



AVAILABILITY AND UTILISATION OF PALANHAR SCHEME IN RAJASTHAN AMONG CHILDREN AFFECTED BY HIV AND OTHER VULNERABILITIES

— *A Situational Analysis*

A Study Conducted by



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ACKNOWLEDGEMENT

The first gratitude that RNP+ wishes to express is to the Government of Rajasthan and Department of Social Welfare for initiating a novel scheme like Palanhaar and integrating children affected by HIV into this scheme. While there could be much to accomplish, still the early signs of the benefits of this scheme are very positive and families are beginning to feel the benefits of the scheme.

At the very outset, Rajasthan Network of People Living with HIV (RNP+) wishes to deeply thank Unicef for supporting such an innovative study on utilization of one of the most crucial social protection scheme for children affected by HIV. RNP+ strongly believes that findings of this study will hugely strengthen the advocacy efforts of RNP+ and other stakeholders in addressing the issues of access to entitlements by people living with HIV in Rajasthan. RNP+ is also confident that Unicef will support them in future advocacy initiatives.

RNP+ and the entire team wishes to also thank the children who acted as *Bal Mitras* and contributed hugely to the data collection for this study. Without their active support, it would not have been possible to come up with these findings. Their untiring efforts to move in the community and gather information is commendable.

RNP+ also wishes to acknowledge the technical support they received from IMPACT Partners in Social Development in designing and accomplishing this study.

The Study Team

Rajasthan Network of People Living with HIV

LIST OF ACRONYMS

BPL	Below Poverty Line
DLN	District Level Network
DWCD	Department of Women and Child Development
GoI	Government of India
GoR	Government of Rajasthan
NGO	Non-Governmental Organization
RNP+	Rajasthan Network for People Living with HIV and AIDS
RSACS	Rajasthan State AIDS Control Society
UNICEF	United Nation Children's Fund

EXECUTIVE SUMMARY

Key Highlights from the Study

- Both mothers and their children go through multiple vulnerabilities in context of HIV
- The status of women living with HIV and children affected by HIV in Rajasthan is alarmingly concerning given their vulnerabilities. They do not receive adequate social support and their rights are denied at all levels—family, society and the government. Thus a scheme like Palanhaar is very appropriate and timely for this group
- Palanhaar as a scheme to provide social security through economic empowerment is a very innovative and supportive concept and is widely welcomed by the beneficiaries enrolled for the scheme
- Awareness about Palanhaar scheme among remote rural communities seem to be satisfactorily good, as represented by the proportion of eligible beneficiaries registered for the scheme
- However, on the ground implementation of the scheme needs strengthening, whereby the flow of money is not as per schedule and also most of the families are not receiving their full entitlement. There are strong district specific variations, further suggesting the role of local administration in implementing the scheme
- There are no set patterns of distribution of money to registered families and is distributed whenever the budget is released by the government. Families in most cases are not even able to estimate the money they should be receiving and hence generally do not demand for their full entitlement
- As evident from the data collected in the study and presented in this report, utilization of Palanhaar money within the family is also not ideal as it is not wholly (or even largely) spent on children's education or even for children's needs.
- Considering food insecurity in these families, it is also not expected that the entire money will be spent on children or their education, but as reported by children a large proportion of the money is spent on family needs, leaving it very little for children's education.
- Some children included in the study also reported that the money received was spent on paying family debt, rebuilding the house, paying electricity bills and investment in family business, leaving little for children's use.
- Children do have strong opinions about how this money should be utilized by the family, though they are not able to control this in almost all cases.
- There is an immediate need to:
 - Carry out a more in-depth state wide research on availability and utilization of Palanhaar scheme, particularly with the families affected by HIV
 - Provide feedback to the local and state administration on the existing status of disbursement of money under Palanhaar Scheme and strengthen the overall implementation of Palanhaar
 - Raise awareness among the beneficiary families about the intended use of Palanhaar Scheme to further strengthen the proper use of the money for the children
 - Pilot certain other approaches to ensure use of Palanhaar money for children within the family. These approaches could be (a) conditional cash transfer (e.g. linking it to child's attendance in school or performance in exams) (b) in-kind transfer (e.g. directly paying the school fee) (c) monitoring of expenditure by the PRI

INTRODUCTION

BACKGROUND

Rajasthan is the desert state of India having 5% of the population share and 11% share of the total land area. Nearly 65% of the total land in Rajasthan is desert and thus creates immense challenges to its inhabitants. As per recently concluded census, the total population in Rajasthan is 68.5 million, with female to male ratio of 926:1000. The total population of children in 0-6 years' age group is 1.05 million, constituting nearly 15% of the total population. The state of women and children in Rajasthan is alarmingly poor with literacy rate among women being 52.7% and 26.7% getting married before the age of 15 years. Among children, the school dropout rate at primary level among girls is 68.5% (2000-01).

Rajasthan is one of the tribal states of the country, with nearly 12.6% of its total population being tribal. In addition, 17.2% of its population belongs to scheduled caste (Census 2001). Rajasthan is predominantly a poor state with nearly 3 million (22%) households being categorised as Below Poverty Line.

Other vulnerability about the population in Rajasthan is about its people living with HIV. There are no exact estimates of people living with HIV in Rajasthan. RSACS data estimates 0.25% prevalence in general population, thus estimating nearly 170,000 people living with HIV. Other studies have estimated around 80,000 to 150,000 people living with HIV in the state of Rajasthan. So far, Rajasthan Network of People Living with HIV has only been able to register nearly 12,000 which is about 10% of all people living with HIV in Rajasthan, of which nearly 1050 (8%) are children 0-18 years of age. Therefore, it can be estimated that there would be at least 10,000 children affected by HIV in the state of Rajasthan.

Government of Rajasthan has been proactive in launching schemes and services for children in the state of Rajasthan. Till date there are about 8 schemes aimed at directly benefiting children and adolescents in the state. While some of these are centrally sponsored schemes, some are exclusively funded by the state government.

During 2010 RNP+, with support from UNICEF and UN Women conducted a Desk Based Analysis of existing schemes and services in Rajasthan and it was found that there are currently 99 schemes running within 6 ministries¹ and departments of Rajasthan, exclusively for the benefit of women and children in the state. Most of these schemes are aimed to benefit families Below Poverty Line (BPL) and some are exclusively for girls

STATUS OF PALANHAR IN RAJASTHAN

Palanhar was conceived by the Government of Rajasthan to benefit the orphan children (either single or double). There are no concrete data available on orphans and vulnerable kids in Rajasthan. According to UNICEF², there are estimated 31 million orphans (0-18 years) in the country and therefore as per population distribution there would be about 1.5 million orphans in Rajasthan. Considering 22% of the total households in Rajasthan are BPL, it can be estimated that at least 330,000 children would be eligible for Palanhar scheme in Rajasthan. This figure is expected to be higher as

¹ Includes Ministry of Health and Family Welfare, Ministry of Human Resource Development, Ministry of Women and Child Development, Ministry of Social Justice and Empowerment, Ministry of Labour and Employment and Ministry of Social Welfare

² http://www.unicef.org/infobycountry/india_statistics.html

other non-orphan children (e.g. children affected by HIV) are included as eligible beneficiaries for Palanhar scheme.

On the other hand, according to fund utilisation status in Palanhar in 2008, only 18,000 children received benefits from Palanhar scheme. Therefore it would be safe to assume that Palanhar services are only reaching to just 5% of the eligible children in Rajasthan. Interestingly the fund allocation has not increased for the year 2010 as well where only 206 million rupees have been allocated which would only reach out to approximately 20,000 eligible children (considering 9200 rupees per child per year). Hence, the coverage is not expected to increase any further in the coming year as well.

While government provides statistics and figures on number of children/families reached with these schemes, it does not specify what percentage of the total eligible children/families it is able to reach out in a particular financial year. Information about % of allocated funds spent is also not available which can still provide some broad ideas about the reach. There is no information available on the estimation procedure used by the government for fund allocation; rather there have been nominal increments each year, from the previous year. It is therefore important to assess what proportion of eligible children are reached through these schemes.

At the second level there are no evidences to prove that the assistance received through these schemes is actually spent by the parents on the well being of these children and not used for covering up general expenses of the family. Since most of the recipient families are poor, the possibility of diverting the money/materials obtained through schemes cannot be denied. Therefore it is important to ascertain the extent to which the children actually get benefitted by these schemes, wherever government is able to provide them.

As RNP+ staff regularly interacts with families eligible for availing several schemes including Palanhar and has thus realised that there is a very little information available within these families on their entitlements. Lack of awareness among the target groups about the schemes, eligibility and procedures to avail the entitlements, therefore, is one of the key reasons for low accessibility of these schemes. Also, sensitisation of parents and children about these schemes can ensure that children receiving these entitlements get the full benefit of these schemes and are not used by the family for general expenses. *(Palanhar scheme has been described in Annex-1)*

GOAL

The overall goal of the study is to increase the utilisation of Palanhar Scheme among children affected by HIV and other vulnerabilities using *Bal Mitras*—The Peer Advocates.

