INDEX

Deoni Block Planning – A Report

1 Executive Summary

With the on set of the failure of top down approach to planning, which dominated the Indian National as well as the State Plan for over four decades, the government's realization towards the requirement of alternative approach brought much needed relief to the believer of people's participation in planning. While several experiments by the NGOs have shown better results in the development scenario of villages in a smaller scale, this was not sufficient for the government to pick up the learning's from these experiences due to its scale of operation. However the leadership of the district of Latur where participatory village planning had taken place in large scale was keen to consolidate the aspirations of people that was generated from various village micro plans into an action oriented BLOCK and then to district plan.

This resulted in looking for a methodology where such massive number of village plans had to be translated into objectives, strategies, action and budget. This was no easy task given the fact that the systems in the government are rigid where the districts independently could not take decisions on all peoples' priorities due to lack of availability of untied funds. Hence the exercise was more of integrating and dovetailing people's priorities with available schemes.

A model was designed which was both analytical as well amalgamated in nature. While the micro plans functioned as an excellent analysis of the existing situation as well as peoples' demand, the available schemes their flexibility of design and the capacity of the leadership to perceive the schemes guidelines in expansive manner helped the amalgamation of demand and supply. The village micro plans were encoded as peoples' priority; a separate exercise on gap analysis was undertaken in order to understand the perception of government functionaries regarding peoples' demand. The combination of the two formed the basic framework of the plan.

The plan process can be divided into four phases – preparatory phase, analysis phase, planning phase and implementing & monitoring phase. The entire exercise was completed over a period of 18 months starting August 2006 and ending in December 2007. A series of 5 workshops were carried on.

Preparatory Phase – Consisted of various brainstorming sessions of the district functionaries on their perception of participatory planning and visioning exercise for the district.

Analysis Phase – Consisted of actual microplanning, volunteers' training and gap analysis.

Planning Phase – This phase was divided into two parts; Firstly reconciliation of data, discussion and agreement on common denominators. Secondly, preparation of plan along with schematically budget allocation in the Result Based and Accountability format. (RBAF)

Implementation & Monitoring Phase – This phase was developed through logical framework analysis on the basis of the RBM matrix.

Deoni Block Plan is first of its kind in Maharashtra. Though the time taken to prepare the plan was long, it is felt that the entire district plan can be developed in a period of 3 months with proper dedication and orientation to planning team in the district. However one of the most important prerequisite of preparing such a plan is the spirit of convergence amongst the departments. It is also a fact that once the Result Based Matrices are created for the district, it will provide an excellent qualitative and quantitative monitoring system over a 5 to 10 years plan period.

From the derived block-wise index of the district, Deoni ranks 3rd in the composite index. Further from the overall participation index of the district it is noted that the aspiration to increase the participation from the existing 2 on a 10 point scale to 5 over the plan period. This would mean increased community and villagers involvement in the government programmes. With the overall ranking 3rd amongst the blocks, this should be achievable.

The Result Based Management has been applied to all the major sectors that clearly state the achievement at impact level, programme cycle level and at the project level. The budget allocated by each sector synchronizes the budget within the schemes. The log frame has been prepared which is the monitoring and accountability format. From the column four i.e. Assumption column, risk management plan could be prepared. It is suggested that if and whenever risk management plan is prepared, the outcome and output level should be considered since the activity level is more within the management control.

2 Preamble

Over the past three decades, many governments, development agencies and non-governmental organizations have recognized that the "top-down" approach, a characteristic of traditional development strategies has largely failed to reach and benefit the rural poor. Pressed by a lack of resources, deteriorating terms of trade and mounting external debt repayments many governments are looking for alternative approaches to development. In this search, people's participation as a mechanism for promoting rural development is of paramount importance.

People's participation implies the active involvement in development of the rural people, particularly disadvantaged groups that form the mass of the rural population and have previously been excluded from the development process. The World summit on Millennium Development Goal (MDG) affirmed "participation by the people in the institutions and systems which govern their lives is a basic human right and also essential for realignment of political power in favour of disadvantaged groups and for social and economic development". Experience has shown that through participatory programmes and activities it is possible to mobilize local knowledge and resources for self-reliant development and in the process, reduce the cost to governments of providing development assistance. People's participation is also recognized as an essential element in strategies for sustainable livelihood, since the rural environment can only be protected with the active collaboration of the local population.

People's participation should be viewed as an active process in which people take initiatives and action that is stimulated by their own thinking and deliberation and which they can effectively influence. Participation is therefore more than an instrument of implementing government projects. It is a development approach, which recognizes the need to involve disadvantaged segments of the rural population in the design and implementation of policies concerning their well-being. While participatory approaches have been successful in many countries at stimulating self-help activities at the local level, they can and should also be followed in the design, implementation and evaluation of large- scale projects.

A close conceptual and operational link exists between people's participation and people's organizations. Active participation of rural people can only be brought about through local community and membership-based self-help organizations whose primary aim is the pursuit of their members' social or economic objectives. People's

organizations are voluntary, autonomous and democratically controlled institutions including traditional community based institutions, informal groups, cooperatives, rural workers' organizations and women's associations, etc. Some local people's organizations may establish higher-level federations at provincial, national or international level in order to increase their self-help capacities and bargaining power, and to promote participatory development at local level. However, the vast majority of the rural population are still not organized in groups and are therefore not benefiting from the dynamics of such groups. Govt. of India's prime poverty alleviation programme is based on the concept of such group formation for achieving growth through common economic interest.

Participation through people's organizations is enhanced at local level through the work of development NGOs that aim at improving the social and economic conditions of rural people, especially the poor. Some development NGOs are membership-based, accountable to local associations, which establish them, but the majority is not. The support they provide to grassroots groups takes various forms: training, technical support, action research, exchange of information and experiences.

NGO approaches to participation, geared to enhancing the self-reliance of people's organizations, are increasingly relevant when structural adjustment measures are obliging governments to cut back on state services. They help people's organizations to build up a substantive platform of awareness and initiatives on the basis of which they can participate meaningfully in planning and implementing government-promoted development programmes.

Over the past few years most state governments and multilateral development agencies have made serious efforts to strengthen their collaboration with the non-governmental sector, due in large part to recognition of the relevance of NGO experience and the importance of their grassroots outreach.

Both field experiences from the Vidharva & Marathwada districts as well as a desk study have been used to review and synthesize the existing participatory development literature in order to analyze the link between participation and poverty reduction.

Findings confirm that participation increases the impact of poverty reduction strategies through empowerment of primary stakeholders and improvements in the effectiveness, efficiency, accountability and sustainability of development *interventions*. In this way, participation contributes to;

Improve the quality of life of the poor by promoting their self-reliance and improving their capabilities, allowing them to pursue sustainable livelihoods;

Build the poor's social safety nets, which cushions the effects of adverse shocks, trends and seasons, avoiding poor people into deeper poverty;
Help targeting and focusing the benefits of development interventions to a major number of poor people;

Make more efficient use of development intervention's resources as well as reduce the overall costs of the projects/programmes, allowing development agencies to increase the quantity and quality of interventions, maximizing returns and benefits to the poor;
Lead to more equitable distribution of development interventions' benefits for poor people;

Better cooperation amongst the local people more amiable caste equations and finally;
Provide a positive incentive to promote local ownership and increasing project/ programme sustainability and, therefore, making the poor take advantage of Programme benefit longer.

Moreover, a comparative analysis of case studies suggests an important link between levels of participation, on one hand, and its contributions to poverty reduction on the other. Empirical data indicates that high levels of or 'real' participation is more likely to improve the impacts of poverty reduction strategies than lower levels of participation. The reason for these distinct contributions is that different types of participation act differently on improving the development intervention's performance and outcomes. A participatory approach that increases the involvement of primary Stakeholders in the decision-making process and their capacity to self-mobilization is more likely to improve the impact of development strategies because primary stakeholders become more capable, informed, confident and proactive to take initiatives that solve their problems.

Integrated Community Planning

Objectives

The Integrated Community Planning which can also be termed as Block planning sets in motion an ongoing process that is intended to address the following objectives:

1) To improve understanding of the community needs and aspirations;
2) To provide up to date socio-demographic information profiling the village community;
3) To assess community development, human service, community facilities provisions, capacities and needs.
4) To optimize the resource allocation in tune with and recognition to people's demand.
5) To integrate community priorities and people's aspiration in the canvas of District plan

Given below are three exhibits offering three different modules. Intervention Plan I mainly concentrates on CBO/NGO/Government partnership implementation module, while intervention plan II emphasize on a more elaborate diagnostic informatics module and intervention plan III is a resource convergence module where diagnosis is based on extrapolation of Human Development Index at a lower spatial level and then aspiring to a new progressive Development index. The planning needs to be done at the Block level keeping in mind the priorities set by people interweaving them with the national and state programmes.

3 Latur – An Introduction

3.1 GEOGRAPHICAL INFORMATION

- Geographical Location – Between 18°05' North to 18°7' North and 73°25' East to 77°25' East in the Deccan plateau. The district is situated on the Maharashtra Karnataka boundary. The entire district is situated on the Balaghat plateau, 540 to 638 mts from the mean sea level.
- Maximum Temperature – 39.6°C
- Minimum Temperature – 13.9°C
- Average rainfall – 802.4 mm
- Area – 7,372 sq. km
- Adjoining Districts – East: Nanded; south-west: Osmanabad; north-west: Beed; north: Parbhani; south-east: Andhra Pradesh
- Major urban centres - Ahmadpur, Ausa, Latur, Nilanga, Udgir
- Major crops - Cereals, oilseeds, pulses, grapes
- Main Rivers – Manjra, Terna, Rena, Manar, Tawarja, Tiru, Gharni
- Total no. of Sub Divisions – 3
- Total no. of villages – 945 (Census 2001)
- Total no. of Gram Panchayat – 782
- Total no. of Panchayat Samiti – 10

3.2 DEMOGRAPHIC INFORMATION

- Population (Census 2001) - 2,078,237
- Population Density (persons/ sq km) – 290
- Population Below Poverty line – 0.854 Lac
- Total Men – 1,074,321
- Total Women – 1,003,916
- Total Rural Population – 1,588,192
- Total Urban Population – 490,045
- % of Scheduled Castes – 19.43
- % of Scheduled Tribes – 2.31
- Sex Ratio (females / 1000 males) – 935
- No. of households – 296727
- Literacy Rate (Census 2001) – 76
- Literacy Rate (Women) – 60.28

3.3 WORK POPULATION

- Main workers (Total) – 591195
- Main workers (Men) – 386785
- Main workers (Female) – 386785
- Main Child Labour Population – 258434
- Main Child Labour (Male) – 173298
- Main Child Labour (Female) – 85136
- Marginal Worker Population – 117701
- Marginal Worker (Male) – 27598
- Marginal Worker (Female) – 90103
- Marginal Child Labour Population – 37857
- Marginal Child Labour Male – 6049
- Marginal Child Labour Female – 31808

3.4 SOCIAL DEVELOPMENT INDICATORS

- Below Poverty Line – 69.11%
- Infant Mortality Rate (IMR) – 10
- Maternal Mortality Rate – 0.6
- Birth Rate – 19.4
- Death Rate – 3.4

3.5 CLASSIFICATION OF AMENITIES

- Airport – Nearest airport is at Aurangabad (290 kms) which is connected to Mumbai. Another airport close by is Pune
- Railway services – The important railway stations are Latur, Latur road & Udgir. The district has 148 kms of railways of which 83 kms is broad gauge and 65 kms is narrow gauge. Pune is 337 kms and Mumbai is 497 kms from Latur
- Road Connectivity – State highways and roads from the district headquarters at Latur link all 10 tehsils (sub districts) and major towns. Bus routes to the district headquarters connect 80% of the villages. 889 villages are connected by road among which 781 are by all season roads. The 845 km state highway is running across the district. Total road length in the district is 8763 km
- Post & Telegraph Services – A mere 250 villages out of 914 inhabited villages (1991) had post and telegraph officers, serving 52.27% of the rural population
- Hospitals – There are 12 government hospitals, 46 PHCs, 19 dispensaries and 234 primary health support groups.
- Health facilities – Government-run primary health centres, sub-centres or dispensaries provide basic healthcare to nearly 30% of the villages and 50% of the rural population. The Civil Surgeon and Civil (District) Hospital offering tertiary health care in a three-tier health care system are located at the district headquarters
- Blood Banks – 2

3.6 ECONOMY

- Industries – Oil mills, nutcrackers, locks, stoves, brassware, milk powder, ginning and pressing
- Industrial centres – Latur, Udgir, Ahmadpur Halli, Handarguli, Devni, Murud
- Main markets – Latur, Udgir, Ahmadpur
- Main banking centres – Latur, Udgir, Ahmadpur, Nilanga, Ausa

3.7 DISASTER VULNERABILITY

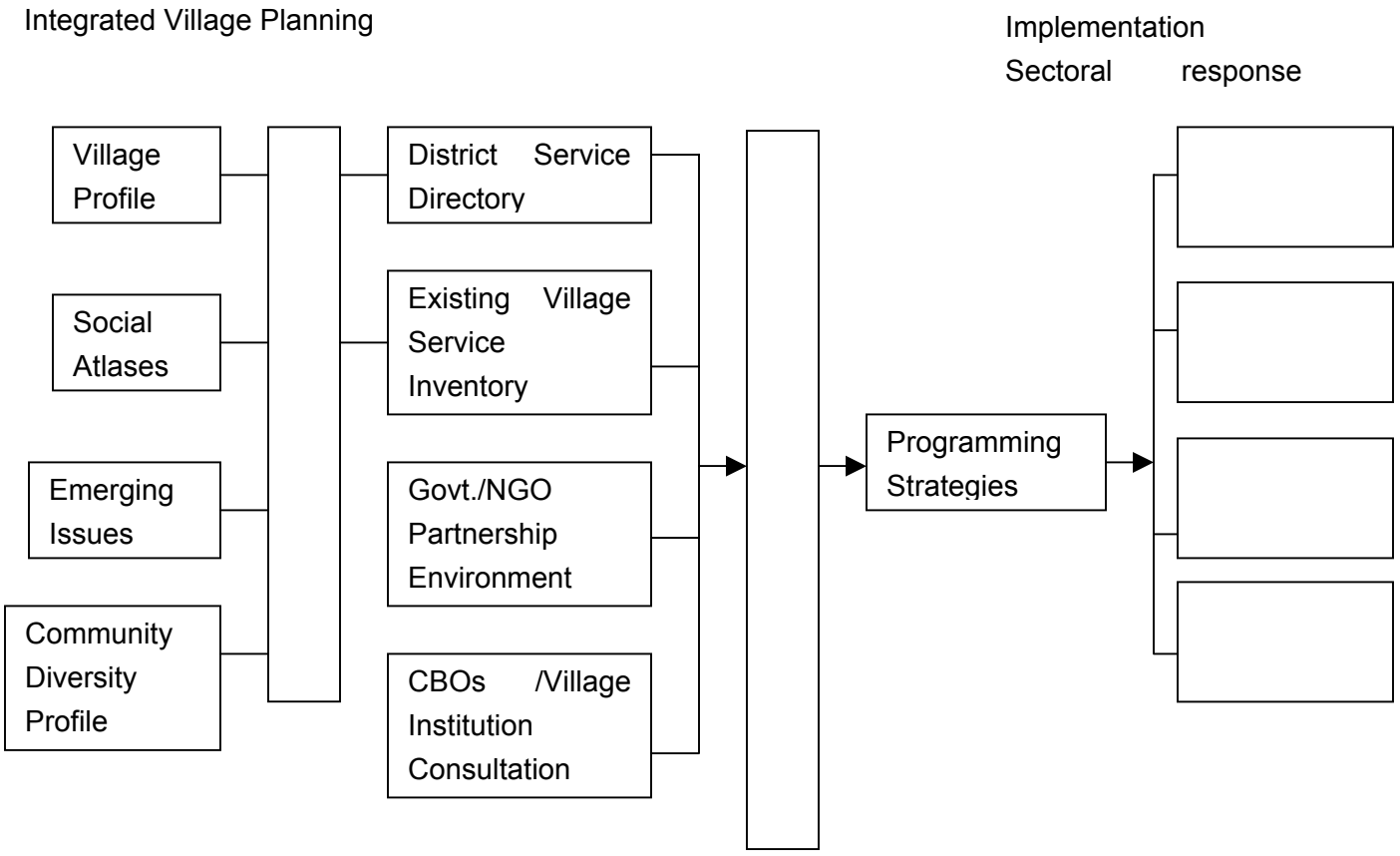
- Flood – No
- Earthquake – Indicated in Zone IV: Very high probability; massive earthquake in 1983
- Cyclones – yes
- Drought – Drought prone
- Relief machinery – 2 cranes

3.8 CULTURE & RELIGION

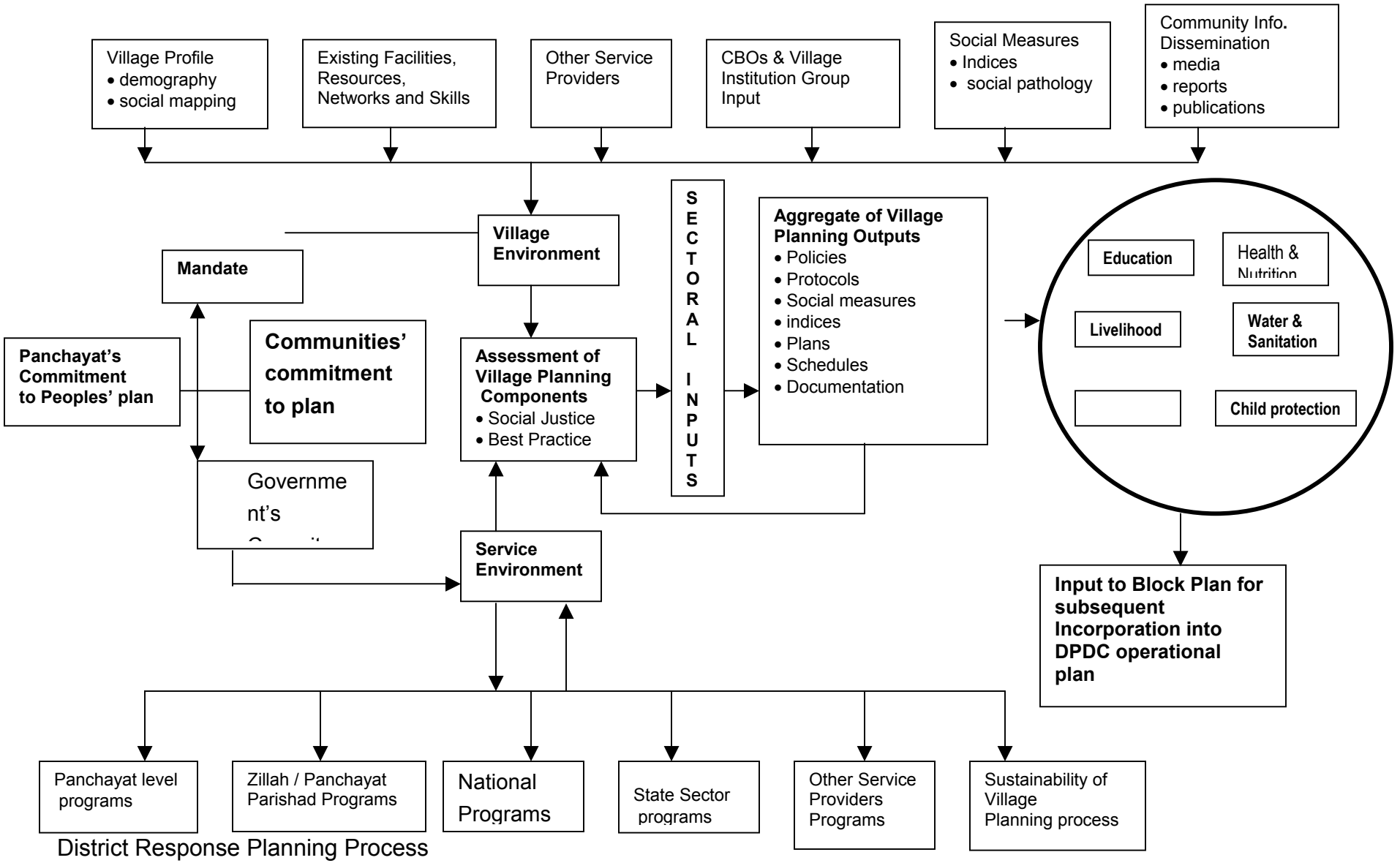
- Fairs & Festivals – Shri Siddeshwar fair at Latur is held every year. Thousands of people attend the Gangaram Maharaj Samadhi every Ekadashi at Hattibet in Udgir tehsils
- Religious Places – Ausa, Hattibet, Nilanga, Renapur, Shirur Anantpal, Tambala, Ujani
- History – Latur has an ancient history. It was home to the Rashtrakutas and was part of Ashoka's empire. Later in the 19th century it became part of the independent princely state of Hyderabad. After independence and the merger of Hyderabad with the Indian Union, Osmanabad became part of Bombay Province. In 1960 with the creation of Maharashtra, it became one of its districts. On August 15, 1982 Latur was separated from Osmanabad to form a separate Latur district.

Latur is both a district and an important city in Maharashtra. Latur is one of the leading commercial centers in Maharashtra and is very fast growing city. It has been well known for its foodgrain trade and oil mills. Recently it has evolved as an education centre primarily for secondary and higher secondary education. The landmark in the higher secondary examinations (H.S.C.) practiced by the leading institutions (special teaching technique) is known as "Latur Pattern".

