



# Village Poverty Reduction Plan 2021-2022

## Formats



# **Village Poverty Reduction Plan**

## ***SHG Level Data Collection Formats***

**SHG level data is collected only for two components :**

**A. Entitlement Plan**

**B. Livelihood Plan**

## A. Entitlement Plan Data Collection Format

1	MGNREGS
1.1	MGNREGS Job Card
1.2	MGNREGS Work Demand
1.2.1	MGNREGS - Individual Work Demand
1.2.2	MGNREGS - Community Work Demand
2	NSAP
2.1	Old Age Pension
2.2	Widow Pension
2.3	Disability Pension
3	SBM
4	Health card
5	UJJWALA Scheme
6	Ration Card
7	Pradhan Mantri Sahaj Bijli Har Ghar Yojana - Saubhagya
8	Pradhan Mantri Suraksha Bima Yojna (PMSBY)
9	Pradhan Mantri Jeevan Jyoti Bima Yojna ( PMJJBY)
10	Pradhan Mantri Awas Yojana Gramin (PMAY - G)

**1. MGNREGS**  
**1.1 MGNREGS Job Card**

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			
4			
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Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
11			
12			
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**Facilitator's Note:**

1. Please note down the details of only those individuals who want to apply for new Job Card
2. In the column for **Name of beneficiary (in order of priority):** Please fill the name of the **eligible** SHG member who needs a new job card. The name has to be written in a prioritised order. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
3. Beneficiaries must have valid proof of identity such as Ration card to apply for the scheme.
4. In the column for **Name of head of the household:** Please fill the name of the father/husband/head of the household of the beneficiary.
5. In the column for **Ward name and number :** Please fill the ward name and number of the beneficiary's place of residence

**1.2 MGNREGS Work Demand**

**1.2 .1 MGNREGS Work Demand - Individual Work Demand**

Name of the SHG:

Name of the VO:

Name of the GP:

S. No	Name of the work	Details of work demanded	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number	Rank for Prioritisation (To be filled during GP consolidation and Prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of the work</b>	<b>Details of work demanded</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for Prioritisation (To be filled during GP consolidation and Prioritisation meeting)</b>
11						
12						
13						
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**Facilitator's Note for filling up MGNREGS Individual work demand format:**

Please note down the details of only those individuals who want to demand for work under MGNREGS

The facilitator must refer to the State permissible work list for individual and community work. The work demanded must be based on the State permissible work list.

1. In the column for **Name of Work:** Please fill in the name of work that the beneficiary is demanding for. For example, Cattle Shed, Poultry Shed etc.
2. In the column for **Details of work demanded:** Please fill in the details of the kind of work, location of the work etc. For example: Cattle Shed at Sita's house, behind shammu kirana shop, ward 6
3. In the column for **Name of beneficiary (in order of priority):** Please fill the name of the **eligible** SHG member who has demanded for MGNREGA work. The name has to be written in a prioritised order. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
4. In the column for **Name of head of the household:** Please fill the name of the father/husband/head of the household of the beneficiary.
5. In the column for **Ward name and number :** Please fill the ward name and number of the beneficiary's place of residence
6. In the column for **Rank for prioritisation :** **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**
7. One entry will correspond to one demand. In case, the beneficiary demands for more than one work, then the demands must be written separately with the name of the beneficiary repeating.

### 1.2 .2 MGNREGS Work Demand - Community Work Demand

Name of the SHG:				
Name of the VO:				
Name of the GP:				
S. No	Name of the work (in order of priority)	Details of work demanded	Ward name and number of the work demanded	Rank for Prioritisation (To be filled during GP consolidation and Prioritisation meeting)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of the work (in order of priority)</b>	<b>Details of work demanded</b>	<b>Ward name and number of the work demanded</b>	<b>Rank for Prioritisation (To be filled during GP consolidation and Prioritisation meeting)</b>
13				
14				
15				
16				
17				
18				
19				
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**Facilitator's Note for filling up MGNREGS community work demand format:**

Please note down the details of only those individuals who want to demand for work under MGNREGS

The facilitator must refer to the State permissible work list for individual and community work. The work demanded must be based on the State permissible work list.

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column for **Name of Work (in order of priority)**: Please fill in the name of community work demanded in the order of priority. For example: compost pit, road fencing etc.
3. In the column for **Details of work demanded**: Please fill in the details of the kind of work, location of the work etc. For example: Between Gita and Radha's house, opposite Krishna Temple etc.
4. In the column for **Ward name and number of work demanded** : Please fill the ward name and number of the location of the work demanded.
8. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

## 2. National Social Assistance Programme -NSAP\* (Pensions)

*\*Mentions only three pensions, tables can be increased according to the available schemes in the state*

### 2.1 Old Age Pension

Name of the SHG:					
Name of the VO:					
Name of the GP:					
S. No	Name of SHG member/family member eligible for pension (in order of priority)	Name of SHG Member	Name of head of the household	Ward name and number	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1					
2					
3					
4					
5					
6					
7					

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of SHG member/family member eligible for pension (in order of priority)</b>	<b>Name of SHG Member</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
8					
9					
10					
11					
12					
13					
14					
15					
16					

Name of the SHG:

Name of the VO:

Name of the GP:

S. No	Name of SHG member/family member eligible for pension (in order of priority)	Name of SHG Member	Name of head of the household	Ward name and number	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
17					
18					
19					
20					

## 2.2 Widow Pension

Name of the SHG:

Name of the VO:

Name of the GP:

S. No	Name of SHG member/family member eligible for pension (in order of priority)	Name of SHG Member	Name of head of the household	Ward name and number	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of SHG member/family member eligible for pension (in order of priority)</b>	<b>Name of SHG Member</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

### 2.3 Disability Pension

Name of the SHG:

Name of the VO:

Name of the GP:

S. No	Name of SHG member/family member eligible for pension (in order of priority)	Name of SHG Member	Name of head of the household	Ward name and number	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of SHG member/family member eligible for pension (in order of priority)</b>	<b>Name of SHG Member</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
11					
12					
13					
14					
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**Facilitator's Note for filling up NSAP format:**

1. Please note down the details of only those individuals who are eligible for pension
2. NSAP includes names of eligible family members as well. This can be added to the column **Name of SHG member/family member eligible for pension.**
3. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority.
4. In the column for **Name of SHG member/family member eligible for pension (In order of Priority):** Please fill in the name of the beneficiary. The beneficiary can either be the SHG member or any eligible member of her family. Write the name of beneficiaries in a prioritized order.
5. In the column for **Name of SHG Member:** Please fill the name of the SHG member related to the beneficiary filled in the previous column (Name of SHG member/family member eligible for pension).
6. In the column for **Name of head of the household:** Please fill the name of the father/husband/head of the household of the beneficiary.
7. In the column for **Ward name and number:** Please fill the ward name and number of the beneficiary's place of residence
8. In the column for **Rank for prioritisation :** **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection**