OBJECTIVES

The specific objectives of the initiative are:

- To built capacity of children affected by HIV and other vulnerabilities to be *Bal Mitras* (Peer Advocates) for awareness generation and conducting community assessments³
- To generate awareness among the families of children affected by HIV and other vulnerabilities regarding various schemes and services of government of Rajasthan
- To assess the pattern of utilisation of Palanhaar money received by the families of children affected by HIV

The present report provides details about the status of uptake of Palanhar benefits as well as ground realities in the study districts in Rajasthan. The ensuing sections describe the study specifics such as methodology, implementation, data results, conclusion and recommendation.

³ Includes quantitative surveys and participatory techniques including focus group discussions

STUDY METHODOLOGY

The present chapter describes the study implementation details to provide all possible steps that were taken while conducting the study. The details include geographical coverage, process, implementation, etc.

GEOGRAPHICAL COVERAGE

The study covered the rural areas of 5 districts of Rajasthan *viz.* Barmer, Dungarpur, Sawai Madhopur, Tonk and Udaipur. In each of the districts, one block was randomly selected and within the selected block, 20 villages were selected randomly to identify two *Bal Mitras* (*discussed later*) from each of the selected village.

TARGET GROUPS

The study mainly focussed on children affected by HIV as well as children who are eligible for availing Palanhar benefits.

Key Questions addressed under the study

The capacity of children affected by HIV and other vulnerabilities was built on ways and means to avail existing government schemes as per their entitlement. Initially, a detailed analysis of secondary data was undertaken and a list of questions and issues was developed for the assessment through community consultation and survey.

The capacity building and assessment was based on the following areas:

Demand for Services

- The extent of awareness, knowledge and access to various schemes and entitlements for children and barriers to these
- The extent of benefit of schemes and entitlement to children when these schemes are availed by their families

Service Delivery

- The bottlenecks in providing entitlements under Palanhar scheme to children/ families affected by HIV/AIDS and other vulnerabilities by the concerned departments
- Advocacy for making changes in the service delivery mechanisms under Palanhar scheme for enhanced utilization of schemes and its entitlements

An effort was made to obtain statistically valid data for better estimates on eligibility and access of the scheme. Specifically, this study provided:

- Estimates of the proportion of children enrolled for particular schemes out of total eligible for that particular scheme
- Estimates of the regularity of receipt of funds/materials to enrolled children and reasons for drop out
- Assessment of extent to which the funds/materials received for children are used by the families for the benefit of the children themselves
- Assessment of the level of satisfaction of children and their families towards existing schemes and services
- Policy recommendations for effective management of these schemes

STUDY PROCEDURE

The present study mainly included following steps:

(a) Scanning of Document and Reports

As a initial step, efforts were made to scan documents and reports related to schemes with a thorough review of the identified schemes at the concerned ministries and departments level, such as Social Justice and Empowerment, Social Welfare, Women and Child Development, etc. The key focus was kept on Palanhaar scheme. In addition, a few in-depth interviews were also conducted with the key stakeholders to ascertain their perspective about the schemes and their uptake.

(b) Capacity Development of Children Affected by HIV and Other Vulnerabilities

At the second stage, capacity of children affected by HIV and other vulnerabilities (peers) was assessed and developed by an experienced adult facilitator. In this present study, an innovative “peer research methodology”⁴ was used for research as well as for generating awareness. Similar peer research methodology on “*Girl Effect*” commissioned by Girl Hub (DFID and Nike Foundation joint initiative) has successfully used this methodology for in Rwanda⁵.

In India that too in Rajasthan, RNP+ and IMPACT Partners in Social Development (one of the partners in this study) has used the similar methodology with Women Living with HIV (WLHIV) in Rajasthan and used women living with HIV as WLHIV peer members not only for collection quantitative and qualitative information, but also to generate awareness at community level through community sensitization sessions.

Rationale for Using Peer Research Methodology

- Peer research methodology is developed from the traditions of ‘participatory’, ‘action’ and ‘empowerment’ approach
- Members of the peer target group (children affected by HIV and other vulnerabilities in our case) adopt the role of active researchers, interviewing their peer group about their experiences and providing them with necessary information– the ultimate in participatory methodology.
- Adopts a ‘bottom up’ approach where those individuals who are going to be directly affected by the intervention play an active role in the process
- Adopts standpoint that peers are ‘experts’ within their field of experience
- Reaffirms the fact that grass roots information can best be obtained from people living within the community

CREATION OF A CADRE “BAL MITRA”

For this study, RNP+ and IMPACT created a new cadre named as “*Bal Mitra*”. A *Bal Mitra* was a child 14-18 years of age, affected by HIV, orphan or having other vulnerabilities. Preference was given to those who were educated up to Class 8 or above. A pair of *Bal Mitra* in each of the target villages was formulated and all attempts were made to identify one boy and one girl from each of the selected villages in the study area.

⁴ **Peer Research Methodology** is an innovation in action-based research, particularly qualitative research that brings out the finer nuances of community development, which otherwise are not captured through traditional methods.

⁵ <http://www.restlessdevelopment.org/news/2010/12/16/girl-led-development-in-rwanda>

Responsibilities of “Bal Mitra”

Following responsibilities were assigned to Bal Mitras and assessed thoroughly on the adherence to these:

- Attend the one-day training at the block level
- Conduct one community sensitization in their own village and another in a neighbouring village
- Identify families with children eligible for Palanhaar scheme in their village and in the neighbouring village as target families
- Conduct in-depth interview with the target families
- Provide information on available schemes and services to the target families
- Submit the filled-in and duly completed formats and community consultation reports to DLN
- In future, regularly interact with the guardians/parents of the children to motivate them to use the funds/resources from the schemes for the benefit of the children
- Report any significant/serious violation of child rights to appropriate authorities

TRAINING OF BAL MITRAS

After the identification and selection, a one-day training of *Bal Mitras* was conducted at block level in order to build their capacities for undertaking the responsibilities identified above as stated above. The training essentially included the participatory methods and engaged them into practical exercises in order to enhance their knowledge and develop and hone their skills in the desired areas. Broadly, the training aimed at developing and building their:

- Knowledge regarding the key schemes by the government; including the type of services and its eligibility criteria for availing the same
- Skills in conduction community sensitization events, awareness generation and household surveys
- Skills in providing information at households level and responding to questions and concerns from target families

All Bal Mitras were provided with the printed information on schemes, a kit and guidelines.

SAMPLING PROCEDURE

A two-stage random sampling methodology was adopted wherein at the first stage, one block per district was selected (total 5 blocks) and within each selected block, 20 villages were randomly selected at the second stage. After selecting the target villages and another 20 villages adjacent to these selected villages were also identified and selected, making a total sample of 40 villages per block and 200 villages for this study.

Pre-study Considerations

Following were the key considerations for estimating the coverage:

- Sampling units are Households (HHs) with at least one child up to 18 years of age who is either an orphan or semi-orphan or affected by HIV/AIDS
- Estimating that there would be at least 5 such families in a village, a statistically valid sample of 1000 sampling units (200 x 5) will be reached
- A neighbouring village will also be covered
- In each district, approximately 200 sampling units will be covered by *Bal Mitras*
- Total 1000 sampling units would be covered in 5 districts

Thus, in each of the selected district, *Bal Mitras* were expected to conduct 40 community consultations and cover 200 households with children affected by HIV or other vulnerabilities for awareness generation.

STUDY COVERAGE

Following table illustrates the total coverage under the study:

Unit	Overall Coverage
District	5
Block per district	5
Villages per block	200
Families to be covered in each village	611
Village level Community Consultations	200

STUDY IMPLEMENTATION

The study implementation included the following strategic actions:

Identification of Bal Mitras (Peer Advocates)

During the initial phase, identification of *Bal Mitras* was done by the District level Networks (DLNs) at the district level. As expected, the DLN staff identified and established the first level contact and maintained the communication. In this manner, 40 *Bal Mitras* across selected 20 villages were identified in each of the 5 districts. This was not an easy task for the DLN members because it took a lot more their time in convincing the parents and children both. On the other hand, parents and children had their own queries about the scheme and study. However, the DLN members could manage to formulate study teams (*Bal Mitras*) in their respective districts.

Training of Master Trainers

In order to train *Bal Mitras*, 2 members of DLN were identified as Master Trainers and were given training at state level on how to conduct the block level trainings in the study districts.

