

PANCHAYAT DEVELOPMENT INDEX (PDI)

For Rapid Transformation of Panchayats
2019

Prepared By

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Message from District Development Commissioner, Bandipore

The District Administration Bandipore is honoured to intimate finalization of Panchayat Development Index (PDI) for all its panchayats. The PDI has been prepared by Mr. Imtiyaz Ahmad, Joint Director Planning Bandipore after elaborative discussions with line Departments and is applicable to all Districts in J&K. The concept mainly resembles with successful Aspirational District programme of NITI AYOOG. The PDI is spread over 6 thematic areas viz. Health & Nutrition, Education, Agriculture and allied, Skill Development and Self Employment, Financial Inclusion, and Basic infrastructure with assigned weights of 30%, 30%, 20%, 10%, 5% and 5% respectively. Although some of indicators in Health & Nutrition and Education have been taken from TAD programme, however the index has been modified by making it more vibrant and J&K specific. As for example, one of indicator in Basic Infrastructure has been kept as “Percentage of demands met in Back to Village –phase 1st, in a Panchayat, to the total demands raised in respective Panchayat” etc.

The following objectives have been envisaged in preparation of Panchayat Development Index (PDI)

- ✚ To capture the development and movement in development at grass root level.
- ✚ To ensure rapid transformation of Panchayats by focused intervention in key areas.
- ✚ To monitor outcome indicators on real time basis in Key sectors.
- ✚ To generate positive competition among Panchayats.
- ✚ To strengthen PRIs by participatory approach in Planning process
- ✚ To increase capacity building of BDC chairpersons/Sarpanchs and sensitize them about other key areas of development viz. Health, Education, Agriculture, Skill etc instead of Rural Development sector only.
- ✚ To keep Government functionaries motivated towards outcome indicators in their respective areas.
- ✚ To adopt multi-sectoral approach through convergence, integration and focused attention.

The index is being launched in Bandipore district shortly, however, base scores, as on March-2019, are worked out with line departments. Some indicators shall be got filled through Sarpanchs directly instead of Departments. The PDI after successful launch shall be submitted to Directorate of E&S, J&K for its further use and expanding it to other Districts.

The District Administration is presently working on making a Dashboard for online data entry at Panchayat level and drawing relevant/important inferences at higher levels.

I would like to place on record my appreciations to Imtiyaz Ahmad, Joint Director E&S (CPO Bandipore) for this pioneering work and expect phase 2nd of the project i.e., an analytical report and online dashboard shall be completed within two months time. Moreover, District Officers are now stakeholders in the process, should extend their full cooperation in data entry and its successful run in Bandipore.

(Shahbaz Ahmed Mirza)

District Development Commissioner
Bandipore

Preface

Panchayat Development Index (PDI) is a vital statistical tool to capture movement in Development at grass root level and to witness impact of centrally sponsored schemes at Panchayat level. The index is applicable to all Panchayats across the country. The index shall evaluate a base score of each Panchayat and keep stakeholders viz. District officers, PRI functionaries, frontline workers etc motivated towards improving PDI through a real time monitoring feature.

There are 81 outcome indicators spread over six thematic areas of Health & Nutrition, Education, Agriculture and Allied, Skill & Self Employment, Financial inclusion and Basic infrastructure with suitable weightage. The index is modified version of successful Programme TAD (transformation of Aspirational District) of NITI AYOOG and 18 indicators have been used from TAD Programme having relevance to MDG (Millennium Development Goals) of United Nations. Fresh 63 outcome indicators have been devised after elaborative discussions with District officers & PRI functionaries. The Project has been segmented into two phases viz. preparation & launch of index and making of online Dashboard for data entry & analytical reporting. Phase one has been completed and work on phase two is in progress. A technical team from Rajasthan has been entrusted with the job of online Dashboard preparation. Suggestive measures have been worked out with stakeholders to improve the outcome indicators and have been articulated in chapter 2 of this booklet.

My special thanks goes to District Development Commissioner, Bandipore, Mr. Shahbaz Ahmad Mirza, for continuous guidance and supervision during the preparation of index. His valuable and timely inputs have helped to make this index more vibrant and more user friendly.

I am grateful to HOD Statistics, Kashmir University Prof. M.A.K. Baig for associating two Ph.D. scholars with this project to have feel of practical use of statistical tools. Ms. Saima Manzoor Sofi and Ms. Safeena Peerzada have observed the index preparation and its test run with all keenness and this will help them to contribute equally or in more better way to official statistical system in J&K.

Thanks to District Informatics Officer Mr. Mala Ram, who is lending technical support to phase two of project in collaboration with e-Governance Mission.

My sincere thanks to LDM Bandipore, District officers, PRI Functionaries, HMIS operators of Health, Frontline workers of ICDS, Education, Officers of Agriculture, Horticulture, Animal Husbandry, Sheep Husbandry, Technical Education, RDD, Social welfare, PWD, PMGSY Departments for elaborative discussions and wish them best of luck for finalization of base scores in all 151 Panchayats. In fact 90% of Base scores have been firmed up by 15th Dec, 2019.

Lastly, the index is dedicated to people of Bandipore as “Statisticians New Year Gift” and I am hopeful that this shall prove to be a vital tool in rapid transformation of all 151 Panchayats.

Imtiyaz Ahmad, CPO Bandipore
Joint Director E&S

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Chapter 1

Panchayat Development Index (PDI)

Objectives

The following objectives have been envisaged in preparation of Panchayat Development Index (PDI)

- ✚ To capture the development and movement in development at grass root level.
- ✚ To ensure rapid transformation of Panchayats by focused intervention in key areas.
- ✚ To monitor outcome indicators on real time basis in Key sectors.
- ✚ To generate positive competition among Panchayats.
- ✚ To strengthen PRIs by participatory approach in Planning process
- ✚ To increase capacity building of BDC chairpersons/Sarpanchs and sensitize them about other key areas of development viz. Health, Education, Agriculture, Skill etc instead of Rural Development sector only.
- ✚ To keep Government functionaries motivated towards outcome indicators in their respective areas.
- ✚ To adopt multi-sectoral approach through convergence, integration and focused attention.

Thematic Areas and weightage

The Panchayat Development Index is spread over 6 thematic areas viz. Health & Nutrition, Education, Agriculture & Allied, Skill Development & self Employment, Financial Inclusion and Basic infrastructure. The following weightage has been assigned to each area.

S. No	Thematic Areas	Weightage
1	Health and Nutrition	30%
2	Education	30%
3	Agriculture and Allied	20%
4	Skill Development & Self Employment	10%
5	Financial inclusion	5%
6	Basic Infrastructure	5%
	Total	100%

There are total 81 outcome indicators with around 156 data points in six thematic areas.

Definition & Methodology

For positive indicators, where higher the value, better the performance (e.g. service coverage indicators), the scaled value (I_i) for the i^{th} indicator, with data value as X_i is calculated as follows:

$$\text{Scaled value } (I_i) \text{ for positive indicator} = \frac{(X_i - \text{Minimum value}) \times 100}{(\text{Maximum value} - \text{Minimum value})}$$

Similarly, for negative indicators where lower the value, better the performance [e.g. Severe Acute Malnourishment, etc], the scaled value is calculated as follows:

$$\text{Scaled value } (I_i) \text{ for negative indicator} = \frac{(\text{Maximum value} - X_i) \times 100}{(\text{Maximum value} - \text{Minimum value})}$$

The minimum and maximum values of each indicator are ascertained based on the values for that indicator. The scaled value for each indicator lies between the range of 0 to 100. Thus, for a positive indicator such as institutional deliveries, the Panchayat with the lowest institutional deliveries will get a scaled value of 0, while the Panchayat with the highest institutional deliveries will get a scaled value of 100. Similarly, for a negative indicator such as SAM, the Panchayat with the highest SAM will get a scaled value of 0, while the Panchayat with the lowest SAM will get a scaled value of 100. Accordingly, the scaled value for other Panchayats will lie between 0 and 100 in both cases.

Based on the above scaled values (I_i), a composite Index score is then calculated for the Base period as under;

$$\text{PDI (Composite Index)} = \frac{\sum_{i=1}^6 (W_i I_i)}{\sum_{i=1}^6 W_i}$$

-Where I_i is the scaled indicator.

Scope

The PDI is applicable to all Districts in J&K and across the country, though initially prepared for launch in District Bandipore, J&K.

Constraint

The dashboard for entry at Panchayat level and auto inferences at apex level is under preparation.