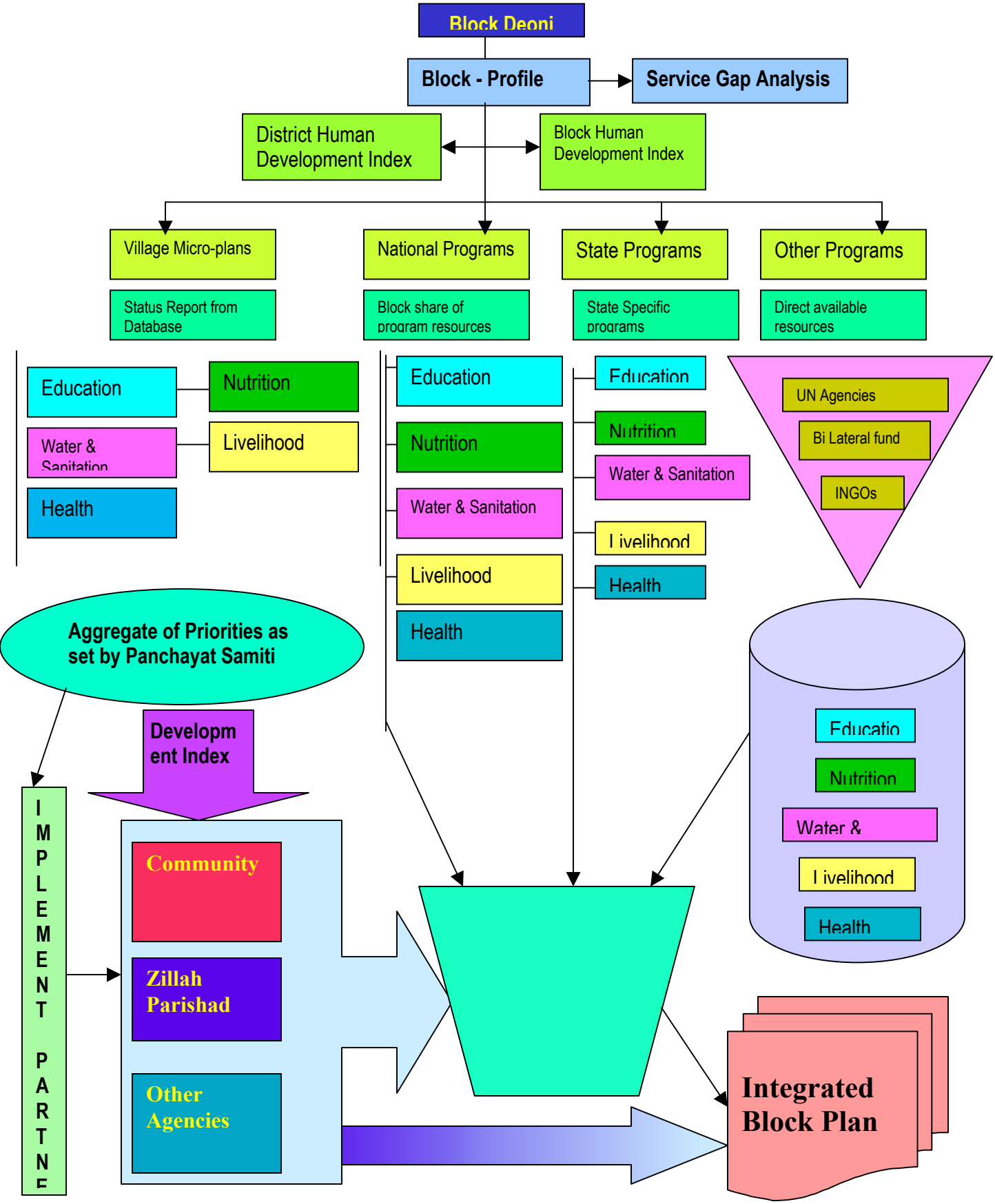
4 Block Plan Strategy at a glance



Response plan basic strategy



District Response Planning Process


Block Deoni
Block - Profile
Service Gap Analysis
District Human Development Index
Block Human Development Index
Village Micro-plans
National Programs
State Programs
Other Programs
Status Report from Database
Block share of program resources
State Specific programs
Direct available resources
Education
Nutrition
Water & Sanitation
Livelihood
Health
UN Agencies
Bi Lateral fund
INGOs
Aggregate of Priorities as set by Panchayat Samiti
Development Index
IMPLEMENT PARTNE
Community
Zillah Parishad
Other Agencies
Integrated Block Plan

Plan Framework (Guiding Principals),

Social Justice / Human Service Objective:

Social (community) planning should be integrated with broader planning processes (that is Village, Block and District) in order to improve the linkage between livelihood (land and water use) planning and the provision of human services.

Growth Management at the District and Village level should be guided by clearly articulated social justice principles of **equity, access, participation and equality.**

Planning should be comprehensive in its approach integrating consideration of land use and management, infrastructure, economic development and environmental values with social, cultural and optimum human resource issues.

Planning, programming and budgeting processes should respond effectively and equitably to the enhancement of social indicators in the Block reflecting through to District

Planning processes need to recognize the dispersed nature and pattern of human settlement in the village *(padas, Wadis, Tolas etc.)* and accordingly design the services delivery mechanism and consequent implications."

5 Deoni Block Profile

Deoni block came into existence in Dec. 2002.

5.1 Geographical Information

Area of the block in sq. km	40147 hectares
Average annual rainfall (in mm)	902 mm
Total irrigated area	1700 hectares
Total non irrigated area	38447 hectares
Temperature (max. and min.)	Max. - 47 Min. - 28
Main rivers	Manjra
Dams	Bhopani, Shindikamath, Dhanegaon, Gurnal
Type of soil	Black cotton soil, red soil

source: Block officials of Zilla Parishad

No. of villages	56
No. of households	15,859

source: Census 2001

5.2 Demographic Information

	Figures	Percentage
Total population	88,362	100
Male	45,186	51
Female	43,176	49
Sex Ratio		956
Total population (0-6 yrs)	13,319	15
Male (0-6 yrs)	6,884	8
Female (0-6 yrs)	6,435	7
Sex Ratio (0-6 yrs)		935
Total SC population	18,147	21
Male SC population	9,363	11
Female SC population	8,784	10
Sex Ratio (SC)		938
Total ST population	3,435	4
Male ST population	1,712	2
Female ST population	1,723	2
Sex Ratio (ST)		1006
Total Literate Population	52,844	60
Male Literate Population	31,517	70
Female Literate Population	21,327	49
Literacy Rate		60 = 100*52844/88362
Total working population	39,200	52
Male working population	22,571	59

Female working population	16,629	45
Female work participation rate		45=100*16629/(43176-6435)
Total marginal workers	4,948	7
Male marginal workers	1,476	4
Female marginal workers	3,472	9
Total Marginal CL population	1,340	
Male marginal CL population	289	
Female marginal CL population	1,051	
Total non-working population	49,162	66
Male non-workers	22,615	59
Female non-workers	26,547	72

source: Census 2001

* Deoni population contributes to 6% of District population

5.3 Classification of Village Amenities

Police Stations	1
Bank (source: microplanning data)	9
Cooperative Societies	36
Post Office (source: microplanning data)	14
Public Library (source: microplanning data)	22
Electrified villages (source: microplanning data)	41
Villages with PUCCKA roads (source: microplanning data)	33
Villages with Transport Facilities available (source: microplanning data)	42

6 DEONI – The Current Situation

6.1 Health *(source: Block officials of Zilla Parishad)*

Primary Health Centre (PHC)	2
Sub Centre (SC)	14
Government Hospitals (Rural Hospital)	1
Private Hospitals	12
Veterinary hospitals	2
Veterinary Dispensaries	4

Pregnancy Information	
Total pregnant women	975
Proportion of pregnancy registration	88
Total no. of deliveries	1753
Percent of Deliveries at home with trained dai	37
BIRTH Information	
Life expectancy at birth	60 years
No. of births	1726
No. of births registered	1726
No. of LBW children	260

6.2 ICDS (source: Block officials of Zilla Parishad)

Proportion of Fully Immunized Children (2 yrs)	100

Nutrition Status (0-3 yrs children)		**Nutrition Status (4-6 yrs children)**	
Grade NORMAL boys	1558	Grade NORMAL boys	1653
Grade NORMAL girls	1531	Grade NORMAL girls	1700
Grade I boys	1053	Grade I boys	1379
Grade I girls	1256	Grade I girls	1320
Grade II boys	533	Grade II boys	99
Grade II girls	687	Grade II girls	102
Grade III boys	05	Grade III boys	9
Grade III girls	19	Grade III girls	7
Grade IV boys	0	Grade IV boys	0
Grade IV girls	0	Grade IV girls	0

6.3 Family Planning (source: Block officials of Zilla Parishad)

Number of eligible couples for Family Planning	13290
Couples Undergone Family Planning Operation	705

6.4 HIV / AIDS (source: Micro-planning data)

6960 families out of 12291families i.e. 57% families are aware about HIV / AIDS

6.5 Sanitation (source: Block officials)

25% households have household toilets

6.6 Education (source: Block officials of Zilla Parishad)

Anganwadi Centre (AWC)	88
School (Primary School)	68
School (Secondary School)	3
Colleges	3

6.7 Livelihood (source: Block officials of Zilla Parishad)

Total area under cultivation (Area in hectares)	37318
Major Crops according to seasons	Tur, Soyabin, Jowar, Wheat, Gram, Sunflower
Animal Husbandry & Dairy	
Total Live Stock (Cattle, Buffaloes, Sheep, Goats, Horse & Ponies, Dogs)	Cattle - 19636, Buffaloes - 15145, Sheep - 5175, Goats - 8537, Horses - 8, Dogs - 1140
Total poultry (Hens, Ducks, etc.)	13684

6.8 Death Information (source: Block officials of Zilla Parishad)

No. of Death	122
Neonatal Death (1st April 2005 to 31st March 2005)	26
Infant Death	22
Child Death	6
Maternal Death	3
Adult Death (1st Jan. 2006 to 31st March 2006)	65

7 Gap Analysis – Learning from Microplanning Data

In the context with intervention plan III; the block profile consisted of Service Gap Analysis. This analysis was carried out in three ways;

1) Gap as perceived by the villagers in accordance with their expectation of infrastructure as well as services. This came out during the course of discussion on 5th day of Microplanning where in the Gram Sabha was held in presence of Panchayat members as well as other government authorities from the block office.
2) Gap as perceived by the Government authorities. A format was designed and handed over to the Block Development Officer, Deoni for providing the data. The format (Annexure I) explained the existing available services and the actual gap as per government norms. The gap was being looked from the aspect of Human Resource, Infrastructure and Supply Chain. It was also being looked from multiple angles within each of the aspects. For example; In step I the gap was being analyzed between sanctioned and available services and in step II, the analysis was being done to check whether the existing sanction fulfilled the government norms.
3) Further a final analysis was carried out between the gap as perceived by the government authorities and as perceived by the villagers. For this the aggregate of all villages in the block derived from the household data was used and sector wise metrics were prepared.

7.1 Health

Sr. No.	Service	Government norm	Sanctioned	Available	GAP
1.	Sub Centre (SC)	1 Sub Centre per 5000 population	17	14	3
		Own Building	17	14	3
		Medical kit, ORS, Delivery kit & table, BP apparatus and Stethoscope		Yes*	0
		1 ANM, 1 MPW and 1 Worker per SC	51	42	9
2.	Public Health Centre (PHC)	1 PHC per 30,000 population	3	2	1
		Own Building	3	2	1
		Operation Theater & allied equipments, 1 ambulance, stock of medicines.		Yes*	0
		2 Medical Officers, 1 Compounder, 2 Health Asstt, 1 Lady Asstt, 1 Clerk, 1 Driver and 5 Peons		Yes*	0
3.	Rural Hospital (RH)	1 Rural Hospital at block place	1	1	0
		Own Building	1	1 (Expansion work of RH is under process.)	0
		3 Medical Officers, 1 Medical Superintendent, 4 Staff Nurses, 1 Pharmacist, 1 Jr. Clerk and 1 Driver and other staff.		Yes* (Post of driver is vacant)	1
		Lab, OPD, IPD, Operation Theater, Ambulance and stock of medicines		Yes*	0

Source: BDO, Deoni (Nov. 2006)

* As per Panchayat Samiti Office, they feel it is " well equipped".

According to the details provided by the Panchayat Samiti Office which can be noted from the above table, there are a total of 17 Subcentres sanctioned of which 14 Centres are available and functioning making a clear gap of 3 subcentres. As per the supplies are concerned in the subcentre, according to TMO, Deoni the centres are well equipped. However there seems to be *a human resource gap of 9 as against sanctioned of 51 posts the available is 42 only*.

In the case of PHC, *the sanctioned is 3 and currently functioning PHCs are 2, thus making a gap of 1 PHC.* A point to be noted here that a large number of villagers are annexed with the PHC of adjacent block Also with the gap of 3 subcentres the villagers have to travel long distance for taking treatment. As far as supplies in the PHCs are concern the TMO feels that it is well equipped.

There is one Rural Hospital, which again according to TMO is well equipped.

Microplanning Data

Sr. No.	Information	Number	Percentage
1.	Deliveries at Government Institutions	131	11.75
	Deliveries in Private Hospitals	448	40.18
	Deliveries conducted by Trained dais	121	10.85
	Deliveries conducted by Untrained dais	410	36.77
	Deliveries conducted by other sources	5	0.45
2.	Total Births	1115	
	Birth Registration done	852	76.41
	Colostrum given	626	56.14

Source: Microplanning Survey 2006

Deoni block was also covered under microplanning wherein every village prepared a village statistics based on door-to-door household data as well as required priority list. From the table above derived from this data it is seen that only 11.75% institutional deliveries are in the government hospitals and as high as 40.18% are in private institutional deliveries. If the two figures are to be further interpreted, it is inferred that the confidence level of the villagers in the government system is extremely poor. To that extend there is a contradiction in the TMO's version of stating that facilities are adequate. Similarly as high as 37% of the deliveries are still through untrained dais, reflecting that the health functionaries need to further gear up their prenatal and antenatal care.

Sr. No.	Information	Number	Percentage
1.	Current Pregnant (< 18yrs)	192	29
	Current Pregnant (> 18yrs)	468	70
	Current Pregnant Missing data	8	1
	Total	668	100
	Current Pregnancy Registration	525	79

	Current Pregnant IFA intake	380	57
	Current Pregnant TT doses	500	75
2.	Past Pregnant (< 18yrs)	333	29
	Past Pregnant (> 18yrs)	790	70
	Past Pregnant Missing data	8	1
	Total	1131	100
	Past Pregnancy Registration	984	87
	Past Pregnant IFA intake	738	65
	Past Pregnant TT doses	947	84
	Past Pregnant ANC Check ups	973	86

Source: Microplanning Survey 2006

Further from the above table it may be noted that almost 1/3 of the pregnancies (29%) are below 18 years with low IFA intake being 57% only. However comparing the data of immediate past pregnancies, which shows marginally higher IFA intake of 65% showing a net decline of 8%. Similarly the percentage of TT immunization also remains exactly the same i.e. 75% for current pregnancy and 84% for past pregnancy. Thus there is a drop of 9% in the immunization as well. Decline is also seen in the pregnancy registration, which is 8% lower than previous registration pattern. Colostrum given shows only 56.14% of the nursing mothers.

Thus it is seen that there is a basic gap in the RCH services which need to be geared while preparing the block plan so that the health indicators is enhanced.

7.2 ICDS

Sr. No.	Service	Government norm	Sanctioned	Available	GAP
1.	Anganwadi	1 per 1000 population	88	66	22
		Own Building	88	66	22
		1 toilet per Anganwadi	88	65	23
		Place to wash hands available in every Anganwadi	88	68	20
2.		1 AWW and 1 Assistant per Anganwadi	176	136	40
		Drinking water facility available in every Anganwadi	88	30	58
		Toys, educational equipments, plates, bowls, napkins, comb, nail cutter, weighing machine available in each Anganwadi	88	68	20

Source: BDO, Deoni (Nov. 2006)

As per norm the total number of required Anganwadis is 88 with current availability of 68 there is a clear gap of 20 Anganwadis in the block. However 66 Anganwadis have own building and 2 Anganwadis are being run in private areas. Total functional Anganwadis are 68 having staff of 132 as against the required number staff of 136. In addition to the gap of 4 in existing functional Anganwadis, the gap between total sanctioned and existing available human resource there is a gap of 40 personnel. The gap in available toilets and the functional Anganwadis is 3 while sanctioned and existing toilets is 23. As far as drinking water is concerned the availability of the facilities is only 30 making a clear gap of 38 sources in the functional Anganwadis and 58 in the sanctioned.

Sr. No.	Indicator	Panchayat Samiti information	Microplanning data
1.	No. of Anganwadis	68	53
2.	AWC with toilet facility	65	15
3.	No. of children 0-6 yrs	13,319 (Census 2001 figure) 15117 (At the end of 2006)	8456
4.	Children in Anganwadi	11,616 (132 children per Anganwadi)	7255 (AWW Beneficiaries) 6824 (in AWW)

5.	Children weighed	11,626	3268 (48%)
	Normal Grade children	6,081 (52.31%)	1435 (43.91%)
	Grade I children	4,793 (41.23%)	1347 (41.22%)
	Grade II children	723 (6.22)	445 (13.62%)
	Grade III children	29 (0.25%)	40 (1.22%)
	Grade IV children	0	1 (0.03%)

Source: BDO, Deoni (Nov. 2006)

As per Census 2001 the total number of eligible children for Anganwadi (0-6 years) is 13,319. Considering the decadal growth of 22.57, the proportionate growth in the population by end of 2006 will be 15,117. However as per the available data from Panchayat Samiti 11,616 children have been enrolled in the Anganwadi, which means that approx. 3,501 children do not go to the Anganwadi, as a result their status is unknown. In addition it may be further noted from the above table that ***there are 132 children per Anganwadi as such the quality of services is bound to suffer in such a crowded condition.***

According to Panchayat Samiti information, 6,081 children who are 52 % of the enrolled children fall in the category of normal grade and ***as high as 47 % are below normal range. It may be further noted that as high as 723 children are in grade II and 29 children are in grade III. As mentioned above the information regarding additional 3,501 children is not available.***

From the microplanning data it is seen that 7,255 children have been enrolled in the Anganwadi and 6,824 are regular in Anganwadi. Looking at the data three distinct gaps are being observed.

Firstly the difference between the number of eligible children and the number of children enrolled as per Panchayat Samiti.

Secondly the data discrepancy between Panchayat Samiti figure and data available from the microplanning survey which is 4,361 less than the figure given by the Panchayat Samiti.

Thirdly even within the listed beneficiaries in the Anganwadi the actual children attending regularly are further reduced to 6,824.

Thus in effect taking into consideration the decadal growth of 22.57, the total number of eligible children for Anganwadi would be 15,117 as against 6,824 children go regularly to Anganwadi bringing a gap of 8,293 children about whose status are not known. Going further the number of children weighed in Anganwadi on the day of microplanning was

3,268. Out of this 43.91% children fall in normal grade whereas 56.09% children fall in the below normal category. However according to the Panchayat Samiti figure the sub normal category reported is 47.7%.

In either case even if we take average of the two figures it is 51.9% children who fall in the sub normal category. This figure of more than 50% below normal children is definitely calls for specific strategic planning.

Total 53 anganwadis have toilets out of which 15 anganwadis have toilets.
Source: Microplanning data VSS forms

7.3 Education

Sr. No.	Indicator	Child Population * Extrapolated from district figures for Census 2001	Panchayat Samiti Information	Microplanning Information
1.	Primary School Children	Total – 17,854 Boys – 9,105 Girls – 8,748	Total - 8841 Boys - 4422 Girls – 4419	Total – 11381 Boys – 5896 Girls – 5485 Dropouts – 102 Boys – 55, Girls – 47 Irregular – 286 Boys – 135, Girls – 151 Slow in study – 341 Boys – 163, Girls - 178
		No. of schools	68	
2.	Secondary School Children	Total – 8,271 Boys – 4,218 Girls – 4,053	Total – 888 Boys - 460 Girls - 428	
		No. of schools	3	
3.	School Toilets	Primary Sc – 68 Sec. School - 6	46	Toilets available – 37 Toilets in use – 27

Source: BDO, Deoni (Nov. 2006)

In accordance with Census 2001 the total number of eligible school going children in primary school in Deoni is 17,854. However the actual number of children enrolled as per the Panchayat Samiti information is 8,841. Keeping in mind that Deoni has a complete rural population the chances of availability of private schools will be very minimum. Hence it could be concluded that majority of the children would be seeking to go to a government schools. ***To that extent there seems to be a clear gap of 9,013 children not going to primary school.*** Further the total number of children in the age group of 15 to 19 years for High School is 8,271 as against which only 888 are availing of secondary education. Comparing the gap of Panchayat Samiti's own figure of the number of children going to secondary education is 888 which is only 10% of the enrolled children in Primary Education. Thus we observe a dual gap, i.e. ***gap in primary***

enrollment, which is 50.5% of eligible children and gap in secondary enrollment, which is 89.3%.

Though the Panchayat Samiti has not reported any dropouts, the figure available from the microplanning data is a total of 102 dropouts of which 55 were boys and 47 were girls. The bifurcation of this figure for primary / secondary was not available. Additionally it was also noted that a total of 286 children (Boys 135 and Girls – 151) were irregular and 341 children (Boys – 163 and Girls – 178) were slow in studies.

Sr. No.	Service	Government norm	Sanctioned	Available	GAP
1.	Primary Education	No. of Primary Schools		68	
		Rooms available		Yes **	0
		Toilet facility: 1 toilet unit consists of 2 latrines and 3 urinals.		46	22
		Separate toilet for Girls		03	65
		Sitting arrangements: Benches		0	68
		Library		0	68
		Kitchen shed in every schools		0	68
		Electricity availability		15	68
2.		1 teacher per 40 students	221		
		Non-Teaching Staff (Clerks & Assistants)	12	7	5
3.	Secondary Education	No. of Secondary Schools		3	
		Rooms available		Yes **	0
		2 toilets per school	6	2	4
		Library & Laboratory		3	0
		Kitchen shed in every schools		0	3
		Electricity availability		0	3
4.		Non-Teaching Staff	15	14	1
		1 teacher per 40 students	115		
		Total teachers for Pri and Sec. (1 teacher per 40 students)	336	314 (F.T.– 71, M.T. – 243)	22
5.	Girl Schools (Kanyashala)			1	
6.	Kendrashalas			6	

Source: BDO, Deoni (Nov. 2006)

***** As per Panchayat Samiti Office, they feel it is "sufficient".***

F.T. - Female Teachers

M.T. - Male Teachers.

From the infrastructure point of view, there are 68 primary schools and 3 secondary schools. As far as availability of rooms are concerned no figure was mentioned except that the BEO feels it is “sufficient”. As high as 1/3 of the primary schools do not have any kind of toilet facility and only 3 out of 68 schools have separate toilet facility for girls. While 15 out of 68 primary schools have reported having electric fittings with remarks no power supply as yet. As far as human resource is concerned out of total of 12 nctioned non – teaching posts only 7 are filled with a gap of 5. None of the primary school have facility of cooking mid day meals in the form of kitchen shed.

In the secondary schools there are only two toilets as against 6, making a clear gap of 4. The library and laboratory though available are ill equipped and defunct as per the Panchayat Samiti.

However from the microplanning data it was found that total number of available toilets were 37 out of which only 27 are in use. Hence effectively available toilets were 27 out of 68 primary schools.

7.4 Water Supply & Sanitation

Sr. No.	Service	Government norm/data	Panchayat Samiti information	MP data	GAP
1.	Water supply	40 liters per person per day in rural area: 35,34,480 litres			
	No. of villages covered by water supply schemes		56		0
2.	No. of households with toilets	15859 households (Census 2001)	3434 (Total households - 13874)		12425
3.	Water Sources			239	
	Potable sources			148	
	Sources in use			183	

The above table depicts the details of water and sanitation status of the block. The specific gap in terms of availability of water was not available though the villages covered under water supply scheme as per the Panchayat Samiti is 56. There are 7 villages with recognized water shortage are being covered under Jalswaraj project. As per the Block Development Officer, none of the villages have water shortage even during

summer. There are 239 water sources out of which 183 are in use and 148 water sources are potable drinking water. Thus within these available sources, 56 (23%) are not in use and as high as 38% of the sources are not fit for drinking.