### 3. SBM

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>New Toilet / Repair</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>New Toilet / Repair</b>
10				
11				
12				
13				
14				
15				
16				
17				
18				

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>New Toilet / Repair</b>
19				
20				

**Facilitator's Note:**

Please note down the details of only those individuals who are eligible for SBM and haven't received IHHL under any government schemes before

1. SBM is a household level data where one household gets one toilet.
2. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
3. In the column for **Name of beneficiary (in order of priority)**: Please fill the name of the eligible SHG member who is demanding for SBM. Please write the names in a prioritised order.
4. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
5. In the column for **Name of SHG**: Please fill the name of the SHG, beneficiary belongs to.
6. In the column for **Ward name and number**: Please fill the ward name and number of the beneficiary's place of residence
7. In the column for **New Toilet/Repair**: Please fill whether the beneficiary wants a new toilet or is demanding for repair.

*If the State doesn't focus on repairing of IHHL, the option can be avoided and the format can only capture new IHHL demands.*



#### 4. Health Card (Ayushman Bharat/State sponsored health card)

Name of the SHG:			
Name of the VO:			
Name of the GP:			
S. No	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
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12			
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### 5. Ujjwala Scheme (LPG Connection)

Name of the SHG:			
Name of the VO:			
Name of the GP:			
S. No	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number
1			
2			
3			
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9			
10			

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
11			
12			
13			
14			
15			
16			
17			
18			
19			
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## 6. Ration Card

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			
4			
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7			
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Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
11			
12			
13			
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### 7. Pradhan Mantri Sahaj Bijli Har Ghar yojana - Saubhagya

Name of the SHG:			
Name of the VO:			
Name of the GP:			
S. No	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number
1			
2			
3			
4			
5			
6			
7			
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Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
11			
12			
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**Facilitator's Note for filling up Health Card/Ujjwala/Ration Card / Saubhagya details:**

1. Please note down the details of only those individuals who want to apply for new Health Card/Ujjwala/Ration Card / Saubhagya
2. Health Card/Ujjwala/Ration Card / Saubhagya are household level schemes
3. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
4. In the column for **Name of beneficiary (in order of priority)**: Please fill the name of the eligible SHG member who need a new Health Card/Ujjwala/Ration Card / Saubhagya connection. Please write the names in a prioritised order.
5. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
6. In the column for **Ward name and number**: Please fill the ward number of the beneficiary's place of residence

### 8. Pradhan Mantri Suraksha Bima Yojna (PMSBY)

Name of the SHG:		
Name of the VO:		
Name of the GP:		
S. No	Name of beneficiary (in order of priority)	Ward name and number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Name of the SHG:  
 Name of the VO:  
 Name of the GP:

S. No	Name of beneficiary (in order of priority)	Ward name and number
11		
12		
13		
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15		
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### 9. Pradhan Mantri Jeevan Jyoti Bima Yojna ( PMJJBY)

Name of the SHG:		
Name of the VO:		
Name of the GP:		
S. No	Name of beneficiary (in order of priority)	Ward name and number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Name of the SHG:  
 Name of the VO:  
 Name of the GP:

S. No	Name of beneficiary (in order of priority)	Ward name and number
11		
12		
13		
14		
15		
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**Facilitator's Note for filling up PMSBY/PMJJBY details:**

1. Please note down the details of only those individuals who want to apply for new PMSBY/PMJJBY
2. PMSBY/PMJJBY are individual level schemes where each individual is entitled to the benefits
3. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
4. In the column for **Name of beneficiary (in order of priority)** : Please fill the name of the eligible SHG member who need PMSBY/PMJJBY. Please write the names in a prioritised order.
5. In the column for **Ward name and number:** Please fill the ward name and number of the beneficiary's place of residence

**10. Pradhan Mantri Awas Yojana Gramin (PMAY - G)**

Name of the SHG:  
 Name of the VO:  
 Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



**Facilitator's Note for filling up PMAY - G details:**

1. Please note down the details of only those individuals who want to apply for new **PMAY - G**
2. **PMAY - G** are household level schemes
3. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
4. In the column for **Name of beneficiary (in order of priority)** : Please fill the name of the eligible SHG member who need a new **PMAY - G** . Please write the names in a prioritised order
5. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
6. In the column for **Ward name and number**: Please fill the ward name and number of the beneficiary's place of residence
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

**11. Any other scheme (*Mention the name of the scheme*)\***

Name of the SHG:			
Name of the VO:			
Name of the GP:			
<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Name of the SHG:			
Name of the VO:			
Name of the GP:			
<b>S. No</b>	<b>Name of beneficiary (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
13			
14			
15			
16			
17			
18			
19			
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*\*Incase of any state specific scheme is included in the entitlement plan, this table can be used to collect the details of SHG members*

**Seal and Signature of SHG leaders**

## B. Livelihood Data Collection Format

1	Farming
1.1	Individual Farming
1.2	Group Farming
2	Animal Husbandry
2.1	Animal Husbandry - Individual
2.2	Animal Husbandry - Group
3	Micro Enterprise
3.1	Individual ME
3.2	Group ME

## 1. Farming

**Table 1: List of Types of Support for Farming:**

Sl. No	Types of Support
1	Training and capacity building
2	Assistance in irrigation in the form of subsidies and loans for equipment
3	Assistance in seed distribution, manure and fertilizers in the form of subsidies
4	Access to market and marketing support
5	Inputs such as quality seeds/ fertilizers/ organic manure/ azolla/ saplings/ seedlings/ medicinal plants / fencing etc.
6	Mechanised agri equipment / implements - power tiller, motor pump, weeders, sprayer, thresher, etc.
7	Bore well, lift irrigation, drip irrigation, irrigation channels, Pipes, ponds etc.
8	Cold storage/ godown/ cooling plant/ pump house
9	Vermi compost/ Nadep pit,
10	Drying platforms.
11	Training for Specific crop cultivation, exposure visit
12	Certification of the produce, promotion and branding support, market linkages, organizing fairs
13	Crop insurance
14	Sericulture, Horticulture and Forestry Plantation Related Inputs and Equipments

Note that the ones listed above are the most common types of support. Apart from this, each state may also have a state-specific list of the types of support available for each category of livelihood. The states may prepare a state-specific list and circulate it among the participants/facilitators/cadre who will be facilitating the planning exercise on field.