Table 1: Outcome indicators ---Health & Nutrition ¹

S.no	Type	ID	Name	Unit	Periodicity	Annual Data as on 31/03/2019	Target 2019-20	April - Oct 2019
1.1	Indicator	1	Percentage of pregnant women receiving 4 or more antenatal care check-ups to the total no. of pregnant women registered for antenatal care	Percent	Yearly			
	Numerator	2	No. of pregnant women receiving 4 or more antenatal care check-ups during the year	Number	Yearly			
	Denominator	366	Total no. of pregnant women registered for antenatal care during the year	Number	Yearly			
1.2	Indicator	315	Percentage of ANC registered within the first trimester against Total ANC Registration	Percent	Monthly			
	Numerator	316	Number of ANCs registered within 1st trimester (within 12 weeks)	Number	Monthly			
	Denominator	3	Total no. of pregnant women registered for antenatal care during the month	Number	Monthly			
1.3	Indicator	317	Percentage of pregnant women (PWs) registered for ANCs to total estimated pregnancies	Percent	Monthly			
	Numerator	3	Total no. of pregnant women registered for antenatal care during the month	Number	Monthly			
	Denominator	318	Estimated Pregnancies	Number	Monthly			
2	Indicator	4	Percentage of pregnant women regularly taking Supplementary Nutrition under the ICDS programme	Percent	Monthly			

¹ Some of the indicators have been taken from "TAD" Programme of NITI AYOOG. www.Championsofchange.gov.in

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	Numerator	5	Number of Pregnant Women who were given supplementary food for 21 or more days during the reporting month	Number	Monthly			
	Denominator	375	Total no. of pregnant women eligible for SNP	Number	Monthly			
3.1	Indicator	319	Percentage of Pregnant women having severe anemia treated, against PW having severe anemia tested cases	Percent	Monthly			
	Numerator	320	Number of PW having severe anemia (Hb<7) treated	Number	Monthly			
	Denominator	321	Number of PW having Hb level<7 (tested cases)	Number	Monthly			
3.2	Indicator	322	Percentage of pregnant women tested for Hemoglobin 4 or more times in respective ANC's to total ANC registration	Percent	Yearly			
	Numerator	323	Number of PWs tested for Hemoglobin 4 or more times in respective ANC's	Number	Yearly			
	Denominator	366	Total no. of pregnant women registered for antenatal care during the year	Number	Yearly			
4.1	Indicator	324	Sex Ratio at birth	Per Thousand	Monthly			
	Numerator	325	Number of female live births	Number	Monthly			
	Denominator	326	Number of male live births	Number	Monthly			
4.2	Indicator	8	Percentage of institutional deliveries to total estimated deliveries	Percent	Monthly			

	Numerator	9	No. of institutional deliveries conducted	Number	Monthly			
	Denominator	10	Total number of estimated deliveries	Number	Monthly			
5	Indicator	11	Percentage of deliveries at home attended by an SBA (Skilled Birth Attendance) trained health worker to total home deliveries	Percent	Monthly			
	Numerator	12	No. of deliveries at home attended by an SBA (Skilled Birth Attendance) trained health worker	Number	Monthly			
	Denominator	364	Number of Home Deliveries attended by Skill Birth Attendant (SBA) or (Doctor/Nurse/ANM) + Number of Home Deliveries attended by Non SBA (Traditional Birth Attendant (TBA) /Relatives/etc.)	Number	Monthly			
6.1	Indicator	13	Percentage of newborns breastfed within one hour of birth	Percent	Monthly			
	Numerator	14	No. of newborns breastfed within one hour of birth	Number	Monthly			
	Denominator	15	Total number of live births (recorded)	Number	Monthly			
6.2	Indicator	327	Percentage of low birth weight babies (less than 2500g)	Percent	Monthly			
	Numerator	328	Total number of live births with a birth weight less than 2500g	Number	Monthly			
	Denominator	329	Total number of reported live births weighed	Number	Monthly			

6.3	Indicator	330	Percentage of live babies weighed at birth	Percent	Monthly			
	Numerator	329	Total number of reported live births weighed	Number	Monthly			
	Denominator	15	Total number of live births (recorded)	Number	Monthly			
7	Indicator	16	Percentage of underweight children under 5 years	Percent	Monthly			
	Numerator	17	Total number of children under-five years with weight for age Z score <-2 SD	Number	Monthly			
	Denominator	18	Total number of children Under-Five years enrolled in Anganwadi centre	Number	Monthly			
8.1	Indicator	19	Percentage of stunted children under 5 years	Percent	Quarterly			
	Numerator	20	Total number of children under-five years with height for age Z-score less than 2 standard deviation from the median of the WHO Child Growth Standards	Number	Quarterly			
	Denominator	18	Total number of children Under-Five years enrolled in Anganwadi centre	Number	Quarterly			
8.2	Indicator	336	Percentage of children under 5 years with Acute Respiratory Infections (ARI) taken to a health facility in the last 2 weeks	Percent	Quarterly			

	Numerator	337	Total number of children under 5 years with Acute Respiratory Infections (ARI) taken to a health facility in the last 2 weeks	Number	Quarterly			
	Denominator	338	Total number of children under 5 years with Acute Respiratory Infections in the last 2 weeks	Number	Quarterly			
9.1	Indicator	21	Percentage of Severe Acute Malnourishment (SAM) in children under 5 years to total children under 5 years	Percent	Monthly			
	Numerator	22	Total number of children Under-Five years with height for weight Z score less than 3 standard deviation from the median of the WHO Child Growth Standards	Number	Monthly			
	Denominator	18	Total number of children Under-Five years enrolled in Anganwadi centre	Number	Monthly			
9.2	Indicator	339	Percentage of Moderate Acute Malnutrition (MAM) in children under 5 years to total children under 5 years	Percent	Monthly			
	Numerator	340	Total number of children under 5 years with weight-for-height Z scores between -2 and -3 SD	Number	Monthly			
	Denominator	18	Total number of children Under-Five years enrolled in Anganwadi centre	Number	Monthly			

10.1	Indicator	341	Percentage of Breastfeeding children receiving adequate diet (6-23 months)	Percent	Quarterly			
	Numerator	342	No. of breastfeeding children aged 6-23 months receiving an adequate diet (breast milk + complementary feed)	Number	Quarterly			
	Denominator	343	No. of breastfeeding children aged 6-23 months	Number	Quarterly			
10.2	Indicator	344	Non-breastfeeding children receiving adequate diet (6-23 months)	Percent	Quarterly			
	Numerator	345	No. of non-breastfeeding children aged 6-23 months receiving an adequate diet (complementary feed)	Number	Quarterly			
	Denominator	346	No. of non-breastfeeding children aged 6-23 months	Number	Quarterly			
11	Indicator	26	Percentage of children fully immunized (9-11 months) (BCG+ DPT3 + OPV3 + Measles1)	Percent	Monthly			
	Numerator	27	No. of children fully immunized (9-11 months) (BCG+ DPT3 + OPV3 + Measles1)	Number	Monthly			
	Denominator	28	Live birth female + Live birth male - IMR	Number	Monthly			
12.1	Indicator	32	Proportion of sub-centers/PHCs converted into Health & Wellness Centers (HWCs)	Percent	Quarterly			
	Numerator	33	No. of sub-centers/PHCs converted into Health & Wellness Centers (HWCs)	Number	Quarterly			

	Denominator	34	Total no. of sub-centers/PHCs	Number	Quarterly			
12.2	Indicator	35	Percentage of Primary Health Centers compliant to Indian Public Health Standards	Percent	Quarterly			
	Numerator	36	No. of Primary Health Centers compliant to Indian Public Health Standards	Number	Quarterly			
	Denominator	37	Total no. of Primary Health Centers	Number	Quarterly			
13.1	Indicator	38	Proportion of functional FRUs (First Referral Units) against the norm of 1 per 500,000 population (1 per 300,000 in hilly areas)	Percent	Quarterly			
	Numerator	40	Total no. of functional FRUs (First Referral Units)	Number	Quarterly			
	Denominator	39	No. of functional FRUs (First Referral Units) against the norm of 1 per 500,000 population (1 per 300,000 in hilly areas)	Number	Quarterly			
13.2	Indicator	41	Proportion of doctors available in Panchayat Health center against sanctioned strength	Percent	Quarterly			
	Numerator	42	No. of doctors available in Panchayat Health center against sanctioned strength	Number	Quarterly			
	Denominator	43	Total sanctioned strength	Number	Quarterly			

