation of the provisions of the Immoral Trafficking (Prevention) Act, 1956.
- Provision of greater access to education, health and social services to children living in disadvantaged social situations including orphans, abandoned children, migrant children, children born to sex workers, children working or living on the streets.
- Formation of strategic partnerships with voluntary sector and civil society in advancing protection of rights of children.
- Eliciting support of NGO/CBOs in identification of child labour intensive sectors in order to design effective interventions.
- A broad social alliance including government, trade unions, employers, legal and judicial fraternity, NGOs, academia to be formed to voice a strong societal outcry against child labour and to implement the agenda for action.
- Convergence of services to tackle the problem of child labour between the Department of Social Welfare, Department of Labour, Department of Education and Department of Women and Child Development.
- Improving the quality of National Child Labour Protection (NCLP) programme, especially curriculum, teaching process and over all development of children.
- Creating awareness on Childline services and extending the services to all the districts.

### Implementation

- Establishment of high level State Coordination Committee for Protection of Child Rights.
- Developing strong mechanism to prevent child begging or exploitation of children for begging by strictly enforcing provision of the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006.
- Development of a Manual on Juvenile Justice, for different personnel involved in the administration of the Juvenile Justice, (Care & Protection of Children) Amendment Act, 2006.
- Establishment of a monitoring cell for the improved coordination, monitoring and implementation of the Juvenile Justice, (Care & Protection of Children) Amendment Act, 2006.
- Establishing a regional network and a task force planning and implementing a concentrated strategy for migrant child labourers as well as children trafficked for sex work.

## V. THE GIRL CHILD

### Objectives

- Ensure improved juvenile sex ratio.
- Assuring equality of status for girl child as an individual and a citizen in her own right by creating an environment wherein she lives a life of dignity with adequate opportunities for development
- To eliminate all forms of discrimination against the girl.
- Ensuring an environment for safety, security and protection of girl child from exploitation and abuse
- Protecting the girl child from deprivation and neglect and ensuring her equal equal access to resources.
- To create and enabling environment for her to emerge as a confident citizen in society
- Ensuring right of age at marriage and first pregnancy to prevent inter-generational cycles of ill-health.
- Mainstreaming out of school/drop out girls in the education system.

### Strategies

- Gender sensitization of all those in authority, including the judiciary, police and local authorities and members of the general public for promoting positive attitudes and practices towards the girl child.
- Ensuring that birth of each and every child is registered and birth certificate issued
- Putting in place measures that ensure that all girl children receive holistic health care and protection including preventive and curative services covering their health at all ages, including reproductive health care.
- Create and sustain a gender sensitive education system to ensure equal education and learning opportunity to girls with the objectives of ensuring gender parity at all stages of education.





- Provide education that enables adolescents to protect themselves from HIV/AIDS and impart requisite care, counseling and services.
- Steps for elimination of early and forced child marriages.

### Implementation

- Creating sensitivity to the special needs of the girl child at all levels including administration, police and judiciary.
- Child marriage laws to be implemented strictly and local vigilance committees to be empowered and strengthened.
- Launching a sustained campaign on girl child with the support of NGOs/CBOs to create awareness on the rights of the girl child.
- Develop effective surveillance systems to prevent foeticide and infanticide and to ensure effective implementation of Pre- Conception & Pre Natal Diagnostic Technique (PC&PNDT) Act.
- Reviewing school curriculum from a gender perspective and mainstreaming gender in schooling process.
- Empowering adolescent girls by making them aware of their rights, orientating them on the subject of abuse, instilling life skills including knowledge of childbirth and child rearing practices, HIV/ AIDS and personal hygiene among others.
- Curbing child marriage by setting up a district and block level child marriage prevention cell with requisite powers to prevent solemnization of child marriage, provide counseling services and facilitate effective prosecution.
- Formulation of time bound IEC plan for behavioural changes in the community, to curb child marriages.
- Preparation of state action plan for preventing trafficking of girls.
- Providing facilities in education institutions to meet out the special needs of girls.

## VI. SPECIAL FOCUS GROUPS

### (i) Children with Special Needs

#### Objectives

- To ensure the right to survival, care, protection and security for all children with special needs
- To ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children
- To ensure the right to development as well as recognition of special needs of care and protection to children who are vulnerable, such as, children with severe multiple disabilities, children with mental illnesses, severe mental impairment etc.
- Early identification to ensure optimum development of children with disabilities.
- To ensure inclusive and accessible education and life skill training for all children with special needs .