Training of Teams of Bal Mitras

- *Bal Mitras* were given training at block level for 1 day considering the fact that these children cannot move to longer distances from their places of stay.
- An expert adult facilitator having experience of working with children conducted the training along with master trainers.
- During the trainings, *Bal Mitras* were given complete orientation on child-centred schemes focussing on Palanhaar implemented by Government of Rajasthan along with some printed materials on schemes.
- In addition, *Bal Mitras* were given guidance on procedure of availing the benefits under the scheme and its eligibility criteria. They were informed about the stakeholders that need to be involved for effective implementation of the child-centred schemes specially Palanhaar.
- *Bal Mitras* were given complete orientation on their roles and responsibilities that they need to undertake after the training at their villages. This included orientation on how to conduct community sensitization in their village and identifying target groups and households with children affected by HIV/AIDS and other vulnerabilities and undertake awareness generation as well as collect information on knowledge and availing of schemes.

Capacity Building of Children affected with HIV/AIDS and other vulnerabilities

- The trained *Bal Mitras* returned back to their villages and had undertaken the assigned activities while conducting their work.

- Each team of 2 *Bal Mitras* conducted 2 community consultations involving stakeholders and community in their own village as well as in the adjoining or neighbourhood village (one each). In all, *Bal Mitras* covered 40 villages in each of the study district.
- In addition to these, these *Bal Mitras* also covered 5-10 HHs with children affected by HIV and other vulnerabilities in both villages.
- The households with children affected by HIV and other vulnerabilities were specifically oriented on child centred schemes anticipating that they will also identify such families which are not availing benefits of child centred schemes presently but entitled for benefits. In this manner, *Bal Mitras* undertook the community awareness generation among eligible HHs.
- The teams of *Bal Mitras* identified bottlenecks related to the Palanhar scheme and got clarifications from the Coordinator as well as DLN members of their districts who were consistently in touch with them throughout the study.

QUALITY ASSURANCE MECHANISM

Block level trainings of *Bal Mitras* were closely supervised by the study coordinator and other RNP+ staff members. In addition, field supervision visits were conducted by the study coordinator, RNP+ staff and DLN staff members to support the *Bal Mitras* at the field level and ensure the quality and authenticity of the information collected.

During the field visits, all doubts and concerns were addressed and clarifications were given to *Bal Mitras*. RNP+ staff members undertook regular follow-ups over phones to get the updated status.

DATA ANALYSIS

After the fieldwork, all the *Bal Mitras* submitted their filled-in and completed formats to DLN staff at their respective districts. RNP+ staff were contacted and requested arrange for the pickup of the filled-in materials for Jaipur.

The filled-in formats were scrutinized for their completeness and responses were coded. After the scrutiny and coding was over, the filled-in formats were sent for the data entry and data was made available in SPSS files. Experienced researchers carried out the data analysis based on the pre-designed tables. It is worth mentioning that the dataset went through cleaning when tables were computed.

Qualitative reportings from community consultations were scanned thoroughly and content analysis was undertaken by the social qualitative researchers to endorse the quantitative findings.

Based on the results from data and content analysis, this comprehensive report has been developed and the first draft being shared with UNICEF officials.

Study Team

The implementation of the present study was undertaken by Rajasthan Network for People Living with HIV/AIDS (RNP+) in technical collaboration with IMPACT Partners in Social Development. RNP+ with its presence across the state through its District level networks participated in the study with their full capacity. IMPACT team with huge experience in the field of Monitoring and Evaluation, Research and Program Quality, Advocacy, etc. was involved in data management and documentation and reporting.

The results were content analyzed and collated and the outcome is this report which provides the salient findings, comment on the present status with respect to Palanhar implementation and the future recommendations.

Timeline

The entire study was completed within 7 months from August 2011-March 2012.

Next Step: Dissemination Workshop for Experience Sharing

RNP+ and IMPACT proposed to conduct a State level workshop to disseminate the findings of the study. Efforts will be made to invite 2-3 selected *Bal Mitras* from each district to participate in the workshop at Jaipur to share their experiences and demonstrate their capabilities.

SALIENT STUDY FINDINGS

As mentioned in the methodology, the study was a mix of quantitative and qualitative information gathered from the children who were entitled to receive Palanhaar study. This section presents the findings and inferences from these two distinct dimensions of data collection. Considering the limitations of data collection, the findings can only be considered as suggestive of the existing situation. However, some of the findings are too strong to be negated and therefore represent a strong view point towards the existing situation of children in the five districts of Rajasthan which in a way could be a representation of the entire state.

A. Findings from Quantitative Data

The first part presents the findings and inferences from the quantitative data gathered from each of the child. The data has been cleaned and there were certain data noises identified, which have been removed. The first part of these findings presents the socio demographic context of the sample included in the study, with specific “vulnerability analysis”. This strongly builds the context in which certain section of population in Rajasthan lives and warrants for immediate action to support them. The second part presents the status of Palanhaar as a scheme and to what extent it has been able to achieve its objectives in these five districts.

1. Sample Distribution

As specified earlier, this study was conducted in 5 districts of Rajasthan namely Barmer, Dungarpur, Sawai Madhopur, Tonk and Udaipur. The study was conducted in 20 villages of each of these district, comprising of total 100 villages. From this geographic spread, in total 611 children could be identified those were eligible for receiving benefits under Palanhaar scheme. The sample had more males (59%) than females (41%). The majority of the children (43%) were in the age group of 12-14 years and more than 90 percent belonged to Hindu families.

Figure 1: Geographic Spread of the Sample

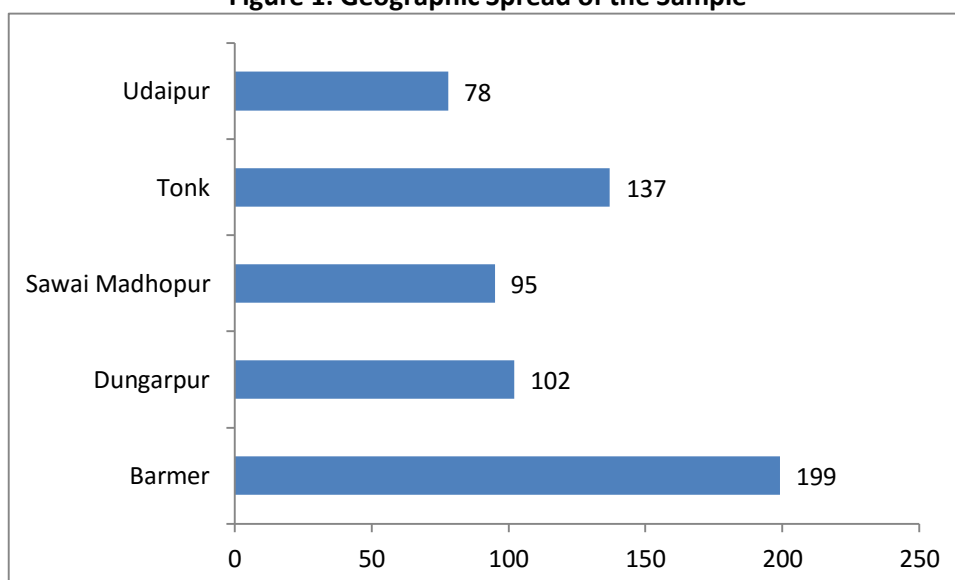


Table 1: Age and Sex Distribution of the Sample

Age	Gender				Total	
	Male		Female			
	N	%	N	%	N	%
Up to 8 years	63	17.5	36	14.4	99	16.2
9-11 y	85	23.6	57	22.7	142	23.2
12-14 y	149	41.4	114	45.4	263	43.0
15-18 y	63	17.5	44	17.5	107	17.5
Total	360	100	251	100	611	100

2. Status of Parents

A vast majority of children (61%) were single orphan (either father or mother were alive), followed by those where both the parents were alive (31%). In the remaining 8% none of the parents were alive at the time of survey. Seven children (1%) chose not to disclose whether either of their parent was alive or not.

Table 2: Status of Parents Surviving

Mother	Father	
	Alive	Not Alive
Alive	192 (32%)	345 (57%)
Not Alive	27 (4%)	40 (7%)

Surprisingly, out of 372 cases where only one of the parents was alive, in 345 cases (93%), it was mother who was alive, meaning widows taking care of their families on their own. As the context of Rajasthan goes, most of these women would not be working for a living and hence it explains the poverty status of these families. Few other studies in the past have also suggested a staggering proportion of single mothers in Rajasthan who are struggling to take care of their children, posing further social threat to the entire family.