Out of a total of 15,859 households (as per Census 2001), only 3434households have toilet, which is only 22% of the total households. Thus there is a huge gap of 12,425 households without toilet. The situation is quite alarming given the fact that the health indicator is lowest in ranking amongst other programmes in the block.

7.5 Animal Husbandry

Sr. No.	Service	Government norm/data	Panchayat Samiti information	GAP
1.	No. of veterinary clinics		6	
2.	No. of veterinary class I clinics		2	
	Human Resource	1 LDO, 1 Dresser, 2 Attendants and 1 Part time sweeper:	All posts filled	
		Necessary equipments	Available	
3.	No. of veterinary class III clinics		4	
	Human Resource	1 LSS and 1 Attendant	All posts filled	
		Necessary equipments	Available	
4.	Cattle population		34,000	
5.	Veterinary Doctors	1 doctor per 5000 cattle population	7	

From the above table it can be seen that there are a total of 34,781 Cattle population in the block. Further the information gathered from the Panchayat Samiti office show that there are 8,537 Goats and 5,175 Sheep. Calculating the simple arithmetic mean it can be interpreted as every household has average 3 animals as source of income. For care giving of this animal population there are 6 veterinary clinics out of which 2 are Class I clinics. However there are 7 veterinary doctors available for the care of over 45,000 animal populations in the block.

7.6 Panchayat Samiti Office

Sr. No.	Service	Government norm/data	Panchayat Samiti information	GAP
1.	Gram Sevak	1 Gram Sevak per 3000 population/ 1 sajja. (1 sajja constitutes 2 villages): 29	22 (sanctioned posts 25)	7
2.	Gram Vikas Aadhikari	1 Gram Vikas Aadhikari per 5000+ population of a village: 4	1	3

The above table depicts that the sanctioned number of posts of Gram Sevak is 25 as against requirement of 29 as per the norm of 1 Gram Sevak for every 3000 population. The number of Gram Sevaks in the block is only 22 thus making a gap of 7 posts, which means a total of 21,000 population are not being served. Similarly out of the total requirement of 4 Gram Vikas Aadhikari only 1 post is filled leaving a gap of 3.

7.7 Sector-wise Gap Analysis – SUMMARY

7.7.1 Health

- Total of 17 Subcentres sanctioned, 14 Centres are available and functioning
- ***Out of sanctioned 51 posts only 42 are available***
- ***Sanctioned PHCs are 3 and currently functioning are 2*** hence large number of villagers have to travel long distance for taking treatment to adjacent block
- Only 11.75% institutional deliveries are in the government hospitals and as high as 40.18% are in private institutions
- 37% of the deliveries are still through untrained dais
- 1/3 of the pregnancies (29%) are below 18 years with low IFA intake being 57% only
- TT immunization is 75% for current pregnancy and 84% for past pregnancy same is the case with pregnancy registration
- Colostrum given shows only 56.14% of the nursing mothers. Concern for colostrums was stated by 15 villages as one of the priority
- Ignorance regarding importance of IFA tablet amongst the young and pregnant women (priority stated by 25 villages)

7.7.2 ICDS

- ***Total number of required Anganwadis is 88 with current availability of 68***
- Total functional Anganwadis are 68 having staff of 132 as against the required number staff of 136. ***Gap between total sanctioned and existing available human resource is of 40 personnel***
- ***Gap in available toilets and the functional Anganwadis is 3 while sanctioned and existing toilets is 23***
- ***Drinking water facility is available in only 30 making a clear gap of 38 sources in the functional Anganwadis and 58 in the sanctioned.***
- Considering the decadal growth of 22.57, the proportionate growth in the population by end of 2006 will be 15,117 children eligible for Anganwadi (as per Census 2001). However as per the available data from Panchayat Samiti 11,616 children have been

enrolled in the Anganwadi, which means that approx. 3,501 children do not go to the Anganwadi, as a result their status is unknown

- ***the quality of services is bound to suffer in a crowded condition of 132 children per Anganwadi***
- ***51.9% children who fall in the sub normal category.***
- ***723 children are in grade II and 29 children are in grade III***
- Considering the decadal growth of 22.57, the total number of eligible children for Anganwadi would be 15,117 (as per Census 2001) as against 6,824 children go regularly to Anganwadi bringing a gap of 8,293 children about whose status are not known

7.7.3 Education

- ***9,013 children not going to primary school after comparing the Census 2001 & Panchayat Samiti figures***
- 10% of the enrolled children in Primary Education are in High School
- ***Gap in primary enrollment, which is 50.5% of eligible children and gap in secondary enrollment, which is 89.3%. (Comparison with Census 2001 & Panchayat Samiti figures)***
- 102 dropouts of which 55 were boys and 47 were girls as per microplanning data
- 1/3 of the primary schools do not have any kind of toilet facility and only 3 out of 68 schools have separate toilet facility for girls
- 15 out of 68 primary schools have reported having electric fittings with remarks no power supply as yet.
- Out of total of 12 sanctioned non – teaching posts only 7 are filled with a gap of 5
- None of the primary school have facility of cooking mid day meals in the form of kitchen shed.
- ***In the secondary schools there are only two toilets as against 6***
- The library and laboratory though available are ill equipped and defunct as per the Panchayat Samiti
- Total number of available toilets were 37 out of which only 27 are in use. Hence effectively available toilets were 27 out of 68 primary schools (as per the microplanning data)
- 3 villages also stated regarding quality of education and lack of parental interest towards education.

7.7.4 Water Supply & Sanitation

- No water shortage even during summer
- Out of 239 water sources, 183 are in use and 148 water sources are potable drinking water. Thus within these available sources, 56 (23%) are not in use and as high as 38% of the sources are not fit for drinking.
- Out of a total of 15,859 households (as per Census 2001), only 3434households have toilet, which is only 22% of the total households. Thus there is a huge gap of 12,425 households without toilet.
- 32 out of 56 villages identified the ignorance of the people on the use of toilet as the first priority
- 26 out of 56 villages stated that lack of waste water management was the second priority.
- Unclean Surrounding was a concern for 16 villages (Fourth priority)
- Lack of household toilets was expressed as concern in 14 villages

7.7.5 Animal Husbandry

- As every household has average 3 animals as source of income
- There are 6 veterinary clinics out of which 2 are Class I clinics. However there are 7 veterinary doctors available for the care of over 45,000 animal population in the block

7.7.6 Livelihood

From the adjacent table it is seen that there are 91% of the households engaged in agriculture activities. Out of this as high as 36% are agricultural labourers and only 4% are engaged in government jobs. 46% of the households have land holdings and as high as 27% are landless. The total irrigated land is only 1700 hectares and the non-irrigated land is 38,447 hectares with an average annual rainfall of 902 mm. The female work participation rate is only 45%.

As high as 52% of the household has monthly family income below Rs. 1900/- per month, thus bringing a large number of population below poverty line. The data available from DRDA show that only 37% of the families possess BPL card. However there is a data discrepancy between the household survey during microplanning which depicts the figure of 6437 families as against 5165 families below poverty line.

With such a large number of BPL families as well as landless labourers the block needs to prepare an adequate livelihood plan.

7.7.7 Panchayat Samiti Office

- Sanctioned number of posts of Gram Sevak is 25 as against requirement of 29 as per the norm of 1 Gram Sevak for every 3000 population. The number of Gram Sevaks in the block is only 22 thus making a gap of 7 posts, which means a total of 21,000 population are not being served
- Out of the total requirement of 4 Gram Vikas Aadhikari only 1 post is filled leaving a gap of 3.

8 Community Perception – Sector-wise Problem Prioritization

Rank	Problems faced	No. of Villages	Percentage
1	Fail to understand importance of use of Toilets	33	61
2	Fail to understand importance of IFA intake by adolescent girls and pregnant women	28	52
3	No system for waste water management	26	48
4	Unclean Surrounding	18	33
5	No toilets	17	31
6	Fail to understand importance of colostrum	15	27
7	Lack of awareness about regular weighing	13	24
8	Malnutrition	13	24
9	Child Marriage	7	13
10	Lack of health awareness among women	6	11
11	Addictions	5	9
12	No awareness about Govt. schemes	5	9
13	Absence of Soak pits	4	7
14	Fail to understand the importance of CBOs	4	7
15	Lack of parents concern for child education	4	7
16	No use of water purifiers	4	7
17	No proper guidance to CBOs	3	6
18	Lack of permanent water supply	2	4
19	No use of Iodized salt	2	4
20	Percentage of deliveries at home is high	2	4
21	Poor maintenance of anganwadi building	2	4
22	Deliveries by untrained dai	1	2
23	Do not wash hands	1	2
24	Impure water	1	2
25	Lack of Anganwadi equipments	1	2
26	Lack of care in drinking water storage	1	2
27	Lack of PAKKA roads	1	2
28	Large no. of tax defaulter	1	2
29	No anganwadi in one hamlet	1	2
30	No regular meetings of VEC	1	2
31	No. of irregular and slow students ZP schools	1	2

Source: Aggregate of problem prioritization by Gram Sabha during microplanning (Based on data of 54 villages)

During the 5 days microplanning undertaken in the villages of Deoni block, the villagers prioritized their problem in the Gram Sabha. These problems were related to social sector programmes only and did not include the livelihood issues such as land, water, irrigation, agriculture and availability of employment. There were altogether 26 different kinds of problems identified by the villages which is can be seen in the table above.

As many as 32 out of 56 villages identified the ignorance of the people on the use of toilet as the first priority. Similarly 26 out of 56 villages stated that lack of waste water management was the second priority. Thus ***sanitation can be stated as the number***

one problem faced in the block. This was followed by the ignorance regarding importance of IFA tablet amongst the young and pregnant women (25 villages). Unclean Surrounding was a concern for 16 villages. Concern for colostrums was stated by 15 villages and lack of household toilets was expressed as concern in 14 villages. Concern for child survival indicators such as regular weighing of children, malnutrition, child marriage and lack of health awareness was the concern in 9 villages. One of the villages also expressed tax defaulters as one of their major concern. 3 villages also stated regarding quality of education and lack of parental interest towards education.

8.1 Sector-wise Problem Prioritization – HEALTH

Sr. No.	Sector	Problem identification by Panchayat Samiti (infrastructural)		Problem identification through microplanning	Priority Ranking (No. of villages)	Remarks
		Existing	Addl. Req.			
1.	Health	14 Subcentres	6 subcentres	Fail to understand importance of IFA intake by adolescent girls and pregnant women	3 (25)	
		2 PHCs		Child Marriage	9 (7)	
				Lack of health awareness among women	10(6)	
				Addictions	11 (5)	
				No use of Iodized salt	18 (2)	
				11.75% Deliveries in Govt. Institutions		
				36.77% deliveries by untrained dais		
				29% pregnancy below 18yrs		
				61% IFA intake & 80% TT immunized		
				Colostrum given 56.14%		

The above table gives a clear contrast between the prioritization of problems by the Panchayat Samiti and the people. While the Panchayat Samiti has only identified the infrastructure gap as a problem, the community has identified the quality aspect of the services. In the health sector the community's concern shows the gap as intake of IFA tablet, child marriage, health awareness, addiction, institutional deliveries etc. as prime area to be bridged. Hence it is imperative that the department gears up in addressing these felt needs.

8.2 Sector-wise Problem Prioritization – ICDS

Sr. No.	Sector	Problem identification by Panchayat Samiti (infrastructural)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Existing	Addl. requirement			
2.	ICDS	68 Anganwadis.		Fail to understand importance of colostrum	5 (15)	
		65 Anganwadis with Toilet facility		Lack of awareness about regular weighing	7(9)	
		30 Anganwadis have drinking water facility		Malnutrition	8(9)	
				Poor maintenance of Anganwadi building	19 (2)	
				Lack of Anganwadi equipments	20 (1)	
				No Anganwadi in one hamlet	24 (1)	
				51.9 % children fall in sub normal category		
				In 15 Anganwadis, toilets are in use (MP data)		

Again the pattern of gap identification by Panchayat Samiti is similar to what has been said above. i.e. infrastructure only. The community has identified the quality of services as major gap. They range from lack of awareness about regular weighing, malnutrition to poor maintenance of the Anganwadi buildings. Concern has also been shown by the villagers who have stated that none of the Anganwadi toilets (wherever available) are in use.

8.3 Sector-wise Problem Prioritization – EDUCATION

Sr. No.	Sector	Problem identification by Panchayat Samiti (infrastructural)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Required	Existing			
3.	Education		46 toilets	Lack of parents concern for child education	14 (4)	
				No. of irregular and slow students ZP schools	26 (1)	
				As per microplanning data 37 toilets are available and 27 toilets are in use out of a total of 71 schools		

In the education sector, the community has expressed their concern regarding lack of parents initiative towards education of their children. In addition irregularity of the teachers in Zilla Parishad schools have been brought in lime light in their discussion of Gram Sabha. The community has also shown their concern where out of 71 schools only 37 has toilets and even within this only 27 are in use.

8.4 Sector-wise Problem Prioritization – WATER SUPPLY & SANITATION

Sr. No.	Sector	Problem identification by Panchayat Samiti (infra.)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Required	Existing			
4.	Water Supply & Sanitation		3434 (Total HH - 13874) i.e. 25% HH have toilets	Fail to understand importance of use of Toilets	1 (32)	
				No system for waste water management	2 (26)	
				Unclean Surrounding	4 (16)	
				No toilets	6 (14)	
				Absence of Soak pits	12 (4)	
				No use of water purifiers	16 (3)	
				Lack of permanent water supply	17 (2)	
				Lack of care in drinking water storage	21 (1)	

Lack of number of toilets in the block is a common concern for both the Panchayat Samiti as well as the community. In addition the community has also identified the problems such as waste water management, unclean surroundings, absence of soak pits, lack of potable water as some of their major cause for concern. In this sector drinking water storage has been shown as one of the priority. ***However the failure to understand the importance of toilet remains to be top most problem in the sector.***

8.5 Sector-wise Problem Prioritization – DRDA

Sr. No.	Sector	Problem identification by Panchayat Samiti (infrastructural)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Required	Existing			
5.	DRDA		5165 (yr 2005-06) i.e. 37% BPL families	6437 BPL families out of which only 3970 families possess BPL card i.e. 52% families are BPL and out of these 62% families possess BPL cards. *(Source: MP data Total households – 12,291)*		

Household * Occupation

Occupation	Household	Percent
Agriculture	6793	55
Agriculture Labourer	4420	36
Artisan	353	3
Private	93	1
Government	482	4
Other	92	1
Missing Data	58	0
Total	**12291**	**100**

Household * Land Information

Land Information	Household	Percent
Land available	5696	46
No land	3371	27
Missing data	3224	26
Total	**12291**	**100**
Irrigated (in acres)	9600	
Non irrigated (in acres)	43638.5	

From the adjacent table it is seen that there are 91% of the households engaged in agriculture activities. Out of this as high as 36% are agricultural labourers and only 4% are engaged in government jobs. 46% of the households have land holdings and as high as 27% are landless. The total irrigated land is only 1700 hectares and the non-irrigated land is 38,447 hectares with an average annual rainfall of 902 mm. The female work participation rate is only 45%.

Household * Income

Income (in Rs.)	Household	Percent
<1900	6437	52
1901 - 2500	2731	22
2501 - 3500	1055	9
3501 - 4500	747	6
>4500	1288	10
Missing data	33	0
Total	**12291**	**100**
BPL card available	3970	62

As high as 52% of the household has monthly family income below Rs. 1900/- per month, thus bringing a large number of population below poverty line. The data available from DRDA show that only 37% of the families possess BPL card. However there is a data discrepancy between the household survey during microplanning which depicts the figure of 6437 families as against 5165 families below poverty line.

With such a large number of BPL families as well as landless labourers the block needs to prepare an adequate livelihood plan.

8.6 Sector-wise Problem Prioritization – COMMUNITY AFFAIRS

Sr. No.	Sector	Problem identification by Panchayat Samiti (infrastructural)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Existing	Addl. Requirement			
7.	Community affairs			Fail to understand the importance of CBOs	13 (4)	
				No proper guidance to CBOs	15 (3)	
				Large no. of tax defaulter	23(1)	
				No regular meetings of VEC	25 (1)	

As far as community affairs are concerned, Panchayat Samiti has not identified any problem area to be addressed. This can be inferred from the all the other sectors where the government functionaries have not identified any qualitative problem area. Hence it is perhaps imperative that the system fails to give any importance to matters of community affairs. However the Gram Sabha has identified 4 specific areas. They are the lack of importance given by the community regarding community-based organizations (CBOs), which further stems into the second problem of no guidance available to such CBOs. Tax defaulting and irregularity of meetings of village level committees has been posed as another concern.

8.7 Sector-wise Problem Prioritization – PUBLIC WORKS

Sr. No.	Sector	Problem identification by Panchayat Samiti (infra.)		Problem identification by village	Priority Ranking (No. of villages)	Remarks
		Required	Existing			
8.	Public Works			Lack of PAKKA roads	22 (1)	
				Electricity Supply		

There was no data available from the public works department to reflect on the Panchayat Samitis concern. The Gram Sabha however has stated that lack of PAKKA roads and electricity supply as their priority problem in this area.

9 Block Sector-wise Development Index

Participants were informed about the HDI of Latur district, which is 0.47. In IDPW II held during 14th and 15th Sept. 2005 at YASHADA, the participation index was discussed in detail, which showed that the district participation level on a 10-point scale scored only 2. Further it was noted that the group (which comprise of all the HODs of ZP including CEO, selected BDOs, selected CDPOs and TMOs) desired that participation should be at least 7.5 to accelerate desired growth. However on a third intervention it was decided that realistically they would be able to achieve a composite index of 5 by the end of March 2008.

To prepare development index for each block, exercise was carried out in the workshop held on 7th and 8th December 2006 to sectorwise rank all the blocks of Latur district. Each sector was sub divided according to their own specific components and ranked on a 5 point scale. Ranking was made by the participants (District and block officials of Zilla Parishad) using the scale (Very Good – 5, Good – 4, Average – 3, Poor – 2 and Very Poor – 1). Arithmetic mean of each sector was taken as criteria for ranking the blocks. For example: Block, which received the highest average under each sector, was ranked as number one.

Sr. No.	Block	Latur	Renapur	Ahmadpur	Jalkot	Chakur	Shirur-Anantpal	Ausa	Nilanga	Deoni	Udgir	District
1	Health average	2.67	2.67	3.33	2.78	2.56	2.89	2.89	3.00	3.44	3.56	2.98
	rank	8	8	3	7	10	5	5	4	2	1	
2	ICDS average	4.00	3.50	3.50	3.13	3.63	3.50	4.50	3.50	3.50	3.88	3.66
	rank	2	4	4	10	6	7	1	7	7	3	
3	Water Supply & Sanitation average	3.67	3.67	3.33	3.67	3.33	4.00	4.33	3.00	4.00	4.33	3.73
	rank	5	5	8	5	8	3	1	10	3	1	
4	Education average	4.00	4.00	5.00	4.00	5.00	5.00	4.00	4.00	5.00	5.00	4.50
	rank	6	6	1	6	1	1	6	6	1	1	
5	Livelihood average	3.00	3.50	2.50	2.00	3.50	3.00	4.00	4.00	3.50	4.00	3.30
	rank	7	4	9	10	4	7	1	1	4	1	
6	Women Empowerment average	4.00	3.00	4.50	4.50	4.00	4.00	5.00	5.00	4.00	5.00	4.30
	rank	6	10	4	4	6	6	1	1	6	1	

The above table was derived out of overall computation of each sector into its own sub components. On the basis of the computation, one can say that Chakur has the lowest health indicators followed by Latur and Renapur. Deoni is the second based block as far as health is concerned only next to Udgir which has the best health indicators. Similarly Deoni show poor ICDS ranking as well as Women Empowerment. However comparing the sectorwise index health shows the weakest

link in the district with lowest average of 2.98 followed by livelihood which is 3.3 and ICDS indicator which is 3.66. Education has the highest average ranking of 4.5 followed by Women Empowerment which 4.3. Although Deoni shows overall better performance by ranking third in the district one needs to be cautious for the sector such as ICDS, health and livelihood where average district index itself is low.

To derive the development index weighted mean was computed. The computation of weighted mean was done by assigning weights to the blocks based on their sectoral averages. For example: Block with highest sectoral average was assigned the highest weight and the least was assigned the lowest weight. Thus the ranking of the block was done on the basis of weighted mean computed for each block.

To derive blockwise HDI, the average of weighted means of the blocks was taken into consideration. District weighted mean was compared with district HDI and accordingly it was apportioned to the blocks. The deviation (gap) was derived comparing the block HDI and the district HDI.

Blocks	**Wt. Mean**	**Rank**	**HDI**	**Gap**
Latur	5.65	8	0.42	-0.05
Renapur	5.71	7	0.42	-0.05
Ahmadpur	6.58	5	0.49	0.02
Jalkot	3.74	10	0.28	-0.19
Chakur	5.84	6	0.43	-0.04
Shirur-Anantpal	6.82	4	0.50	0.03
Ausa	8.40	2	0.62	0.15
Nilanga	5.60	9	0.41	-0.06
Deoni	7.79	3	0.58	0.11
Udgir	9.63	1	0.71	0.24
District	**6.36**		**0.47**	

Block human development index was calculated for each block based on the weighted means derived for each block by using the following formula;

$$\frac{\textbf{(Wt. Mean of the block * District HDI)}}{\textbf{District weighted mean}}$$

The blockwise comparison of HDI puts Deoni (0.58) a little higher than the district HDI (0.47).

10 The Plan

10.1 Plan Framework – Result Based Management (RBM)

10.1.1 WHAT IS RBM?

A format, a framework, a tool that is used for planning and monitoring of projects or programmes.

It emphasizes measurement of developmental results more than management of activities.