The demands corresponding to farming can be considered under Gram Panchayat/ Local bodies' funds as well as available schemes of various departments such as mentioned below:

<b>Sl. No</b>	<b>Name of Department</b>
1	Agriculture Department
2	Horticulture Department
3	Land, Soil and Water Conservation Department
4	Irrigation Department
5	Sericulture Department

### 1.1 Individual Farming

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	Name of SHG Member (In order of priority)	Name of head of the household	Ward name and number	Farming on own land/leased land	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG Member (In order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Farming on own land/leased land</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						



Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG Member (In order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Farming on own land/leased land</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### **Facilitator's Note for Individual Farming:**

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column for **Name of SHG member (in order of priority)**: Please fill the name of the SHG members who are interested in individual farming practices. Please write the name in a prioritised order.
3. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
4. In the column for **Ward name and number.**: Please fill the ward name and number of the SHG member's place of residence.
5. In the column for **Farming on own land / leased land**: Please write "own land" if the SHG member wishes to farm on her own land or land owned by her family; and write "leased land" if the SHG member wishes to farm on leased land for which she has to pay rent.
6. In the column for **Type of support required**: Please mention the type of support that the SHG member requires for the particular demand. Support required maybe more than one. For example, type of crops, agricultural subsidies, financial loans, specialized trainings, etc. (*Refer table 1*)
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

## 1.2 Group Farming

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	No. of SHG members in the group	Name of SHG Members of the group and Name of SHG of respective members	Ward name and number of any one SHG Member in the group	Farming on own land/leased land	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in the group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG Member in the group</b>	<b>Farming on own land/leased land</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in the group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG Member in the group</b>	<b>Farming on own land/leased land</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### Facilitator's Note for Group Farming:

For SHG members who wish to undertake farming practices collectively as a group. A **group** may consist of three or more SHG members.:

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column for **No. of SHG members in a group**: Please write the number of SHG members in one particular group.
3. In the column for **Name of SHG Members of the group and Name of SHG of respective members** : Please write the names of all the SHG members in the group. For example, if 3 SHG members want to form a group for farming, then the names of all 3 SHG members must be mentioned in this column. Corresponding to each name, please specify the name of SHG of that member in brackets.
4. In the column for **Ward name and number of any one SHG member.**: Please fill the ward name and number of any one of the SHG members' place of residence from a group.
5. In the column for **Farming on own land / leased land**: Please write "own land" if the group wishes to farm on land owned by any of the members in the group or their family; and write "leased land" if the group wishes to farm on leased land for which they have to pay rent.
6. In the column for **Type of support required**: Please mention the type of support required. Support required maybe more than one. (*Refer table 1*)
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

## 2. Animal husbandry

**Table 2: List of Types of Support for Animal Husbandry:**

Sl. No	Types of Support
1	Subsidy for fingerlings/chicks/calf, etc. and other inputs
2	Support for Veterinary.
3	Training, capacity building and extension support
4	Access to market and marketing support
5	Quality livestock / fingerlings
6	Vaccines and medicines
7	Equipments/ Inputs for poultry/ bee keeping/ fisheries - weighing scales
8	Health camp for livestock
9	Pond renovation/new Construction
10	Fishing nets for Custom Hiring Centre
11	Providing fish /cattle/ poultry /pig feed
12	Poultry sheds/ Cattle sheds/ goat sheds/ pig sty
13	Fodder cultivation
14	Mini-refrigerators for vaccines and medicines
15	Certification of the produce, branding, market facility, organizing fairs for marketing etc
16	Milk Chilling plants
17	Work shed
18	Animal insurance
19	Training for specific livestock/ small ruminants/ pisciculture

Note that the ones listed above are the most common types of support. Apart from this, each state may also have a state-specific list of the types of support available for each category of livelihood. The states may prepare a state-specific list and circulate it among the participants/facilitators/cadre who will be facilitating the planning exercise on field.

The demands corresponding to animal husbandry can be considered under Gram Panchayat/ Local bodies' funds as well as available schemes of various departments such as mentioned below:

<b>Sl. No</b>	<b>Name of Department</b>
1	Animal Husbandry Department
2	Fisheries Department



## 2.1 Animal husbandry - Individual

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	Name of SHG member (in order of priority)	Name of head of the household	Ward name and number	Category of Animal Husbandry	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG member (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Category of Animal Husbandry</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG member (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Category of Animal Husbandry</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### **Facilitator's Note for Animal Husbandry - Individual**

Animal husbandry will include livestock like poultry, pigs, goats, cows, etc. This sector will include demands from SHG members who are interested in animal husbandry.

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column of **Name of SHG member (in order of priority)** : Please fill the name of the SHG members who are interested in animal husbandry. Please write the names in a prioritised order.
3. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
4. In the column for **Ward name and number.**: Please fill the ward name and number of the SHG member's place of residence.
5. In the column for **Category of Animal Husbandry**: Please write the type of livestock the SHG members demand. For example, goatery, cattle, poultry, piggery, etc.
6. In the column for **Type of Support Required**: Please mention the type of support needed, like cattle, cattle/poultry shed, subsidy on fodder grains, financial loans or specialized training. Support required maybe more than one. If the members demand for cattle/pigs/etc., mention the **number of animals demanded** in this column too. For example, if in the category of animal, a member demands goatery then under type of support, please specify the number of goats needed "Goat-3" (*Refer table 2*)
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

## 2.1 Animal husbandry - Group

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	No. of SHG members in a group	Name of SHG Members of the group and Name of SHG of respective members	Ward name and number of any one SHG member in a group	Category of Animal Husbandry	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in a group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG member in a group</b>	<b>Category of Animal Husbandry</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in a group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG member in a group</b>	<b>Category of Animal Husbandry</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### **Facilitator's Note for Animal Husbandry - Group**

For SHG members who wish to start animal husbandry **collectively as a group**. A **group** may consist of three or more SHG members:

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority.
2. In the column for **No. of SHG members in a group**: Please write the number of SHG members in one particular group who are willing to start animal husbandry in a group.
3. In the column for **Name of SHG Members of the group and Name of SHG of respective members** : Please write the names of all the SHG members in the group. For example, if 3 SHG members want to form a group for farming, then the names of all 3 SHG members must be mentioned in this column. Corresponding to each name, please specify the name of SHG of that member in brackets.
4. In the column for **Ward name and number of any one SHG member in group.**: Please fill the ward name and number of any one of the SHG members' place of residence from a group.
5. In the column for **Category of Animal Husbandry**: Please write the type of livestock the SHG members demand. For example, goatery, cattle, poultry, piggery, etc.
6. In the column for **Type of Support Required**: Please mention the type of support that the SHG member requires for the particular demand. Support required maybe more than one. For example, financial loans, specialized skill trainings, support for market promotion, etc. *(Refer table 2)*
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**



### 3. Micro Enterprise

SHG members can start MEs individually or in groups of two or more together.