13.3	Indicator	44	Percentage of Anganwadis/UPHCs reported to have conducted at least one Village Health Sanitation & Nutrition day / Urban Health Sanitation & Nutrition day outreach in the last one month	Percent	Monthly			
	Numerator	45	No. of Anganwadis/UPHCs reported to have conducted at least one Village Health Sanitation & Nutrition day / Urban Health Sanitation & Nutrition day outreach in the last one month	Number	Monthly			
	Denominator	46	Total no. of Anganwadis/UPHCs	Number	Monthly			
13.4	Indicator	47	Proportion of Anganwadis with own buildings	Percent	Quarterly			
	Numerator	48	No. of Anganwadis with own buildings	Number	Quarterly			
	Denominator	49	Total no. of Anganwadi Centers	Number	Quarterly			
13.5	Indicator	350	Percentage of First Referral Units (FRU) with labour rooms and obstetrics OT NQAS certified (meet LaQShya guidelines)	Percent	Monthly			
	Numerator	351	Number of First Referral Units (FRU) with labour room and obstetrics OT NQAS certified (meet LaQShya guidelines)	Number	Monthly			
	Denominator	40	Total no. of functional FRUs (First Referral Units)	Number	Monthly			
14	Indicator	700	Percentage of positive cases wrt 4Ds of RBSK	Percent	Monthly			
	Numerator	722	Number of cases found positive wrt 4Ds	Number	Monthly			

	Denominator	728	Total no. of children screened in respective Panchayat	Number	Monthly			
15	Indicator	800	Percentage of new Diabetic cases registered	Percent	Monthly			
	Numerator	822	Number of new Diabetic cases registered	Number	Monthly			
	Denominator	828	Total population screened in respective Panchayat	Number	Monthly			
16	Indicator	900	Percentage of new Cancer cases registered	Percent	Monthly			
	Numerator	922	Number of new Cancer cases registered	Number	Monthly			
	Denominator	928	Total population screened in respective Panchayat	Number	Monthly			
17	Indicator	925	Percentage of new CKD cases registered	Percent	Monthly			
	Numerator	926	Number of new CKD cases registered	Number	Monthly			
	Denominator	927	Total population screened in respective Panchayat	Number	Monthly			
18	Indicator	950	Percentage of new Hypertension cases registered	Percent	Monthly			
	Numerator	951	Number of new Diabetic cases registered	Number	Monthly			
	Denominator	952	Total population screened in respective Panchayat	Number	Monthly			
19	Indicator	960	Percentage of VHSNCS held against planned VHSNCS	Percent	Monthly			
	Numerator	961	Number of VHSNCS held	Number	Monthly			

	Denominator	962	Total VHSNCS planned in respective Panchayat	Number	Monthly			
20	Indicator	970	Percentage of JSY benefits accrued	Percent	Monthly			
	Numerator	971	Number of JSY benefits accrued	Number	Monthly			
	Denominator	972	Total number of targeted deliveries in respective Panchayat	Number	Monthly			
21	Indicator	990	Percentage of JSSK benefits accrued	Percent	Monthly			
	Numerator	991	Number of JSSK benefits accrued	Number	Monthly			
	Denominator	992	Total number of targeted deliveries in respective Panchayat	Number	Monthly			

There are total 35 indicators under Health and Nutrition, with 8 indicators of Nutrition sector and 27 indicators of Health sector.

Table 2: Outcome indicators ---Education ²

S.no	Type	ID	Name	Unit	Periodicity	Annual Data as on 31/03/2019	Target 2019-20	April - Oct 2019
1.1	Indicator	352	Transition rate from primary to upper primary school level	Percent	Yearly			
	Numerator	353	Enrolment in class-VI in year n	Number	Yearly			
	Denominator	354	Enrolment in Class V in year (n - 1)	Number	Yearly			
1.2	Indicator	355	Transition rate from upper primary to secondary school level	Percent	Yearly			
	Numerator	356	Enrolment in class-IX in year n	Number	Yearly			
	Denominator	357	Enrolment in Class VIII in year (n - 1)	Number	Yearly			
2	Indicator	56	Toilet access: percentage schools with functional girls' toilets	Percent	Monthly			
	Numerator	57	No. of schools with functional girls' toilets	Number	Monthly			
	Denominator	374	Total no. of schools excluding schools only for Boys	Number	Monthly			
3.1	Indicator	59	Mathematics performance in class 3	Percent Score	Quarterly			
3.2	Indicator	86	Language performance in class 3	Percent Score	Quarterly			
3.3	Indicator	113	Mathematics performance in class 5	Percent Score	Quarterly			
3.4	Indicator	140	Language performance in class 5	Percent Score	Quarterly			
3.5	Indicator	167	Mathematics performance in class 8	Percent Score	Quarterly			
3.6	Indicator	194	Language performance in class 8	Percent Score	Quarterly			

² Some of the indicators have been taken from "TAD" Programme of NITI AYOG. www.Championsofchange.gov.in

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4	Indicator	221	Female literacy rate (15+ age group)	Percent	Quarterly			
5	Indicator	224	Percentage of schools with functional drinking water facility	Percent	Monthly			
	Numerator	225	No. of schools with functional drinking water facility	Number	Monthly			
	Denominator	58	Total no. of schools	Number	Monthly			
6	Indicator	226	Percentage of schools with functional electricity facility at secondary level	Percent	Monthly			
	Numerator	227	No. of schools with functional electricity facility at secondary level	Number	Monthly			
	Denominator	228	Total no. of schools at secondary level	Number	Monthly			
7	Indicator	229	Percentage of elementary schools complying with RTE specified Pupil Teacher Ratio	Percent	Monthly			
	Numerator	230	No. of elementary schools complying with RTE specified Pupil Teacher Ratio	Number	Monthly			
	Denominator	231	No. of elementary schools	Number	Monthly			
8	Indicator	232	Percentage of schools providing textbooks to children within 1 month of start of academic session	Percent	Yearly			
	Numerator	233	No. of schools providing textbooks to children within 1 month of start of academic session	Number	Yearly			
	Denominator	231	No. of elementary schools	Number	Yearly			
9	Indicator	1000	Percentage of schools with adequate furniture and infrastructure	Percent	Yearly			
	Numerator	1001	Number of Schools with adequate furniture and infrastructure	Number	Yearly			
	Denominator	1002	Total number of Schools in respective Panchayat	Number	Yearly			

There are total 15 indicators including survey indicators of Female literacy and learning Outcomes assessment.

Table 3: Outcome indicators - Agriculture and Allied

S.no	Type	ID	Name	Unit	Periodicity	Annual Data as on 31/03/2019	Target 2019-20	April - Oct 2019
1	Indicator	251	Percentage production of paddy or major crop of Panchayat to total paddy or Major crop production in district	Percent	Half Yearly			
	Numerator	252	paddy or major crop production in Panchayat	Qtls	Half Yearly			
	Denominator	253	Total paddy or major crop production in the district	Qtls	Half Yearly			
2	Indicator	256	Percentage of animals vaccinated	Percent	Monthly			
	Numerator	257	No. of animals vaccinated	Number	Monthly			
	Denominator	258	Total no. of animals	Number	Monthly			
3	Indicator	259	Artificial insemination coverage	Percent	Monthly			
	Numerator	358	Total number of animals artificially inseminated	Number	Monthly			
	Denominator	359	Total number of animals available for insemination	Number	Monthly			
4	Indicator	261	Percentage Number of Soil Health Cards distributed	Percent	Monthly			
	Numerator	1450	Number of Soil Health Cards distributed in Panchayat	Number	Monthly			
	Denominator	1451	Total number of Soil Health Cards distributed in the District.	Number	Monthly			

5	Indicator	1453	Percentage area under High density apple cultivation or high value crops	Percent	Monthly			
	Numerator	1454	Area brought under High density apple cultivation or high value crops	Number	Monthly			
	Denominator	1455	Total area under apple cultivation	Number	Monthly			
6	Indicator	1456	Percentage beneficiaries under PMKISAN scheme	Percent	Monthly			
	Numerator	1457	Total beneficiaries under PMKISAN scheme	Number	Monthly			
	Denominator	1458	Total beneficiaries under PMKISAN scheme in the District.	Number	Monthly			
7	Indicator	1459	Percentage sheep units sanctioned	Percent	Monthly			
	Numerator	1450	Total sheep units sanctioned in Panchayat	Number	Monthly			
	Denominator	1451	Total sheep units sanctioned in the District.	Number	Monthly			

There are total 7 indicators of Agriculture and allied sector.