Performance measurement is the heart of RBM

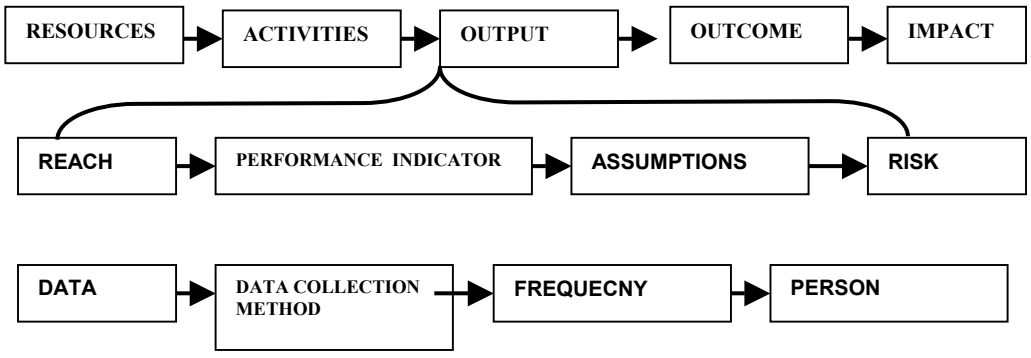
10.1.2 SIX CHARACTERISTICS OF RBM

Fostering Stakeholder Participation
Defining Expected Results
Identifying Assumptions and Risk
Selecting Performance Indicators
Collecting Performance Information
Performance Reporting

10.1.3 WHY IS RBM IMPORTANT IN AN ORGANISATION?

Monitor organizational trend
Obligation to do more with less while maintaining quality
Demonstrate a result oriented and accountable style of operation
Improve internal management procedures and practices
Improve transparency of results reporting

10.1.4 RBM CONCEPTS



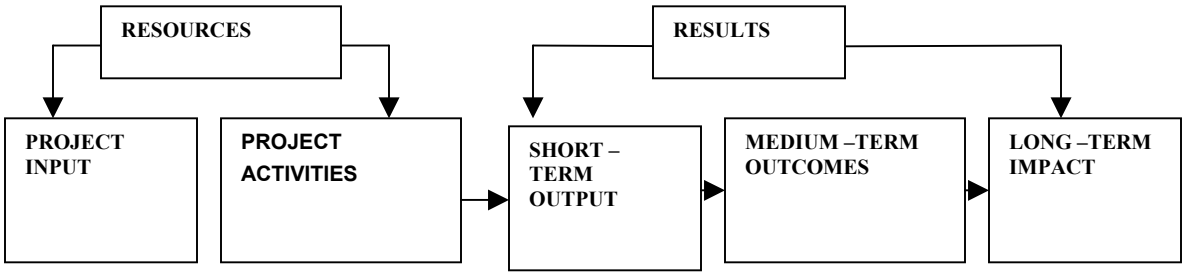
10.1.5 QUESTIONS ASKED IN PLANNING CYCLES:

Where are we now?
Where do we want to go?
How do we get there?
How will we know that we have reached there?

RBM forms the ground for discussion and shared understanding and responsibility for achieving results.

Once the framework is developed it does not remain static, as the data is collected and analyzed, it feeds the management with necessary information to make informed decisions to make adjustments in the design or implementation of the project and make it more inclined towards achieving results.

Changes are inevitable in RBM as stakeholders' understanding level of the results between the result chain and of the project improves.



10.1.6 RESOURCES

What resources will have to be invested in the project in order for the population target to benefit from the achievement of the project purpose? We should ask ourselves – for whose benefit and at what cost?

10.1.7 EXPECTED RESULTS

Based on the principle of causality running from programme management through to the different levels of developmental results.

Expected results are linked in cause effect relationship in which a level of result is related to the next higher one by means of achievement ***(the if/then phrases – e.g. if outputs are achieved as expected then the project will achieve its outcomes and if the outcomes are achieved as expected the project achieves its impact).***

The main purpose that RBM intends is to help in the following parameters:
Describe clear roles and responsibilities for the main partners involved in delivering the policy, program or initiative — a **sound governance structure at the block level**;
Ensure clear and logical design that ties resources to expected outcomes – a **results based logic model** that shows a logical sequence of activities, outputs and a chain of outcomes for the policy, program or initiative;
Determine appropriate performance measures and a **sound performance measurement strategy** that allows managers to track progress, measure outcomes, support subsequent evaluation work, learn and, make adjustments to improve on an ongoing basis;
Set out any **evaluation work** that is expected to be done over the lifecycle of a policy, program or initiative; and
Ensure **adequate reporting** on outcomes.

In RBM there is an emphasis on continuous performance monitoring including self-assessment by project managers and stakeholders and this may result in requiring new methods, techniques and tools for tracking results. It is important to develop performance indicators, which are quantitative or qualitative measures used to monitor progress made toward the achievement of expected results for example outputs, outcomes and impact.

10.2 Plan Strategy

The exercise for block planning was culled out of Intersectoral District Planning Workshop (IDPW) - I and IDPW - II. The first IDPW aimed at orienting and bringing home the point with the district authority regarding the importance of community participation. The idea was to bring forth a debate on the extent of participation that could be sought by the district authority while planning for the people. IDPW-I also encouraged the sectoral heads to revisit their own schemes and interpret the areas of participation, which the scheme has to offer. Thus the first workshop was to create an environment for the district authorities to embrace people's participation as prime strategy by departing from the age old and conventional top down planning.

IDPW-II was aimed at introspection regarding current level of people's participation in the district and to recognize various levels and elements of participation. This workshop also aimed at providing new planning skills to the district functionaries so that better quality district plans could be prepared. Orientation to result based management practice was given to the district so that they could prepare sectorwise plan in the RBM format.

IDPW-III (Workshop for Block Response Plan) was based on the platform of the first two workshops. However the exercise zeroed down to preparation of plan for one block in participatory manner. The following were the pre-requisite for the workshop;
Microplanning of all the villages in the block to be completed
Generating perception regarding gaps as perceived by the government authorities and community
Preparation of a comparative chart and hold detail discussion on the same

With the results of IDPW-III the development index has been prepared for the district as a whole keeping the base as district HDI.

To create sector-wise participatory plan which will take into consideration the existing gap. Concerned officers working in sectors of Health & Nutrition, ICDS, Education, Water Supply & Sanitation, Community Development & public works, were requested to prepare sector wise-plans in the following format.

Sr. No.	Statement of Problem as per microplanning	Aggregate problem identified in no. of villages	Action to be taken (Name of programme)	Total available Resource	Additional resource required (If any)	Resource mobilization plan (Name of the schemes)	Timeline	Progress reporting

The sector-wise plan would envisage progress from the existing status. Integrated monitoring indicators will be developed to ensure sectoral convergence. The entire plan will be prepared with complete resource allocation including resource mobilization if any.

An implementation strategy will be developed that will take into consideration the role of the community and the trained volunteers.

Thus the IDPW-IV was organized on 19th & 20th December 2007 to actually prepare the block plan in the RBM format. After the initial introductory session, a general orientation on Result Based Management was given to the participants, most of it

however was left to learning by doing method. The participants were expected to prepare their plan under the guidance of the experienced consultant. In this the impact outcome and output level indicators were already prepared on the basis of the earlier three workshops as well as the content generated from situation analysis. Thus the participants were expected to work out the actual activities that were required to be undertaken during the course of the year. Careful considerations were given to the fact that the logical link is established between activity & output, output & outcome and outcome & strategic result in consonance with various national and state schemes. The participants were divided into groups in accordance with their own sector specialization and advised to prepare activities linked with budget. The details of the complete Sectorwise RBM matrix are illustrated in the subsequent chapter.

The Plan document has been prepared under the result based management and accountability framework, which is primarily due to the following reasons:
To strengthen planning through clear definitions of programme outputs, outcomes and strategic results.
To improve coordination of monitoring, evaluation and research activities, setting priorities in data collection and facilitating collaboration of district administration with other partners
To increase accountability, defining block administration's role and responsibilities very clearly and, setting basis for project and programme evaluation, in general, and the block's performance assessment, in particular.
To ensure efficient use of data in decision-making by synchronizing data collection and decision making opportunities.

The Block Plan of Deoni is inline with the overall strategy of Result Based Management (RBM) which will be further be adopted for the overall district plan of Latur. RBM is intended to serve as a blue print for managers to help them focus on measuring and reporting on outcomes throughout the life cycle of the policy, programme or initiative.

With successfully developed and adoption of RBM in the work plan this framework should represent:
An understanding between partners and stakeholders on what they aim to achieve, how they plan to work together to achieve it and how they will be measured and report on outcomes over the stated and agreed period of time.
A tool for better management, learning & accountability throughout the life cycle of a policy, program or initiate and changes thereon.

An early indication that the policy, program or initiative is setup logically – with a strong commitment to results and thus a good chance to succeed.

Thus typically the RBM in the plan views 4 major sections i.e.

- Strategic results / Impact level
- Outcome level
- Output
- Activities

Strategic results and outcome are the main focus that needs to be achieved as a overall state / district objectives. The work plan will further break the activities into task assigning specific responsibility time frame and the budget.

10.3 Collaboration with NGOs & Other International Agencies

The District administration has been working closely with NGOs as a partner. It was unique methodology adopted wherein NGOs has been instrumental in bridging the gap between the Government machinery and the people. NGOs have been by-n-large playing the role of demand generation by the active participation of community through microplanning. To that extent District has made the value added contribution of not only selecting of the NGOs but also providing them with appropriate training and integrating their services down to the village level. It is expected that the same model will continue in future as well. However some of the lessons learned from the previous cooperation are as follows:

NGOs run the risk of the credibility of their presence in a community while implementing short-term programs.

Frequent changes in the implementing strategy disturb the equilibrium of the program and affects staff motivation.

Most of the NGOs would prefer training in process documentation in the next cooperation period.

Strategies to convert Samaj Mandal / Chawdi into Family Welfare Centre.

Educational fair

Associate school with Anganwadi (pilot project) for better monitoring and community ownership.

On the basis of the Plan document, and in accordance with the result frame work the cooperation of the NGOs will be mostly at the activities level, which will contribute to the output level. The details will be worked out during the work plan workshop whereby specific expectations from the NGOs will be crystallized.

11 Vision Statement - LATUR

With commitment to equality, social justice and good governance, Zilla Parishad, Latur will strive for a comprehensively developed self-sufficient rural society with full community participation that includes the vulnerable groups.

12 Sector-wise Outcome, Output & Activities earmarked

12.1 HEALTH

12.1.1 State level status - HEALTH

1) Infant mortality rate in Maharashtra is 48 which ranks 2nd after Kerala.

2) Rural-urban differential has increased over time.

Rural / Urban	1990	1999
IMR Ratio	1.5	1.9

3) 80% of all births are registered in West Bengal which ranks 4th amongst 14 'major' states.

4) Progress in expanding immunization coverage has been good. It is 78% in 1998-99 as compared to 64% in 1992-93 with a difference of 14% hike. Compared to scores on National level (42% in 1998-99 and 35% in 1992-93) with a difference of 7% it is less than only Kerala and Tamil Nadu.

5) High HIV-prevalence has been noted in 12 districts in Maharashtra namely Aurangabad, Chandrapur, Kohlapur, Latur, Mumbai, Nagpur, Nashik, Pune, Sangli, Satara, Sholapur, Thane

6) 61% of married women in Maharashtra have heard about AIDS. Maharashtra ranks 2nd in awareness after Tamilnadu (87%) and Kerala (87%).

7) 33% of women who have heard about AIDS in Maharashtra have no knowledge about how to avoid it.

8) Sex Ratio – 922, Sex Ratio (Rural) – 959

12.1.2 District level status – HEALTH

1) Total number of PHCs – 46
2) Rural Family Welfare Centre – 9
3) Civil Dispensary – 4
4) Ayurvedic Dispensary – 7
5) Primary Health Unit – 0
6) Primary Health Subcentre – 250
7) Total no. of Medical Officers – 105

8) Sex Ratio – 934 Sex Ratio (0-6yrs): 923
9) Crude Birth Rate – 21.8
10) Crude Death Rate – 5.6
11) Child Mortality Rate – 10.3
12) Infant Mortality Rate – 38.91
13) Total Fertility Rate – 3.5
14) Maternal Mortality Rate – 135
15) Operationalisation of 24X7 PHCs – 30%
16) Fully Immunized Children – 73%
17) Full ANC coverage – 68%
18) Institutional Deliveries – 56.9%
19) Contraceptive Prevalence Rate – 60%

District Health Action Plan for NRHM was drafted for 2005 to 2012. Latur district has stood first in the state in National Family Welfare Programme (NFWP) during 1982-83, 1994-95, 1999-2000 & 2004-05. So also Latur has excelled first in Marathwada region in NFWP during 2006-07

Deworming and Vit A supplementation Campaign is organized twice a year in an effort to decrease prevalence of malnutrition for children in 18 months to 5 years age-group. Filariasis Elimination Campaign (MDA) is organized once in a year so as to decrease prevalence of filariasis. This campaign will be organized for five years since 2006-07

National Pulse Polio Immunization (PPI) Campaign – Since 1997 not a single case of polio has been detected in Latur district. Child Marriage Prevention Campaign, Mother Protection Day, Family Health Awareness Campaign, Breast Feeding Week, Multi Diagnostic Camp

After separation of Social Welfare Department in the year 1992, new Women & Child Development Department came into existence independently. 18 various trade-training centers are functioning in the district for women in which 1080 women are to be trained every year.

12.1.3 RBM Emphasis - HELATH

The impact level statement of health envisages ensuring complete eradication of malnutrition and giving equal emphasis to preventive and curative health care giving special focus to women and children under the overall health for all goals. This will be achieved through 5 levels of outcomes, which gives emphasis at a family level for survival indicators, community empowerment particularly for care of children and pregnant women. For this the supportive outcome indicators are enhancement of the competencies of the PHCs as well as health staff, give higher emphasis on community awareness for greater utilization of the health services and facilitating convergence among the departments for better coordination.

12.1.4 RBM - HEALTH

With commitment to healthy life, ZP Latur will ensure complete eradication of malnutrition & strive to promote preventive & curative healthcare arrangements with special emphasis on women & children in order to achieve the goal of health for all

1. Every member of the family survives and grows to its full potential	2. Community /Families empowered for care of pregnant women & children	3. Enhanced competencies of PHCs & other health staff	4. Facilitate increased access and utilization of quality health services by all.	5. Facilitating inter-sectoral convergence for promotive and preventive health care.
1.1. Improved quality of MCP session	2.1Families knowledgeable on danger signs, home care management and timely referrals	3.1 Facilities adequate with equipment & with regular supplies	4.1 Competent and empathetic staff and services in place	5.1 Related departments knowledgeable as stakeholders of health services
1.2. Access to & participation in adolescent peer groups	2.2 Sensitive, informed & supportive community	3.2 Adequate health infrastructure	4.2 Increased level of confidence of the community on government services	5.2 Qualitative & quantitative reports available with the related departments regarding their inputs for health enhancement
1.3 Reduction in child and maternal mortality	2.3 Community to promote, protects, support & monitor services	3.3 PHCs & other local health centers are geared to handle emergency neonatal & pediatric emergencies		
1.4 Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.	2.4 Establish community planning, implementation & monitoring system for reporting on new natal & IMR	3.4 Access to services for HB estimation		
1.5 Revitalize local health traditions.	2.5 Communities aware about MCH, HIV/ AIDs, nutrition, sanitation & hygiene, trafficking & sexual exploitation issues & disaster preparedness	3.5 Access to services for de-worming & management of anemia		

1.1.1. Improve quality of MCP sessions by providing minimum integrated package with special focus on care component of mother and child

1.1.2 Promote access to improved healthcare at household level through the female health activist (ASHA).

1.1.2 Promote access to improved healthcare at household level through the female health activist (ASHA).

2.3.1. Community monitoring of health status

2.4.1 Health Plan for each village through Village Health Committee of the Panchayat.

3.1.1 Availability of trained community level worker at village level, with a drug kit for generic ailments.

3.1.2 Availability of generic drugs for common ailments at sub Centre and Hospital level.

3.2.1 Improved facilities for institutional deliveries through provision of referral transport, escort and improved hospital care subsidized under the Janani Surakshya Yojana (JSY) for the below poverty line families.

4.2.1 Availability of assured health care at reduced financial risk through pilots of Community Health Insurance under the Mission.

4.1.1 Develop appropriate tools for training & for ensuring that quality care reaches the family

4.1.2. Building capacity within families using positive deviance approach

4.2.2 Improved outreach services to medically under-served remote areas through mobile medical units.

5.2.1 Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels

5.1.1. Increase awareness about preventive health including nutrition

5.2.2 Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.

5.1.2 Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol, etc.

12.1.5 Log frame - HEALTH

Sr. No	Level	Indicator	Mov	Assumptions
1	Every child of the family survives and grows to its full potential	IMR reduced	National health survey records	Effective implementation of SJSY, SJSRY
		All children in school	Human development report	Effective implementation of SSA, NH Program
1.1	Improved quality of MCP session	No. of MCP sessions held	MIS record of health department	Proper awareness and mobilization of participants for MCP sessions
		Resource persons of MCP sessions	ICDS record	Timely supply of Vitamins A
		Proportion of children immunized, receiving vitamin A, receiving treatment for minor ailments		Referral system strengthened
				Timely immunization with cold chain maintained
1.1.1	Improve quality of MCP sessions by providing minimum integrated package with special focus on care component of mother and child	1. The details of integrated package defined	1) Copy of package details available with the district nodal department	Integrated package prepared by the department
		2. Proportionate increase attendance of pregnant and lactating mothers to attend the session	2) Attendance and signature sheet available with ANM and AWW	Regular monitoring at the block and district level
		3. Schedule of MCP session followed regularly	3) MCP register record & VIR	

Sr. No	Level	Indicator	Mov	Assumptions
1.1.2	Promote access to improved healthcare at household level through the female health activist (ASHA).	1. Increased confidence of community on government healthcare system	PHC register, record with ANM and VIR	Regular home visits of ANM, AWW and ASHA workers
		2. Proportionate increase institutional deliveries in the government hospital		Regular home visits of ANM, AWW and ASHA workers
		3. Proportionate increase no. of checkups for pregnant women		
		4. Proportionate increase demand for iron tablets		Regular supply of iron tablets
		5. Voluntary visit by the villagers for immunization		Adequate follow up of immunization schedule
		6. Proportionate increase no. of complete immunization		
1.2	Access to & participation in adolescent peer groups	Increased number of adolescent peer group in the community having regular meeting.	A community meeting records.	Adequate promotion for formation of adolescent groups by facilitating agencies.
1.3	Reduction in child and maternal mortality	IMR and MMR reduced	District health data	Service monitoring system in place
1.4	Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.	Increased environmental sanitation at family & community level	District data available with TSC and Jalswaraj	Effective & innovative TSC campaign
		Increased percentage of availability and use of household toilet		
		Regular and adequate availability of potable water		Completion of Jalswaraj target
1.5	Revitalize local health traditions.	Villagers using traditional local medicine from knowledgeable sources		Government actively promoting adequate traditional practices
		Village health committee knowledgeable about traditional medicinal and healthcare practices		

Sr. No	Level	Indicator	Mov	Assumptions
2	Community /Families empowered for care of pregnant women & children	Increased number of awareness campaign targeting family level	Block and PHC level available record with TMO and ANM	Block and district level officers proactively undertaking innovative campaigns
		Increased number of mother in law daughter in law programme	Available record with CDPO and cluster supervisor	
		Families easy access to livelihood and food security programmes	DRDA record	
		Member of family in SHG group		Cohesive and active village community
2.1	Families knowledgeable on danger signs, home care management and timely referrals	Increased proportion of deliveries conducted by trained person	Health department MIS records	Strategies to strengthen PHCs/ HCs in place
		Proportionate increase in number of emergencies handled at the referral center	Village micro plan	Regularity of MCP programs
		Reduction in the proportionate number of maternal deaths and increased number of mothers seeking timely care		Regularity of ANM visits and work monitored
2.2	Sensitive, informed & supportive community	Proportionality increased number of people in the community are knowledgeable and observed good personal and home hygiene practices.	Record on reduction of communicable and water bond diseases.	Effective awareness program carried by the Government/NGOs'/ CBOs
		Increased number of potable water sources.	Government record of drinking water sources.	
2.3	Community to promote, protects, support & monitor services	Active community participation in evolving a community mechanism for monitoring.	Micro plan document.	Appropriate micro planning training imparted to the community
		Proportionately increased number of community volunteers trained in repair and servicing of drinking water source.	Records maintained by the training authorities at block/district level Government authorities/ NGOs'	
		Community actively promoting home hygiene		

Sr. No	Level	Indicator	Mov	Assumptions
2.3.1	Community monitoring of health status	Preparation & display of community health charts	Community chart displayed at prominent place in the village	Active and aware community on health issues
		Health as a subject being actively discussed at SHG	SHG records	
		Active volunteers having knowledge of health status of the village	VIR	
2.4	Establish community planning, implementation & monitoring system for reporting on neonatal & IMR	Community micro plan	Community micro plan document	Effective implementation of micro planning training at community level
		Training of identified people / CBOs from community on neonatal and IMR issues	Record of number of training programs (Government/ Unicef/ NGOs)	Appropriate fund allocation by Government
		Panchayat samiti discussing on issues related to IMR and MMR	Minutes of the meeting of Panchayat samiti	Involvement of NGOs
		Special monitoring group identified by Panchayat		Panchayat samiti giving appropriate importance to IMR and MMR issues
		Existing active SHGs implementing and monitoring IMR and neonatal issues	Minutes of the meetings of SHGs	Appropriate awareness created amongst women
		SHGs promoted / established specifically for IMR and neonatal issues	Records of number of new SHGs	Effective functioning of women's group
2.4.1	Health Plan for each village through Village Health Committee of the Panchayat.	Community health plan prepared	Community health plan document	Active health committee

Sr. No	Level	Indicator	Mov	Assumptions
2.5	Communities aware about MCH, HIV/ AIDs, nutrition, sanitation & hygiene, trafficking & sexual exploitation issues & disaster preparedness	No. of MCP sessions held	MIS record of health department	Proper awareness and mobilization of participants for MCP sessions
		Resource persons of MCP sessions	ICDS record	Timely supply of Vitamins A
		Proportion of children immunized, receiving vitamin A, receiving treatment for minor ailments		Referral system strengthened
				Timely immunization with cold chain maintained
		Increased environmental sanitation at family & community level	District data available with TSC and Jalswaraj	Effective & innovative TSC campaign
		Increased percentage of availability and use of household toilet		
		Regular and adequate availability of potable water		Completion of Jalswaraj target
		No. of HIV awareness programmes held	ANM records	Effective implementation of Govt. programmes for HIV awareness
		Increased use of condom	PHC register	Regular supply of condom in the PHC
		Emergency services available for disaster management	List of emergency services planned are documented as a manual and available at the Panchayat Office	Proactive district authority collaborates with expert agency on disaster management
		Disaster management training module is available at the block level and training is initiated	Training module is available and no. of training programme held	
		Disaster preparedness is discussed at the gram Sabha	Gram Sabha records	Active gram Sabha
		Disaster management committee established at local level	Committee in place and the details of membership available with the block and district authorities	Effective community awareness programme held & volunteers taking interest
		SHGs as well as adolescent girls groups actively discussing on the issues of trafficking and sexual exploitation of girls and women	SHG meetings, adolescent group meetings and VIR record	Regular meetings held

Sr. No	Level	Indicator	Mov	Assumptions
3	Enhanced competencies of PHCs & other health staff	Allocation of budget by the Government for strengthening the PHCs	Government annual expenditure document	Appropriate emphasis given by the government for upgrading and updating PHCs in their plan document
		Regular training and updating of the PHC staff	Records for number of training programs for PHC staff	Appropriate and user friendly supply chain management system developed
		Adequate supply chain management in place	Stock records from supply chain management department	Senior Governemnt official taking interest in visit to PHCs
		Periodic visit of senior district authorities	Visit report at the PHC	
3.1	Facilities adequate with equipment & with regular supplies	No. of existing equipments and supplies vis-à-vis	Records of equipment in service centers	Funding/ financial assistance available.
		No. of required equipment and supplies		
3.1.1	Availability of trained community level worker at village level, with a drug kit for generic ailments.	Regular awareness programme being undertaken by trained man power	District health records & medical stock available	Proactive and enthusiastic PHC staff
3.1.2	Availability of generic drugs for common ailments at sub Centre and Hospital level.	Availability of medicinal kits and trained resource persons		Regular home visits of ANM, AWW and ASHA workers
3.2	Adequate health infrastructure	Adequate infrastructure at subcentres, dispensaries, mobile clinics available with equipments and medicinal kits	Subcentre & dispensaries medical stocks	Availability and timely release of budget as well as regular supplies

Sr. No	Level	Indicator	Mov	Assumptions
3.2.1	Improved facilities for institutional deliveries through provision of referral transport, escort and improved hospital care subsidized under the Janani Surakshya Yojana (JSY) for the below poverty line families.	Required facilities and equipments in place	Subcentre & dispensaries medical stocks & records	Implementation of government health schemes
3.3	PHCs & other local health centers are geared to handle emergency neonatal & pediatric emergencies	Increased number of emergency cases handled at PHC and local health center level	Daily medical records of PHC	Appropriate emphasis given by the government for upgrading and updating PHCs in their plan document
		Timely supply of necessary supplies and equipments	MIS records of GOM	Appropriate and user friendly supply chain management system developed
		Skilled professional and workers available at PHC/ health center	Stock records at PHC / health center	
3.4	Access to services for HB estimation	Increased no. of PHCs' empowered for Hb testing facilities.	PHC record on assets and facilities.	Skilled manpower for undertaking Hb testing.
				Regular supplies.
3.5	Access to services for de-worming & management of anemia	Increased number of girls' having access to nutritional program.	PHC record on cases of anemia	Adequate supply of Deworming medicines.
		Families empowered through poverty reduction program and aware on the protection of the girl child.		
		Proportionately decrease in number of cases of malnutrition deaths and lactating mothers.		