**Table 3: List of Types of Support for Micro Enterprises:**

Sl. No	Types of Support
1	Subsidy in rent for Micro and Small Enterprises
2	Contingency expenditure
3	Capacity building of entrepreneurs in technology, skills, market access, etc.
4	Seed capital for new enterprise development and support for existing enterprise
5	Access to market and marketing support
6	Designing and packaging of products
7	Training on Business development skills
8	Equipment / implements for different types of activities such as for food processing, spices drying and grinding, handloom, handicraft, making products from NTPF produce, equipment for packaging.
9	Work shed
10	Drying platforms.
11	Storage units
12	Certification of product and services, promotion and branding support, market linkages, organizing fairs.
13	Training for specific types of activities (Handloom, Handicraft, sericulture, food processing, various services etc.)

Note that the ones listed above are the most common types of support. Apart from this, each state may also have a state-specific list of the types of support available for each category of livelihood. The states may prepare a state-specific list and circulate it among the participants/facilitators/cadre who will be facilitating the planning exercise on field.

The demands corresponding to Micro Enterprises can be considered under Gram Panchayat/ Local bodies' funds as well as available schemes of various departments such as mentioned below:

Sl. No	Name of Department
1	Micro Small and Medium Enterprises (MSME)
2	Food Processing industries

The micro-enterprises can be divided into three categories.

**Table 4: Categorisation of Micro Enterprise**

MANUFACTURING	TRADE	SERVICES
<ol style="list-style-type: none"> <li>1. Weaving</li> <li>2. Papad-making</li> <li>3. Agarbathi making</li> <li>4. Pickle making</li> <li>5. Flower garland and bouquet making</li> <li>6. Paper plate making</li> <li>7. Bangle making</li> <li>8. Coir rope making</li> <li>9. Handloom and handicraft</li> <li>10. Pottery</li> <li>11. Rice mill</li> <li>12. Sericulture (rearing of silk worm)</li> <li>13. Sweets making</li> <li>14. Note- book making</li> <li>15. Vegetable cultivation</li> <li>16. Bag making</li> <li>17. Wooden or bamboo furniture making</li> <li>18. Mat making</li> <li>19. Soap and detergent making</li> <li>20. Water purifier plant</li> </ol>	<ol style="list-style-type: none"> <li>1. Garment store</li> <li>2. General store</li> <li>3. Bakery</li> <li>4. Pharmacy</li> <li>5. Pooja items shop</li> <li>6. Bed and mattress shops</li> <li>7. Book stall</li> <li>8. Bricks or tiles trading shop</li> <li>9. Dairy products shop</li> <li>10. Electrical shop</li> <li>11. Fish trading</li> <li>12. Groundnut (chana ) trading</li> <li>13. Jewellery</li> <li>14. Mushroom trading</li> <li>15. Shoe trading shop</li> <li>16. Vegetable/ fruit trading</li> <li>17. Utensils trading</li> <li>18. Scrap dealing</li> <li>19. Hardware store</li> <li>20. Cold drink shop</li> </ol>	<ol style="list-style-type: none"> <li>1. Beauty parlour</li> <li>2. Catering services</li> <li>3. Sound and Light rental</li> <li>4. Restaurants</li> <li>5. Laundry services</li> <li>6. Autorickshaw / Vans</li> <li>7. Bike/ car repair</li> <li>8. Carpenter</li> <li>9. Mobile repairing</li> <li>10. Electronics repair</li> <li>11. Fresh fruit juice and other drinks</li> <li>12. Painting</li> <li>13. Printing press</li> <li>14. Tuitions</li> <li>15. Salon</li> <li>16. Photo studio</li> <li>17. Taxi services</li> <li>18. Tailoring</li> <li>19. Welding</li> <li>20. Watch/ clock repair</li> </ol>

### 3.1 Individual Micro Enterprise

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	Name of SHG member (in order of priority)	Name of head of the household	Ward name and number	Type of ME	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG member (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Type of ME</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>Name of SHG member (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Type of ME</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### Facilitator's Note for Individual MEs:

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column for **Name of SHG member (in order of priority)**: Please fill the name of the SHG members who are interested in starting individual MEs or require support for existing MEs. Please write the names in a prioritised order.
3. In the column for **Name of head of the household**: Please fill the name of the father/husband/head of the household of the beneficiary.
4. In the column for **Ward name and number.**: Please fill the ward name and number of the SHG member's place of residence.
5. In the column for **Name of SHG**: Please fill the name of the SHG to which the member belongs.
6. In the Column for **Type of ME**: In this column, please write the type of ME such as Kirana shops, beauty parlour, agarbatthi unit, pickle making unit, shoe shop, barber shop etc.
7. In the column for **Type of Support Required**: Please mention the type of support that the SHG member requires for the particular demand. Support required maybe more than one. For example, financial loans, specialized skill trainings, support for market promotion, etc. *(Refer table 3)*
8. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level.** A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

### 3.2 Group Micro Enterprise

Name of the SHG:

Name of the VO:

Name of the GP:

S. No.	No. of SHG members in a group	Name of SHG Members of the group and Name of SHG of respective members	Ward name and number of any one SHG member in a group	Type of ME	Type of Support Required	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1						
2						
3						
4						
5						
6						
7						
8						

Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in a group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG member in a group</b>	<b>Type of ME</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
9						
10						
11						
12						
13						
14						
15						
16						
17						



Name of the SHG:

Name of the VO:

Name of the GP:

<b>S. No.</b>	<b>No. of SHG members in a group</b>	<b>Name of SHG Members of the group and Name of SHG of respective members</b>	<b>Ward name and number of any one SHG member in a group</b>	<b>Type of ME</b>	<b>Type of Support Required</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
18						
19						
20						

### **Facilitator's Note for Group MEs:**

For SHG members who wish to start micro enterprises **collectively as a group**. A **group** may consist of three or more SHG members:

1. Ensure that the entries are made in an order of priority with the vulnerable and poorest of poor getting the higher priority
2. In the column for **No. of SHG members in a group**: Please write the number of SHG members in one particular group who are willing to start a group ME.
3. In the column for **Name of SHG Members of the group and Name of SHG of respective members** : Please write the names of all the SHG members in the group. For example, if 3 SHG members want to form a group for farming, then the names of all 3 SHG members must be mentioned in this column. Corresponding to each name, please specify the name of SHG of that member in brackets.
4. In the column for **Ward name and number of any one SHG member in group.**: Please fill the ward name and number of any one of the SHG members' place of residence from a group.
5. In the Column for **Type of ME**: In this column, please write the type of ME such as Kirana shops, beauty parlour, agarbatthi unit, pickle making unit, shoe shop, barber shop etc..
6. In the column for **Type of Support Required**: Please mention the type of support that the SHG member requires for the particular demand. Support required maybe more than one. For example, financial loans, specialized skill trainings, support for market promotion, etc. (*Refer table 3*)
7. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level**. A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column is left blank during SHG level data collection.**

**Seal and Signature of SHG leaders**

***VO Level Data Summary Sheet & Data Collection  
Formats***

**Data from SHG is consolidated and made into a summary at VO level  
only for two components :**

**A. Entitlement Plan**

**B. Livelihood Plan.**

**VO level data is collected directly from VOs only for two components:**

**C. Public goods, services and resource development Plan**

**D. Social Development Plan**

**Name of Village Organisation:**

**Name of Gram Panchayat:**

**Number of SHGs:**

**Seal and Signature of VO leaders**

## **Present status of SHGs and Plan for upcoming year**

### **Present status**

<b>Sl. No</b>	<b>Status</b>	<b>Number</b>
1	Total no. of households in VO /PLF jurisdiction	
2	No. of households covered in SHGs	
3	Total no. of SHGs existing	
4	Total no. of SHGs received RF	
5	Total no. of SHGs accessed bank loan	

### **Plan for upcoming year**

<b>Sl. No</b>	<b>Plan</b>	<b>Number</b>
1	No. of household to be brought under SHG fold	
2	No. of SHGs to be provided RF	
3	No. of SHGs that will access bank loan	

### **Facilitator's Note for filling up Present status**

2. In the row for **Total no. of households in VO /PLF jurisdiction:** Please fill the total number of households within the jurisdiction of VO.
3. In the row for **No. of households covered in SHGs :** Please fill the number of households that have been included under the SHG fold
4. In the row for **Total no. of SHGs existing:** Please write the total number of SHGs within that particular VO
5. In the row for **Total no. of SHGs received RF:** Please write the total number of SHGs that have received revolving fund
6. In the row for **Total no. of SHGs accessed bank loans:** Please write the number of SHGs that have accessed bank loan services

### **Facilitator's Note for filling up plan for upcoming year :**

1. In the row for **No. of households to be brought under SHG fold:** Please write the number of households that can be brought under SHG fold in the upcoming year
2. In the row for **No. of SHGs to be provided RF:** Please write the number of SHGs to be provided with Revolving fund in the upcoming year
3. In the row for **No. of SHGs that will access bank loan:** Please write the number of SHGs that will be able to access bank loan in the upcoming year

### **Facilitator's Note for filling up VO Summary Sheet for Entitlements :**

1. Each Scheme's SHG level data will have a cover page which will be the respective VO Summary Sheet
2. In the column for **Name of SHG:** Please fill the name of the SHG, beneficiaries belong to as per the SHG level Data Sheet
3. In the column for **No of beneficiary:** Please fill the total number of the beneficiaries from a particular SHG for the scheme mentioned in the format
4. In the column for **No of Work:** Please fill the total number of individual and community work demanded from each SHG. (*Applicable only to MGNREGA individual and community work*)

**A. Entitlement Plan**

**1. MGNREGS**

**1.1 New Job Card**

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**New Job Card for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			



## 1.2 MGNREGS Work Demand

### 1.2.1 MGNREGS - Individual Work

S. No	Name of SHG	No. of work
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total work demanded</b>		

### 1.2.2 MGNREGS - Community Work

S. No	Name of SHG	No. of work
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total work demanded</b>		

## 2. NSAP (Pension)

### 2.1 Old Age Pension

S. No	Name of SHG	No of beneficiary
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Old Age Pension for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

## 2.2 Widow Pension

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Widow Pension for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

### 2.3 Disability Pension

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Disability Pension for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			



### 3. SBM

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**SBM for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

#### 4. Health Card

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Health card for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

### 5. Ration Card

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Ration card for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

## 6. Ujjwala Gas

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Ujjwala Gas beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			



**7. Pradhan Mantri Sahaj Har Ghar Bijli Yojana - Saubhagya**

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**Pradhan Mantri Sahaj Har Ghar Bijli Yojana - Saubhagya for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

### 8. Pradhan Mantri Suraksha Bima Yojna (PMSBY)

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**PMSBY for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

**9. Pradhan Mantri Jeevan Jyoti Bima Yojna (PMJJBY)**

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**PMJJBY for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

**10. Pradhan Mantri Awas Yojna - Gramin (PMAY - G)**

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

**PMAY -G for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			



**11. Any Other Scheme (*Mention the name of the scheme*)**

<b>S. No</b>	<b>Name of SHG</b>	<b>No of beneficiary</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total Number of beneficiaries</b>		

***Any other scheme for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)***

<b>S. No</b>	<b>Name of beneficiary outside SHG fold (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>
1			
2			
3			

### C. Livelihood Plan

#### 1.1 Farming - Individual Farming

S. No.	Name of SHG	No. of SHG members interested in individual farming	No. of SHG members farming on own land	No. of SHG members farming on leased land
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total c</b>				

**Facilitator's Note for Individual Farming:**

This table will contain consolidated details of only individual farming.

1. In the column for **Name of SHG**: Please write the name of the SHG whose details will be filled.
2. In the column for **No. of SHG members interested in individual farming**: Please write the total number of SHG members interested in individual farming for the corresponding SHG.
3. In the column for **No. of SHG members farming on own land**: Please write the total number of SHG members farming on own land for the corresponding SHG.
4. In the column for **No. of SHG members farming on leased land**: Please write the total number of SHG members farming on leased land for the corresponding SHG.

## 1.2 Farming - Group Framing

<b>S. No.</b>	<b>Name of SHG</b>	<b>No. of groups interested in group farming</b>	<b>No. of groups farming on own land</b>	<b>No. of groups farming on leased land</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total</b>				

**Facilitator's Note for Group Farming:**

This table will contain consolidated details of only group farming.