#### Strategies

- Create effective links and quick referrals between ICDS and health institutions of Medical & Health Department such as PHCs, CHCs and District Hospitals.
- Train social workers, health workers and families for early detection of disability.
- Provide for counseling of children and their families.
- Improve access, learning and retention of children with special needs in the mainstream schools and provide accessibility to toilets and playgrounds for such children.
- Including requirements of children with special needs in all existing schemes for children and frame appropriate schemes for their growth and development.
- Dissemination of information on programmes and schemes related to children with special needs.
- Setting up and strengthening institutions for rehabilitation of children with special needs.

#### Implementation

- Adequate financial provision in all concerned departments including Medical & Health and Education for strengthening services and care of children with special needs.
- Special schools at district level with residential facilities.
- Close monitoring of interventions for children with special needs under the Sarva Shiksha Abhiyan.

## **(ii) Children affected and infected by HIV/AIDS**

### **Objectives**

- Ensuring a supportive and enabling environment for care, treatment, counselling protection and rehabilitation of children infected and affected by HIV/AIDS.
- Ensuring access and availability of quality health services, including health education, to reduce the risk of HIV/AIDS .
- To prevent transmission of HIV/AIDS from mothers to children
- To ensure availability of treatment including Anti-Retroviral Therapy free of cost to all children living with HIV/AIDS from initial stages of infection and to also ensure availability of medicines and treatment.
- Promoting inclusive community based approaches at all levels with the aim of reducing vulnerability of children affected and infected by HIV/AIDS.

### **Strategies**

- Strengthening of Anti Retroviral Treatment (ART) and OI (Opportunistic Infection) treatment services at least up district hospitals to ensure availability to all children living with HIV/AIDS.
- To strengthen Prevention of Parent to Child Transmission (PPTCT) scheme to ensure that it fully meets its objective of preventing transmission of HIV/AIDS from mother to children.
- Raising awareness, knowledge and understanding among the general population about HIV/AIDS infection and STD (Sexually Transmitted Disease) routes of transmission and methods of prevention.
- Build the capacity of health workers (doctors, nurses, counselors and other paramedical professionals) in communication and coping strategies for strengthening technical and managerial capabilities.
- Creating legal provisions to ensure that HIV positive children are not deprived of their rights.
- Ensuring de-stigmatization of children infected, orphaned and made vulnerable by HIV/AIDS.

### **Implementation**

- Conduct a state-wide assessment of children infected and affected by HIV/AIDS in order to ascertain the spread, reasons and nature of disease among children and facilitate child specific HIV/AIDS policy development and interventions.
- Strengthening Prevention of Parent to Child Transmission (PPTCT) services at the district level.
- Ensuring effective education to children and community on life skills, reproductive health, responsible sexual behaviour, blood safety, safe clinical practices, protective hygiene and prevention of substance abuse.



### **(iii) Children affected by natural disasters**

#### **Objectives**

- Ensure immediate relief and sustainable medium and long-term benefits for children and families affected by disasters, especially the safety and security of children who lose their parents in such cases
- Dovetailing emergency interventions into regular development programmes

#### **Strategy**

- Using vulnerability assessment to determine specific hazards and risk factors.
- Reviewing the Famine Code to include children's needs.
- Making provisions for basic amenities of health, nutrition, water and sanitation, housing and shelter for children in situations of natural and disasters.
- Developing plans and providing psycho-social care and trauma counseling for children in emergencies.
- Giving specific role to security agencies about the safety and security of children who lose their parents in course of disasters or whose parents are incapacitated.
- Review policies regarding adoption and relocation of orphaned children

#### **Implementation**

- Review famine code for making special provision to meet the needs of children affected by disaster.
- Establishment of crèches for children of families affected by disasters.
- To create networks of NGOs/CBOs to support State interventions in provision of psycho-social care and counseling to families and children during emergencies.
- Creation of database of support agencies.

## VII. OVERALL POLICY IMPLEMENTATION MECHANISMS

The mechanism for policy implementation will take into account participation of various stakeholders. Transparency, accountability and decentralization will be the core principles guiding the implementation process.