Sr. No	Level	Indicator	Mov	Assumptions
4	Facilitate increased access and utilization of quality health services by all.	District health programme giving mandate to peoples' participation with increased public awareness programme	Health review agenda at district level showing exclusive monitoring of peoples' participation	CEO, ZP and DHO strong conviction in peoples' participation
4.1	Competent and empathetic staff and services in place	Specially designed training program implemented by the Government as a measure of staff development	Records of training program with course content	Effective sensitization method used in the training
				Proper channeling of young doctors energy and enthusiasm
4.1.1	Develop appropriate tools for training & for ensuring that quality care reaches the family	Development of training modules for Training of health staff	ANM records	Effective implementation of capacity building programmes for health staff
		Regular home visits of ASHA workers having good rapport with individual households		Effective training imparted to ASHA workers
4.1.2	Building capacity within families using positive deviance approach	List of positive factors identified and understood	District health records	Training imparted for using positive deviance tool
		Necessary staff are trained to use positive deviance	District training record	
4.2	Increased level of confidence of the community on government services	People friendly health staff posted at the PHC level	Qualitative survey data on attitude and behaviour available at the district level	Appropriate behavioural training given to the health staff
		Increased percentage of institutional deliveries in the government setup	PHC records	Adequately equipped PHCs
		People and volunteers interested in monitoring government health system with ownership	ANM records, VIR and MIS	Monitoring mechanism in place
4.2.1	Availability of assured health care at reduced financial risk through pilots of Community Health Insurance under the Mission	No. of health insurance policies available with individual household	Health records from PHC / TMO	Effective community mobilization and motivational work for household to come forward for health insurance
4.2.2	Improved outreach services to medically under-served remote areas through mobile medical units	No. of mobile clinics available at block / PHC	PHCrecords and record available with TMO	Regular supplies of medical kit and required medicines available
		Increased no. of patients served through mobile clinic		

Sr. No	Level	Indicator	Mov	Assumptions
5	Facilitating inter-sectoral convergence for promotive and preventive health care	No. of Intersectoral meeting held and budget prepared	District record	Proactive departmental heads promoting Inter-sectoral convergent approach during planning & budgeting
		Regularity of Intersectoral meetings		
		Health related agenda figures in the work plan of other department	Copy of work plan of other departments	
5.1	Related departments knowledgeable as stakeholders of health services	Regularity of Intersectoral meetings	District record	Proactive departmental heads promoting Inter-sectoral convergent approach during programme implementation
5.1.1	Increase awareness about preventive health including nutrition	Increased percentage of regular weighing	ANM records	Health awareness programmes held regular and weighing instruments available at Anganwadi
		Nutritional food given to children in Anganwadi & school	AWW & school records	Regular supply of quality food maintained by Anganwadi & school
5.1.2	Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol, etc.	No. of trainings held on the subject of De-addiction	District records	Adequate measures taken on staff training on De-addiction
		Percentage decrease in liquor addiction	No. of awareness programmes held by SHGs and government functionaries	Active volunteers, SHG members and youths actively involved in the awareness programmes
		No. of external agencies identified and conducting of programme related to de-addiction	District records available with the health department	Availability of external agencies with cost effective programme implementation
5.2	Qualitative & quantitative reports available with the related departments regarding their inputs for health enhancement	Documentation of case studies and initiatives taken by government and village functionaries	District and village records	Trained resource persons available for documentation

Sr. No	Level	Indicator	Mov	Assumptions
5.2.1	Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels	Display of development indicators on the walls and Panchayat holdings being updated regularly through MIS data	Display of data seen	Active village health committee.
				Community taking interest in health monitoring
		Village micro plan prepared using MIS data	Village micro plan	Active community undertaking microplanning
5.2.2	Strengthening capacities of volunteers for data collection, assessment and review for evidence based planning, monitoring and supervision	Training conducted & survey undertaken by village volunteers, community monitoring the action plan	Microplanning data, action plans	Foundation training imparted to volunteers

12.1.6 Budget (Output-Activity-Budget) – HEALTH

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1. Improved quality of MCP session	1.1.1. Improve quality of MCP sessions by providing minimum integrated package with special focus on care component of mother and child				
2		1.1.2 Promote access to improved healthcare at household level through the female health activist (ASHA).				
3	1.2. Access to & participation in adolescent peer groups					
4	1.3 Reduction in child and maternal mortality					
5	1.4 Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.					
6	1.5 Revitalize local health traditions.					
7	2.1Families knowledgeable on danger signs, home care management and timely referrals					
8	2.2 Sensitive, informed & supportive community					

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
9	2.3 Community to promote, protects, support & monitor services	2.3.1. Community monitoring of health status				
10	2.4 Establish community planning, implementation & monitoring system for reporting on new natal & IMR	2.4.1 Health Plan for each village through Village Health Committee of the Panchayat				
11	2.5 Communities aware about MCH, HIV/ AIDs, nutrition, sanitation & hygiene, trafficking & sexual exploitation issues & disaster preparedness					
12	3.1 Facilities adequate with equipment & with regular supplies	3.1.1 Availability of trained community level worker at village level, with a drug kit for generic ailments.				
13		3.1.2 Availability of generic drugs for common ailments at sub Centre and Hospital level.				
14	3.2 Adequate health infrastructure	3.2.1 Improved facilities for institutional deliveries through provision of referral transport, escort and improved hospital care subsidized under the Janani Surakshya Yojana (JSY) for the below poverty line families.				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
15	3.3 PHCs & other local health centers are geared to handle emergency neonatal & pediatric emergencies					
16	3.4 Access to services for HB estimation					
17	3.5 Access to services for de-worming & management of anemia					
18	4.1 Competent and empathetic staff and services in place	4.1.1 Develop appropriate tools for training & for ensuring that quality care reaches the family				
19		4.1.2. Building capacity within families using positive deviance approach				
20	4.2 Increased level of confidence of the community on government services	4.2.1 Availability of assured health care at reduced financial risk through pilots of Community Health Insurance under the Mission.				
21		4.2.2 Improved outreach services to medically under-served remote areas through mobile medical units.				
22	5.1 Related departments knowledgeable as stakeholders of health services	5.1.1. Increase awareness about preventive health including nutrition.				
23		5.1.2 Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol, etc.				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
24	5.2 Qualitative & quantitative reports available with the related departments regarding their inputs for health enhancement	5.2.1 Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels				
25		5.2.2 Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.				

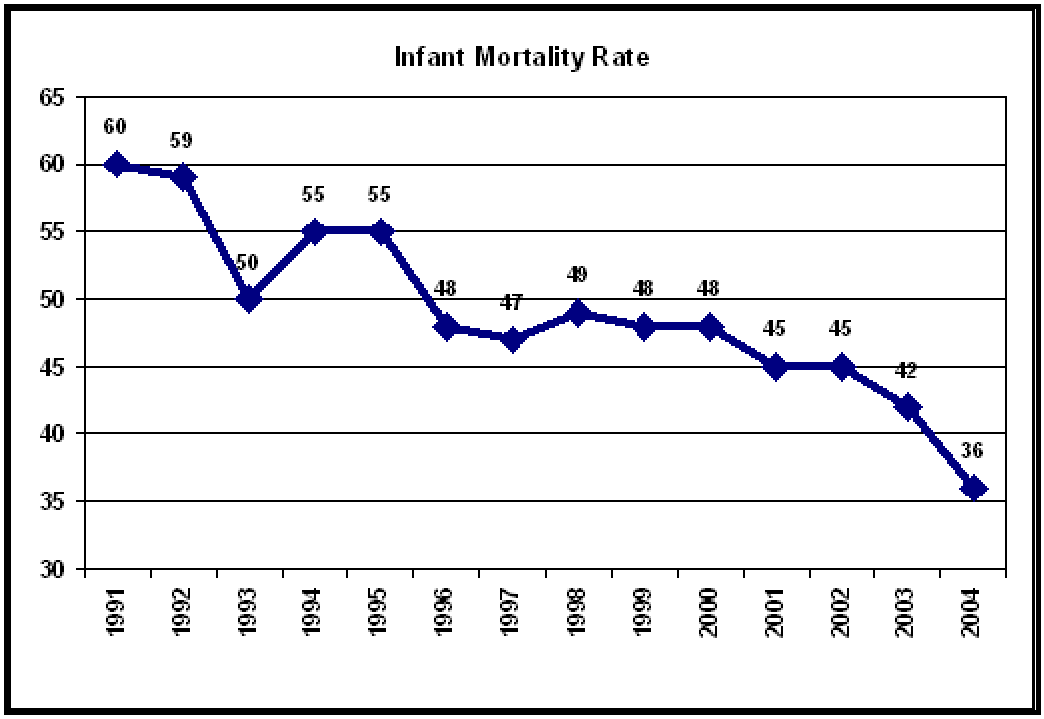
12.2 ICDS

12.2.1 STATE LEVEL STATUS - ICDS

The child survival indicator – Maharashtra is very critical and needs special and focused strategies to address them. The situation of women and children in Maharashtra is as follows:

50% of children under age 3 are moderately to severely malnourished in Maharashtra.

- Proportion of low birth weight babies is 25.
- 76% of children between 6 to 35 months of age are anemic.
- Progress in reducing malnutrition has been relatively slow.
- Infant Mortality Rate (IMR): 36



- Crude Birth Rate (CBR):
- Crude Death Rate (CDR):
- Male Life Expectancy: 64 yrs
- Female Life Expectancy: 67 yrs
- Total Fertility Rate: 2.3 , Total Fertility Rate(Rural): 2.4
- Neonatal deaths are over 60% of infant deaths.
- LBW incidence is 25%.
- Sagging immunization levels.

- Poor feeding and caring practices among the 0-3 years old children contributing to a large extent to high levels of malnutrition – 50% (NFHS – II)
- Anemia among women – 49%.
- Adolescent anemia – 68%.

12.2.2 District Level Status – ICDS

- Fully Protected Mothers – 68%
- Sex Ratio – 934 Sex Ratio (0-6yrs): 923
- Crude Birth Rate – 21.8
- Crude Death Rate – 5.6
- Child Mortality Rate – 10.3
- Infant Mortality Rate – 38.91
- Total Fertility Rate – 3.5
- Maternal Mortality Rate – 135
- Operationalisation of 24X7 PHCs – 30%
- Fully Immunized Children – 73%
- Full ANC coverage – 68%
- Institutional Deliveries – 56.9%
- Contraceptive Prevalence Rate – 60%

12.2.3 RBM Emphasis – ICDS

The impact level indicator has been shared with the health department with emphasis on complete eradication of malnutrition in the district. Three major outcome indicators have been earmarked which includes the survival of every child with guaranteed full growth potential. The second outcome indicator is directly targeted towards the adolescent girls to ensure that every adolescent girl has the HB level of 12 grams and above. The third outcome indicator is targeted towards the nursing mothers ensuring their complete care through multi level interventions.

12.2.4 RBM - ICDS

With commitment to healthy life, ZP Latur will ensure complete eradication of malnutrition & strive to promote preventive & curative healthcare arrangements with special emphasis on women & children in order to achieve the goal of health for all

1. Every child survives and grows to its full potential

1.1 Families adopting positive feeding & caring practices

1.2 Families & caregivers practicing positive infant & young child feeding & caring, influence other care givers & the community to adopt positive practices

1.3 Establish community planning, implementation & monitoring system for reporting on new natal & IMR

1.4 Empathetic & skilled staff in place

1.5 Facilities adequate with equipment & with regular supplies

1.6 Adequate health & ICDS infrastructure including water, toilet & sanitation facilities

1.7 Families practicing home hygiene practices

2. Every adolescent girl will have appropriate HB level (12 gm and above)

2.1 Every adolescent girl will have a positive self-esteem

2.2 Every adolescent girl & her family will practice good personal hygiene

2.3 Every adolescent girl & her family will be knowledgeable about iron rich food

2.4 Every adolescent girl would be knowledgeable about her HB level (Anemia)

2.5 Access to & participation in adolescent peer groups

2.6 Access to services for HB estimation

3 Every mother survives & is fully cared for

3.1 Families empowered for care of pregnant women & children under the age of 1

Increased local availability of iron rich food

Access to services for de-worming & management of anemia

Sensitive, informed & supportive community

Community to promote, protects, support & monitor services

1.2.1 The existing positive feeding caring practices assessed & documented

1.2.2 Develop appropriate tools for training & for ensuring that quality care reaches the family

1.2.3 Integrate vertical programs like Vitamin "A", nutritional anemia, infant young child feeding, pulse polio etc

1.2.4 Building capacity within families using positive deviance approach

1.3.1 Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels

2.1.1 Creation of awareness through school curriculum or life skills education

2.2.1 Enhance capacity of caregivers including fathers, Government functionaries & women's group

Community monitoring of health & nutritional status

12.2.5 Log frame - ICDS

Sr. No	Level	Indicator	Mov	Assumptions
1	Every child survives and grows to its full potential	IMR reduced	National health survey records	Effective implementation of SJSY, SJSRY
		All children in school	Human development report	Effective implementation of SSA, NH Program
1.1	Families adopting positive feeding & caring practices	Percentage of families knowledgeable about proper feeding and caring practices.	ICDS records	Successful micro planning
		Proportion of mothers initiating breast feeding within half an hour of delivery	MIS records of health department of GoM	ICDS strengthen
		Proportions of infants below 6 months on exclusive breast feeding	Available records with ANM and at Panchayat	Women's group developed with regularity of meetings
		Proportion of mothers providing complementary feeding from 6 months onwards		Availability of growth chart
		Monitoring of growth chart		Mother's trained to interpret the growth chart
		Number of deliveries by trained person		
1.2	Families & caregivers practicing positive infant & young child feeding & caring, influence other care givers & the community to adopt positive practices	Families with positive care giving practice identified by the NGOs/ CBOs/ Panchayats	Records maintained by NGOs/ Panchayats	NGOs/ CBOs identified and oriented to act as facilitators for encouraging families
		A sharing mechanism developed and implemented on a regular basis	Records on number of sessions held, visits undertaken by the facilitator	
1.2.1	The existing positive feeding caring practices assessed & documented	Allocation of funds for assessment	Government financial report	Partner agency for documentation identified and appointed as per TOR
		Job allotted to specialized agencies for assessment of feeding and caring practices as well as documentation	Assessment report from expert agency	
			TOR for assessment ready	

Sr. No	Level	Indicator	Mov	Assumptions
1.2.2	Develop appropriate tools for training & for ensuring that quality care reaches the family	Development of training modules for Training of health staff	ANM records	Effective implementation of capacity building programmes for health staff
		Regular home visits of ASHA workers having good rapport with individual households		Effective training imparted to ASHA workers
1.2.3	Integrate vertical programs like Vitamin "A", nutritional anemia, infant young child feeding, pulse polio etc	Percentage increase seen in vitamin A programme, child immunization and supplementary feeding practice	ANM records	Vitamin A programme being given due importance at PHC level with increased community awareness
1.2.4	Building capacity within families using positive deviance approach	List of positive factors identified and understood	District health records	Training imparted for using positive deviance tool
		Necessary staff are trained to use positve deviance	District training record	
1.3	Establish community planning, implementation & monitoring system for reporting on neonatal & IMR	Community micro plan	Community micro plan document	Effective implementation of micro planning training at community level
		Training of identified people / CBOs from community on neonatal and IMR issues	Record of number of training programs (Government/ Unicef / NGOs)	Appropriate fund allocation by Government
		Panchayat Samiti discussing on issues related to IMR and MMR	Minutes of the meeting of Panchayat Samiti	Involvement of NGOs
		Special monitoring group identified by Panchayat		Panchayat samiti giving appropriate importance to IMR and MMR issues
		Existing active SHGs implementing and monitoring IMR and neonatal issues	Minutes of the meetings of SHGs	Appropriate awareness created amongst women
		SHGs promoted / established specifically for IMR and neonatal issues	Records of number of new SHGs	Effective functioning of women's group
1.3.1	Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels	Display of development indicators on the walls and panchayat holdings being updated regularly through MIS data	Display of data seen	Active village health committee.
				Community taking interest in health monitoring
		Village microplan prepared using MIS data	Village micro plan	Active community undertaking microplanning

Sr. No	Level	Indicator	Mov	Assumptions
1.4	Empathetic & skilled staff in place	Specially designed training program implemented by the Government as a measure of staff development	Record of training program with course content	Effective sensitization method used in the training
				Proper channeling of young doctors energy and enthusiasm
1.5	Facilities adequate with equipment & with regular supplies	Adequate funds allocated by the state Government *Timely supply of equipments and other necessitates	Government budget and public expenditure statement	Supply chain management system developed
1.6	Adequate health & ICDS infrastructure including water, toilet & sanitation facilities	District offices have adequate knowledge on the existing and available infrastructure of all ICDS centers in the district.	District office records available	District database sedated regularly
		The infrastructure of all ICDS centers is equipped with basic minimum facilities as prescribed in the mandate	Sample survey report of selected ICDS centers	Survey research framework prepared and implemented
1.7	Families practicing home hygiene practices	Proportionate number of families having soaking pits	PHC / HC record regarding hygiene related diseases	Regularity of MCP sessions
		Proportionate number of families using appropriate drinking water storage	Unicef survey report	Village/ community undertaken micro plan
		Proportionate number of families using sanitary toilets		
		Proportionate number of families taking part in Gram Swachhata Abhiyan		
		Urban indicators to be developed		

Sr. No	Level	Indicator	Mov	Assumptions
2	Every adolescent girl will have appropriate HB level (12 gm and above)	Proportionately increased number of girls completing school education	School attendance record	Effective women's and empowerment program.
				Implementation of Life Skills Education.
2.1	Every adolescent girl will have a positive self-esteem	Proportionately increased number of girls completing school education.	School attendance record.	Effective women's and empowerment program.
		Proportionately increased numbers of families are aware of girls' education and nutrition		Implementation of Life Skills Education.
2.1.1	Creation of awareness through school curriculum or life skills education	Increase life skills education sessions in schools	Records of syllabus	Trained manpower
			Records of lesson planning	
2.2	Every adolescent girl & her family will practice good personal hygiene	Increase in knowledge of good hygiene practices	Records of awareness sessions at PHC	Trained manpower
		Availability of water and sanitation		
2.2.1	Enhance capacity of caregivers including fathers, Government functionaries & women's group	No. of Parent teachers meetings held	School records	Active parent teacher association
		Issues related to child education discussed in SHG and VEC	SHG records, VEC records	VEC formed and functioning actively
				SHGs taking interest in educational affairs
2.3	Every adolescent girl & her family will be knowledgeable about iron rich food	Increase in consumption of iron rich food (poverty reduction)	Records of awareness sessions on nutrition at PHCs	Trained manpower
		Increase access to SJSY schemes	Number of beneficiaries of poverty reduction program	Funds for poverty reduction program
2.4	Every adolescent girl would be knowledgeable about her HB level (Anemia)	Proportionately increased number of girls completing school education	School attendance record	Effective women's and empowerment program.
				Implementation of Life Skills Education.
2.5	Access to & participation in adolescent peer groups	Increased number of adolescent peer group in the community having regular meeting	A community meeting records.	Adequate promotion for formation of adolescent groups by facilitating agencies
2.6	Access to services for HB estimation	Increased no. of PHCs' empowered for Hb testing facilities	PHC record on assets and facilities	Skilled manpower for undertaking Hb testing.
				Regular supplies

Sr. No	Level	Indicator	Mov	Assumptions
3	Every mother survives & is fully cared for	No. of mothers dying during child birth on decrease	Records of MMR during childbirth	PHCs strengthen appropriately
		Maternal mortality rate on decrease	Records on percentage of attendance in prenatal /postnatal care clinics.	
		No. of mothers attending pre,post and peri natal care centers noted on increase		
3.1	Families empowered for care of pregnant women & children under the age of 1	Increase in number of families attending health clinic	PHC records	Health centers accessible and within reasonable distance
		Number of families taking benefit from SJSY and SJSRY schemes	Panchayat records	Availability of doctor
		Increase in number of children attending ICDS centers	Loan records of bank	MCP session being held regularly and families attending them
		Decrease in IMR	ICDS records	Functional ICDS center
		Decrease in MMR	MIS records of health department Government of Maharashtra	Regular maintenance of PHC records
		Decrease in number of normal deliveries		
		Proportionate increase in the number of deliveries by trained person		
		Increase in number of breast feeding after child birth		
		Increase number of pre natal check ups		
		Increase attendance in MCP sessions		
	Increased local availability of iron rich food	Increase in number of visits	Consumption of iron tablets/ green vegetables	Availability of iron tablets / green vegetables
	Access to services for de-worming & management of anemia	Increased number of girls' having access to nutritional program	PHC record on cases of anemia	Adequate supply of Deworming medicines
		Families empowered through poverty reduction program and aware on the protection of the girl child		
		Proportionately decrease in number of cases of malnutrition deaths and lactating mothers		