3. HIV in the Family

As mentioned in the methodology, attempt was made to include children whose either parent was HIV positive. In 199 cases (33%), the children were aware that their mothers were HIV positive while a significant proportion (30%) was not aware of the HIV status of their mother. The situation was somewhat similar in case of fathers as well where nearly 30% were aware that their fathers were HIV+ and in more than half cases (54%) children reported not being aware of the HIV status of their father. The data however did not conclude whether the children were not aware or they chose not to disclose the HIV status of their parents. Out of the 199 cases where mother was positive, in 192 cases (96%) the mother was alive and was single, adding further vulnerability to the family.

Table 3: Father's HIV Status

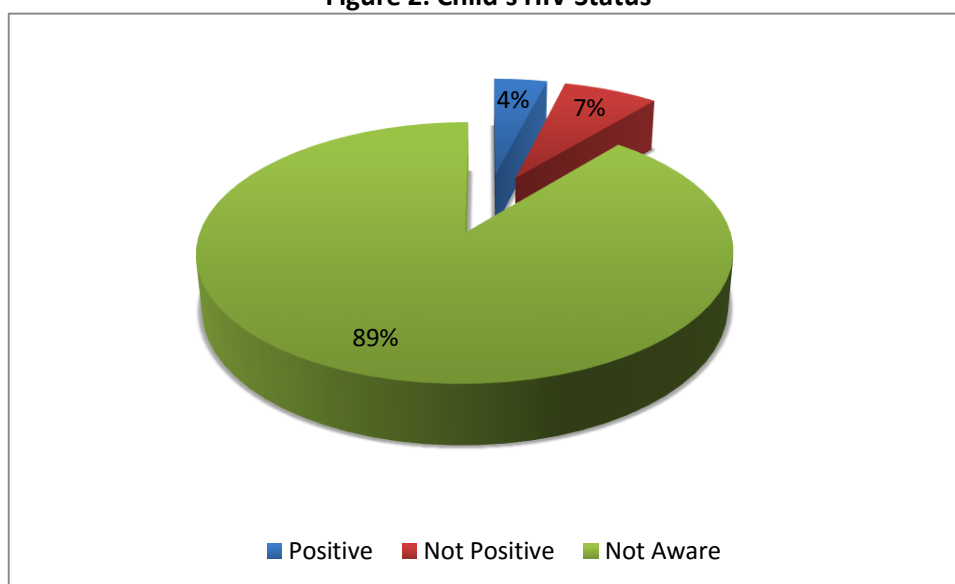
	HIV status			Total
	Positive	Not Positive	Not aware	
Alive	139 (76%)	55 (56%)	25 (8%)	219 (36%)
Not Alive	45 (35%)	43 (44%)	297 (90%)	385 (63%)
Not Specified	0	0	7 (2%)	7 (1%)
Total	184 (30%)	98 (16%)	329 (54%)	611 (100%)

Table 4: Mother's HIV Status

	HIV status			Total
	Positive	Not Positive	Not aware	
Alive	192 (96%)	220 (97%)	131 (71%)	543 (89%)
Not Alive	7 (4%)	8 (3%)	53 (29%)	68 (11%)
Total	199 (33%)	228 (37%)	184 (30%)	611 (100%)

When asked about their own status, 24 (4%) children were aware that they were HIV positive and another 43 (7%) were not aware of their status. This is a very high number and add another level of vulnerability to the family.

Figure 2: Child's HIV Status



4. Education of Children

Very encouragingly, 97 percent of the children reported going to school at the time of data collection. There were only 19 (3%) school dropouts. However, there were another 32 (5%) children who reported not going to school as probably they were young to attend a formal school. The details of current grade of education is provided in Table 6 below:

Table 6: Education of Children

Current Grade of School	Male		Female		Total	
	N	%	N	%	N	%
Up to Class 3	57	16%	40	16%	97	16%
Class 4-5	80	22%	52	21%	132	22%
Class 6-8	140	39%	95	38%	235	38%
Class 9-10	45	13%	30	12%	75	12%
Class 11-12	11	3%	10	4%	21	3%
Not going to school	16	4%	16	6%	32	5%
Drop Out	11	3%	8	3%	19	3%
Total	360	59%	251	41%	611	100%

5. Family Support to Target Families

Attempts were made to ascertain whether these vulnerable families have an extended family support. Children were asked whether they live in a joint family (with their grand parents or other relatives) or in a nuclear family (only with their parents). As one would expect 67% children mentioned that they live in nuclear family. Of these 409 families, 224 (55%) were with single mother (their father had died). This is another vulnerability that women and children living with HIV face in Rajasthan, where they do not have any family support and have to fight the odds on their own. There were only 242 nuclear families reported and out of these in 224 (93%) father was not alive. In majority these are the cases where women after being widowed as their husbands died of HIV, were thrown out of their houses, denying all their rights.

Another 40 children (7%) with single mother did not disclose the type of their family, possibly because they were not too comfortable talking about these issues.

Eighteen (3%) children who were double orphan (neither of their parent was alive) mentioned that they live in nuclear family. This could not be concluded from the data whether these are child headed families (which could well be the case) or they are living alone with their grand parents and considered this to be a nuclear family.

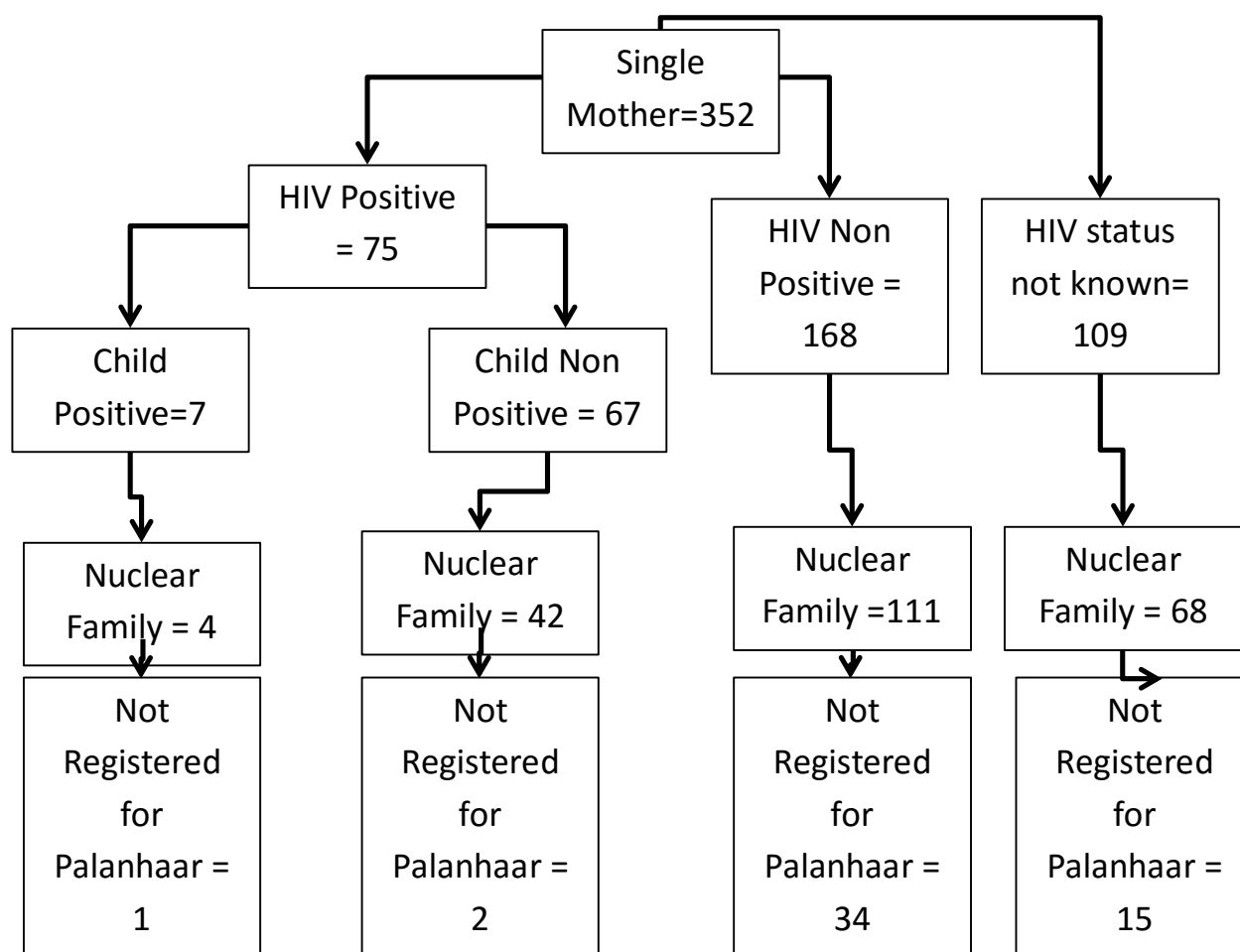
Table 5: Family Type of Children

Mother	Type of Family	Father			Total
		Alive	Not Alive	Not mentioned	
Alive	Nuclear	150	224	2	376
	Joint	17	81	4	102
	Not aware	25	40	0	65
Not alive	Nuclear	15	18	0	33
	Joint	10	16	1	27
	Not aware	2	6	0	8
Total	Nuclear	165	242	2	409
	Joint	27	97	5	129
	Not aware	27	46	0	73

6. Vulnerability Analysis

Some other recent studies in Rajasthan have highlighted multiple vulnerabilities of women living with HIV and children affected by HIV in Rajasthan. An attempt has been made to identify the extent of these vulnerabilities through the data obtained from this study and is presented in the Figure 3 below:

Figure 3: Multiple Vulnerabilities of WLHIVs and CAHIVs in Rajasthan



As evident from the data, 352 (57%)⁶ children live with single mother, of which 75 (21%) are HIV positive. It is likely that several out of 109 where the children were not aware of the status would be HIV positive, further increasing the percentage of HIV positive single mothers. A large proportion of these (64%) live within nuclear family, single handedly taking care of their children. Registration for Palanhaar however is in line with the overall registration status, but considering the status of receipt of money (discussed later) under Palanhaar, it cannot be assumed that there is any level of financial security among WLHIVs in Rajasthan.