Table 4: Outcome indicators - Financial Inclusion

S.no		ID	INDICATOR	Unit	Periodicity	Annual Data as on 31/03/2019	Target 2019-20	April - Oct 2019
1	Indicator	1100	Percentage disbursement of Agriculture Credit in Panchayat (in lakh rupees)	Percent	Quarterly			
	Numerator	1201	Disbursement of Agriculture Credit in Panchayat (in lakh rupees)	Number	Quarterly			
	Denominator	1202	Total Agriculture credit provided during the reference period in the District	Number	Quarterly			
2	Indicator	1101	Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY): percentage number of enrolments	Percent	Quarterly			
	Numerator	1203	Number of accounts opened under (PMJJBY) in Panchayat	Number	Quarterly			
	Denominator	1204	Total Population of Panchayat	Number	Quarterly			
3	Indicator	1102	Pradhan Mantri Suraksha Bima Yojana (PMSBY): Percentage number of enrolments	Percent	Quarterly			
	Numerator	1205	Number of accounts opened under (PMSBY) in Panchayat	Number	Quarterly			
	Denominator	1204	Total Population of Panchayat	Number	Quarterly			
4	Indicator	1103	Atal Pension Yojana (APY): number of beneficiaries: Percentage number of enrolment	Percent	Quarterly			

	Numerator	1207	Number of accounts opened under (APY) in Panchayat	Number	Quarterly			
	Denominator	1204	Total Population of Panchayat	Number	Quarterly			
5	Indicator	1104	Percentage of accounts seeded with Aadhaar to total bank accounts	Percent	Quarterly			
	Numerator	1209	Number of accounts seeded with Aadhaar	Number	Quarterly			
	Denominator	1210	Total Bank accounts in Panchayat	Number	Quarterly			
6	Indicator	1104	Percentage number of accounts opened under Pradhan Mantri Jan Dhan Yojana	Percent	Quarterly			
	Numerator	1211	Number of accounts opened under Pradhan Mantri Jan Dhan Yojana	Number	Quarterly			
	Denominator	1204	Total Population of Panchayat	Number	Quarterly			
7	Indicator	1104	Percentage number of specially abled beneficiaries covered in Panchayat by Social welfare schemes	Percent	Quarterly			
	Numerator	1211	Number of specially abled beneficiaries covered by Social welfare schemes	Number	Quarterly			
	Denominator	1204	Total number of Specially abled eligible in Panchayat	Number	Quarterly			

There are total 7 outcomes of Financial inclusion.

Table 5: Outcome indicators -Skill Dev and Self Employment

S.No		ID	INDICATOR	Unit	Periodicity	Annual Data as on 31/03/2109	Target 2019-20	April - Oct 2019
1	Indicator	1350	Percentage units sanctioned under PMEGP in Panchayat by DIC	Percent	Quarterly			
	Numerator	1351	Cases sanctioned under PMEGP in Panchayat	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
2	Indicator	1352	Percentage cases plus units sanctioned in Panchayat by Handicrafts	Percent	Quarterly			
	Numerator	1353	Cases plus units sanctioned in Panchayat by Handicrafts/Handloom	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
3	Indicator	1354	Percentage HHs covered through SHGs formed in Panchayat by NRLM	Percent	Quarterly			
	Numerator	1355	HHs covered through SHGs in Panchayat by NRLM	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
4	Indicator	1356	Percentage youth trained with certified courses through ITIS/Polytechnics in Panchayat under all courses	Percent	Quarterly			
	Numerator	1357	youth trained with certified courses through ITIS/Polytechnics in Panchayat	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
5	Indicator	1358	Percentage youth trained with certified courses through RSETIs in Panchayat	Percent	Quarterly			

	Numerator	1359	Youth trained with certified courses through RSETIs in Panchayat	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
6	Indicator	1360	Percentage youth trained with certified courses through PMKKY in Panchayat	Percent	Quarterly			
	Numerator	1361	youth trained with certified courses through PMKKY in Panchayat	Number	Quarterly			
	Denominator	1304	Total Households of Panchayat	Number	Quarterly			
7	Indicator	1362	Percentage ST beneficiary units sanctioned under PMEGP in Panchayat by DIC	Percent	Quarterly			
	Numerator	1363	ST beneficiary units sanctioned under PMEGP in Panchayat by DIC	Number	Quarterly			
	Denominator	1351	Cases sanctioned under PMEGP in Panchayat	Number	Quarterly			
8	Indicator	1364	Percentage ST youth trained with certified courses through ITIS/Polytechnics in Panchayat under all courses	Percent	Quarterly			
	Numerator	1365	ST youth trained with certified courses through ITIS/Polytechnics in Panchayat	Number	Quarterly			
	Denominator	1357	Total Households of Panchayat	Number	Quarterly			

There are total 8 indicators of Skill and self employment.

Table 6: Outcome indicators - Basic infrastructure

S.no	Type	ID	Name	Unit	Periodicity	Annual Data as on 31/03/2019	Target 2019-20	April - Oct 2019
1	Indicator	299	Percentage of households with electricity connection	Percent	Monthly			
	Numerator	300	No. of households with electricity connection	Number	Monthly			
	Denominator	301	Total no. of households	Number	Monthly			
2	Indicator	302	Percentage of households using clean fuel viz LPG for cooking.(CAPD)	Percent	Monthly			
	Numerator	303	households using clean fuel viz. LPG for cooking.(CAPD)	Number	Monthly			
	Denominator	313	Total number of Households	Number	Monthly			
3	Indicator	304	Percentage of households having access to all weather roads (PMGSY)	Percent	Monthly			
	Numerator	305	Number of households having access to all weather roads (PMGSY)	Number	Monthly			
	Denominator	306	Total number of Households	Number	Monthly			
4	Indicator	307	Percentage of households with individual household latrines	Percent	Monthly			
	Numerator	308	No. of households with individual household latrines	Number	Monthly			
	Denominator	301	Total no. of households	Number	Monthly			
5	Indicator	309	Percentage of rural households with tap connection and access to adequate quantity of potable water (55 lpcd) as per Jal Jeevan Mission Census (by Sarpanchs.)	Percent	Monthly			
	Numerator	310	Rural households with tap connection and access to adequate quantity of potable water (55 lpcd)	Number	Monthly			
	Denominator	365	Total number of rural households	Number	Monthly			

6	Indicator	311	Percentage demands met from "Back to Village programme phase 1st list "	Percent	Monthly			
	Numerator	312	Number of demands met from B2V1List	Number	Monthly			
	Denominator	313	Total number of demands projected in B2V1	Number	Monthly			
7	Indicator	314	percentage Number of pucca houses for households	Number	Monthly			
	Numerator	376	Number of pucca houses for households	Number	Monthly			
	Denominator	377	Total number of Households including houseless	Number	Monthly			
8	Indicator	990	Cumulative number of kms of all weather road work completed as a percentage of total sanctioned kms in the Panchayat under PMGSY	Percent	Monthly			
	Numerator	995	Number of kms of all weather road work completed	Number	Monthly			
	Denominator	996	Total sanctioned kms in the Panchayat under PMGSY	Number	Monthly			
9	Indicator	892	Percentage of Blacktopped roads in Panchayat by (RnB)	Percent	Monthly			
	Numerator	893	Total number of kms of road blacktopped in Panchayat	Number	Monthly			
	Denominator	894	Total road length in kms in the Panchayat	Number	Monthly			

There are total 9 indicators of Basic infrastructure.