Sr. No	Level	Indicator	Mov	Assumptions
	Sensitive, informed & supportive community	Proportionality increased number of people in the community are knowledgeable and observed good personal and home hygiene practices.	Record on reduction of communicable and water bond diseases.	Effective awareness program carried by the Government/NGOs'/ CBOs
		Increased number of potable water sources	Government record of drinking water sources.	
	Community to promote, protects, support & monitor services	Active community participation in evolving a community mechanism for monitoring	Micro plan document	Appropriate micro planning training imparted to the community.
		Proportionately increased number of community volunteers trained in repair and servicing of drinking water source	Records maintained by the training authorities at block/district level Government authorities/ NGOs'.	
		Community actively promoting home hygiene.		
	Community monitoring of health & nutritional status	Preparation & display of community health charts	Community chart displayed at prominent place in the village	Active and aware community on health issues
		Health as a subject being actively discussed at SHG	SHG records	
		Active volunteers having knowledge of health status of the village	VIR	

12.2.6 Budget (Output-Activity-Budget) – ICDS

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1 Families adopting positive feeding & caring practices	Regular meeting of mothers, Mahila Mandal to discuss child Nutrition issues				
2		Demonstration & training of Receipies in women meetings	56	300	16800	
3		Kitchen gardens to supplement Nutrition through vegetables				
4		Seasonal use of vegetables, green vegetables & fruits				
5		Breast-feeding & supplements food practices depending on age (According to required calories)				
6		Regular care of infants by mothers, Awareness of training				
7		Day care centre	88	25000	2200000	Zilla Parishad/Govt
8	1.2 Families & caregivers practicing positive infant & young child feeding & caring, influence other care givers & the community to adopt positive practices	1.2.1 The existing positive feeding caring practices assessed & documented				
9		Healthy baby comparison in women meetings				
10		Healthy baby competition, Nutrition training	88	300	26400	
11		Community weighing of children				
12		Compare children on different indicators of Weight, Vaccination, Institutional delivery etc.				
13		Maintenance of growth cards	88	30	2640	
14		Purchase of pan balance with stand for weighing of child	88	700	61600	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
15	1.3 Establish community planning, implementation & monitoring system for reporting on new natal & IMR	Develop appropriate tools for training & for ensuring that quality care reaches the family				
16		Ensure marriages above 18 years				
17		ANC Registration within 12 weeks				
18		At least 3 clinical check ups during pregnancy & use of IFA tab & all vaccinations completed				
19		Use of volunteers, Youth clubs, Kishor Mandal, SHG to disseminate information.				
20		Use of patient welfare committees to monitor key indicators				
21	1.4 Empathetic & skilled staff in place	Integrate vertical programs like Vitamin "A", nutritional anemia, infant young child feeding, pulse polio etc				
22		Use of patient welfare committees to monitor services	0	0	0	
23		Training of volunteers in Health issues	0	0	0	
24		Village information center (Health) at each village with skilled persons & supplies of necessary medicines & information.	0	0	0	
25	1.5 Facilities adequate with equipment & with regular supplies	Building capacity within families using positive deviance approach				
26		Facilities adequate with equipment & with regular supplies	88	2000	176000	
27		Availability of vehicles				
28		Availability of family planning devices				
29		Availability of regular required supplies through Anganwadi & village information center				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
30	1.6 Adequate health & ICDS infrastructure including water, toilet & sanitation facilities	Make available potable drinking water	65	1000	65000	
31		Repair of Anganwadi Toilets	7	5000	35000	Sampurna Swachata Abhian
32		Repair of School Toilets	4	20000	80000	
33		Repair of Teachers' Toilets	2	10000	20000	
34		Use of washbasins, kitchen gardens	88	500	44000	Sampurna Swachata Abhian
35		Maintainig clean environment, Plantation, buildings and Anganwadi buildings	23	175000	4025000	MLA/MP fund
36		Community growth chart, Vaccination, supplementary nutrition, Health Check ups, referral services, Home visit	56	1500	84000	Public participation
37		Anganwadi repair requirement	65	1000	65000	
38	1.7 Families practicing home hygiene practices	Garbage disposal	0	0	0	
39		Waste water disposal	0	0	0	
40		Soak pits	0	0	0	
41		Use of Toilets	0	0	0	
42		Clean filtered drinking water	0	0	0	
43		Proper storage of food grain	0	0	0	
44		Personal hygiene – washing of hands after defections, Nail	0	0	0	
45		Use of Smokeless Chullhas	0	0	0	
46		Importance of small family norm	0	0	0	
47		Keep drinking water at height & use of Warangala	0	0	0	
48		Inculcate cleanliness habits among children	0	0	0	
49		To keep food covered	0	0	0	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
50		2.1.1 Creation of awareness through school curriculum or life skills education				
51		Explain effects of imbalanced diet				
52		Confidence building among girls				
53		Adolescents Girls Training	56	1500	84000	State Govt.
54		Skill Training 56×2 =112	112	1000	112000	Zilla Parishad
55		De worming				
56		Use of IFA Tablets				
57	2.2 Every adolescent girl & her family will practice good personal hygiene	Enhance capacity of caregivers including fathers, Government functionaries & women's group				
58	2.3 Every adolescent girl & her family will be knowledgeable about iron rich food	Facilitate & strengthen use of MIS for planning, evaluation, monitoring & feed backs at all levels				
59		Use of green vegetables				
60		FCZ tablets				
61		De worming				
63		Use of nut, Groundnuts				
64		Training of Adolescent girls groups, SHG, Women Groups				
65		Community growth chart	65	5000	325000	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
66	2.4 Every adolescent girl would be knowledgeable about her HB level (Anemia)	Community monitoring of health & nutritional status				
67		Personal hygiene, Nail, Hair				
68		Use of sanitary Napkins				
69		IMP of cleanliness during household works				
70		Vaccinations				
71		HB count examination camps, Dissemination	0	0	0	
72		Information about HB level	0	0	0	
73		Facility to examine HB count at village/ Subcentre level	0	0	0	
74	2.5 Access to & participation in adolescent peer groups	Formation of adolescent groups				
75		Training of Adolescent groups				
76		TOT				
77		Encourage voluntarism.				
78		IEC by comparison				
79	2.6 Access to services for HB estimation					

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
80	3.1 Families empowered for care of pregnant women & children under the age of 1	Disseminate information about Gramin Suraksha				
81		Use of patients welfare committee for transportation etc.				
82		ANC registration within 12 weeks, 5 checkups, Nutrition, Vaccinations				
83		Use of healthy vegetables in food				
84		Ensuring Institutional delivery				
85		Mother should take exclusive care of infant for atleast 6 months				
86		Setting up Day care centers				
87		Training of dais in day care centers				
88		Guidance to increase calories in food				
89	Increased local availability of iron rich food	Recipe, Cooking training	56	300	16800	
90	Access to services for de-worming & management of anemia					
91	Sensitive, informed & supportive community					
92	Community to promote, protects, support & monitor services					

12.3 Education

12.3.1 State level status - EDUCATION

- Literacy rate in Maharashtra is 77% which ranks 2nd amongst 14 'major' States.
- Male-Female literacy differentials persist, but have narrowed over the past decade.
- Maharashtra male literacy rate is 86%.
- Maharashtra female literacy rate is 68%. Female Literacy (Rural) – 59%
- 61% of males and 43% of females in Maharashtra completed primary school.
- School attendance rates in Maharashtra are 84% for boys and 79% for girls between 6-17 years of age.
- Inter-district female literacy differentials are high.
- Maharashtra ranks 3rd in immunization coverage with 78% of children aged 12-23 months are fully immunized. Maharashtra average is 36 points higher than national average.
- Progress in reducing malnutrition has been relatively slow.

Except in Gadchiroli district, there is no village in the State having a population of 200 without a primary school within a radius of 1.5 km.

The situation in Maharashtra vis-à-vis EFA goals are concerned, appears satisfying in the first area, i.e. Enrolment. More than 60,000 schools (64,918) in the state (ZP, Municipal councils and Corporations) with 1,22,91,000 children and around 3 lakh teachers and newly introduced schemes like Vasti Shala and Mahatma Phule Education Guarantee Scheme (which ensures reach of Primary Education to each and every out-of-school child) confirms the reach or existence of educational facilities in almost all parts of the state. However, one cannot overlook the in accessible pockets. Mumbai city itself is an example where many settlements lack spaces for schools and children have no where to go.

QUALITY – A major Problem

Joyful Education strategies – initial success – adoption even in SMART PT but short-lived results.

- Absence of Life Skills Approach.
- Ineffective In Service Training – need for review.

- Teachers' vacancies, absence in the classrooms, no substitute teachers during long leaves.
- Limited community participation.
- Education appears to be the responsibility of the Education department alone. VECs formed – but all are not active.

12.3.2 District level status - EDUCATION

- No. of schools – 1504
- No. of students – 165622
- No. of teachers in Z.P. schools 6269 and in Private schools - 2363
- Buildings owned by Z.P. – 5918
- Electricity in school building – 500
- Laboratories – 270
- Library – 802
- Kitchen Shed – 387
- Sanitary Units – 2316; Urinals & Toilets – 866
- Facilities of drinking water – 657
- School Compound – 800
- Scale of Literacy – 72.50
- Pre High School Scholarship Exams & Results % - 82%
- High School Scholarship Exams & Results % - 61%
- Std. 7 Board Examination Enrollment – 2342 (Appear students)
- Students able for admission – 57349
- Actual Enrollment – 58962
- Dropout of students – 2.18
- Percentage of teachers and students – 26:01
- Literacy Rate (Age 7+) – 72.34
- Literacy Rate (Age7+) Male – 83.63
- Literacy Rate (Age7+) Female – 60.28

12.3.3 RBM Emphasis - EDUCATION

The department of education has given emphasis to achieve quality through life skills education to all giving special focus on girl child, persons with disabilities and other vulnerable groups as their impact level indicator. The outcome has been designed in a comprehensive manner by illustrating joyful learning for every child which will ultimately influence the impact indicator.

12.3.4 RBM – EDUCATION

ZP Latur will strive to impart quality & life skill education to all with special focus on girl child, persons with disabilities & other vulnerable groups and achieve child centered learning to strengthen social commitment amongst children.

1. Every child enjoys learning

1.1. A strong usable database

1.2. Family not using children for household work at the cost of education and childhood

1.3. Adequate school infrastructure including school building, water, toilet and sanitation

1.4. Active village education committees/ PTA

1.5. School feeding program with purpose and dignity

1.6. An upper primary school available within 3 kms.

1.7. Availability of school with competent teachers

1.8. School promoting & practicing co-curricular activities, fine arts & physical education

1.9. Inclusion and integration of children with special needs and excluded groups

1.1.1. Continuous maintenance and upkeep of school based data

1.1.2. Facilitate improved use of MIS for planning, evaluation, monitoring & feedback at all levels

1.2.1. Capacity building of the teaching staff for use of joyful learning methods

1.2.2. Regularity of parents-teachers meeting

1.2.3. Awareness generation through Gram Sabha

1.2.4. SHGs taking active part in discussing out of school children issues

1.2.5. Supply of school uniform and learning material

1.3.1. Construction / Repair of School buildings

1.3.2. Construction / Repair of Toilets

1.3.3. Provision of potable drinking water

1.4.1. Capacity building of teachers & supervisors to support and monitor quality education

1.4.2. Capacity building of NGOs, VECs, PTAs, & community leaders to support and monitor quality education

1.5.1. Provision of nutritious, healthy and tasty food

1.5.2. Provision of adequate and hygienic cooking space

1.5.3. All children provided with proper and clean utensils

1.5.4. Training of school staff on attitude and behaviour towards children

1.6.1. Construction / acquire / mobilize of premise for school within 3 kms.

1.6.2. Provision / budget / recruitment of adequate and competent teaching staff

1.7.1. Recruitment and filling up of the posts with competent teachers

1.8.1. Arrangements for adequate supplies in the school for co – curricular activities

1.8.2. Recruitment of appropriate trained staff

1.9.1. Pilot and mainstream education interventions for children in deprived tribal, rural & urban slums

1.9.2. Facilitate the development of an appropriate primary education program relevant to unreached Tribal children specially girls of focused districts

12.3.5 Log frame - EDUCATION

Sr. No	Level	Indicator	Mov	Assumptions
1	Every child enjoys learning	Percentage of children enrolled in primary schools	No. of children completing 4th grade	Implementation of UEE
		Elements of quality education included in learning	Records from schools / education department	
		Proportion of children achieving 80% on competency based testing	Sample survey of selected schools	
		Proportion of tribal children attending schools	Random feedback from children education	
1.1	A strong usable database	Database management plan ready for implementation	MIS plan document	Allocation of budget by the Government
		Database management framework ready	MOU of agency for preparing the database management system	Funding agency / Unicef providing support for the database management framework
		Specific responsibility for management of database system established	Number of training programs held of different agency responsible for providing data	
		Training of all agency responsible for feeding data		
1.1.1	Continuous maintenance and upkeep of school based data	Vital statistics readily available regarding school based data	School database	Trained staff available for maintenance of database
1.1.2	Facilitate improved use of MIS for planning, evaluation, monitoring & feedback at all levels	Display of development indicators on the walls and Panchayat holdings being updated regularly through MIS data	Display of data seen	Active village health committee.
				Community taking interest in health monitoring
		Village micro plan prepared using MIS data	Village micro plan	Active community undertaking microplanning

Sr. No	Level	Indicator	Mov	Assumptions
1.2	Family not using children for household work at the cost of education and childhood	Proportion of children enrolled in the school	School enrollment register	Families aware of law against child labour
		Proportionate reduction in child labour in the local market / agricultural field	Register of housing societies keeping statistics of children working within the society	Proper enforcement of law against child labour
		Proportionate increase in girl child going to school	Unicef sample survey report	
		Families not employing children for household work		
1.2.1	Capacity building of the teaching staff for use of joyful learning methods	Increase percentage of children retained	School attendance register	Enthusiastic teaching staff available
		Increased enthusiasm of children to go to school	PRA conducted with SHG	Conducive teacher student relationship established
		Decrease in percentage drop out and percentage of passing children increased	School register	Regular interaction of parents and teachers
1.2.2	Regularity of parents-teachers meeting	No. of Parent teachers meetings held	School records	Motivational training programmes for teachers
1.2.3	Awareness generation on education through Gram Sabha	No. of Gram Sabha held and percentage of women present in Gram Sabha	Gram Sabha records	Education being discussed by the Gram Sabha
1.2.4	SHGs taking active part in discussing out of school children issues	Decrease in percentage of out of school children	SHG records, School registers, VEC records	Active SHGs and VECs
1.2.5	Supply of school uniform and learning material	Increase percentage of children in uniform and possessing learning material	School records	Regular supply of uniform and learning material
		Parents inquiring about unavailability of learning material / uniform	School records, VEC records	
		No. of complaints received regarding supply of uniform		

Sr. No	Level	Indicator	Mov	Assumptions
1.3	Adequate school infrastructure including school building, water, toilet and sanitation	Proportionate increase in the Government education budget and its utilization	Expenditure statement of department of education in GOM	Department of education has a list of schools for infrastructure development program and has send to finance
1.3.1	Construction / Repair of School buildings	Percentage of decrease in complaints regarding repair and maintenance of school infrastructure	Community action plans, VECand School reports	Adequate infrastructure facilities available to school
1.3.2	Construction / Repair of Toilets	Increase no. of school with toilet facility available and in use	School records	Every school with toilet & potable drinking water facility
1.3.3	Provision of potable drinking water	Percentage increase in no. of school with potable drinking water facility	School records	
1.4	Active village education committees/ PTA	Community managed village education plan	Documented micro plan	Micro planning training being imparted to the community
1.4.1	Capacity building of teachers & supervisors to support and monitor quality education	No. of Capacity Building training programmes conducted for teachers	District education department records	Capacity Building training programmes planned for teachers
		Increased passed Percentage of students	School records	Qualified teachers in place
1.4.2	Capacity building of NGOs, VECs, PTAs, & community leaders to support and monitor quality education	No. of training programmes conducted for different educational stakeholders	District education department records	Relevant module for capacity building of various players in place
		MIS developed by Community and monitored regularly	MIS data	Active and aware community with proactive members
		Community chart displayed at prominent place in the village	Community chart seen at the prominent places in the village	

Sr. No	Level	Indicator	Mov	Assumptions
1.5	School feeding program with purpose and dignity	Proportionate number of children with adequate weight as per age	Growth chart of the children	Schools are supplied with growth chart that is maintained properly
		Reduction in school drop outs	Expenditure statement of the agency providing mid day meals	Availability of midday meals program in the school
		Increased motivation of the children to attend the school	School stock records	Motivated teachers and good team work
		Better all round performance of the children	School attendance register	
			Performance record of the children	
1.5.1	Provision of nutritious, healthy and tasty food	Supplementary food given to children in School	School records	Parents and teachers conscious about Nutritious and healthy feeding practice
1.5.2	Provision of adequate and hygienic cooking space			
1.5.3	All children provided with proper and clean utensils			
1.5.4	Training of school staff on attitude and behaviour towards children	No. of training programmes conducted	District educational records	Adequate training module & training institute identified. MOU signed with the training institute.
		Increased no. of extra curricular activities	School records	Facilities available for extra curricular activities with encouraging school principal
1.6	An upper primary school available within 3 kms.	Government allocating appropriate budget to fulfill the requirement within the plan period	Expenditure statement of department of education, GOM	A strong political will to achieve UEE
		Constituting a task force towards achieving the result in providing the schools within stipulated time	GR from GOM constituting the task force	

Sr. No	Level	Indicator	Mov	Assumptions
1.6.1	Construction / acquire / mobilize of premise for school within 3 km	Provision made by Government during budget allocation for constructing / hiring of premises	District budget	All logistics worked out with detail budget allocation
1.6.2	Provision / budget / recruitment of adequate and competent teaching staff	No vacancy in sanctioned posts of teaching staff	District education records	As per the norms, teaching staff posts sanctioned
		Percentage of increase in the budget provision		Education agenda getting priority in budget allocation
		Percentage of increase in trained teaching staff		Adequate teachers training held
1.7	Availability of school with competent teachers	Proportionate increase in number of teachers training institutions	Statistics of increase number of teachers training institutions	Availability of sufficient number of training institutes
		Completing the filling up of all the vacant positions in the school	Statistics of annual turn over of trained teachers from institutions	Appropriate budget allocation by the Government towards teachers salary
		Proportionate increase in appointment of lady teachers	Advertisement by public service commission for recruitment of teachers	
		Proportionate increase in Government budget towards teachers salary		
1.7.1	Recruitment and filling up of the posts with competent teachers	No vacancy in sanctioned posts of teaching staff	District education records	As per the norms, teaching staff posts sanctioned

Sr. No	Level	Indicator	Mov	Assumptions
1.8	School promoting & practicing co-curricular activities, fine arts & physical education	Increased number of districts implementing Schools In Development projects	District education office records	District authorities giving sufficient importance to co-curricular activities and life skills education
		Increased number of schools promoting and practicing life skills education	Number of training programs on Life skills education	
			Number of teachers trained in life skills education	
1.8.1	Arrangements for adequate supplies in the school for co–curricular activities	Percentage increase of students participation in co-curricular activities	School records	Facilities available for extra curricular activities with encouraging school principal
1.8.2	Recruitment of appropriate trained staff	No vacancy in sanctioned posts of teaching staff	District education records	As per the norms, teaching staff posts sanctioned
1.9	Inclusion and integration of children with special needs and excluded groups	Percentage enrollment of children with special needs and excluded groups	School register	Every child in school
		Percentage increase in schools with adequate infrastructure and teaching facilities	District education records	
		Inclusion of children with special needs and excluded groups in Government educational programmes	Government schemes and programmes	
1.9.1	Pilot and mainstream education interventions for children in deprived tribal, rural & urban slums	% Increase in school enrollment of tribal, rural and urban slums	School register	Registration of every child in school done
		% Increase in night schools, wasti shalas	District education records	Resource persons available and budget provision made
1.9.2	Facilitate the development of an appropriate primary education program relevant to unreached Tribal children specially girls of focused districts	Annual Plan along with budget allocation prepared by the district	District budget	State and district authority gives due importance to reaching the unreached
		Committee formed for designing appropriate educational programme for the excluded and vulnerable group	District education records.	
			Minutes of the committee meetings	

12.3.6 Budget (Output-Activity-Budget) – EDUCATION

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1. A strong usable database	1.1.1. Continuous maintenance and upkeep of school based data				
2		1.1.2. Facilitate improved use of MIS for planning, evaluation, monitoring & feedback at all levels				
3		Survey of eligible children		0	0	0
4		Conducive Environment for school enrollments, Meeting of VEC. Use of volunteers	6	10000	60000	
5		Block level meeting of Sarpanch, VEC members, SHG Heads	1		3200	
6		Uniform & books to 9000 students	9000	66	594000	
7		PTA meeting to convince parents not to use children for work			0	IEC by Govt.
8		Child labour laws to be applicable about domestic work to parents also			0	IEC by Govt.
9		Presentee Allowance to be also given to students from economically weaker sections.	2000	240	480000	
10		Supervisory mechanism to be strengthened. Need of vehicle (Vehicle cost 50,000+Fuel cost 10,000 + Driver salary 60000)			570000	
11		Reduce non-teaching work to make good teaching possible.			0	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
12	1.2. Family not using children for household work at the cost of education and childhood	1.2.1. Capacity building of the teaching staff for use of joyful learning methods				
13		1.2.2. Regularity of parents-teachers meeting				
14		1.2.3. Awareness generation through Gram Sabha				
15		1.2.4. SHGs taking active part in discussing out of school children issues				
16		1.2.5. Supply of school uniform and learning material				
17		Alternate education available & Local Groups to monitor that all children are in school.Discuss this subject in different meetings			0	
18		Ensuring excluded Groups to use alternate education facilities, use of local groups for its IEC.Subject to be discussed in different meetings			0	
19	1.3. Adequate school infrastructure including school building, water, toilet and sanitation	1.3.1. Construction / Repair of School buildings				
20		1.3.2. Construction / Repair of Toilets				
21		1.3.3. Provision of potable drinking water				
22		To inculcate habit & use & toilets & washing of hands after defecation among students To demonstrate in school. Bring Regularity			0	
23		Teachers/H.M to make use of toilets. Bring Regularity			0	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
24	1.4. Active village education committees/ PTA	1.4.1. Capacity building of teachers & supervisors to support and monitor quality education				
25		1.4.2. Capacity building of NGOs, VECs, PTAs, & community leaders to support and monitor quality education				
26		Form & activate VEC & PTA by taking help of local groups, Volunteers, Clubs etc. Activate local groups, Mandals & Volunteers			0	
27	1.5. School feeding program with purpose and dignity	1.5.1. Provision of nutritious, healthy and tasty food				
28		1.5.2. Provision of adequate and hygienic cooking space				
29		1.5.3. All children provided with proper and clean utensils				
30		1.5.4. Training of school staff on attitude and behaviour towards children				
31		Construction of kitchenshed		35	0	
32		Availability of utensils		39	200000	
33		Time table of food–monitoring by local groups. Use of SHGs & other local Groups for preparation & distribution of food.			0	
34	1.6. An upper primary school available within 3 kms.	1.6.1. Construction / acquire / mobilize of premise for school within 3 kms.				
35		1.6.2. Provision / budget / recruitment of adequate and competent teaching staff				
36		Upper primary school exists within 3 kms			0	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
37	1.7. Availability of school with competent teachers	1.7.1. Recruitment and filling up of the posts with competent teachers				
38		School with competent teachers available			0	
39	1.8. School promoting & practicing co-curricular activities, fine arts & physical education	1.8.1. Arrangements for adequate supplies in the school for co –curricular activities				
40		1.8.2. Recruitment of appropriate trained staff				
41		Availability of physical education teachers in each school. 25% work in 1st yr.	25	36000	900000	
42		Availability of play grounds for each school. 1st yr (1 ground per school)			20000	
43	1.9. Inclusion and integration of children with special needs and excluded groups	1.9.1. Pilot and mainstream education interventions for children in deprived tribal, rural & urban slums				
44		1.9.2. Facilitate the development of an appropriate primary education program relevant to unreached Tribal children specially girls of focused districts				
45		To create sympathy about needs of special children among regular students			0	Regular school curriculum by teachers
46		Appointing teachers who can take care of special needs of physically challenged children			120000	

12.4 WATER SUPPLY

12.4.1 Status level status – WATER SUPPLY

- 50% of households have a source of drinking water within the premises.