7. Access to Palanhaar Scheme

Possibly the only positive finding of this research is the relatively higher percentage of children whose families are registered for Palanhaar and children themselves are aware of it. Of the total 611 children, 435 (71%) reported being registered for Palanhaar and only a very small percentage (5%) were not aware whether they are registered or not. Interestingly this percentage was same for males and females (71% each). This is essentially because Palanhaar brings in money to the family, parents do not hold on to register their daughters and for once there is no gender discrimination. Of the families where mothers were positive, 90 percent reported being registered for Palanhaar.

However, there are very strong district specific variations in the registration. While the registration was highest in Dungarpur (99%), it was lowest in Sawai Madhopur (23%) and in Tonk (50%). This aspect

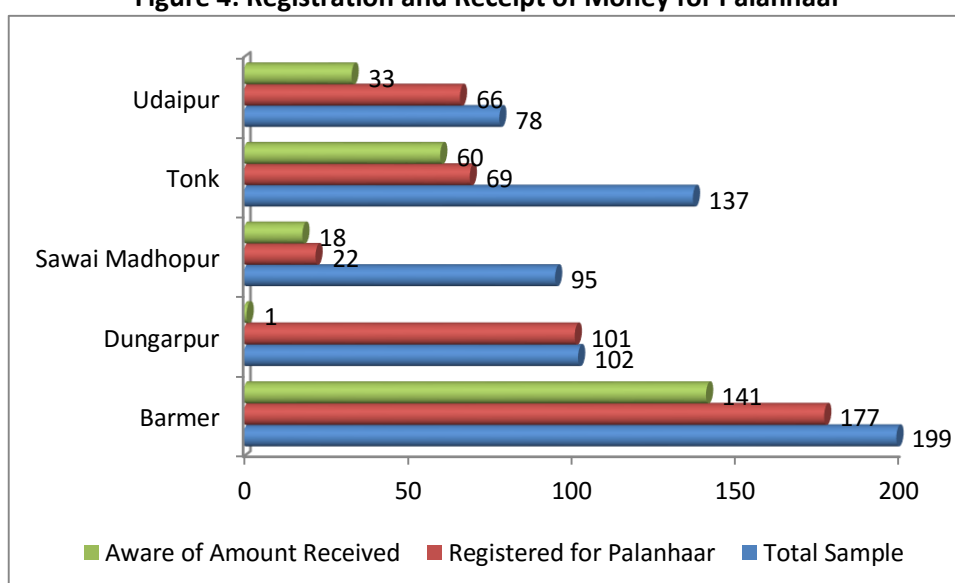
⁶ This includes those who chose not to disclose whether their father was alive

would need further exploration whether this is due to the administrative functioning in these districts or it is due to other structural/societal issues.

Registration under Palanhaar also did not show any significant differences between orphan type. It was certainly on a lower side (62%) when both the parents were alive (but either was HIV positive) but otherwise, in cases when either of the parent were alive or none of the parents were alive, it ranged between 75% to 78%, which is not far from the overall registration proportions.

Registration to Palanhaar however does not guarantee receipt of money by the child’s family. As the reported data from children suggest, only 360 (59% of total and 83% of those registered) reported that they are aware of money being received by their family. When asked about the amount, only 253 (70%) were aware of the total amount received by the family so far. Here also, there are stark district wise differences in receiving money by the family, is also presented in Figure 3.

Figure 4: Registration and Receipt of Money for Palanhaar



7.1 Timely Receipt of Payment

As per Palanhaar scheme, the child’s family is expected to receive monthly payments, followed by single payment at the year end. However, in practice, this is not the case as all children reported that there is no set schedule of receiving money and they receive money only when there is money with the government. It was surprising to note that there were 72 (11%) children who reported being registered between 13-24 months ago but among these 68 (95%) have received money only up to 3 times so far. The detailed distribution is provided in Table 7 below.

Table 7: Duration of Registration and Number of Times Money Received

Months Since Registered	Number of Times Received Money										Total	
	1		2		3		4+		Not aware			
	N	%	N	%	N	%	N	%	N	%	N	%
< 6 m	34	53	35	28	37	48	1	5	7	5	114	28
7-12 m	11	17	30	24	10	13	3	15	1	1	55	14
13-24 m	6	9	41	33	21	27	4	20	0	0	72	18
25+ m	2	3	6	4	3	4	12	60	1	1	24	6
Not aware	11	17	12	9	5	7	0	0	142	93	136	34
Total	64	15	124	29	76	17	20	5	151	35	435	100

Data presented in Table 7 are important to note in another aspect of child rights. There are 34% children who know that they are registered for Palanhaar but are not aware since when and how much money the family has received on their behalf. Within this group, there could be some children who chose not to speak on the issue, but in that case it could be because they were not feeling comfortable talking about the issue. In either cases, this seems to be a violation of their rights. While families are collecting money on their behalf, which is to be spent on their education/well being, children are not even aware about it and therefore will never be able to demand for it, in case families decide to spend money on other things, for which there are qualitative evidences (discussed in the next section).

7.2 Amount Received by the Family

Even if it was not timely, the total amount received is grossly below their entitlements in almost all the cases. Following table 8 represents the picture, as reported by the children themselves:

Total Amount Received per Child (INR)	Time Since Registered (Months)					Total
	Up to 6	7-12	13-24	25+	Not Aware	
<=1000	2 (2%)	2 (4%)	1 (1%)	0	3 (13%)	8 (3%)
1001-2000	24 (22%)	7 (13%)	6 (8%)	2 (10%)	7 (29%)	46 (17%)
2001-3000	35 (32%)	5 (9%)	2 (3%)	2 (10%)	4 (17%)	48 (17%)
3001-5000	26 (24%)	15 (28%)	22 (31%)	3 (14%)	6 (25%)	72 (26%)
5001-7000	21 (19%)	21 (40%)	22 (31%)	6 (29%)	3 (13%)	73 (26%)
7001+	0	3 (6%)	19 (26%)	8 (38%)	1 (4%)	31 (11%)
Total	108 (39%)	53 (19%)	72 (26%)	21 (8%)	24 (9%)	278

The sanctioned amount to be paid under Palanhaar study is INR 675 per month per child and therefore it would have been ideal to present the above table as per monthly payments received. However, on enquiry with the children, it was observed that the amount received by families was not in the multiples of 675, rather in most cases it was in absolute figures and multiples of 1000. It was also noticed in the data collected that the amount received by families had no established relationship between their dues till date and money they received. Children in the study were unable to explain the variations for the same. In order to further understand the situation, information from the concerned department should be sought, which was beyond the scope of this study. Hence, it was found more appropriate to present this table in the multiples of 1000 and conduct an analysis on estimated entitlement against receipt.

As per the entitlement, by 12 months the child should have received 10,100 INR. Based on this figure, cells are highlighted in the Table 8 above, where most likely the children have received less than their entitlements. It is surprising to note that only 41% (115 out of 278) seem to have received the money close to their entitlements. Considering the trend, it is likely that among the children not aware of the time since they got registered, would also have not got their full entitlement, further increasing the proportion of children not receiving their full entitlement.

B. Impact of Palanhaar Support on the Family and Child—Children’s Opinions

1. Contribution to the Child’s Life

Of the children whose families are receiving money and have admitted to positive change, following the palanhaar money, almost all have admitted that at least some section of the money has gone into their education. The components of education include school fees, books, stationary and other educational material, school uniform, shoes, socks etc. and some of them admitted of being now able to afford extra coaching/tuition classes.

