**Child Issues in Maharashtra : An Overview:**

Maharashtra is counted among India’s most progressive states with infant, child and maternal mortality rates lower than the national average. The estimated region-wise infant mortality rate shows that it is highest in the Vidarbha region at 39.5, followed by Marathwada at 35 (Kelkar Committee Report). The state achieved the Millennium Development Goals (MDG) for Maternal Mortality Rate in 2010 (87), for Under 5 Mortality in 2009 (28) and for drinking water in 2003.

Maharashtra boasts of an increase in literacy levels from 77% in 2001 to 83% in 2011. Further, there is a three-fold jump in the number of RTE-compliant schools operating in the state from 7,355 schools in 201X to 23,148 in 2013 (State of the World’s Children Report, 2013) with almost 99% of schools in the state having a building.

On the child protection front too, Maharashtra is a top gainer with the incidence of child marriage declining (from 31% in 1998 as per DLHS-2 data to 20% in 2013 as per the Rapid Survey on Children-RSOC-2013-14) and Child Protection Systems under the Juvenile Justice Act being functional in all 35 of its districts. However it still has one in 5 adolescent girls getting married before the age of 18 years.

There is a clear link between child marriage, maternal malnutrition and illiteracy and infant mortality.

**Key Challenges:**

Maharashtra has a lot to be proud about. But due to glaring regional imbalances and economic disparities far too many children still confront the future with their needs unaddressed, their rights unrealised and their potential thwarted. The poorest 20 per cent of the children are twice as likely as the richest 20 per cent to be stunted by poor nutrition and to die before their fifth birthday. The Kelkar Committee surmised that the IMR of tribal areas in Maharashtra is 60-70% higher than the state average. The richest 20 per cent of the women are 1.2 times more likely than the poorest 20 per cent to have a skilled attendant present at delivery. Regardless of wealth, girls continue to be held back from schooling.

That’s not all. One in every ten children are born with low weight. One in every three mothers of under two children record a Body Mass Index of less than 18.5, which increases the risk of low birth weight babies. Child survival indicators remain a last mile issue in tribal areas and urban slums.

Unicef is looking forward to associate with you for orienting the MLAs and MLCs on issues like

1.Migration:

The Child Protection programme of UNICEF, Maharashtra designed an intervention to address the exclusion and vulnerability of the children of seasonal migrants. The goal of the intervention was two-fold: wherever possible, **toprevent children from migrating with parents andtomake migration safe for children who migrate** and **ensure their access to services like protection, healthcare and education** among others **at the source and destination**. For children willing to stay back in their villages the provision of safe and secure community based care options. The intervention began with a census followed by a high level of convergence among functionaries at the village-level as well as innovations at the source and destination districts. The project began in August 2014 and ended in 2016

This was carried out in partnership with the Department of Women and Child Development of the Government of Maharashtra, and with the District Administration in two districts Jalna (where the migrants hail from) and Solapur (their destination).

Jalna district is located in the arid Marathawada region of the state and has experienced a harsh drought every summer for 3 out of the last four years. A majority of its population comprises landless labourers who depend on agriculture for their livelihood. The continuing dry spell forces them in thousands to leave their homesteads in October and migrate to Solapur district for 6-8 months to harvest sugar cane there and work at factories and farms to earn a living.

Solapur is located in south-east Maharashtra, it houses over 30 major sugar factories and is therefore the destination of thousands of seasonal migrants every year. For the entire duration of their migration, the families live in straw huts, are at the mercy of labour contractors.

2. **Reducing New born deaths:**

To reduce neo-natal mortality in Maharashtra with a focus on 9 **High Priority Districts** for Call to Action for child survival and development mission (which were identified based on poor indicators related to maternal and child health) and 15 high-burden tribal districts and selected urban areas.

**OUR GAMEPLAN**

* Intensify interventions around birth: scaling up of trainings of Skilled Birth Attendance, essential newborn care and emergency obstetric care.
* Completed gap analysis and developed an action plan to address the gaps in Reproductive Maternal Neonatal Child Health + Adolescent (RMNCH+A) services in 9 high priority districts.
* Developing 1882 health facilities as delivery points resulting in an increase in the total number of delivery points from 2633 to 4515 in the state. 110 Level 3 delivery points equipped with labour-friendly toilets and upgraded as model labour rooms, as per a Government of India guideline.
* Completed assessment of the supply chain and procurement system of essential health commodities resulting in establishment of a central drugs warehouse in Aurangabad and integrating Vaccine Logistics Management Information System into E- Aushadhi software
* Set up 36 Special Newborn Care Units (SNCUs), expanded 12 SNCUs with high-bed occupancy rates in 12 women’s hospitals in the state; 4 new SNCUs are being established and 16 SNCUs are upgraded to Neonatal Intensive Care Units (NICUs).
* Still-birth audit and child death review rolled out in the state.

3**. All Children in School and Learning**:

In this context, the UNICEF’s **Education section** in Maharashtra provides technical support to the various arms of the state government (SED, SSA and MSCERT) to strengthen systems, build capacity of functionaries at various levels, and drive convergence between the efforts of the state and civil society partners. Specifically, issues of access, quality and equity are addressed through UNICEF’s initiatives in the State, which entail advocacy and programme- level interventions aimed at reducing disparities between regions, gender and social groups. These efforts have led to the formulation of strategies, guidelines, and better implementation (with monitoring) of programmes at various levels.

Some of the issue areas in which UNICEF works include

* the development and finalisation of an Early Childhood Education curriculum on which supervisors and AWWs would be trained. The State, with technical support from UNICEF, plans to roll the curriculum out in phases across all districts.
* drafting the State ECCE Policy in line with the National ECCE Policy 2013 through an intense participatory process of state and district level consultations.
* quality education initiatives through multiple prongs such as Strengthening In-Service Teacher Education, Review of Teacher Service Conditions, Support for Quality Education at the district level, Rationalisation of Small Schools, Education of Children in Tribal Areas
* pushing for various initiatives pertaining to the well-being and education of adolescents, such as the Quality Education Programme in Kasturba Gandhi BalikaVidyalayas and Gender Sensitisation& Life Skills through Meena Raju Manch (MRM)
* implementing of Right to Education Act by advocating for sports in schools, strengthening School Management Committees (SMCs), Reviewing Continuous Comprehensive Evaluation, and focusing on Children with Special Needs (CWSN) and out-of-school children

(UNICEF and SAMPARK)