1. In the column for **Name of SHG**: Please write the name of the SHG whose details will be filled.
2. In the column for **No. of SHG members interested in group farming**: Please write the total number of SHG members interested in group farming for the corresponding SHG.
3. In the column for **No. of groups**: Please write the total number of groups within an SHG who are interested in group farming.
4. In the column for **No. of groups farming on own land**: Please write the total number of groups farming on own land for the corresponding SHG.
5. In the column for **No. of SHG members farming on leased land**: Please write the total number of groups farming on leased land for the corresponding SHG.

### 1.3 Farming - Support required for both individual and group farming

S. No.	Type of Support	Total number of support required
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total</b>		

**Facilitator's Note for Support Required for Farming:**

This table will give the consolidated details for the different types of support that SHG members have demanded for farming

1. In the column for **Type of Support**: Please write the different types of support requirements that have come from the SHGs. Each type will be written in a separate row.
2. In the column for **Total number of support required**: Please write the sum total of support required in both Individual and group animal husbandry



**Farming for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

S. No.	Name of beneficiaries (in order of priority)	Name of head of the household	Ward name and number	Individual / Group	Farming on own land/leased land	Type of Support Required
1						
2						
3						

### 2.1 Animal Husbandry - Individual and Group

S. No.	Name of SHG	No. of Individuals demanded for Individual animal husbandry	No. of groups demanded for group animal husbandry
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	<b>Total</b>		

**Facilitator's Note for Animal Husbandry – Individual and group:**

1. In the column for **Name of SHG**: Please write the name of the SHG whose details will be filled.
2. In the column for **No. of Individuals demanded for Individual animal husbandry**: Please write the total number of Individuals demanded for Individual animal husbandry from each SHG
3. In the column for **No. of groups demanded for group animal husbandry**: Please write the total number of groups demanded for animal husbandry in groups from each SHG

## 2.1 Animal Husbandry - Support Required for individual and group animal husbandry

<b>S. No.</b>	<b>Type of Support</b>	<b>Total number of support required</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	<b>Total</b>	

**Facilitator's Note for Support Required for Animal Husbandry:**

This table will give the consolidated details for the different types of support that SHG members have demanded for Animal Husbandry

1. In the column for **Type of Support**: Please write the different types of support requirements that have come from the SHGs. Each type will be written in a separate row.
2. In the column for **Total number of support required**: Please write the sum total of support required in both Individual and group animal husbandry

**Animal Husbandry for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No .</b>	<b>Name of beneficiaries (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Individual / Group</b>	<b>Category of Animal Husbandry</b>	<b>Type of Support Required</b>
1						
2						
3						

### 3.1 Micro Enterprises – Individual and Group

S. No.	Name of SHG	No. of Individuals demanded for Individual Micro enterprise	No. of groups demanded for group Micro enterprise
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	<b>Total</b>		

**Facilitator's Note for Micro Enterprises – Individual and group:**

1. In the column for **Name of SHG**: Please write the name of the SHG whose details will be filled.
2. In the column for **No. of Individuals demanded for Individual Micro Enterprise**: Please write the total number of Individuals demanded for Individual Micro Enterprise from each SHG
3. In the column for **No. of groups demanded for group Micro Enterprise** : Please write the total number of groups demanded for Micro Enterprise in groups from each SHG



**3.3. Micro Enterprises - Support Required for both individual and group micro enterprises**

<b>S. No.</b>	<b>Type of Support</b>	<b>Total number of support required</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Total</b>		

**Facilitator's Note for Support Required for Micro Enterprises:**

This table will give the consolidated details for the different types of support that SHG members have demanded for under Micro enterprises

1. In the column for **Type of Support**: Please write the different types of support requirements that have come from the SHGs. Each type will be written in a separate row.
2. In the column for **Total number of support required**: Please write the sum total of support required in both Individual and group animal husbandry

**Micro Enterprises for beneficiaries outside SHG fold (Vulnerable / PoP as identified by VO)**

<b>S. No .</b>	<b>Name of beneficiaries (in order of priority)</b>	<b>Name of head of the household</b>	<b>Ward name and number</b>	<b>Individual / Group</b>	<b>Type of ME</b>	<b>Type of Support Required</b>
1						
2						
3						

## D. Public goods, services and resource Plan

<b>Public goods and services demands</b>			
<i>(This is a suggestive list. More context based local demands can also be included)</i>			
<b>Sl. no</b>	<b>Description of demand</b>	<b>Sl. no</b>	<b>Description of demand</b>
1	Roads	19	VO office
2	Anganwadi Centres	20	Dustbins
3	Community halls	21	Weaving centre
4	Drainage	22	Drinking water facilities
5	Panchayat bhavan	23	Library
6	Market/ haat bazaar	24	Culvert
7	Street light	25	Boundary wall
8	Community toilet	26	Waiting shed
9	Teachers in schools	27	Mid -day meal provisions
10	De-worming	28	Staff nurses in health centres
11	Provisions for immunization	29	Mosquito nets
12	Handwash facilities	30	Uniform in schools
13	Grain storage facilities / Warehouse	31	Baby feeding rooms in public spaces
14	Grain drying platform	32	Facilitation / common centres for Producer groups
15	Handloom small scale units	33	School furniture (Desk, bench , black boards)
16	Women police officers	34	Equipment for sub – centres (medicines, Syringes, BP apparatus)
17	Sanitary pad vending machines	35	Safai Karamchari
18	Incinerator	36	Cultural centres and clubs

### Resource development demands

*(This is a suggestive list. More context based local demands can also be included)*

Sl. no	Description of demand	Sl. no	Description of demand
1	Ponds	9	Agri bund
2	Wells	10	Ring well
3	River bunds	11	Embankment
4	Rainwater harvesting	12	Check dams
5	Tubewell	13	Land development
6	Plantations ( Tree, mango, bamboo, arecanut etc.)	14	Borewell
7	Elephant trench	15	Forest fencing
8	Medicinal plant nurseries	16	Management of wetlands

## 1. Format to capture public goods and services

Name of the VO:

Number of SHG:

Name of the GP:

S.No .	Description of Demand	Location	New / Renovation	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Name of the VO:

Number of SHG:

Name of the GP:

S.No .	Description of Demand	Location	New / Renovation	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

## 2. Format to capture resource development demands

Name of the VO:				
Number of SHG:				
Name of the GP:				
S.No	Description of Demand	Location	New / Renovation	Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