This group of children also mentioned that with reduced tension of affording the education, they are now able to better concentrate in their studies and have started believing that their ambitions will now come true. They also reported that this is helping them come out of the trauma of being in a HIV+ family and now do not feel the guilt of being a child from an HIV+ family or HIV+ herself/himself. Few children have reported that they had all intentions to leave the school but are now regularly going to school.

Quotes from Children

- Now I don’t have to do manual labour any more. I am now going to school
- I have been able to purchase a dictionary
- I wanted to leave the school, but not anymore now
- I now keep myself “Tip-Top”

In Barmer, several students also reported that they now have an “improved” status in their schools and have been able to win back their friends. Several of them have reported of better support from their teachers. Very few have also mentioned improved in the “quality” of education they are now receiving, possibly because they might have shifted from government to an aided or private school. There are children reporting that now they have stopped working/manual labour and are now going to school.

The children have also reported several non-educational benefits coming their way with this increased family income. Children have reported getting pocket money, expenditure on family/child’s entertainment, getting sports equipment of choice. Several children have reported getting new and clean clothes and other items like “shampoo” which certainly makes them feel happy.

2. Contribution to the Family

No child has mentioned that the Palanhaar money was exclusively spent on their education or onto them, which probably is also not realistic or expected. When a certain amount of money comes to a poor and cash strapped family, it is bound to be spent on immediate needs and education is certainly not one of the “immediate” needs. Therefore, almost all children have mentioned that the money has brought in additional sense of financial security to their family. Interestingly a large proportion of them have also said that the money has been used to pay family debts and/or the need for loans has reduced now.

However, the information received from children is inconclusive to judge whether the primary use of money is for the child and her education and domestic uses are on the side or it is other way round. Considering the mention of family uses versus the education or self-use, there are definite indications that the money is primarily being used for family needs, but also making sure that some of the money is spent on child’s education as well. Children who have received the money seem to be a bit overwhelmed with what they have received so far and therefore are not in a position to decide whether what they are getting from the family in terms of expenditure on their education or personal needs is sufficient. Moreover, as these children come from the very poor families, they also have a

deep sense of responsibility towards their families and therefore somewhere believe that if any money comes to the family, it should be spent on family needs first. This is reflected in these discussions as none of them have tried to register their complaint in this regard.

An increasing proportion of children mentioned that Palanhaar money has brought in “food security” to their family and now they are able to afford two meals a day. Also, a vast majority of the children included in these discussions viewed Palanhaar money as “additional” income to the family which can be spent in a way family feels most appropriate. The money has reduced worries in the family and there are fewer tensions within family members. A good proportion of children also mentioned that the money has been spent on medical needs of the family.

Certainly children have mentioned other uses of the money, which possibly could have been avoided at the family level as these do not relate to direct food security issues. These uses include expenditure on repairing house and paying pending electricity and water bills. One child reported that his father invested the entire money into his business and now hopes that this business will bring in more money to the family. Very few children also mentioned that now their mother has stopped working because there is money in the family. While children did not mention it exclusively, but a good proportion mentioned that with Palanhaar money coming to the family, status of their family within the society is elevated and now their relatives, friends and neighbors have started talking to them. Considering the proportion of children reporting this, there are indications that the money is being spent in a way that gives an impression of improved financial status of the family in the society.

There are definitely around 8% of children who have reported that Palanhaar money to their family has not changed their life in any ways. Almost all of these children did report certain definite positive changes at the family level, giving concrete evidences that use of Palanhaar money exclusively for family needs cannot be ruled out.

When asked how the children think the Palanhaar money should be spent by the family, there are three definite findings from their responses:

- All of them mentioned that the money should be spent on child’s education
- Lot of them specified that it should be “only” used for child’s education
- Not even a single child mentioned that the money can/should be used for any other purpose than child’s education

This highlights the awareness among these children on the intended use of Palanhaar money, the significance of education in a child’s life and also indirectly points out to their non-agreement towards the use of Palanhaar money for any other purposes.

Quotes from Children

- We are only getting food, but nothing else
- The money was invested in my father’s business
- There is only a marginal improvement in my status in my life
- This money is a support to family from my income
- This is a new source of income for the family

Quotes from Children

- This money should only be spent on the education of children in the family
- There should be no “phijool kharchee” i.e. non required expenditure from the family

3. Children's Attitude towards Life

As per the methodology, the Bal Mitras also tried conducting a focus discussion with the group of children who were interviewed separately for the study. During this discussion, they were asked about what they think about their lives, their ambitions and their expectations from parents, government and society etc. In order to build the context in which families should be targeting to spend the Palanhaar money and in order to further establish the need for a social protection scheme like Palanhaar, the research team felt that it would add value to map out the ambitions and expectations of these children and see to what extent a scheme like Palanhaar can support their children in fulfilling their ambitions.

Bal Mitras reported that possibly this was not a very powerful methodology to gather the kind of sensitive information that was being sought from these focus discussions. Several of Bal Mitras themselves found it challenging to moderate a discussion in a way that could lead to meaningful interpretations from what these children were talking. Also, synthesizing the information and documenting it was also a constraint for Bal Mitras.

Still, whatever information could be gathered is powerful enough to understand the thought process of children and some of the components do attract a deep thinking on the part of government and society. Some of the aspects extracted from the information are presented below:

- Almost all children presented a positive attitude towards their lives. They specified that they would want to do something big in life. Their ambitions were to become teachers, police officers and even pilots and they thought they have the capacity to achieve these ambitions, only that the circumstances might not be favouring them
- When asked how does their/their parent's HIV status affects their lives, the sadness is clearly reflected from their responses. They think that it is a curse to them and their families. This has led to their social outcast and they feel very bad about it whenever they think about it. A child mentioned that their family is not "detached from the mainstream". They feel sad that this has happened to their family. A lot of children are also aware that their parent's HIV status has brought in many more problems to their families including increased expenditure on medical and sharp decline in the income due to loss of employment etc.
- Even if these children are sad because of HIV in their family, they have expressed very strong bonding with their parents. Almost all children have expressed that they would want to do something good for their parents and take care of them. These children are sensitive to a point that they are aware of their parents' struggle for their upbringing and would want to support them as soon as they can. There is not even a single case where a child has expressed any dissatisfaction or disregard to their parents or family, not even those who are HIV+ themselves
- These children also had a sense of responsibility towards the society and their country. While these responses were not specific and rather generic, most children expressed their desire to serve the society and their nation. Some of the children expressed that they can serve the society by themselves going the right path of development.

Quotes from Children

स्वयं का एच आई वी होना मेरे लिए दुःखद है क्योंकि मैं इससे कुंठित महसूस करता हूँ पर मैं अभी और जीना चाहता हूँ। मेरे पिता बीमार रहते थे, अब नहीं हैं। माँ रोती रहती है।

Being HIV+ is sad for me because I feel stigmatized but I want to live more
My Father use to be sick, he is no more. My mother cries all the time

- The children were asked how they think a scheme like Palanhaar can benefit the children of their like. The finding from individual interviews was echoed where all children unanimously mentioned education. They expressed that Palanhaar has a potential to take care of child's education. Also, they mentioned that the need for additional nutrition can be addressed through this money. A lot of children also stated fulfilling medical needs with this money. Several of them stated that this gives them economic independence and thus they can freely chase their ambitions
- The discussion also moved around their expectations from their parents, society and government. For their parents, they were very clear that the parents should continue to support them the way they are doing now. Several children expressed that their parents have a responsibility towards the entire family which they can continue to fulfill. Overall, it did not seem that they had great expectations from their parents, probably because they are well aware of the limitations of their parents
- When asked about expectations from society and government, the responses were rather generic. They certainly expect more support from the society with odd mention of no discrimination. Some have also mentioned about economic security coming through society, which could not be interpreted in this context.
- For the government, all of them felt that there needs to be more schemes and services to support such children. Several of them mentioned about government jobs, probably hinting towards reservations in jobs. When asked about whether they are aware of any government schemes or services that can help children fulfill their ambition, children were largely aware of BPL schemes and Palanhaar itself. Additionally, a lot of children mentioned about Pension Scheme. Beyond these, they could not mention other schemes. Surprisingly hardly any child mentioned schemes like free education (SSA) or nutritional services at AWC, hinting at low awareness about these schemes and also an over emphasis on schemes related to economic benefits.

