

Annual District Plan

Year 2010-11

District :

**North Bastar Kanker,
Chhattisgarh**

Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
API	Annual Parasite Incidence
ARWSP	Accelerated Rural Water Supply Scheme
AWC	Aaganwadi Center
AWP	Annual Work Plan
BMO	Block Medical Officer
BPL	Below Poverty Line
BRGF	Backward Region Grant Fund
CDPO	Child Development Project Officer
CEO	Chief Executive Officer
CHC	Community Health centre
CREDA	Chhattisgarh State Renewable Development Agency
CSEB	Chhattisgarh State Electricity Board
CSR	Current Schedule of Rates
DHDR	District Human Development Report
DIET	District Institute of Educational Trainings
DLHS	District Level Household Survey
DPC	District Planning Committees
DPO	District Porogramme Officer
DPSO	District Planning and Statistical Officer (DPSO)
ECCE	Early Childhood & Children Education
EE	Executive Engineers
Ex. En.	Executive Engineer
FPS	Fair Price Shop
FRU	First Referral Unit
GoI	Government of India
GPs	Gram Panchayats
HDR	Human Development Report
HDR	Human development Report
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immune-Deficiency Syndrome
ICDS	Integrated Child Development Scheme
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
LHV	Lady Health Visitor
MDGs	Millennium Development Goals
MDM	Mid Day Meal
MMR	Maternal Mortality Ratio
MPW	Multi Purpose Worker (MPW)
NA	Not Available
NC	Not Covered
NEP	National Environment Policy
NER	Net Enrolment Rate
NFHS	National Family Health Survey
NHPC	National Hydroelectric Power Corporation Ltd
NREGS	National Rural Employment Guarantee scheme
NRHM	National Rural Health Mission
PC	Planning Commission
PCPNDT	Pre- Conception Pre-natal Diagnostic Test
PDS	Public Distribution System
PHC	Public Health Centre
PHE Dept.	Public Health and Engineering Department
PMGSY	Pradhanmantri Gram Sadak Yojna
PRIs	Panchayati Raj Institutions
PWD	Public Works Department
RCC	Reinforced Cement Concrete
REC	Rural Electrification Corporation
RES	Rural Engineering Services
RGGVY	Rajeev Gandhi Gramin Vidhutikaran Yojna
RKVY	Rashtiya Krishi Vikas Yojna
SC	Schedule Caste
SGSY	Swarnjayanti Gram Swarozgar Yojana
SHC	Sub Health centre

SHG	Self Help Group
SOR/	Schedule of Rates
SP	Superintendent of Police
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribes
TSC	Total Sanitation Campaign
ULBs	Urban Local Bodies
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCD	Women and Child Development
WHO	World Health Organisation

Contents

Particulars	Page no.
Foreword	5
Preface	6
1. Executive Summary	7
2. District Profile	9
3. District Vision (including the sectoral situation analysis)	17
4. The Process Adopted	34
5. The Proposed Budget Plan (incl. District level Resource Availability Status)	37
6. Operational requirements/Relaxations needed in naxal affected area	49
7. The Challenges	52
Annexure :	
1. Department wise details of proposed activities	
2. The status of the district in the MDGs/ National Programmes	
3. Order of Committee Formation	
4. Minutes of the DPC	
5. Convergence of the resources/ activity	
6. Other Annexures	

Foreword

In the post liberalisation period, India has made a good progress on economic front, along with the indicators in literacy, life expectancy etc. **Despite the significant progress, in the national economic growth** the challenges on the human development indicators are still continuing to be one of the major concerns. The poverty, malnourished children, IMR, MMR, sex ratios etc are some of the areas requiring more stress. In this background one of the greatest concern and requirement of the 11th plan is an inclusive economic growth which focuses on the inclusion of the special category groups especially Scheduled Castes (SCs), Scheduled Tribes (STs), and minorities and women. So the development has to bring in the improvement in the quality of the life of the marginalised sections.

The integrated district plan, as emphasised by the planning commission, recent manual on the integrated planning, and the Gol-UN joint convergence programme on the decentralised planning and convergence, has already set the strong background for the integrated planning at the district level. The decentralisation and more active involvement of the local people in preparation, execution, monitoring of their plan has now become a priority for the district to realize it's dream of balanced development. The convergence of the various resources for the desired outcome has been one of the focus under the programme. Under the guidance of the state planning board the district- North Bastar Kanker has prepared an integrated District plan for the Year 2010-11.

A District Visioning Workshop was organised by involvement of various stakeholders, which become instrumental to develop a district vision document that reflects the status of the district on key national / MDG indicators and various measures / focus areas to achieve them effectively. After it, through various training programmes, the vision was shared with the representatives from the Rural Local bodies & Urban Local Bodies and ultimately they were expected to come out with their plan for the year 2010-11. The local bodies were shared and facilitated by various criteria/standards under different 7 key sectors and in analysing their situation to, propose the desired action plan for their panchayats/ urban wards. The role of various department was to extend their technical expertises to the public representatives. Department also played key role in collation and integration of additional Janpad/ Nagar panchayat/ Nagar palika level plan. The sectoral committee at various level ensured the better coordination to finalise the integrated district plan.

The steps taken to ensure the decentralised integrated plan, is a shift from the vertical planning process and thus various challenges were also faced in the process. The district is reflecting a good progress on the education related indicators in MDGs, but the progress in the other indicator like- poverty, malnutrition, IMR, MMR, Sanitation, Malaria is of great concern. Thus the annual work plan, stresses more on the - livelihood, nutrition, increasing access to essential services in health, civil right aspects.