Name of the VO:

Number of SHG:

Name of the GP:

<b>S.No</b> .	<b>Description of Demand</b>	<b>Location</b>	<b>New / Renovation</b>	<b>Rank for prioritisation (To be filled during GP consolidation and prioritisation meeting)</b>
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

### **Facilitator's Note for Public goods, services and resource development**

1. In the column for **Description of demand**: The description of demand must be the public goods, services and resource development demanded for. Example: Panchayat Bhavan, Anganwadi Kendra, Street light, public well, provision for immunization, setting up hand wash facilities etc.
2. In the column for **Location**: The location of the infrastructure or resource development must include ward name and number as well. Example: Ward number 6, Kishangaon, Rita's house to Suman's house
3. In the column for **New / Renovation**: The nature of demand must be specified. If the said demand is new, the entry would be **New**. If the said demand is for renovation, the entry would be **renovation**.
4. In the column for **Rank for prioritisation** : **This column must be filled only during the consolidation and prioritisation meeting to be held at GP level**. A consolidation and prioritization meeting will be held at the GP level. During this meeting, a ranking exercise will be carried out to reflect prioritization. **Ensure that this column must be left blank during SHG level data collection.**

## **D. Social Development Plan**

**Topic :** *Social Issue that is addressed in the Plan*

1. Introduction
2. Objectives of the Plan
3. Data Regarding the identified Issue
4. Role of Stakeholders
5. Activities to address the social Issue
6. Budget Required
7. Follow-up/ Monitoring

Sl. No	Social Issues	Activities
1	Alcoholism	<ul style="list-style-type: none"><li>• Shutting down illicit alcohol shops</li><li>• Providing alternative livelihood opportunities</li><li>• Registering complaints in police station</li><li>• Referral services to de-addiction centres</li></ul>
2	Drug Abuse	<ul style="list-style-type: none"><li>• Services for counselling and therapy</li><li>• Referral services to de-addiction centres</li><li>• Formation of community vigilance teams</li></ul>
3	Adult illiteracy	<ul style="list-style-type: none"><li>• Linking to Block / District adult literacy programme, if any</li><li>• Initiation of adult literacy classes</li><li>• Environment creation for enhancing literacy such as pasting posters with proverbs in public spaces</li><li>• Mobilizing resources for adult literacy classes through Local Self Government Institutions</li><li>• Establishing linkages with State literacy mission for admission in open schools</li></ul>
4	School drop out	<ul style="list-style-type: none"><li>• Activation / revival of School Management Committee</li><li>• Re-enrolment in schools through School Management committee</li></ul>

		<ul style="list-style-type: none"> <li>• Mobilizing resources for school drop outs through Local Self Government Institutions</li> <li>• Ensuring access to services like teachers, toilets for girls in schools</li> <li>• Ensuring quality of services like mid – day meal schemes</li> </ul>
5	Malnutrition	<ul style="list-style-type: none"> <li>• Encourage Nutri – garden / kitchen garden in Anganwadi centres and schools</li> <li>• Regular health check – up in schools</li> <li>• Regular monitoring of children’s weight and height in anganwadis and meeting specific nutritional requirements of children from Severe Acute malnourished, Moderate acute malnourished, Severely underweight , Moderately underweight categories, pregnant and lactating mothers</li> <li>• Ensuring community monitoring through various committees like Village Health Sanitation and Nutrition committee, Mother’s committee in Anganwadis</li> <li>• Ensuring quality of services like food provided in Anganwadis</li> <li>• Ensuring availability of services like immunization, de-worming tablets, Iron folic tablets at regular intervals</li> </ul>
6	Violence against women (domestic violence, eve teasing, sexual harassments etc.)	<ul style="list-style-type: none"> <li>• Setting up Help centres / Gender resource cell for women to seek support with regard to safety, health, mental health services etc.</li> <li>• Village level mapping of areas that are considered to be unsafe for women</li> <li>• Organising legal awareness classes for women</li> <li>• Setting up legal aid cells at LSG level</li> <li>• Demand for women police officers in the nearest police station</li> <li>• Gender sensitisation classes</li> </ul>

		<ul style="list-style-type: none"> <li>• Providing livelihood opportunities for survivors of violence</li> </ul>
7	Child marriage	<ul style="list-style-type: none"> <li>• Sensitisation of community</li> <li>• Setting up legal aid cells at LSG level</li> <li>• Ensuring education of children until the age of 18</li> </ul>
8	Environment related issues	<ul style="list-style-type: none"> <li>• Conducting plantation and cleanliness drives</li> <li>• Promotion of environment clubs in schools</li> <li>• Initiate plastic free campaigns through usage of cloth bags</li> <li>• Practice of waste segregation at household level</li> <li>• Initiation of waste disposal and management facilities at LSG level</li> <li>• Formation of community emergency response teams for disaster management</li> </ul>
9	Dowry	<ul style="list-style-type: none"> <li>• Organising legal awareness classes</li> <li>• Setting up legal aid cells at LSG level</li> <li>• Registering complaints in police station</li> <li>• Sensitisation of community</li> <li>• Setting up Help centres / Gender resource cell for women to seek support with regard to safety, health, mental health services etc.</li> </ul>
10	Human Trafficking (including child trafficking)	<ul style="list-style-type: none"> <li>• Registering complaints in police station</li> <li>• Linking up with police station for legal awareness</li> <li>• Establishing a link for survivors with District Legal Services Authority</li> <li>• Setting up Help centres / Gender resource cell to seek support with regard to safety, health, mental health services etc.</li> </ul>
11	Social exclusion (Victims of witch hunting, homeless persons, persons belonging to the transgender community migrant)	<ul style="list-style-type: none"> <li>• Sensitisation of community</li> <li>• Provision of essential services like food grains, clothes etc.</li> </ul>

	labourers, bonded labourers, Particularly Vulnerable Tribal Groups, sanitation workers etc.)	<ul style="list-style-type: none"><li>• Helping them access basic entitlements including ration card, Aadhar card, Voter ID card and other certificates.</li><li>• Linking up with centres that provide mental health services.</li></ul>
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## Facilitator's Note : Social Development Plan

### Plan Format

#### Introduction

A basic introduction about the Gram Panchayat/ Village and the issue identified. Name of the GP/ village/s should be mentioned here. Details regarding number of families in the village and no of SHGs in the village can be given here.

Name of GP/VC/VDC/VA	
Name of the Village/s	
No of families in the Village/s	
Number of SHGs in the village	
Number of VOs	

A small paragraph about the issue identified is necessary. What is the issue and why it needs to be addressed should be mentioned in this session.