### Coordination

- Establishment of a State level Monitoring Committee under the Chairmanship of Chief Secretary for protection of child rights.
- Constitution of a State level Coordination Committee to be headed by the Additional Chief Secretary,(WEW) with Secretaries of the concerned departments. This Committee will review, monitor & guide the progress of policy implementation on a biannual basis and give necessary guidance and directives. Individual departments will draw their annual plan of action and present their reports on the progress made in proposed programmes and future plans.
- Enlisting support from parents and community for improvements in institutional and community facilities for education, drinking water and sanitation, recreational and sports opportunities
- The Department of Women and Child Development (DWCD) will be the nodal department for the implementation of the Child Policy and will coordinate with all departments and partner organisations to achieve policy objectives. It will monitor policy implementation and track progress along with the State level Coordination Committee.
- Setting up of District, Block and Panchayat level Coordination Committees, for implementation and review of programmes.

### Advocacy

- Generating greater awareness regarding rights of children through involvement of mass media, electronic media and other channels of communication
- Formulation of a Charter for Children to ensure transparency, accountability and sustainability of resources, interventions for health, nutrition and education for the development of children in a holistic manner within a stipulated time-frame.
- Establishment of forums for children at the state, district/block/village level for their increased participation in decision making processes affecting their lives.

### Partnerships

- The Department of Women and Child Development (DWCD) will generate strong public opinion against exploitation of children and violation of child rights with through an active network of NGOs, media partners and the cooperation of state departments

- Actively promote long-term public private partnerships for child development programs by formulating options for financial and/or resource support through strategic corporate social responsibility
- Create a conducive environment and appropriate mechanism for gender sensitization including sensitization of political leaders, opinion markers and media etc

### *Documentation*

- State level documentation centre for all child related policies, projects and programmes.
- Establish a data bank having disaggregated district-wise data on related indicators in all concerned departments.
- A Management Information System (MIS) would be established for efficient monitoring and retrieval of information regarding children's issues.

### *Review of Implementation*

As the future generation of the State, the children of Rajasthan must be appropriately supported from the very beginning of their lives. This policy outlines issues critical to the successful development of a child's physical, mental, and emotional well-being. The actual success of any policy is determined by the effectiveness of its implementation. Collective action taken by State departments and other pertinent agencies will help progress in a coherent manner. The bi-annual review by the State Monitoring Committee will assess all major issues put forth in this document and those relevant to all stakeholders. This comprehensive review will ensure accountability of the public and private agencies involved, evaluate how well the implementation methods have been executed and subsequently be able to formulate strategic next steps. It is critical to note that the analysis of progress should be holistic and involve qualitative and quantitative data; these findings would identify any gaps in execution and provide a suitable basis to form the next action plan.

### *Review of Policy*

A policy such as this one is a strong step in the right direction but clearly will not be enough. The partnership of all stakeholders is critical to the success of addressing children's needs that are related to interconnected issues across many sectors. Accurate and adequate data collection will also help to determine next steps in policy and legislation creation. The problems and difficulties being faced by the State's children may change over time. Current challenges may be overcome and new issues may emerge that require new approaches not covered by the current policy. Therefore, the policy should not be stagnant but rather a malleable document that government authorities can redefine in its approach and implementation methods as necessary after revisions made every few years.

In conclusion, it is imperative that all public, private and community members leverage their strengths to actively ensure better lives for our children. The progress of this nation rests on the foundation created for future generations and it is time to translate their dreams into realities.



## I. CHILD HEALTH

S.No	Action point	Responsible Dept/Agency	Nodal Department	Time frame
1	Creating awareness on and ensuring strict enforcement of the PC&PNDT Act for halting declining sex ratio	Department of Medical and Health	DHFW	2009
2	Strengthen PHC/CHC for provision of maternal child health	Department of Medical and Health	DHFW	2009
3	Create conditions for safe delivery by upscaling training of skilled birth attendants	Department of Medical and Health	DHFW	2010
4	Ensuring the existence of one functional 24x7 obstetric care facility in each of the 237 blocks of the State	Department of Medical and Health	DHFW	2012
5	Promoting appropriate low cost technologies for safe drinking water	PHED/Dept of Health	PHED	2012
6	Strengthen school sanitation programme to cover all schools in the state	Dept of Education/PHED	Dept of Education	2010
7	Devising a system of mapping Maternal Mortality	Department of Medical and Health	DHWF	2009