Chapter 2

Suggestive Activities for improving indicators

NAME OF INDICATOR	Activities	Resources/Schemes available
Health /ICDS		
Percentage of pregnant women receiving 4 or more antenatal care check-ups	Short term activities <ul style="list-style-type: none"> • Identification of eligible couples. • Make available adequate number of pregnancy Kits. • Enrolment under the PMMVY Scheme at the Anganwadis Centre (if eligible). 	<ul style="list-style-type: none"> a) National Health Mission b) PMSMA: Pradhan Mantri Surakshit Matritva Abhiyan c) PMMY: Pradhan Mantri Matru Vandana yojana d) BBB: Beti Bachao Beti Padhao e) Implementation of PC-PNDT (Pre-Conception and Pre-Natal Diagnostic Techniques) Act f) Janani Shishu Suraksha Karyakaram g) Janani Suraksha Yojana
Percentage of ANC registered within the first trimester	<ul style="list-style-type: none"> • Monthly pregnancy tests to be carried by ASHAs for early detection of pregnancy 	
Percentage of pregnant women registered for antenatal care against estimated pregnancies	<ul style="list-style-type: none"> • Timely and regular uploading of data on MCTS • Training/ Capacity Building of Frontline workers /ASHAs/ANMs/ICDS workers • Enrolling mothers under PMSMA on the 9th of every month. • VHNSC to be made a robust platform and center stage of micro level activities. • Transport facility for pregnant ladies of far flung areas and Border areas for 4ANCs, as a special incentive. 	
Percentage of pregnant woman taking supplementary Nutrition under the ICDS programme regularly	Short term activities / low hanging (convergence module) <ul style="list-style-type: none"> • Registration of all pregnant women (data base to be managed separately each by ASHA/ ICDS workers for women who conceived reference period 	<ul style="list-style-type: none"> (a) NHM/ICDS (b) Janani Shishu Suraksha Karyakaram (c) Janani Suraksha Yojana (d). PMVY (e). SABLA

	<ul style="list-style-type: none"> • Supplementary nutrition(including Iron & Folic acid tablets) as per norms to be provided to all women in database by ICDS • Sharing list of pregnant women in a village by ASHA and Anganwadi workers inform ASHA/AWW/ANM about group incentives. • Achieved coverage value Verification 	
<p>Percentage of Pregnant women having severe anemia treated, against PW having severe anaemia tested cases</p>	<ul style="list-style-type: none"> • Listing of all pregnant women with severe anemia. • Intravenous Iron to be provided under supervision as per need assessment. • Regular IFA (Iron and Folic Acid tablets) supplementation to all Pregnant Women. • Supply and actual dispensing of Iron and Folic Acid Tablets streamlined, as less % of pregnant women consumed iron folic acid for 100 days or more when they were pregnant • Implement Weekly Iron and Folic Acid Supplementation in Schools with special focus of girl children by adopting “Monday Approach”. • Block level meetings of BMOs/CDPOs/BDOs and other stake holders to be held on monthly basis under the chairmanship of ADC/SDM/Tehsildars concerned. • Organize Special Health Camps for Women and Children • Testing of Hemoglobin during VHSND • Generating awareness and increasing diet diversity of 	<ul style="list-style-type: none"> (i) MAA-Mother’s Absolute Affection (ii) HBNC (Home Based Newborn Care); (iii) PMMVY (Pradhan Mantri Matru Vandana Yojana) (iv) JSY Shishu Suraksha Karyakram (NSSK); (v) JSSK: Janani Shishu Suraksha Karyakaram

	<p>women through ASHAs as they have direct contact with women.</p>	
<p>Percentage of women tested for Anemia</p>	<ul style="list-style-type: none"> • discussion about the issue at VHNDs • the medium of SHGs utilized • Secondary Schools • Promote cultivation and consumption of vegetables • Fortify Wheat Flour and Fortify Take Home Rations of ICDS • Discussion to focus on the benefit that accrues to woman and the unborn child, demystifying myths and misconception • Referral of women suffering from severe Anemia to health facilities to treat Anemia. • RBSK teams to cover all adolescent girls for assessing incidence of anemia. 	
<p>Sex Ratio at Birth</p>	<p>Short term / low hanging (convergence module)</p> <ul style="list-style-type: none"> • Effective implementation of the PC & PNDT Act, including vigorous monitoring of all ultra sound clinics and imposition of penalties on such erring/defaulting clinics in the district. • Display Boards to be made mandatory for all Ultra sound clinics. • Raising awareness about Female feticide, through audio visual campaign, street plays, theatre, pamphlets, posters, TV messages, etc. • Civil society groups, religious leaders, social activists, etc to be involved in campaign against female feticide and 	<p>NHM/BBBBP (Available)</p>

	<p>illegal sex determination.</p> <ul style="list-style-type: none"> • TV advertisement to be developed for running in prime time news on regional/local channels like on ETV/DD kashir • At least one IEC workshop about BBBP to be conducted in 20 HSS, 2 Colleges, all GHSs in next six months by Education department in collaboration with Health and ICDS departments. Health and ICDS departments shall collaborate with Education dept. • Reconciliation of all Data Base of Births occurring by Health /ICDS departments with monthly computation of Sex Ratio • Long Term First four same as above same as above • Analyse trends over longer periods and witness improvement. 	
<p>Percentage of Institutional deliveries out of total number of reported deliveries</p>	<ul style="list-style-type: none"> • Promote institutional deliveries by giving incentives –JSY (Janani Suraksha Yojana) & PMMVY(Pradhan Mantri MatruVandanaYojana). • All institutional births in government facilities entitled under JSSK to be ensured incentives like free ANC, delivery including caesarean section, free drugs/diagnostics/blood and free transport. • Ensure early initiation of breastfeeding (within 1 hour of birth) • Generation of awareness amongst the people 	<p>(i). JSSK: Janani Shishu Suraksha Karyakaram (ii) JSY: Janani Suraksha Yojana (iii) Implementation of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994</p>

	particularly of far flung areas to promote institutional delivery.	
Percentage of home deliveries attended by an SBA (Skill Birth Attendance) trained health worker out of total number of home deliveries	<ul style="list-style-type: none"> • Institutional deliveries are to be encouraged. If mother still chooses to deliver at home, it should be attended by SBA (Skilled Birth Attendance) trained ANM (Auxiliary Nurse Midwife) / MO (Medical Officer) from the nearest health facility. • Ensure early initiation of breastfeeding (within 1 hour of birth). • Local educated girls/women be roped in as facilitator, motivator in far flung areas • Recruitment of additional ASHAs in far flung areas and border areas, on 500 souls, keeping in view the topography and terrain. • Adequate training of healthcare functionaries for conduct of safe and normal delivery at home. • Services of Gynecologist to be utilized for SBA training. 	<ul style="list-style-type: none"> i) Anganwadi Services under Umbrella ICDS (Integrated Child Development Services ii) National Iron Plus Initiative iii) National De-worming Day
Percentage of new –borns breastfed within one hour of birth	Short term / low hanging <ul style="list-style-type: none"> • Recording of the event/Target indicator by the concerned birth attendant, CMO to issue format to all BMOs to record the targeted event and ensure new born are breastfed within one hour of birth by the birth attendant. • Computation of value on Monthly basis. • Counseling on optimal feeding behaviors during all ANC (Ante Natal Checkups) /PNC (Post-Natal Check-ups). • Ensure counseling and support 	<ul style="list-style-type: none"> i. National Health Mission ii. IMNCI (Integrated Management of Neonatal and Childhood Illness) – Facility, and Community; iii. Intensified Diarrhoea Control Fortnight (IDCF)
Percentage of low birth weight babies less than 2.5 kgs.		
proportion of live babies weighed at birth		

	<p>of mothers for breastfeeding promotion through capacity building of health care providers at all delivery points.</p> <ul style="list-style-type: none">• Implement IMS (Infant Milk Substitutes) Act.• Encourage Kangaroo Mother Care. Small and sick babies requiring medical attention may be referred to Sick New Born Care Unit (SNCU) and New Born Stabilization Unit (NBSU).• Home based newborn and young child care guidelines to be implemented to provide care to low birth weight babies.• Address adolescent nutrition and delayed first pregnancy.• Ensure availability of weighing machines for recording birth weight.• Awareness about breast feeding & healthy dietary practices shall be generated through VHND, ASHAs, AWWs etc• Promotion of healthy and balanced dietary habits among pregnant ladies.• Establishment of Counseling Room in all Delivery Points. <p>Long term</p> <ul style="list-style-type: none">• Same as above	
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<p>Percentage underweight children under 5 years</p>	<ul style="list-style-type: none"> • Ensure registration of all under five children in AWC (Anganwadis Centers). • Monthly weight recording at AWC in Mother Child Protection (MCP) card for detection of fault, if any in growth of the infant. • Effective implementation of Supplementary Nutrition Programme in AWCs. • VHND to be observed rigorously. • VHNSC to be used as a platform for generation of awareness about healthy dietary practices & direct diversity through ASHAs, AWCs, VHND & SHGs. • Purchase of weighing machines for all AW centers • Purchase of storage bins for ANCs 	<ul style="list-style-type: none"> (i) Anganwadi Services under umbrella ICDS Program (ii) ICDS) (Integrated Child Development Services) Program; (iii) Nutrition Rehabilitation Centers (IRC)
<p>Percentage of stunted children under 5 years</p>	<ul style="list-style-type: none"> • Ensure setting up of Nutritional Rehabilitation Centers (NRCs) to provide medical and nutritional care to Severe Acute Malnourished (SAM) children. • Measuring height data of all children 0-5 age group, to be analyzed for stunting. • Median and standard deviation of Height data to be computed. • DEIC (District Early Intervention Center) to be made fully functional. • Effective Implementation of RBSK in the District. • Ensure effective functioning all SNCUs in the Health Institutions. 	<ul style="list-style-type: none"> (i) Anganwadi Services under Umbrella ICDS Program (ii) ICDS (Integrated Child Development Services); (iii) Nutrition Rehabilitation Centers (NRC); (iv) IMNCI Integrated Management of Neonatal and Childhood Illnesses (v) Mission Indradhanush; (vi) HBNC (Home based Newborn Care); (vii) IGMSY-Conditional Maternity Benefit (CMB); (viii) PMMVY-Maternal Benefit Program; (ix) ASHA Incentives