RECOMMENDATIONS

The current study was aimed at assessing the existing status of Palanhaar scheme and its utilization by families of children affected by HIV in five districts of Rajasthan. As the respondents were children, and the data collected are all self-reported, there are certain limitations in terms of understanding of children, their awareness about family situations and knowledge of different aspects explored in the study. Therefore, keeping these limitations in mind, the study would propose following recommendations to stakeholders in Rajasthan

1. Larger study to validate the findings of this study

There are evidences in the study to demonstrate concerns about the access and utilization of Palanhaar scheme. This study has tried to uncover the initial layer on the issues but in order to make concrete plans for strengthening, it is appropriate to conduct a larger state level study that can document the evidences more broadly and should also include other stakeholders, particularly the implementing agency i.e. Department of Social Welfare

2. Disseminate the findings

It is strongly recommended that Unicef organizes state and district level consultations with stakeholders, particularly the service providers in relation to Palanhaar to disseminate the findings of the study and seek their opinions about the findings and recommendations on further strengthening the scheme

3. Monitor the receipt and utilization of services

This study did not look into the records and structures of the Department of Social Welfare and therefore is inconclusive about the efforts the department is making on monitoring the distribution, receipt and utilization of Palanhaar entitlements. Therefore it is recommended that Unicef ascertains the current status of the monitoring mechanisms for this scheme and support the department in strengthening the reporting and monitoring mechanisms that will eventually strengthen the scheme

4. Raise awareness among the target group on the scheme

It seems while there is awareness on Palanhaar as a scheme, many families are not aware on the procedure for accessing the services and also on their rights and entitlements included in the study. This results in poor demand and access to the scheme. It is therefore recommended to support agencies like RNP+ and its district level networks to create awareness

5. Pilot other approaches of Conditional Cash Transfer

Conditional Cash Transfer (CCT) is one of the hottest topic of research and implementation of social protection schemes around the world. It is therefore recommended that other options of CCT are researched, reviewed and piloted, that can enhance the benefits of Palanhaar to its target group. These options could be several, but to quote a few, these could be (a) conditional cash transfer (e.g. linking it to child's attendance in school or performance in exams) (b) in-kind transfer (e.g. directly paying the school fee) (c) monitoring of expenditure by the PRI

PALANHAR SCHEME

Palanhar Scheme was conceived by the Government of Rajasthan in February 2005, to provide orphaned children the opportunity of being brought up in a familiar and compassionate family environment with the promise of better education and life. It is based on the fact that the family is the best place to bring up a child to develop a sense of identity, care and belonging.

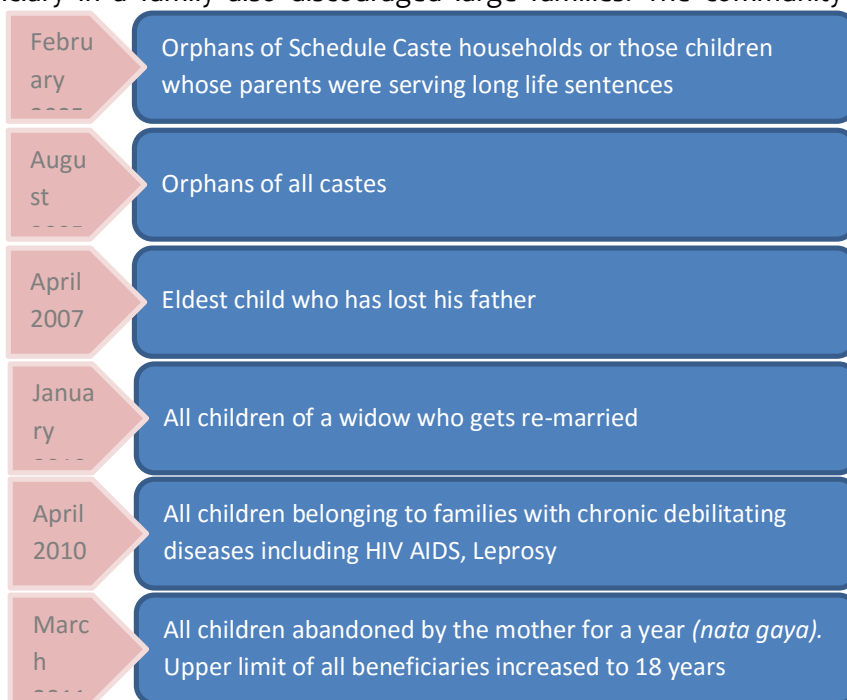
Ten years ago in 2001, Mahphooz Khan was detected HIV positive and was put on Anti-Retroviral Treatment (ART). Within a year since the detection of HIV, he died leaving four children, the youngest, Jenub, just two years old. In November 2005 both Jenub and her mother Shakira tested positive for HIV. As they came in contact with Rajasthan Network for People Living with HIV/AIDS (RNP+), they got psychosocial support to deal with HIV; they got enrolled at the ART centre and were linked to available government schemes like widow pension. In April 2010, when Palanhar scheme for HIV affected families was introduced, Shakira applied for it for her son, Arbaaz (12 years old) and daughter Jenub (10 years old) and today both are receiving cash transfers under the scheme and are attending regular school. Shakira now works on the “charkha” with wool and thread and has full support of her family, relatives, neighbours and the school principal.

Since the introduction of the Fifth Amendment to Palanhar in April 2010, 1,430 HIV affected children have been enrolled with the Palanhar Scheme, about 39% of the children are girls. The majority belongs to lower middle class and most children have lost their fathers to HIV and AIDS, while some are from Below Poverty Line (BPL) families and from families of truckers and other migrant population.

A SNAPSHOT	
Title	Palanhar Scheme
Project Goal	To reduce vulnerabilities of children from marginalised families through education
Project Approach	To enable parents and foster parents of marginalized families to educate children and prepare them for employment
Project Strategy	1. Rehabilitating orphans in foster homes 2. Cash Transfer to support educational needs 3. Community and local administration engagement
Project Life	Started in 2005 and is ongoing
Geographic Coverage	Rajasthan, all districts
Beneficiaries	43,000 children, out of whom 1430 children of 734 parents are from HIV affected families
Donor	Government of Rajasthan
Implementing Organization	Department of Social Justice and Empowerment (DoSJE) and the Social Welfare Board (SWB)
Project Team	Implemented by District Social Welfare Office and DoSJE
Budget	Rs. 2599.74 lakhs have been spent in 2010-2011 for 43,000 beneficiaries

EVOLVING TO INCLUDE CHILDREN AFFECTED BY HIV AND AIDS

When it began in February 2005, Palanhar was only for the orphans of Schedule Caste households or those children whose parents were serving long life sentences. The same year in August the scheme was amended to include orphans of all castes. In April 2007 the scheme focused on the eldest child of an orphaned family so that the younger siblings could be motivated to sign up. The provision for a single beneficiary in a family also discouraged large families. The community mobilisation and advocacy efforts of the network of positive people highlighted the issues of children affected by HIV and AIDS and continued efforts of this resulted in the Fifth Amendment to the scheme in 2011. Further revisions one year later recognised that 16 years was not enough for completing education and preparing children for earning a living. Thus in March 2011 the age of beneficiaries was extended to 18 years.



PALANHAR: IN SEARCH OF THE CARE GIVER

In contrast to facility-based care in orphan houses like Balgraha and Kishoregrah (Orphanages), the Palanhar Scheme ensures that the child is not separated from his or her family or that he or she is placed within a familiar environment. The care giving family is called the *Palanhar* and the assigned member is paid a monthly stipend and an annual amount for the education of the child enrolled in Palanhar.

Consequently, the closest to the child becomes the Palanhar, the widowed mother being the first choice. If she is dead or has re-married or has abandoned her children, the nearest of kin can be the Palanhar. In the last case the father can take up the role and if he has re-married the next of kin. If neither of these are available, a neighbour or an acclaimed public person certified by the Sarpanch in rural or Nagarpalik

SUPPORTING DOCUMENTS

1. A letter from the Gram Sarpanch (rural) or Nagar Palika (urban)
2. Six years and above, certificate from School on Letterhead, stating registration number of child, class, date of birth
3. Class results
4. Below six years registration certificate from Anganwadi Centre
5. Photocopy of Ration Card
6. Income Certificate if both parents are alive
7. Death Certificate of husband and Widow Pension account number;
8. Postal Order Pension number;
9. For re-married widow, marriage certificate;
10. In case of an HIV affected family, a photocopy of ART diary (green diary) of parents or self

in urban may become the Palanhar. The foster family needs to have a Savings Bank account in the Bank of Bikaner and Jaipur where the money gets transferred every month. The Palanhar and the beneficiary are required to be residents of Rajasthan for at least three years since the date of application in the Palanhar.

HOW IS THE SCHEME EXECUTED?