## II. CHILDCARE AND NUTRITION

S.No	Action point	Responsible Dept/Agency	Nodal Department	Time frame
1	To put in place improved immunisation services based on a strategic framework of strengthened community outreach.	Department of Medical and Health/DWCD	DHFW	2011
2	Addressing malnourishment among children on a priority basis by establishing and strengthening of surveillance centres in all districts of the state.	DWCD/ DHFW	DWCD	2011
3	Putting in place mechanisms for birth registration at or within 15 days of birth	DWCD/ RD	DWCD	2009
4	Create child-care facilities and child care centres at workplace to facilitate mothers to breast-feed and care for their children.	Dept. of Social Justice and Empowerment	DWCD	2009
5	Improving the quality of ICDS services by facilitating better coordination between AWWs, ASHAs and ANMs.	DWCD/Directorate of Health and Family Welfare	DWCD	2009

### III. EDUCATION

S.No	Action point	Responsible Dept/Agency	Nodal Department	Time frame
1	Improving quality of education and retention rates of children especially girls	Rajasthan Council for Elementary Education	Dept of Education	2009
2	Reviewing and developing gender sensitive curriculum and textbooks	SCERT, RBSE	Dept of Education	2009
3	Reviewing in-service teachers training	Rajasthan Council for Elementary Education, DIETS	Dept of Education	2009
4	Assessing availability of upper primary schools	Rajasthan Council for Elementary Education	Dept of Education	2009
5	Mapping Schools in child labour intensive areas	Rajasthan Council for Elementary Education and Dept. of Labour	Dept of Education	2009



#### IV. CHILD PROTECTION

S.No	Action point	Responsible Dept/Agency	Nodal Department	Time frame
1	Mapping of child labour by categories of work	Mapping of child labour by categories of work	DWCD	2009
2	State Task force for Inter and Intra state Trafficking	DCD/Police	DWCD	2010
3	Prevent early and forced child marriages and early pregnancies	DWCD	DWCD	2009
4	Creation of a database of all child protection services	DCD and Social Justice	DWCD	2009

## V. THE GIRL CHILD

S.No	Action point	Responsible Dept/Agency	Nodal Department	Time frame
1	To improved juvenile sex ratio	Dept. of Medical & Health	DWCD	2011
2	To eliminate all forms of discrimination against the girl	Education, Medical & Health, DWCD and Social Justice & Empowerment	DWCD	
3	Ensuring an environment for safety, security and protection of girl child from exploitation and abuse	DWCD, Social Justice & Empowerment & Home	DWCD	
4	Ensuring right of age at marriage and first pregnancy	DWCD & Medical & Health	DWCD	2011
5	Main streaming out of school/drop out girls in the education system	Education	Education	2011

## VI. SPECIAL FOCUS GROUPS

S.No	Action point	Responsible dept/agency	Nodal Department	Time frame
1	Children with Special Needs	Social Justice & empowerment & Medical & Health	Social Justice & Empowerment	
2	Children affected and infected by HIV/AIDS	Medical & Health	Medical & Health	
3	Children affected by natural disasters	Department of Disaster Management & Relief, Medical & Health	Department of Disaster Management & Relief	



## LIST OF ABBREVIATIONS

CRC	Convention on Rights of Child
MDGs	Millennium Development Goals
ST	Scheduled Tribe
SC	Scheduled Caste
IMR	Infant Mortality Rate
ICDS	Integrated Child Development Services
NRHM	National Rural Health Mission
SSA	Serve Shiksha Abhiyan
MMR	Maternal Mortality Ratio
DWCD	Department of Women & Child Development
NGO	Non-government Organisation
MIS	Management Information System
UIP	Universal Immunization Programme
MCHN	Mother & Child Health & Nutrition Day
ORS	Oral Rehydration Salt
IMNCI	Integrated Management of Neo-natal and Childhood Illnesses
HIV & AIDS	Human Immune Virus and Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
AWC	Anganwari Centre
MTCs	Malnutrition Treatment Centres
EPRC	Economic Policy and Reform Council
ANM	Auxiliary Nurse Midwife
NRHM	National Rural Health Mission
IYCF	Young Child Feeding
PRIs	Panchayati Raj Institutions
ASHA	Accredited Social Health Activists
MMS	Mid Day Meal Scheme
EFA	Education For All
SCERT	State Council of Educational Research and Training
RBSE	Rajasthan Board of Secondary Education
DIET	District Institute of Education and Training
SHG	Self Help Group
CBOs	Community Based Organizations
NCLP	National Child Labour Protection
PNDT Act	Pre Natal Diagnostic Technique Act.
IEC	Information Education & Communication
PPTCT	Prevention of Parent to Child Transmission
ART	Anti Retroviral Treatment
OI	Opportunistic Infection
STD	Sexually Transmitted Disease



**Government of Rajasthan**  
**Department of Women and Child Development**