<p>Percentage of children with ARI in the last 2 weeks taken to a health facility</p>	<ul style="list-style-type: none"> • Promotion for early diagnosis and case management of common ailments of children with special emphasis on pneumonia, and malnutrition. • Early detection and prompt referral of children by ASHA. • Awareness about hygiene, healthy dietary practices, etc. • To encourage foods, dietary practices like use of ginger, saffron tea, black pepper etc which are known to have medicinal properties. • To promote suitable clothing practices like wearing of Chester's etc for winters. • Ensure timely reporting / intervention in cases of ARI through ASHAs/AWWs 	<p>i) Nutrition Rehabilitation Centers (NRC); (iv) IMNCI Integrated Management of Neonatal and Childhood Illnesses (v) Mission Indradhanush; (vi) HBNC (Home based Newborn Care);</p>
<p>percentage of Severe Acute Malnourishment (SAM)</p>	<ul style="list-style-type: none"> • Ensure regular screening of Severe Acute Malnourished (SAM) children. 	<p>i) ICDS Program (ii) ICDS (Integrated Child Development Services); (iii) Nutrition Rehabilitation Centers (NRC);</p>
<p>percentage of Moderate Acute Malnourishment (MAM)</p>	<ul style="list-style-type: none"> • Set up a robust Nutrition Rehabilitation Center (NRC) for referral mechanism. • Ensure follow-up post release from NRC. • Generate awareness amongst community about healthy dietary practices. • Promotion of consumption of eggs in Mid Day Meals in Schools • Establishment of District Early Intervention Centre (DEIC). 	
<p>Percentage of infants aged 6-23 months receiving an adequate diet (breast milk+ complementary feed)</p>	<p>Short term:</p> <ul style="list-style-type: none"> • The Concerned Jr. Nurse/ FMPHW present at the time of Delivery of Mother at Delivery point shall make the record of the event. • The ASHAs(1000 ASHAs) of the district shall make visit 	<p>NHM/ Family Welfare</p>

	<p>home based visits on regular intervals to ensure that the infants receiving adequate diet(Breast Milk Complementary Feed)</p> <ul style="list-style-type: none"> • The ASHAs shall keep all related records of these infants (6-23 months) & will report to her for ASHA facilitator. • The ASHA facilitator shall compile the work done of her ASHAs & will accordingly submit the same to the BAC. • Training of ANMs/ASHAs/AWCs regarding breast feeding & complementary diet. • Workshop/Awareness programmes about importance of breast feeding & consumption of nutrition complementary diet. • VHNSC meeting to be held regularly. • The BACs of all 10 Medical Blocks shall submit the work done to DAC for compilation at District level. • Computation of value <p>LONG Term:</p> <ul style="list-style-type: none"> • Same Strategy as short term <p>ICDS</p> <p>Short term</p> <ul style="list-style-type: none"> • Registration of 100% infants age above 6 months • Maintenance of weight registers of infant's age 6 months. • Regular counseling / guidance at AWCs to Nursing Mothers about importance of breast feeding and 100% home visits by the AWW to the Houses of Nursing Mothers. 	
<p>Percentage of non breastfed infants aged 6-</p>	<p>Short term:</p> <ul style="list-style-type: none"> • The Concerned Jr Nurse/ 	<p>NHM/ Family welfare</p>

<p>23 Months receiving an adequate diet (complementary feed)</p>	<p>FMPHW present at the time of Delivery of Mother at Delivery point shall make the record of new born.</p> <ul style="list-style-type: none"> • The ASHAs(1000 ASHAs) of the district shall make visit home based visits on regular intervals to ensure that the infants receiving adequate diet(Breast Milk Complementary Feed) • The ASHAs shall keep all related records of these infants (6-23 months) & will report to her for ASHA facilitator. • The ASHA facilitator shall compile the work done of her ASHAs & will accordingly submit the same to the BAC. • The BACs of all 10 Medical Blocks shall submit the work done to DAC for compilation at District level. • computation of value <p>LONG Term:</p> <ul style="list-style-type: none"> • Same Strategy as short term. 	
<p>Percentage of children fully immunized (9-11 months) (BCG+DPT3+OPV3+Measles1)</p>	<ul style="list-style-type: none"> • Ensure vaccine availability and development of micro-plan using Mother and Child Tracking System (MCTS). • Ensure organization of special camps for reaching out to unreached children. • Engage all sectors in immunization activities. • Strengthening Routine Immunization & Pulse Polio and Special Campaign under Indradhanush • Cold Chain Maintenance to be ensured in PHCs • Cold chain boxes to be kept in sufficient supply • Mobility support to health workers for special drive 	<p>(i) National Health Mission – Mission Indradhanush</p>

	<ul style="list-style-type: none"> • Uninterrupted Vaccine supply • ASHAs to prepare the proper due list before VHND day • Utilization of sub centre Flexi pool/untied fund (INR 10,000) for immunization coverage • Convergence with other departments like Education, ICDS, RDD etc, to ensure success of vaccination programme. • Awareness to counter information gap & and those who do not believe in the concept through: <ul style="list-style-type: none"> • ASHA • VHND Discussion • SHG platform • Inclusion of influential Persons including Religious leaders • Missing out travelling children - develop strategy to counter • AEFI -Surveillance & Management- Reporting adverse events following immunization. Surveillance of AEFI aims to detect changes in the rates of known adverse events, any unrecognized or unexpected adverse events, or adverse events that result from program errors, such as incorrect vaccine schedule, delivery or storage 	
<p>Proportion of Sub centers (PHCs converted into Health & Wellness Centers (HWCs)</p>	<ul style="list-style-type: none"> ➤ DPR for rented SCs be got prepared for HWC and land be kept reserved for same ➤ Combined DPR be prepared for converting Govt SCs/PHCs into HWCS ➤ DPRs be forwarded to DHSK with request for 	<p>NHM.</p>

	funds and sanction.	
<p>Proportion of Primary Health Centers Compliant to Indian Public Health Standards</p> <p>Proportion of functional FRUs (First referral units) against the norm of 1 per 500,000 population (1 per 300,00 hilly areas)</p> <p>Proportion of specialist services available in District hospitals against IPHS norms</p>	<ul style="list-style-type: none"> • Indian Public Health Standards to be used as norms for planning of infrastructure / HR deployment facilities. • Guidelines for additional structures like Health & Wellness centers to be used. • Districts to ensure availability of First Referral Units for comprehensive Emergency Obstetric care (cEmoc). • Health & Wellness Centers under Ayushman Bharat to be establishment on priority basis • Ensure essential Drugs & Diagnostics free of cost in public health facilities and improved convergence between ASHA and Anganwadi Worker. • Strengthen monitoring :- Use Data for evidence based action – particularly use HMIS (Health Management information system) data to identify low performing Panchayats using standards Health score card developed by MOHFW. 	<ul style="list-style-type: none"> • (i) Anganwadi Services under Umbrella ICDS Program; (ii) NHM (National Health Mission)
<p>Percentage of Anganwadis centers/ UPHCs reported to have conducted at least one village Health Sanitation & Nutrition day/ Urban Health Sanitation & Nutrition day/outreach in the last one month</p>	<p>Short term.</p> <ul style="list-style-type: none"> • In all AWCS VHND to be organized on weekly basis and the information will be uploaded on MIS of ICDS. 890 (monthly) such programs are proposed to be conducted in the district at AWC level and VHND register will be maintained at every AWCs. The monthly data compilation by CDPO/BMOs and monitored 	<p>ICDS</p>

	by CMO/DPO at District Level	
Proportion of Anganwadis with own buildings	<p>Short term.</p> <ul style="list-style-type: none"> • The department intends to construct through Convergence mode the 10 AWCs in 2019-20 • Land availability be ensured in advance • Convergence proposals be prepared for all centers <p>Long terms.</p> <ul style="list-style-type: none"> • The department intends to construct through Convergence mode the 770 AWCs so as to make all the existing AWCs functional from own buildings. • Land availability be ensured. • DPRS/Convergence proposals be prepared for all centers. 	ICDS+ NREGA
Percentage of FRU having Labour room and obstetrics OT NQAS certified (i.e. meet LaQShya guidelines)	<p>Short Term:</p> <ul style="list-style-type: none"> • FRUs be strengthened as per NQAS certified Guidelines. • Proposals if required be kept ready and submit it to DHSK • Strengthen care around birth through laqshya strategy and improve practices in labour rooms and SNCUs. 	NHM
Education activities		
Transition Rate (a) primary to upper primary level	<ul style="list-style-type: none"> • Assess the number of students in class V in all schools. • District Education office to direct the teachers to assess the availability of seats in the upper primary schools of the district after taking into account the number of students in class v. • Inform the availability of seats to the parents so that students do not drop out. • Visits to the residences of students to encourage them to join classes. • Regular meeting with Parents. • Effective implementation of 	SSA/RMSA