#### Objectives of the plan

What is the reason to prepare this plan. The major reason is to address the identified issue and the next objective is to incorporate the plan into GPDP plan. The objective can also be drafted based on the intervention designed in the plan. To bring the identified social issue towards public and the authority can also be an objective.

#### Data Regarding the Issue Identified

It is always important to show the numbers/ examples of the identified social issue. This will help to show the intensity of the identified issue. If it is an issue which can be measured qualitatively, for eg; number of drop out children/ no of illiterate people / no of illicit alcohol shops etc, those numbers should be a part of the plan. If there are any incidents to support the social issue identified, include that also in this session. An example of a table depiction is given below :

Name of Village	Number
	*Write the number of cases/ people affected by the identified social issue

### Role of Stakeholders

This session will have the name of each stakeholder and their role to address the identified issue. SHGs network, LSG, and the concerned departments will be the major stakeholders and the details regarding other stakeholders, their roles should be mentioned.

Name of Stakeholder	Role of the stakeholder
GPs/ VCs/VDCs/VAs	
SHGs	
VOs	
Concerned Line Departments	

### Activities to address the social Issue

This session can have the list of activities that are planned by SHG network to address the issues. The activities can have timelines also attached to it. VOs can mention the activities that other stakeholders can organise too.

Activity Planned	Responsibility of the activity / Organizers of the activity	Timeline of the Activity

### Budget Required (Only if its required)

Since these are 'Low cost/ no cost plans', the budget is not a necessary heading in all the plans. Certain issues can be addressed without money but with appropriate intervention by the stakeholders. But if the social issue demands the necessity of a minimal amount, that can be mentioned in the session. Make sure that the budget head is also given.



<b>Materials Required</b>	<b>Cost per unit</b>	<b>Number of units required</b>	<b>Total Cost</b>
<b>Total Budget</b>			

### **Follow up / Monitoring**

After the submission of the plan, it's necessary that VOs monitor the status of the plan submitted. VOs can coordinate with stakeholders to do the same. This session should include the details of followup mechanisms. This can include, meeting with stakeholders, organising activities, conduct of the activities, Status check etc.

## ***GP Level Data Summary Sheet***

**Data from VO is consolidated and made into a summary at GP level  
for all four components :**

**A. Entitlement Plan**

**B. Livelihood Plan**

**C. Public goods, services and resource development Plan**

**D. Social Development Plan**

## Index

<b>Sl. no</b>	<b>Name of Plan</b>	<b>Page Numbers</b>
1	Basic Information of GP	
2	Present Status and Plan for upcoming year of GP	
3	Present Status & Plan for upcoming year of VO	
5	Entitlement Plan	
6	Livelihood Plan	
7	Public Goods, Services and Resource Development Plan	
8	Social Development Plan	

<b>Basic Information</b>	
Gram Panchayat	
Block	
District	
State	
Number of VO	
Number of wards in the GP	

**Present status**

<b>Sl. No</b>	<b>Status</b>	<b>Number</b>
1	Total no. of households in Panchayat jurisdiction	
2	No. of households covered in SHGs	
3	Total no. of SHGs existing	
4	Total no. of SHGs received RF	
5	Total no. of SHGs accessed bank loan	

**Plan for upcoming year**

<b>Sl. No</b>	<b>Plan</b>	<b>Number</b>
1	No. of household to be brought under SHG fold	
2	No. of SHGs to be provided RF	
3	No. of SHGs that will access bank loan	

## A. Entitlement Plan

Sl. No	Name of entitlement	Total no. of beneficiaries / work
1	MGNREGS Job card	
2	MGNREGS Individual Work ( <i>Mention the no. of works</i> )	
3	MGNREGS Community work ( <i>Mention the no. of works</i> )	
4	Old Age Pension	
5	Widow Pension	
6	Disability Pension	
7	SBM	
8	Health Card	
9	Ration card	
10	Ujjwala	
11	Saubhagya	
12	PMSBY	
13	PMJJBY	
14	PMAY	

## B. Livelihood Plan

<b>Sl. No</b>	<b>Sectors</b>	<b>Total no. of individuals demanded</b>	<b>Total no. of Groups demanded</b>	<b>Total support required</b>
1	Farming			
2	Animal Husbandry			
3	Micro Enterprises			

### **C. Public goods, services and resources**

*(This is a suggestive list. More context based local demands can also be included)*

<b>Sl. No</b>	<b>Sectors</b>	<b>Total no. of demands</b>
1	Roads	
2	Anganwadi Centres	
3	Community halls	
4	Drainage	
5	Panchayat bhavan	
6	Market/ haat bazaar	
7	Street light	
8	Community toilet	
9	Teachers in schools	
10	De-worming	
11	VO office	
12	Dustbins	
13	Weaving centre	
14	Drinking water facilities	
15	Library	
16	Culvert	
17	Boundary wall	



18	Waiting shed	
19	Mid -day meal provisions	
20	Staff nurses in health centres	
21	Mosquito nets	
22	Ponds	
23	Handwash facilities	
24	Uniform in schools	
25	Grain storage facilities / Warehouse	
26	Grain drying platform	
27	Handloom small scale units	
28	Women police officers	
29	Sanitary pad vending machines	
30	Incinerator	
31	Baby feeding rooms in public spaces	
32	Facilitation / common centres for Producer groups	
33	School furniture (Desk, bench , black boards)	
34	Equipment for sub – centres (medicines, Syringes, BP apparatus)	
35	Safai Karamchari	
36	Cultural centres and clubs	
37	Wells	

38	River bunds	
39	Rainwater harvesting	
40	Tubewells	
41	Plantations ( Tree, mango, bamboo, arecanut etc.)	
42	Agri bund	
43	Ring well	
44	Embankment	
45	Check dams	
46	Land development	
47	Borewell	
48	Elephant trench	
49	Medicinal plant nurseries	
50	Forest fencing	
51	Management of wetlands	

## D. Social Development

*(This is a suggestive list. More context based local demands can also be included)*

Topic	Number of plans submitted
Alcoholism	
Drug Abuse	
Adult illiteracy	
School drop out	
Malnutrition	
Violence against women (domestic violence, eve teasing, sexual harassments etc.)	
Child marriage	
Environment related issues	
Dowry	
Human Trafficking (including child trafficking)	
Social exclusion (Victims of witch hunting, homeless persons, persons belonging to the transgender community etc.)	
Total number of Social Development plan submitted	