- 47% of households in Maharashtra use a toilet or latrine facility.

- The school Health & sanitation Programme has been the major success. Being implemented in the districts of Aurangabad, Pune, Nagpur, Jalna, Bhandara, Ahmednagar, Mumbai, Chandrapur and Yavatmal. The project aims at providing "life skills to children while bringing about behavioral changes in families and communities.

- Water quality, personal and environment hygiene are essential components. The project also promotes construction of toilets; vermin culture and soak pits in schools and communities.

- UNICEF has also been supporting various events that provide opportunities for children to voice their views and be heard.

- In the Water Sector, Sustainability has been seen as a major concern as the state struggles with 5500 tanker fed villages.

- Rainwater Harvesting is being considered as a serious option for both water security and recharge measures.

- The issue of water Quality will be the second major issue where the State has three problems – Fluoride, salinity and Iron. The State is focused on Fluoride by taking a complete survey of the two districts, Yavatmal and Chandrapur where the problem persists.

- The random sampling of water revealed that 39% of the sources were bacteriological contaminated. Water Quality monitoring on the bacteriological front is being considered as a community initiative.

12.4.2 District level status – WATER SUPPLY

- Completion of 337 water supply schemes covering 434 villages, serving a total population around 9 lakhs in rural areas of the district by MJP

- All the 5 towns in this district are covered by piped water supply schemes, serving a total population around 5 lakhs

- In 1982 more than 550 villages were severely facing drinking water problems. In the last 25 years they have been covered under permanent water supply schemes. More than 150 crore rupees have been spent on tackling this issue.

- Villages having water supply 40 ltrs/head/day 679
- Villages having water supply less than 40 ltrs/head/day 268

12.4.3 RBM Emphasis – WATER SUPPLY

The water supply and sanitation department has emphasized on demand driven sustainable drinking water where the core method would be community participation. The strive to achieve through three major outcome level indicators, the first one being the accessibility of quality services by every family, the second being enhancement of community infrastructure and lastly by creating enabling environment for the community as well as at the family level.

12.4.4 RBM – WATER SUPPLY

ZP Latur guarantees demand driven sustainable potable water supply through people's participation ensuring the involvement of vulnerable groups.

1. Every family has access to quality services

1.1. Every family has access to safe drinking water

2. Adequate community infrastructure available

2.1. Availability of adequate community potable drinking water supply schemes

2.2. Adequate school & Anganwadi infrastructure including water, toilet and sanitation

3. Enabling community & family environment

3.1. Community awareness on water legislation

3.2. Capacity enhancement of community for O & M of water supply schemes

3.3. Generating awareness at community & household levels for creation of ownership of water supply schemes

3.4 Community promotes, protects, supports & monitor services

1.1.1. Provision of individual water connection at household level

1.1.2. Provision of community water connection at household level

1.1.3. Evolving effective and functional system for water chlorination

2.1.1. Planning & construction of water supply schemes in identified villages

2.2.1. Provision of potable drinking water supply in Anganwadi

2.2.2. Provision of potable drinking water supply in Schools

3.1.1. Conduct of specific Gram Sabha in villages to educate on water legislation

3.2.1. Facilitating life skills program

3.2.2. Enhancing capacity of VWSC for O&M

3.3.1. Appropriate IEC activities

12.4.5 Log frame - WATER SUPPLY

Sr. No	Level	Indicator	Mov	Assumptions
1	Every family has access to quality services	Percentage increase in people approaching government institutions for treatment	District health records	Quality conscious district authority doing regular monitoring & quality check
		% Increase in children enrollment in government schools	District education records	
		PDS functioning and adequate supplies available		
1.1	Every family has access to safe drinking water	Proportionately increased number of potable water source available within reasonable distance	District / block records of number of new water sources developed	Regular maintenance of water sources
		Proportionate reduction in water borne disease	Records on incidences of water bond disease at PHC/health centers	Drought proofing measures implemented properly
1.1.1	Provision of individual water connection at household level	Percentage increase households using tap water	Record of no. of water connections given to household from Water Supply department	Water pipelines running through the villages
1.1.2	Provision of community water connection at household level	Increased no. of Community water connections operational	Records of Water Supply Department	
		Water supply throughout the year in the villages		
1.1.3	Evolving effective and functional system for water chlorination	Decrease in no. of waterborne diseases	District health records	Regular supply of mediclor to the villages

Sr. No	Level	Indicator	Mov	Assumptions
2	Adequate community infrastructure available	Community water connections with appropriate space available and operational	Records of Water Supply Department	Appropriate & timely budget allocation done
2.1	Availability of adequate community potable drinking water supply schemes	Water tanks regularly cleaned and chlorinated	Records of Water Supply Department	Appropriate & timely budget allocation done
		No .of water tests carried out		
2.1.1	Planning & construction of water supply schemes in identified villages	% Beneficiaries of water supply schemes	Records of Water Supply Department	Effective implementation of water supply schemes
				Adequate contribution received from the community
2.2	Adequate school & Anganwadi infrastructure including water, toilet and sanitation	Percentage increase in Anganwadis with availability of infrastructure for drinking water facility & toilets	District ICDS records	Allocation of budget commensurate with work plan
		Percentage increase in School with availability of infrastructure for drinking water facility & toilets	District Education records	
2.2.1	Provision of potable drinking water supply in Anganwadi	Percentage increase in Anganwadis with availability of potable drinking water facility	District ICDS records	Allocation of budget commensurate with work plan
2.2.2	Provision of potable drinking water supply in Schools	Percentage increase in schools with availability of potable drinking water facility	District education department records	
3	Enabling community & family environment	Increased level of community and family awareness on total hygiene practices	Increased participation in Gram Sabha	Government & NGOs working together towards awareness campaign
3.1	Community awareness on water legislation	No. of community awareness programme held	Records of Water Supply Department	Implementation of Community awareness programmes planned
3.1.1	Conduct of specific Gram Sabha in villages to educate on water legislation	No. of Gram Sabha held for educating villagers on water legislation	District records	Active Gram Panchayat and community

Sr. No	Level	Indicator	Mov	Assumptions
3.2	Capacity enhancement of community for O & M of water supply schemes	No. of programmes held for mobilizing community to monitor the water supply schemes implemented	District records	Community monitoring schemes implemented in the village
3.2.1	Facilitating life skills program	SHGs discuss the issues related to child survival and other developmental parameters	Records of Water Supply Department	Trained resource persons available for conducting life skill programmes
3.2.2	Enhancing capacity of VWSC for O&M	No .of VWSC members undergone training on O&M		
3.3	Generating awareness at community & household levels for creation of ownership of water supply schemes	No. of awareness programmes undertaken	Records of Water Supply Department	Appropriate awareness campaign carried out by government and NGOs
		Increased no. of families contributing for availing individual water supply schemes		
3.3.1	Appropriate IEC activities	No. of IEC activities held in the village	District records	NGOs and community support available for implementation of IEC activities
	Community promotes, protects, supports & monitor services	Increased no. of volunteers coming forward for village development work	VIR register	Volunteers adequately maintaining VIR register
				Effective awareness campaign
		SHGs discuss the issues related to child survival and other developmental parameters	SHG records	Active SHGs contributing to various developmental activities

12.4.6 Budget (Output-Activity-Budget) – WATER SUPPLY

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1. Every family has access to safe drinking water	1.1.1. Provision of individual water connection at household level				
2		1.1.2. Provision of community water connection at household level				
3		1.1.3. Evolving effective and functional system for water chlorination				
4		Timely availability of T.C.L to all villages for water purification				
5		Training of VWSC & water supply worker for providing potable water				
6		Weekly water quality tests & IEC of community to keep surroundings of water sources clean.				
7		O & M activities on time & avoid wastage of water				
8		Availability of Potable drinking water sources. First year - 75% work			0	Govt. grants available for water purification
9	2.1. Availability of adequate community potable drinking water supply schemes	2.1.1. Planning & construction of water supply schemes in identified villages				
10		2.2.1. Provision of potable drinking water supply in Anganwadi				
11		New schemes proposed under Bharat Nirman-12 villages (remaining out of 56)	12	2500000	30000000	

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
12	2.2. Adequate school & Anganwadi infrastructure including water, toilet and sanitation	2.2.2. Provision of potable drinking water supply in Schools				
13		Schools without drinking water facility-03. Schools without water connection in Toilet 25%			0	
14		Drinking water facility to make available. First yr-50% of schools	66	30000	1980000	
15	3.1. Community awareness on water legislation	3.1.1. Conduct of specific Gram Sabha in villages to educate on water legislation				
16		Community awareness on water legislation				
17		Gramsabhs to aware community				
18		Training of key persons & VWSC & functionaries to make them aware			250000	
19	3.2. Capacity enhancement of community for O & M of water supply schemes	3.2.1. Facilitating life skills program				
20		3.2.2. Enhancing capacity of VWSC for O&M				
21		Training of VWSC & G.P Functionaries about O&M by District			250000	
22	3.3. Generating awareness at community & household levels for creation of ownership of water supply schemes	3.3.1. Appropriate IEC activities				
23		Educate community for 10% contribution ownership, O & M, Timely payment of taxes			0	
24	Community promotes, protects, supports & monitor services					

12.5 SANITATION

12.5.1 State level status - SANITATION

- Works around Rs.800 crores Have been mobilized across the state through Shramdan & Self-contribution through Sant Gadge Baba Campaign.

- One third of the village selected by the GOI for Nirmal Gram Puraskar are from Maharashtra in 2005.

- Soak pits, drainage system are taken up through community initiatives. Vermiculture units are popular amongst SHG groups for solid wastes

- Number of households having bathroom facility within the house: Total 61.1%, Rural 46.1% and Urban 81.6% (Census 2001)

- Type of Latrine within the house (Census 2001):
- Pit latrine: Total 8.9%, Rural 10.2% and Urban 7.1%
- Water closet: Total 21.9%, Rural 5.3% and Urban 44.4%
- Other latrine: Total 4.3%, Rural 2.7% and Urban 6.6%
- No latrine: Total 64.9%, Rural 81.8% and Urban 41.9%

- Type of Drainage Connectivity for Waste Water Outlet (Census 2001):
- Closed drainage: Total 22%, Rural 5.1% and Urban 45.1%
- Open drainage: Total 38.8%, Rural 36% and Urban 42.5%
- No drainage: Total 39.2%, Rural 58.9% and Urban 12.4%

- Total Sanitation Campaign

12.5.2 District level status - SANITATION

1)

12.5.3 RBM Emphasis – SANITATION

The water supply and sanitation department has emphasized on demand driven sustainable drinking water where the core method would be community participation. The strive to achieve through three major outcome level indicators, the first one being the accessibility of quality services by every family, the second being enhancement of community infrastructure and lastly by creating enabling environment for the community as well as at the family level.

12.5.4 RBM - SANITATION

To ensure safe & healthy environment through promotion of healthy personal hygiene in and around the family dwelling as well as in the community.

1. Every family has access to quality services

1.1. Family observing home environment hygiene practices

1.2. Family observing personal hygiene practices

1.1.1. Construction & use of household toilets

1.1.2. Construction & use of individual soak pits

1.1.3. Promotion of kitchen garden

1.1.4. Promoting household surrounding cleanliness

1.2.1. Promoting washing hands practice before eating and after defecation

2. Enabling community environment

2.1 Adequate school & Anganwadi infrastructure including water, toilet and sanitation

2.2 Community infrastructure including proper waste management

2.3 Community empowerment through awareness and appropriate education

2.4. Community promotes, protects, supports & monitor services

2.1.1. Construction & use of Anganwadi toilets

2.1.2. Construction & use of school toilets

2.1.3. Provision of water supply in Anganwadi

2.1.4. Provision of water supply in Schools

2.2.1. Construction of Community Sanitary Complex

2.2.2. Facilitating liquid and solid waste management programme (drainage, vermicompost, community soak pits etc)

2.3.1. Facilitating life skills programme

2.3.2. IEC through community volunteers

2.4.1. Evolving community monitoring system

12.5.5 Log frame - SANITATION

Sr. No	Level	Indicator	Mov	Assumptions
1	Every family has access to quality services	% Increase in people approaching government institutions for treatment	District health records	Quality conscious district authority doing regular monitoring & quality check
		% increase in children enrollment in government schools	District education records	
		PDS functioning and adequate supplies available		
1.1	Family observing home environment hygiene practices	No. of household practicing waste water management & garbage disposal	District health records	Healthy environment maintained and adequate supply of health services
		% Decrease in individuals suffering from diseases like malaria, typhoid and waterborne diseases		
1.1.1	Construction & use of household toilets	% Increase in households with use of toilet	TSC records	Families motivated enough and paying requisite contribution
1.1.2	Construction & use of individual soak pits	% Increase in households with availability of soak pit	Water sanitation records	
1.1.3	Promotion of kitchen garden	% Households with kitchen garden	District records	Families aware about healthy food and take interest in kitchen garden
1.1.4	Promoting household surrounding cleanliness	% Households with kitchen garden	District records	Families aware about importance of environmental sanitation
		No. of household practicing waste water management & garbage disposal		
		Adequate supply of insecticides and pesticides	Agriculture department records	Adequate supply of insecticides & pesticides available

Sr. No	Level	Indicator	Mov	Assumptions
1.2	Family observing personal hygiene practices	Proportionate number of families having socking pits	PHC / HC records regarding hygiene related diseases	Regularity of MCP sessions
		Proportionate number of families using appropriate drinking water storage	Unicef survey report	Village/ community undertaken micro plan
		Proportionate number of families using sanitary toilets		
		Proportionate number of families taking part in Gram Swachhata Abhiyan		
		Urban indicators to be developed		
1.2.1	Promoting washing hands practice before eating and after defecation	% Households practicing washing hands before eating and after defecation	Microplanning data	Community awareness generated regarding personal & home hygiene
2	Enabling community environment	Increased level of community and family awareness on total hygiene practices	Increased participation in Gram Sabha	Government & NGOs working together towards awareness campaign
2.1	Adequate school & Anganwadi infrastructure including water, toilet and sanitation	Percentage increase in Anganwadis with availability of infrastructure for drinking water facility & toilets	District ICDS records	Allocation of budget commensurate with work plan
		Percentage increase in School with availability of infrastructure for drinking water facility & toilets	District Education records	
2.1.1	Construction & use of Anganwadi toilets	% Increase in no. of Anganwadis with toilets in use	ICDS records	
2.1.2	Construction & use of school toilets	% Increase in no. of Schools with toilets in use	District education department records	
2.1.3	Provision of water supply in Anganwadi	% Increase in no. of Anganwadis with drinking water facility	ICDS records	
2.1.4	Provision of water supply in Schools	% Increase in no. of Schools with drinking water facility	District education department records	
2.2	Community infrastructure including proper waste management	% Increase in household practicing waste water management	Water sanitation records	Community awareness generated regarding environmental sanitation
		Regularity of garbage pick up from the dust bins on the roadside		
		Community monitoring the disposal of garbage & waste water		

Sr. No	Level	Indicator	Mov	Assumptions
2.2.1	Construction of Community Sanitary Complex	No. of community sanitary complex constructed	Water sanitation records	Community awareness generated regarding environmental sanitation
2.2.2	Facilitating liquid and solid waste management programme (drainage, vermicompost, community soak pits etc)	No. of household practicing solid waste water management	Water sanitation records	Community awareness generated regarding environmental sanitation
		No. of training programmes conducted	Records maintained by the training authorities at block/district level Government authorities/ NGOs'.	
2.3	Community empowerment through awareness and appropriate education	No. of community awareness programme held	Records maintained by the training authorities at block/district level Government authorities/ NGOs'.	Adequate community awareness building programme carried out by ZP/ NGOs/CBOs
		No. of capacity Building training programmes conducted for CBOs		
2.3.1	Facilitating life skills	No. of life skills training programmes conducted	Records of Water Supply Department	Trained resource persons available for conducting life skill programmes
2.3.2	IEC through community volunteers	No. of capacity building programmes for volunteers	District records	Enthusiastic volunteers actively participating in the social and developmental growth of community
2.4	Community promotes, protects, supports & monitor services	Active community participation in evolving a community mechanism for monitoring	Micro plan document	Appropriate micro planning training imparted to the community.
		Proportionately increased number of community volunteers trained in repair and servicing of drinking water source	Records maintained by the training authorities at block/district level Government authorities/ NGOs'.	
		Community actively promoting home hygiene.		
2.4.1	Evolving community monitoring system	Display of development indicators on the walls and Panchayat holdings being updated regularly through MIS data	Display of data seen	Active village health committee.
				Community taking interest in health monitoring
		Village micro plan prepared using MIS data	Village micro plan	Active community undertaking microplanning

12.5.6 Budget (Output-Activity-Budget) – SANITATION

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1. Family observing home environment hygiene practices	1.1.1. Construction & use of household toilets				
2		1.1.2. Construction & use of individual soak pits				
3		1.1.3. Promotion of kitchen garden				
4		1.1.4. Promoting household surrounding cleanliness				
5	1.2. Family observing personal hygiene practices	1.2.1. Promoting washing hands practice before eating and after defecation				
6		Use of SHG, Volunteers, Mahila Mandals to propagate personal hygiene				
7		Use of kalapathak for IEC to change mindset of people				
8		Washing of hands before meals & after defecation IEC through volunteers				
9		Individual Toilets. First yr - 50%				
10		Soak pits. First yr - 35%				
11	2.1 Adequate school & Anganwadi infrastructure including water, toilet and sanitation	2.1.1. Construction & use of Anganwadi toilets				
12		2.1.2. Construction & use of school toilets				
13		2.1.3. Provision of water supply in Anganwadi				
14		2.1.4. Provision of water supply in Schools				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
15	2.1 Adequate school & Anganwadi infrastructure including water, toilet and sanitation	Construction & Use of Toilets				
16		Construction of Toilets in schools & Anganwadis				
17		Volunteers to demonstrate the need of hand washing in schools				
18		Teachers to encourage students to use toilets				
19	2.2 Community infrastructure including proper waste management	2.2.1. Construction of Community Sanitary Complex				
20		2.2.2. Facilitating liquid and solid waste management programme (drainage, vermicompost, community soak pits etc)				
21		Soak pits demonstration & its construction, wastewater & solid water, Management of kitchen garden.				
22		Use of Ghanta Gadi to collect garbage by Gram Panchayat				
23		Vermicompost project through SHGs				
24		Installing NADEP. Compost pits for solid waste management by Gram Panchayat.				
25	2.3 Community empowerment through awareness and appropriate education	2.3.1. Facilitating life skills program				
26		Use of plays for IEC				
27		IEC through street plays				
28	Community promotes, protects, supports & monitor services	2.3.2. IEC through community volunteers				
29		Evolving community monitoring system				
30		Ward/corner meeting in each village to propagate different messages				
31		Form & Activate VWSC				
32		Training in construction of Toilets for mesons, volunteers of SHGs				
33		IEC activities, Gram Sabha etc				

12.6 LIVELIHOOD

12.6.1 State level status – LIVELIHOOD

- Females are engaged in agriculture and other industries on a large scale
- In Panchayat Samiti, 33.62% of women are Panchayat Samiti Members and 40% of women chairman in Panchayat Samiti
- In Gram Panchayat, 31.54% are women members whereas 38.8% of women are sarpanch
- Women Employment Rate is 9.19% for Central Government, 5.91 for State Government and 23.62% for Local Government

12.6.2 District level status - LIVELIHOOD

- The economy of Latur district is largely based on agriculture with over 91% of the land area under agriculture. The major crops grown are cereals, pulses, oilseed and sugarcane. Horticulture products like Mangoes, Grapes and pomegranate. Quality of grapes and Keshar mangoes produced in the district has compelled foreign countries to open their doors for marketing of fruits produced in Latur district.
- Fish production in the district has increased from 432 metric ton per year (1982) to 3440 metric tons per year in 2007
- At present there are 2283 small-scale industries in the district with total investment of 148 crores, generating employment to 19572 workers, 21 large and medium scale industries with investment of 388 crores generating employment to 6288 workers.
- In last 25 years, increase in forest cover from 1052.17 hectare (0.14%) to 4005.80 hectare (0.54%)
- Total Rainfall – 749 mm
- Total geographical area - 715700
- Total cultivable area – 652000 ha (91.1%)

- Industrial area – 11778 (1.65%)
- Inhabited area – 26942 (3.76%)
- Wasteland – 21134 (2.95%)
- Area under forest – 3846 (0.54%)
- Per capita land availability – 0.32 ha
- Net district domestic product (in lakhs) – 501608
- Per capita income (current price year 2005-06) – 22733 (year 2005-06)
- Annual growth rate – 12.64
- % of area under irrigation to the net area under cultivation – 8.33
- % of area under irrigation to the total area under cultivation – 7.15
- Total number of registered unemployed youths – 73401
- Job opportunities availed to 5313 candidates in Govt. and semi. Govt. institutions
- Every year more than 2000 registered candidates engaging self employment activities in the district.
- No. of tractor against per 100 hector net cultivate area – 0.23
- No. of bullocks used per 100 hector net cultivable area - 26

- Per capita district domestic product: 13777/- (In Rupees at prices in 1998-99)
- Total Work Participation Rate – 35.3
- Total Work Participation Rate (Female) – 23.94

- Area under cereals, pulses and beans, oil seed crops (Thousand ha.) – 506
- Net area under crops (Thousand ha.) – 593
- Net area under double crops (Thousand ha.) – 142.2
- Total area under crops (Thousand ha.) – 735

- Live stock population (in thousand) – 942
- Cattle population (in thousand) – 395
- Buffalo population (in thousand) – 228
- Sheep and goat population (in thousand) – 254
- Poultry and duck population (in thousand) – 282

- Fish seed production unit – 1
- Acting fish co-operative societies – 79
- Fishermen members – 2060
- Trained fishermen – 777
- District fisheries co-operative societies federation – 1
- Fish farmer development agency – 1

- Fish production per ha (0-20 ha tanks in kg) – 1452
- Total tanks 850

- Major and medium industries – 17
- Projected major and medium industries – 107
- Small scale industries – 1755
- Projected small scale industries – 4257

- Milk chilling and collection centres – 4 (Govt.) & 2 (Milk soci.)
- Cooperative milk producer societies – 501 Registered
- Working societies – 216
- Daily milk collection – 11990
- Daily milk distribution – 2000 ltr
- Sugar factories – 6
- Spinning mill – 3
- Number of milking cows and buffaloes per thousand population (2003 animal census) – 73
- Net district domestic product (in lakhs) – 501608
- Annual average growth rate – 18.20
- Per capita income – 22733
- Annual average growth rate – 16.74

- In Latur district the persons engaged in full time work is 712849, thus 34.37% people are main workers in the district

- Total working population in districts is 840518 and workers engaged in non-agriculture works are 598479 thus percentage of marginal workers (except agriculture workers) is 71.2%. Percentage of marginal (non-agriculture) workers is highest in Latur block (81.07%) and lowest in Deoni block (65.45%)

- The population of females workers engaged in main works is 94511. Thus the ratio of district is 42.85%. Udgir block shows highest ratio of 118.44 and Deoni shows lowest ratio of 26.39

- No. of commercial banks per lakh population - 5.83
- No. of telephones per lakh population - 4073
- No. of post office per lakh population - 13.89

12.6.3 RBM Emphasis - LIVELIHOOD

The livelihood parameter of the district which is being achieved through the convergence of several departments, strives to eliminate poverty and guarantee food security through sustainable livelihood efforts. The poverty alleviation will be done through sustained employment in both farm as well as non farm sector and augmenting the supportive necessary infrastructure. Three major outcome level indicator has been envisaged. The first being assured and sustainable income and food security to BPL families, the second being assured livelihood through guaranteed employment in farm and non farm sector and third through improvement and augmentation in the infrastructure such as scientific irrigation and promotion of cottage industries.