	<p>incentives like Mid Day Meal scheme, Free Uniforms, Free Books etc.</p> <ul style="list-style-type: none"> • CEO to monitor the transition and recognize the teachers for their good work. • Provision of adequate infrastructure at Primary Level. • Availability of Class-wise teacher in the appropriate ratio at Primary Level to be encouraged. • Linking of schools in vicinity for achieving better results. • Localized syllabus for meeting local conditions. <p>Long term</p> <ul style="list-style-type: none"> • Remedial classes of at least 10% of roll .The activity will be carried out by the school teachers and will be monitored by cluster level and zonal level, RPs headed by the senior most gazetted officer within the catchment area. • Parent Teacher meetings will be carried out at school level for schools having primary sections to motivate the students for continuing education. The activity will be carried out by the Zonal Level and District level Authorities. • Community mobilization will be carried out for members in all the villages' especially in remote and border areas. The activity will be carried out by the Zonal Level and District level Authorities. • Infrastructure gap will be minimized by constructing ACRs, toilet blocks, Boundary 	
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	<p>wall, ramps, and installation of amusement. Proper estimates/DPRs be worked out.</p> <ul style="list-style-type: none"> • The assessment camps will be organized to provide all type` logistic support to CWSN at Primary level and CWSN at Upper pry level so to retain them in normal schools. 	
(b) Secondary level	<ul style="list-style-type: none"> • Carry out the same steps of identification of seats in secondary schools, for classes vii and ix. • Audit the schools to ensure that schools have facilities to meet the requirements of students: eg. Safety of girls while travelling to school, adequate facilities to handle menstruation, introduction of vocational skills etc. • The collection of Data will be carried out in the district to find out the how many students of this district are studying outside district. The activity will be carried out by involving the school teachers in off time. Teachers will be involved to carry out the survey at Habitation Level which will be consolidated at village level, cluster level, zonal level and at district level. • The assessment camps will be organized to provide all type logistic support to CWSN at Secondary level (Especially girl students) so to retain them in normal schools. 	SSA/RMSA
Toilet access: % school with functional girls' toilets	<ul style="list-style-type: none"> • Convergence services and funds under Department of School Education and RDD for construction, repair & maintenance of toilets. 	

	<p>Government of India has already issued an advisory.</p> <ul style="list-style-type: none"> • For convergence, CEO can send a proposal to Department of school Education & literacy • MHRD to access funds under the Swachh Bharat kosh (Ministry of Finance), for construction of toilets. • Innovative methods like enabling vending machines for dispensing sanitary pads, involving SHGS in manufacture of sanitary pads etc, to help girls handle menstruation shall be implemented. • Schools are without girls toilets be provide toilets and schools having girls toilets as non-functional be made functional. • The proposals of new construction wherever required be taken up on top priority. 	
<p>Learning outcomes (All, Boys, Girls, SCs, STs, Minorities)</p> <p>(a) Mathematics performance in Class 3</p> <p>(b) Language performance in Class 3</p> <p>(c) Mathematics performance in Class 5</p> <p>(d) Language performance in Class 5</p> <p>(e) Mathematics Performance in Class 8</p> <p>(f) Language performance in Class 8</p>	<ul style="list-style-type: none"> • Conducting Panchayat level NAS biannually. • Identification of weak children after U1 exam from every school • Remedial classes of weak students will be carried out apart from regular classes. • The activity will be monitored by the Concerned Head teacher of the school. • Teachers will be imparted trainings in which the focus will be given to teachers that how they will handle weak student and MLL will promoted among the students. • Developing subject wise and unit wise question paper with the help of subject experts and implementation of same in the class room for weaker students. 	<p>i) SSA (Sarva Shikshya Abhiyan)</p> <p>(ii) CSSTE (Centrally sponsored scheme on teacher education)</p> <p>(iii). State /District Budget/ 14th Fc</p>

	<ul style="list-style-type: none"> • Ensure distribution of month wise question papers to school • Conduct exam in every month and analyzing the improvement for 25% sampling schools at Panchayat level in one day like NAS is conducted. • Identification of C and D grade children after U3 exam which will be carried out by the Concerned Head-teacher at school level and arrangement of remedial class for them will be arranged. • Register will be maintained by every school for remedial class by the class teacher and monitored by the Head-teacher and Cluster head. • Review of remedial class in the month of April, June, Sept at district level by subject Experts and suggestions for the improvement • Regular monitoring by District and Zonal teams • Lay thrust on teacher's training through District Institute of Education and Training (DIET) or any reputable NGO in the district. • Ensure availability of class teachers in schools. • Involve the Village Education committee, Women SHGs, Gram Panchayats etc, to improve learning outcomes. • Provide extra instruction for bridging gaps to students who need it. This learning could be after school hours • Teachers to be trained adequately to make learning joyful and exciting for the 	
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	students.	
Female literacy rate (15+Age group)	<ul style="list-style-type: none"> • Launch of a survey by CRCS/ZRCS to measure quantum. • Identify educated persons such as NSS or NYK volunteers, retired Govt. and other persons homemakers. Etc. who are motivated and willing to teach. • Make teams with 10 such persons in each team, headed by a teacher who has received training in how to teach adult illiterates. • Involve women SHGs, Gram Panchayat, ICDS staff, ASHAs and other health workers. • Develop innovative ways to teach eg. using song, drama, street plays etc. • The gender gap will be minimized at elementary and secondary level by way of establishment of seasonal camps, strengthening of existing KGBV and establishment/operationalization of Girls Hostel at Secondary level. 	
Percentage of schools with functional drinking water facility	<ul style="list-style-type: none"> • To ensure drinking water facility for schools located in the district especially in the Kandi/Hilly areas. • The requirement Proposals be worked out and communicated to PHE Dept. 	DESK (STATE/CAPEX) District Capex NRDWP
Percentage of schools with functional electricity facility	<ul style="list-style-type: none"> • Schools will be covered under State capex/District Capex support and PDD Schemes. • The Gen Set will be provided to cover far flung areas having erratic power. 	DESK (STATE/CAPEX) District Capex PDD
Percentage of elementary schools complying with	<ul style="list-style-type: none"> • Identification of Elementary Schools with scare or excess 	

RTE specified Pupil Teacher Ration	teachers and those with shortage <ul style="list-style-type: none"> • Redeployment of teachers to be ensured as per RTE norms • Attendance of schools be monitored by a team of officers at CEO office level 	
Percentage of schools providing textbooks to children within 3 months of start of the academic session	<ul style="list-style-type: none"> • At the end of school session, create a book bank in every government aided school by taking back as many as possible old books. • Ensure that the new textbooks reach all elementary schools in the district on time. 	SSA
Agriculture and Allied activities		
Agricultural productivity of Rice and Wheat	<ul style="list-style-type: none"> • Create massive campaign about MSP (Minimum support price) before sowing season of rice and wheat. • Sensitize banks to provide crop loans on priority, if farmers demand. • Exposure visit to SKUAST/other states. • Farmer Training camps in collaboration with SKUAST • Thrust on extension services & dissemination of information about best Agricultural practices. • Ensure release of water in canal system during cropping season. • Ensure availability of 100% fertilizers and seeds at farmers at door steps. • Ensure electric supply to rural areas. • Check sale of spurious pesticides. • Bring additional farmers under KYC net. Robust Irrigation network	PMKSY P.M.K.S.Y. = NFSM