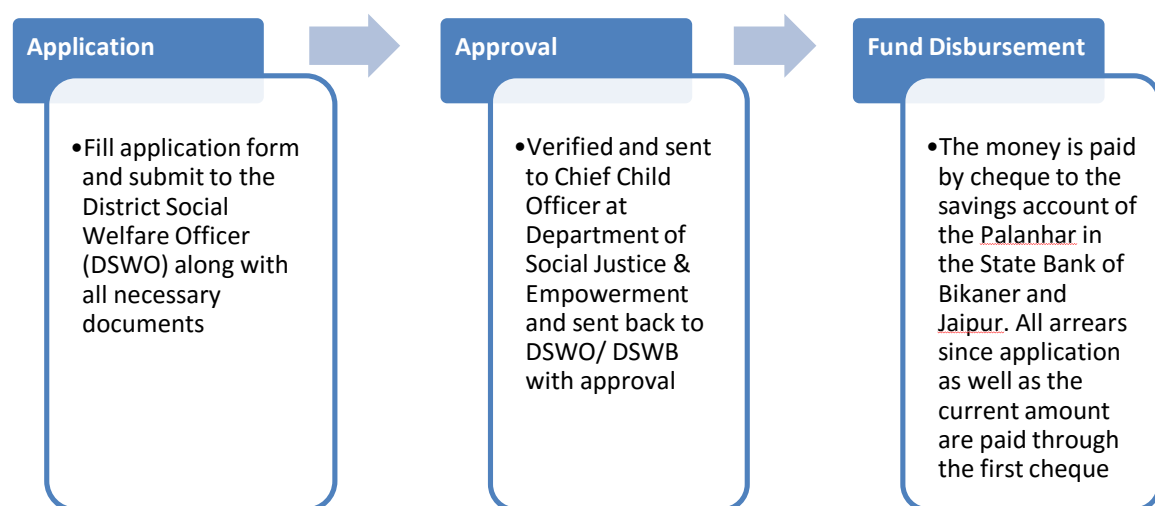
- **Identification of the Palanhar:** The community plays an important role in identifying a Palanhar and village Sarpanch or Nagar Palika in urban areas has to certify the Palanhars. Further, only families with an annual income up to Rs. 1.2 lakhs are eligible to apply. This clause was introduced to ensure that the Palanhar family is financially stable to provide care to another child.

A change in the Palanhar is possible in case of the death, shifting of location or legal situation. The Palanhar can then be changed to another incumbent based on a certificate from the Sarpanch in the rural areas or the Nagarpalika in the urban.

- **Application Process:** is simple and the form is easy to fill. The application forms are submitted directly by the Palanhar to the District Social Welfare Officer (DSWO) along with all necessary documents. This is then verified by Chief Child Officer and approved and funds disbursed through a cheque. The process takes about three to six months' time and needs regular follow-ups.

The networks of people living with HIV play a crucial role of linking the beneficiaries, facilitating paper work, submission of forms. Other worker such as AWWs, ASHAs help in acquiring the list of probable beneficiaries and also verification in the non HIV cases.

For renewal of the benefits at the end of each academic year the class results have to be submitted with a letter from the school stating that the child is a student in the school. Thus though there is no specific monitoring mechanism to track the implementation of the scheme, the scheme may assure itself that the child is receiving education.



- **Entitlements:** The pivotal point of the Palanhar Scheme is better education and the entitlements are available only to children going to school and the eligibility criteria reflect the same. A child two years of age and above should be enrolled in the Anganwadi Center, while one between five and 18 should be enrolled in a school. School results and principal's letter or the Anganwadi Center's letter needs to be produced every year for the entitlements to be released. The monthly entitlement is to be used for school fees or additional tuition fees while the annual amount for books, educational equipment, tools and uniform. Thus the scheme has enabled beneficiaries to pay the fees in time, study in better schools, support their studies by private tuition, take on carrier oriented trainings and look forward to employment and an independent life. The children know about the provision and work hard to ensure that it is continued.

SI	Beneficiaries	Entitlements	
		Monthly	Annual
1	Orphaned children and children either of whose parents are serving a sentence for life imprisonment or execution, or suffering from HIV or leprosy, whose mothers have re-married.	1. 0 to 5 years Rs. 500/child 2. 5 to 18 years Rs. 675/child	Rs. 2000
2	Abandoned children, children whose mothers are receiving Widow Pension.		None

EFFECTIVE MOBILISING STRATEGIES

The scheme has been success and some effective mobilising strategies identified are:

- **Generating awareness:** a key highlight of the scheme has been effective awareness generation strategies which led to large uptake. The scheme has been publicised well through mass awareness media such as the radio, newspaper, posters, hoardings etc. Further, door to door surveys are being done to identify beneficiaries. Camps like “Samasya Samadhan” and “Prashasan Gaon Ki Aur”, have also informed communities and helped on the spot registration. In one instance quoted by Chief Child Officer, 100 copies of the application forms were given to RNP+ to identify beneficiaries affected by HIV and AIDS who could apply
- **Engaging the networks of positive people:** close coordination and involvement of the RNP+, district level networks, Positive Mothers' Association, Positive Women's network have played a crucial role in increased benefits for children affected by HIV and AIDS. The networks not only help identifying the beneficiaries and helping the Palanhar and families through the process of accessing the scheme, they also ensure monitoring for overall well-being of the child.
- **Engagement of the local communities in identification and monitoring:** the scheme does not have specific monitoring systems however has engaged the Gram Panchayats, Nagar Palika and other elected representatives in identifying the beneficiary and certifying the credentials of the family. This engagement is extremely necessary to ensure that the child is cared within a good environment. The grassroots workers such as the Anganwadi Workers, ASHAs, and the Samaj Kalyan Karyakarta of the ICDS and superintendents are also involved.

IMPACT AND ACHIEVEMENTS

The scheme has reached out to 43000 children in year 2010-2011 from different marginalised communities. From this 1430 are children affected by HIV and AIDS. The number of beneficiaries has over the years increased owing to large scale mobilisation of the DoSJE and networks. The DoSJE has spent about 2600 lakhs in the last financial year 2010 – 2011. 1430 children of 734 parents are from HIV affected families. The Department has budgeted Rs. 3500 lakhs for the year 2011 to 2012.

Year	Exp. (Rs. In Lacs)	No. of Beneficiaries
2004-05	3.13	368
2005-06	76.80	1413
2006-07	215.32	2973
2007-08	792.12	18014
2008-09	1541.43	24692
2009-10	2212.32	31006
2010-11	2599.74	43000

The statistical department has conducted a survey of 2800 beneficiaries with the help of 900 Hostel Superintendents of the Social Welfare Department which confirmed that the scheme was being used in the appropriate manner and for the objectives defined except for in 15 cases. The survey is available with the Statistical and Planning Department of the Government of Rajasthan.

FUTURE PLANS

As Rajasthan plans to bring more children within its fold they need to be conscious of several factors:

- **The single most critical concern is monitoring the scheme to ensure that the objective is achieved:** In the current process a comprehensive monitoring mechanism, data collection and feedback systems covering both the urban and rural are lacking. Though the funds are released for the eldest child there is no way of determining who and what the funds are actually being spent for. HIV positive families live a hand to mouth existence in many cases and possibilities of misuse cannot be overlooked. There also needs to be a method of understanding the quality of care being given to the beneficiary. There should be a concrete monitoring plan and quarterly health checkups for the beneficiaries to ensure both quantitative and qualitative issues. The progress of the scheme can be best tracked at the local governance level with increased involvement of the PRI and enhanced ownership at the community level may help in easing out the process impediments.
- **A crucial challenge of the Palanhaar scheme is to overcome the long process of approval:** The significance of delay lies in the fact that the Palanhaar are not well to do families and if the children's education is to remain uninterrupted, the Palanhaar has to take loans which becomes a burden upon them. Thus linked to the delay in scheme approval and fund processing, is the cost incurred as a result of it. The current implementation process gets delayed by the district level operating mechanism. Moreover the application needs a letter of approval from the village's Sarpanch, which also takes up time.

- **Distance of the scheme delivery system from the Palanhar is a challenge that needs to be overcome by involvement of local governing bodies:** The submission of forms and point of contact for follow-up are at the district headquarters and not at the block level, far removed from the villages where the Palanhar is located. Distance of the implementing office poses a major barrier to the Palanhar as the process needs intensive follow-up.
- **The attitude, lack of management capacities of the implementing system is a common deterrent:** The Sarpanch and other local level implementing officials are often disinterested and uncooperative. In many cases there is a lack of capacity to manage the funds. Also multiple schemes and implementing processes dissuade them from focusing attention on every applicant.
- **Low literacy amongst BPL families:** Though BPL families are those where the need is the most, illiteracy is a challenge, because the required paper work and bank facilities necessitate a greater degree of facilitation.
- **Palanhar has the potentialities of inadvertently creating dissonance in the family through positive discrimination:** The beneficiary gets the attention and the aspired education, dress and books, raising discomfort and spreads ill feeling amongst siblings. In HIV positive households it brings to the open the HIV status of the family which otherwise might have remained concealed.