12.6.4 RBM - LIVELIHOOD

Through people's participation ZP, Latur will strive to eliminate poverty & guarantee food security thereby ensuring sustainable livelihood & employment in farm and non-farm sectors by augmenting scientific irrigation facilities & support rural and cottage industries.

1. Every BPL family is assured of sustainable income & food security	2. Every family is assured of sustainable livelihood through guaranteed employment in farm / non farm sector	3. Families are assured of income from the agricultural sector through improved and sustained irrigation facilities
1.1. Families have access to credit facilities through poverty alleviation programme	2.1 Access to self-employment programmes	3.1 Active promotion of watershed development programme
1.2. Every family under BPL category has a BPL card including job card for NREGA	2.2 Access to credit facilities for agricultural as well as non-farm activities	3.2 Rehabilitation of ponds / bunds / wells
1.3. The desirable youth has access to skill development programme	2.3 Access to skill development programme for enhanced agricultural practices & cottage industries	3.3 Promotion of soil conservation programme
1.4. Active PRI favouring and supporting BPL families for accessing different government poverty alleviation programmes	2.4 Improved and enhanced agricultural practices through crop rotation	3.4 Promotion of PIM programme
1.5. Effective PDS system with timely supplies in place		

Identification and listing of non-farm activities

12.6.5 Log frame - LIVELIHOOD

Sr. No	Level	Indicator	Mov	Assumptions
1	Every BPL family is assured of sustainable income & food security	PDS functioning and adequate supplies available	District social welfare records	Timely supply and strict vigil on the PDS outlets
		% Beneficiaries of NREGA scheme	Gram Sabha records	
		% of families benefited from DRDA poverty alleviation programme	DRDA records	Successful SHGs formed
1.1	Families have access to credit facilities through poverty alleviation programme	Proportion of families benefited from poverty reduction program	Records at the block development office	Families knowledgeable about different poverty alleviation program and their eligibility criteria
		Proportion of families increase in household assets	Records at Panchayat office	Appropriate propagation by Government / NGOs for creating awareness regarding poverty alleviation program
		Availability of different poverty alleviation program	Records of loan/ subsidy at the lead bank handling poverty reduction program	
		Active Panchayat samiti		
1.2	Every family under BPL category has a BPL card including job card for NREGA	% BPL families having BPL card including job card	DRDA record	BPL card and Job Card given to every BPL family
1.3	The interested youth has access to skill development programme	Increase participation in Sports & recreation activities	District records	Sports and recreation given adequate importance by the Gram Sabha and village development committees
		Adequate infrastructure with required facilities in place	PWD department	Options for skill development programmes created and propagated properly
1.4	Active PRI favouring and supporting BPL families for accessing different government poverty alleviation programmes	% Increase in BPL beneficiaries from different poverty alleviation programmes	DRDA record	Active village committee & Gram Sabha
1.5	Effective PDS system with timely supplies in place	Percentage of household taking benefit from PDS system	District records	PDS systems available with adequate supply
		Percentage of household satisfied with PDS system		

Sr. No	Level	Indicator	Mov	Assumptions
2	Every family is assured of sustainable livelihood through guaranteed employment in farm / non farm sector	% decrease in unemployment	Employment & Self Employment department records	Employment & Self Employment opportunities made available by the respected department
		Percentage of increase in skilled youth in village		
2.1	Access to self employment programmes	% increase in formation of organizations, cottage industries & business started	Employment & Self Employment department records	Employment & Self Employment opportunities made available by the respected department
		% increase in beneficiaries of different self employment programmes		
2.2	Access to credit facilities for agricultural as well as non-farm activities	Percentage of families who have availed credit facilites from the bank	Bank records	Adequate bank linkage facilitated by the NGOs
		Increase no. of families able to handle bank related work	SHG records	Banks inclination for micro finance
		Increased no. of families having bank account	Individual bank passbook	
2.3	Access to skill development programme for enhanced agricultural practices & cottage industries	% increase in beneficiaries of different self employment programmes	Employment & Self Employment department records	Employment & Self Employment opportunities made available by the respected department
		% increase in formation of organizations, cottage industries & business started		
2.4	Improved and enhanced agricultural practices through crop rotation	No. of training programmes conducted for farmers	District agriculture record	Active village development committee
		Modern tools and machineries available adequately		Active Gram Sevak and AEO

Sr. No	Level	Indicator	Mov	Assumptions
3	Families are assured of income from the agricultural sector through improved and sustained irrigation facilities	% increase in beneficiaries from Irrigation and watershed programmes	District agriculture record	Functional Water Users Association
		Visible watershed structures in the village	Watershed structures visible	Capacity building programme undertaken for WUA
		No. of water users group formed	Water Users Association record	
3.1	Active promotion of watershed development programme	% Increase in beneficiaries from Irrigation and watershed programmes	District agriculture record	Watershed development and PIM principals promoted and understood adequately by the community
3.2	Rehabilitation of ponds / bunds / wells	% Increase in ponds/bunds/wells functioning & in use	Irrigation department / DRDA record	
3.3	Promotion of soil conservation programme	No. of NGOs actively working in Watershed development programmes	DRDA records	
3.4	Promotion of PIM programme	No. of WUAs identified	Water Users Association record	
		Increased capacity of WUAs		
	Identification and listing of non-farm activities			

12.6.6 Budget (Output-Activity-Budget) – LIVELIHOOD

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1. Families have access to credit facilities through poverty alleviation programme	Identification and listing of non-farm activities				
2		Families have access to credit facilities through poverty alleviation programme.	1000	300000	300000000	
3		House to poor	1000	5000	5000000	
4		Income Augmenting activities for poor families			0	
5		Skill based technical & professional training to unskilled people			0	
6		Availability of markets to goods produced through self-employment programmes.Government & NGO			0	
7	1.2. Every family under BPL category has a BPL card including job card for NREGS	Registration of all BPL families through Gramsabha			0	
8		Provide Job card to all needy families			0	
9	1.3. The desirable youth has access to skill development programme	Setting up Youth Mandals in every village.	1yr		500000	
10		Cluster wise training centers to be set up				
11		Training of Youths in Agri related activities, SSI & cottage industries				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
12	1.4. Active PRI favouring and supporting BPL families for accessing different government poverty alleviation programmes	Increase subsidy in BPL Programmes	1000	12000	12000000	
13	1.5. Effective PDS system with timely supplies in place	Formation & activation of all village level committees		0	0	0
14		PDS system through SHGs		0	0	0
15	2.1 Access to self employment programmes	Self Employment schemes.		0	0	
16		Selection of Trades/ Profession for every family as per local condition	0	0	0	
17	2.2 Access to credit facilities for agricultural as well as non-farm activities	Wells & farm ponds (all land holding families in the block - 30,000)	9000	750	6750000	
18		To develop cottage industries Formation of capacity building of SHGs. Total 2850 SHGs	450	1000	450000	
19		Form producers federations & then training. First yr-30%	0	0	0	
20	2.3 Access to skill development programme for enhanced agricultural practices & cottage industries	Training in Agro based Industries. First yr-10%				
21		Production of daily needed goods in cottage Industries. First yr-10%				

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
22	2.4 Improved and enhanced agricultural practices through crop rotation	Training 1st yr -15%				
23		Financial support 1st yr-15%				
24		Use of Improved technology, Drip, Sprinklers etc.				
25		Exposure visits				
26	3.1 Active promotion of watershed development programme	Construction of farm ponds				
27		Straitening of Nalas				
28						
29						
30	3.2 Rehabilitation of ponds / bunds / wells	Desieltation of ponds,tanks & wells. First yr-10%				
31		Deepening of wells. First yr-10%				
32		Repairs of Tanks & wells. First yr-10%				
33		Recharging of wells. First yr-10%				
34	3.3 Promotion of soil conservation programme	Setting of water user bodies. First yr-40%			0	
35	3.4 Promotion of PIM programme	Training in economic use of water. First yr-20%			0	

12.7 Social Welfare

12.7.1 State level status – SOCIAL WELFARE

12.7.2 District level status – SOCIAL WELFARE

- BPL families – 98136

- % SC population (Census 2001) – 19.06
- % ST population (Census 2001) – 2.24

- The literacy percentage of SC and ST communities is comparatively very low which is 34.45 and 33.56 percent only, which show the need of special attention to increase the literacy percentage of these communities

12.7.3 RBM Emphasis – SOCIAL WELFARE

The social welfare sector primarily talks of social justice particularly of the excluded groups through socio economic development and full participation. The emphasis has been laid upon freedom of choice and expression. Two outcome level indicators have been earmarked where emphasis have been laid upon living a life of dignity as the first and creating avenues for full participation in self development as well as being able to participate in the village development activities.

12.7.4 RBM – SOCIAL WELFARE

With commitment to equality & social justice ZP Latur will ensure the organic emancipation of the deprived and excluded groups through socio-economic development and facilitate full participation in their own development

1. Every vulnerable group / individual lives a life of dignity

1.1 Every family in the group has access to government programmes including subsides and scholarships

1.2 Every family in the group has a member in the SHG

1.3 Every family has access to education in the mainstream school as well as specially designated schools

1.4 Every family has access to poverty alleviation programme

2. Every vulnerable group / individual has avenues for fully participating in their own development & development of the village

2.1 Every family has access & enthused to participate in the gram sabha

2.2 Every family has access & enthused to participate in village social & cultural programmes

2.3 Every family has access to all infrastructure of the village including water, samaj mandir and religious places

2.4 Every family in the group has a barrier free environment

Every family has knowledge about their rights

12.7.5 Log frame - SOCIAL WELFARE

Sr. No	Level	Indicator	Mov	Assumptions
1	Every vulnerable group / individual lives a life of dignity	Percentage of families from vulnerable and excluded group included and taking part actively in various social and cultural activities in the community	Village & SHG record	Adequate public awareness programme undertaken by the government as well as NGOs to promote inclusion
1.1	Every family in the group has access to government programmes including subsides and scholarships	% increase in the beneficiaries from government programmes	District records	Families aware about the entitlements under the social welfare programme
1.2	Every family in the group has a member in the SHG	% increase in SHGs and members of SHGs	SHG records	SHGs willingness to include vulnerable & excluded groups
		Increase in no. of household with at least one family member in SHG		
1.3	Every family has access to education in the mainstream school as well as specially designated schools	% increase in enrollment of children with special needs and deprived groups	School records	Availability of special education programme
				Active VEC and Block Education Officer promoting the principles of SSA
1.4	Every family has access to poverty alleviation programme	Proportion of families benefited from poverty reduction program	Records at the block development office	Families knowledgeable about different poverty alleviation program and their eligibility criteria
		Proportion of families increase in household assets	Records at Panchayat office	Appropriate propagation by Government / NGOs for creating awareness regarding poverty alleviation program
		Availability of different poverty alleviation program	Records of loan/ subsidy at the lead bank handling poverty reduction program	
		Active Panchayat Samiti		

Sr. No	Level	Indicator	Mov	Assumptions
2	Every vulnerable/ excluded group / individual has avenues for fully participating in their own development & development of the village	No. of families from excluded groups accessing different development programmes	Category wise beneficiary details available with ZP on different development programme	Adequate public awareness programme undertaken by the government as well as NGOs to promote inclusion
		Members participating in the SHG meetings, Gram Sabha and other development programmes of the village	SHG & Gram Sabha records	
2.1	Every family has access & enthused to participate in the gram sabha	% increase in attendance of the Gram Sabha	Gram Sabha records	Active and supportive Gram Panchayat members, NGOs and CBOs
		% increase in women participating in the Gram Sabha		
2.2	Every family has access & enthused to participate in village social & cultural programmes	% increase in social gatherings and cultural programmes	Gram Panchayat records	
2.3	Every family has access to all infrastructure of the village including water, samaj mandir and religious places	No. of cases recorded on atrocities to vulnerable groups	Record with Police Patil & PRA exercise record	Adequate public awareness programme undertaken by the government as well as NGOs to promote inclusion
		No. of disputes registered		
		Interaction of villagers in social gathering		
2.4	Every family in the group has a barrier free environment	Increased no. of families from the vulnerable group has access to community infrastructure	PRA exercise record available with NGOs	Availability of active NGO working for vulnerable and excluded groups
		No. of village architectural barriers removed	PWD department record	The legislation related to barrier free environment is understood and adequately followed
	Every family has knowledge about their rights	Families accessing various programmes targeted towards the excluded group	Social Welfare record & DRDA records	Communities demand for knowing their rights
		Percentage of families aware & knowledgeable about their entitlements in accordance with law	Record from NGOs & government record on public awareness programme	Action oriented NGOs working on rights based approach

12.7.6 Budget (Output-Activity-Budget) – SOCIAL WELFARE

Sr. No.	Output	Activity	Units	Cost per unit	Required budget	Fund source
1	1.1 Every family in the group has access to government programmes including subsides and scholarships					
2	1.2 Every family in the group has a member in the SHG					
3	1.3 Every family has access to education in the mainstream school as well as specially designated schools					
4	1.4 Every family has access to poverty alleviation programme					
5	2.1 Every family has access & enthused to participate in the gram sabha					
6	2.2 Every family has access & enthused to participate in village social & cultural programmes					
7	2.3 Every family has access to all infrastructure of the village including water, samaj mandir and religious places					
8	2.4 Every family in the group has a barrier free environment					
9	Every family has knowledge about their rights					

12.8 Sector-wise Budget Allocation - SUMMARY

(Budget for 1 year)

Sr. No.	Sector	Outcomes	Current Status	Required budget
1	Health	Every member of the family survives and grows to its full potential		0
2		Community /Families empowered for care of pregnant women & children		0
3		Enhanced competencies of PHCs & other health staff		0
4		Facilitate increased access and utilization of quality health services by all.		0
5		Facilitating inter-sectoral convergence for promotive and preventive health care.		0
		Total		**0**

Sr. No.	Sector	Outcomes	Current Status	Required budget
6	ICDS	Every child survives and grows to its full potential		6901440
7		Every adolescent girl will have appropriate HB level (12 gm and above)		521000
8		Every mother survives & is fully cared for		16800
		Total		**7439240**

Sr. No.	Sector	Outcomes	Current Status	Required budget
9	Education	Every child enjoys learning		2947200

Sr. No.	Sector	Outcomes	Current Status	Required budget
10	Water Supply	Every family has access to quality services		0
11		Adequate community infrastructure available		31980000
12		Enabling community & family environment		500000
		Total		**32480000**

Sr. No.	Sector	Outcomes	Current Status	Required budget
13	Sanitation	Every family has access to quality services		0
14		Enabling community environment		0
		Total		**0**

Sr. No.	Sector	Outcomes	Current Status	Required budget
15	Livelihood	Every BPL family is assured of sustainable income & food security		317500000
16		Every family is assured of sustainable livelihood through guaranteed employment in farm / non farm sector		7200000
17		Families are assured of income from the agricultural sector through improved and sustained irrigation facilities		0
		Total		**324700000**

Sr. No.	Sector	Outcomes	Current Status	Required budget
18	Social Welfare	Every vulnerable group / individual lives a life of dignity		0
19		Every vulnerable group / individual has avenues for fully participating in their own development & development of the village		0
		Total		**0**

13 Monitoring and Evaluation

13.1 Integrated Monitoring & Evaluation Framework (IMEP)

13.1.1 What is an IMEP?

A **process** within district programme preparation and implementation exercises:

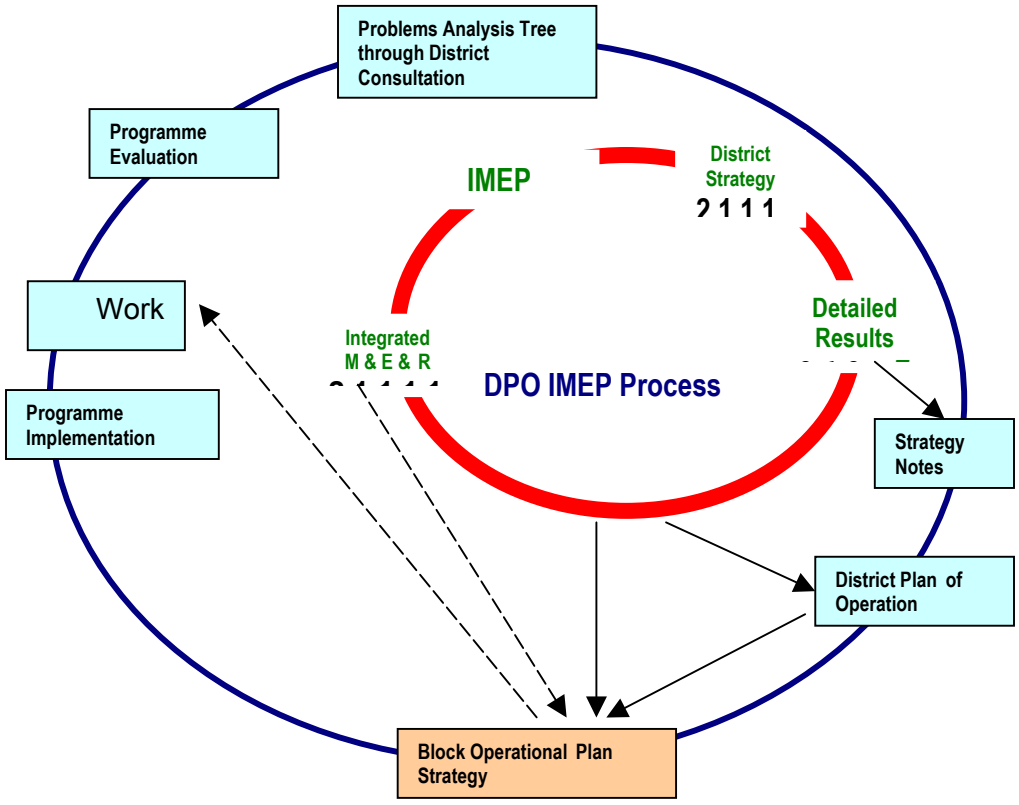
1. To strengthen and link planning, Monitoring, Evaluation and research components of the programme through the use of a Logic Model.
2. To help focus programmes on Results, clarifying levels of accountability and optimizing synergies among sectoral interventions
3. **To produce simple and effective programme description and management tools which show programme results as well as how performance will be appraised and monitored (Results Framework, programme logframes, Integrated Five-Years Monitoring, Evaluation and Research plan)**

13.1.2 IMEP Process is part of district programme preparation and implementation and contributes to the refinement of its components:

1. The analysis of the situation of the village particularly the vulnerable section is summarized into a **Problem Analysis Tree** which highlights the main problems facing these groups, identifies immediate causes and other factors which can be addressed through interventions.
2. District Programme **Strategic Intent** is formulated, describing a vision for the district, specifying results areas in which district authorities can make a difference, and formulating the main results (Strategic results), which will guide the actions of each block. These strategic results provide structure for the new district programme (results-based rather than sector-based programme structure)
3. An overall district programme **Results framework** is developed, identifying programme outcomes for each strategic result and project outputs for each outcome. Each output is assigned to one sectoral partner (NGOs counterpart) at project level and a focal point or team within district & block office.

4. **Programme logframes** are developed, one for each Strategy Results (SR). They show the results chain for achieving each programme outcome (activities, outputs, outcomes), describe risks and specify how programme performance will be assessed at selected levels of the results chain (Indicators with baselines and targets, Means of verifications, type of data desegregation).

An **Integrated Five-Years monitoring, Evaluation and Research plan** is developed. The plan is a five-year calendar of major data gathering activities shown in the MOV field of the logframes. These activities include surveys, studies and evaluations. The plan also shows how data gathering activities are synchronized with M&E and Research capacity building, strengthening of M&E management systems, decision-making events (landmarks), relevant activities of other partners and data dissemination activities (publications).



14 Conclusion

Result Based management Framework (RBM) has been used for the first time as a planning tool for Block Plan. To synchronize, RBM needs to be used for preparing the District Plan as well. The plan also has taken a major diversion from target approach to qualitative result approach. The result thus obtained, will actually be seen in terms of the difference in the plan has made in the lives of people at large. Through the strategic focus under each age group, it is envisaged that the strategic focus is overall goal for that particular age group and district is but one of the partners in achieving the strategic results. The level 2, which is the outcome level is further crystallize as long term objective to be achieved which is again through convergence. The Zilla Parishad which is fully responsible for the development of the district in partnership with other players, need to achieve the medium term goal (outcome level) within define and stipulated timeframe. The specific accountability will be at the output level, which contributes to outcome, and each outcome has several outputs. The workshops conducted on work plan of the block have actually worked out the details of output and activities. The work plan also clearly specified the resource planning aspect, which defines the resource requirement, resource availability and resource mobilization plan under each output.