	<ul style="list-style-type: none"> • Renovation of existing irrigation canal network 	
Percentage of animals vaccinated	<p>Short Term</p> <ul style="list-style-type: none"> • Assess the requirement of vaccines with veterinary department. • Ensure identification of suppliers and placement of orders. • Ensure availability of vaccines to block and sub – block units of veterinary hospitals. • Awareness campaign with other agencies for field delivery • Providing Vaccines free of cost to eradicate FMD in the District. 	Livestock Health and Disease Control Scheme
Artificial Insemination coverage	<ul style="list-style-type: none"> • Ensure tie up with BAIF and other agencies for artificial insemination. • Ensure engagement of field staff for insemination. • Ensure linkage with other semen banks, if not available in the district. <p>Short Term</p> <ul style="list-style-type: none"> • Expansion of area of coverage by creating AI facilities at centers without this facility. • Incentivizing the female birth out of AI. by provision of conc feed, mineral mixture, multivitamin and dosing material to the farmer for raising their female calf born out of AI on 50% subsidized rates. This will lower age of puberty and more no of females will be available for AI • Fertility camps. Infertility is one of the main limiting factor in AI coverage. Conducting fertility cams will help in identification 	<p>National Livelihood Mission</p> <p>NPBB</p> <p>RKVY</p> <p>DAP BADP RKVY</p>

	<p>and treatment of the infertile animals which will increase the no of animals ready to be inseminated 24 each year 2 in each Block</p> <p style="text-align: center;">Long Term Activities</p> <ul style="list-style-type: none"> • Establishing of Liquid Nitrogen Plant (LN2) in the District which will enable to maintain the LN2 and Semen supplies required for AI Coverage. This activity will also increase no of AIs as the supplies will be edible and regular. • Establishing mobile veterinary vans equipped with all the veterinary aid facility And Man power (one Driver one Veterinary Pharmacist and Two Attendants) for uncovered, inaccessible and migratory livestock during summer season. This activity will help in saving productive potential of valuable animals. Besides it will also increase AI coverage. • Establishing of Milk Villages • (All the activities will be on cooperative based like establishing/augmenting the dairy units/farms, marketing of milk creation of cold chain and transportation facilities, etc) • Regularization of Trial Centers and creation of man power. To augment the centers with AI facility technical man power 	BADP/ TSP/RKVY
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Number of Soil Health Cards distributed in II Cycle as compared to I cycle	Short Term <ul style="list-style-type: none"> • Identify lead farmers in each village to help collection of soil samples. • Ensure that all soil testing laborites (STLs) are functional. • Engage technical personnel in STLs on priority. • Establishment of private laboratories for analysis of soil samples, if Government STLs are inadequate. • Improve supply of water and electricity in soil testing laboratories. • To issue balance of health cards and ensures coverage of all listed Farmers. 	Soil Health card scheme
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Financial Inclusion Activities

Percentage increase in agricultural credit	Short Term <ul style="list-style-type: none"> • Ensure that NABARDs 'District credit link plan is implemented. • Ensure that meeting of district level bankers committee is regularly conducted. • Ensure integration of PACS (Primary Agriculture credit society)/ with banks. • Ensure awareness campaign conducted through print and electronic media. • Conduct quarterly progress review. • To conduct 100 IEC camps across the District by the Agriculture Department in collaboration with Banks. • Joint meetings of Ag/NRLM/Bankers/EDI/other sponsoring agencies. • SHGs outside the ambit of bank network to be incorporated. 	Interest subvention Scheme for Short- crop loans
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Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY): Number of Enrolments per 1 Lakh population	<ul style="list-style-type: none"> • Ensure simple claims settlement procedure and minimum documentation. • Enable direct transfer of amount to the claimant /nominee bank account. • Enable banking correspondents to provide PMJJBY insurance product • Scheme to be bundled with direct benefits transfer (DBT) Mudra loan Kissan credit card (KCC) & other loans. 	(PMJJBY)
Pradhan Mantri Suraksha Bima Yojana (PMSBY): Number of Enrolments per 1 Lakh population	<ul style="list-style-type: none"> • Enable all banking correspondents to provide APY pension product. • Make forms available in regional languages along with Hindi and English versions. 	
Atal Pension Yojana (APY): Number of Beneficiaries per 1 Lakh population	<ul style="list-style-type: none"> • Target small scale industries and micro enterprises. • Increasing frequency of present Awareness camps by 50%. • Coordinated approach to be adopted by Financial institutions and Govt. Departments , and monthly targets to be fixed and reconciliation of achievements /pendencies to be ensured • Assistant Labour Commissioner to cover all building and construction workers under the social security schemes. • District Social Welfare officer to cover all potential beneficiaries under social security schemes. • Agriculture /Horticulture Departments to organize 50 special camps. 	
Percentage of accounts seeded with Aadhaar as a percentage of total banking accounts	<ul style="list-style-type: none"> • Banks to place banners for Aadhaar seeding driving. • Aadhaar enrolment centre in bank branches to be made 	

	<p>functional.</p> <ul style="list-style-type: none"> • Incentive to Banking correspondent (BC) to be provided. • Banks to provide more service through E-KYC in bank branches/ BC. • Installation of machines at all Tehsils • Awareness of Customers by Financial Institutions to seed accounts with Aadhaar. • To seed all DBT accounts with Aadhaar. 	
Number of accounts opened under PMJDY	<ul style="list-style-type: none"> • Structure monitoring at district level by activating district level Implementation and monitoring committee (DLIC). • Setup facility of call centers and toll-free numbers. • Use of Aadhaar Enabled Payment System (AEPS) for account opening • Accounts to be opened in challenge mode. 	
SKILL DEVELOPMENT and SELF EMPLOYMENT		
	<ul style="list-style-type: none"> • Goal is to ensure access to employment opportunities to certified trained youth. • District wise mapping of skills to ensure demand supply match. • Ensuring relevant courses/ trades in the training curriculum as per the needs of local industry. • Ensuring soft skill and basic ICT as a integral part of training. • Involving local industry in curriculum setting and 	<p>(i) PMKVY (Prime minister kausalvikasyoujana) ; (ii) DDDUGY(Deen Dayal Upadhayaya Grameen Kausalyoujana); (iii) Handicrafts/Handlooms Deptt/EDI.</p>

	<p>incentivizing them to make available their shop floor for training.</p> <ul style="list-style-type: none"> • Organizing job fairs and incenting local industries to provide campus. • Tracking the students for one year after placement. 	
	<ul style="list-style-type: none"> • Link the ITIs and short term centers with industry. • Local chambers of commerce to be used to register the apprentices. • Incentivizing local industry engaging apprentices though cash rewards or recognition. • Facilitating registration of apprentices through CSC centers and appointing. • Ensuring timely payment of stipend through DBT (Direct Benefit Transfer). 	
BASIC INFRASTRUCTURE activities		
NAME OF INDICATOR	Activities to carried out	Resources
Percentage of households with electricity connection	<ul style="list-style-type: none"> • Ensure 24 *7 electricity supply. • Utilize feeder monitoring to be automated and be made online. • Feeder monitoring to be automated and be made online. • Rural electrification of partially and fully unelectrified areas) • Strengthening and augmentation of Sub-Transmission and distribution network (Construction of R/stns for Grid connectivity) 	<p>1. Deen Dayal Upadhya Gram Jyoti Yojana (DDUGJY) R-APDRP PMDP</p> <p>PM Saubhagya Yojna, etc.</p>

	<ul style="list-style-type: none"> • Segregation of Agriculture and Non-agriculture feeders • Up gradation of Grid, Sub Transmission and Distribution Network. 	
Percentage of households with individual Household Latrines	ODF Plus verifications be completed for spot intervention required if any.	SBM G
Percentage of households with access to adequate quantity of potable water- 40 lpcd drinking water in rural and 135 lpcd in urban (within 100 meters of household or 100 meters elevation)	<ul style="list-style-type: none"> • Jal Jeevan Mission census data be used for formulation of water security plans. • Monthly Timelines be fixed to provide functional tap connection in all identified Households • Saturate all Panchayats by June 2020 To achieve 100 % coverage of Population with Drinking water as per 70 LPCD norms, on sustainable basis and with prescribed quality standards. This shall be achieved by countering the following constraints <ul style="list-style-type: none"> • Source depletion • Disruptions due to other unplanned developmental activities • Non-availability of norm annual maintenance grants for schemes (annually 4% of capital cost) 	Jal Jeevan Mission