The process of the decentralised district plan will require to be institutionalizing in the coming years. Capacity development of the local bodies and better utilisation of resources would get greater focus. I hope with greater convergence among various programmes (especially flagship programmes) and other measures- the delivery of essential services, at the grass roots level would lead to the integrated and desired development of the district.

Preface

The 73rd and 74th constitutional amendment provides scope, for the greater ownership and inclusion of the local people in their own development process. Integrated planning at the grass root level is now being more critical to the balanced local development as per the district's need.

In the preparation of the Annual Work Plan for the year 2010-11, greater focus has been laid on providing the departmental expertise and support to the local bodies in the preparation of their own plan. As described in the latest manual for the integrated district planning by Planning Commission, the process of situational analysis and local community involvement was exercised for the planning process, but it requires an improvement in the coming years. The district visioning process has also highlighted the major areas, of intervention where district has to put greater emphasis for making the district on track for the MDGs, by 2012. In fact, as the national goals are more ambitious than MDGs, if the district is able to achieve the national goals by the end of 11th five year plan, we would be able to be on track in the MDGs.

As now more resources are available with the district through various flagship programmes, the convergence for the various activities, for the desired outcome remains a key task. Under GoI- UN Joint Convergence programme on decentralised planning and convergence, the district would be establishing and strengthening the key processes and institutionalize them in the system. In context of the district annual plan, I would like to appreciate the efforts taken jointly by the different UN agencies through the GoI- UN programme.

I would like to mention the special support extended by Ms. Shobha Subramaniam, member secretary, State Planning Board, Raipur in guiding the district team for the preparation of the annual work plan. In continuation the PRIs, Urban Local Bodies and various department played an instrumental in the process and their greater involvement would be required in the execution and monitoring of the plan.

As the execution of the process of integrated district planning is one of the most required instrument in development process, it is challenging also. I am sure and looking forward, for the strengthening of the process initiated for the decentralised district plan, by coordination and active involvement of all stakeholders.

1- Executive Summary:

As per the requirement of the district and Planning Commission, Gol, State Planning Board, Raipur, Chhattisgarh a district plan has been made in consolation of the local bodies and different departments. The efforts were made to converge resources on the key district priorities under the seven sectors as: - Livelihood, Nutrition, Education, Energy, Health, Infrastructure, Civil Right and Civil Empowerment. The national programme goals and the MDGs indicators where district, need to put greater efforts were been disseminated at various level, and with various challenges, the efforts were made to address the panchayat/wards & janpad level requirements in the district plan.

The total requirement for the Annual District Plan is of Rs 687.86 crores, which includes the central share also. The specific requirement proposed from the state is Rs 462.77 crores as per the following summary table.

Total Requirement from State for the Annual District Plan, Kanker for year 2010-11:-

Amt. (in laks)				
SN	Particulars	Req.	Additional HR / CB/ Req./ for execution (additional - 5%)	Total
1	Normal as per 10 % increase for the year 2010-11	12361.30	618.07	12979.37
2	Additional Demand for the District - as per the requirement for the year 2010-11	31712.77	1585.64	33298.41
	Total=	44074.07	2203.70	46277.78

As per the available resources status, in the years 2008-09 a total amount of Rs 112.38 crores were available in the district from the plan head of the state, and thus the total available resources for the year 2010-11 comes to be Rs 123.61 crores (including additional 10% from the year 2008-09 resources). In this background, as per the direction of the State Planning Board, Raipur the normal plan of the district for the year 2010-11 is of Rs 123.61 crores (from state).

In addition, as in the process of making the district plan, an additional need of Rs 317.13 crores was identified under the seven sectors, so the same is proposed for Rs 317.13 crores. Thus this makes the total district plan need from the state to be of Rs 440.74 crores.

As the region comes under special area and is affected with naxal activities, and in various departments there is a human resource gaps related gaps. Thus to execute the works of higher outlay, in more effective way an additional Rs 22.03 crores (5%) is being proposed for the special HR, Capacity Bridging & effective Community Participation needs etc.

The sector wise resource requirement (from different sources), is as following:-

(In lakhs)							
S N	Particulars	As per 2008-09 resources + 10%	Total Requirement	Required from state (Normal)	From Own Resources+ Others	From Centre	Additional Requirement from the State
1	2	3	4	5	6	7	8
1	Livelihood	3086.45	18960.86	3086.45	154.34	14160.19	1559.87
2	Nutrition	331.57	2378.36	331.57	0.00	856.02	1190.77
3	Education	3009.08	8127.53	3009.08	0.00	0.00	5118.45
4	Energy	106.21	6003.02	106.21	0.00	5617.46	279.35
5	Health	663.68	4303.17	663.68	169.31	1921.32	1548.86
6	Infrastructure	2871.76	24895.16	2871.76	0.00	1008.00	21015.40
7	Civil Right and Civil Empowerment	1674.77	2643.15	1674.77	0.00	825.38	143.00
	(7 Sector, including Rural+ departments)	11743.52	67311.24	11743.52	323.66	24388.37	30855.70
	Urban Area	617.78	1474.85	617.78	0.00	0.00	857.07
		12361.30	68786.09	12361.30	323.66	24388.37	31712.77
	Normal + Additional Requirement form the State			12361.30	+	31712.77	44074.07

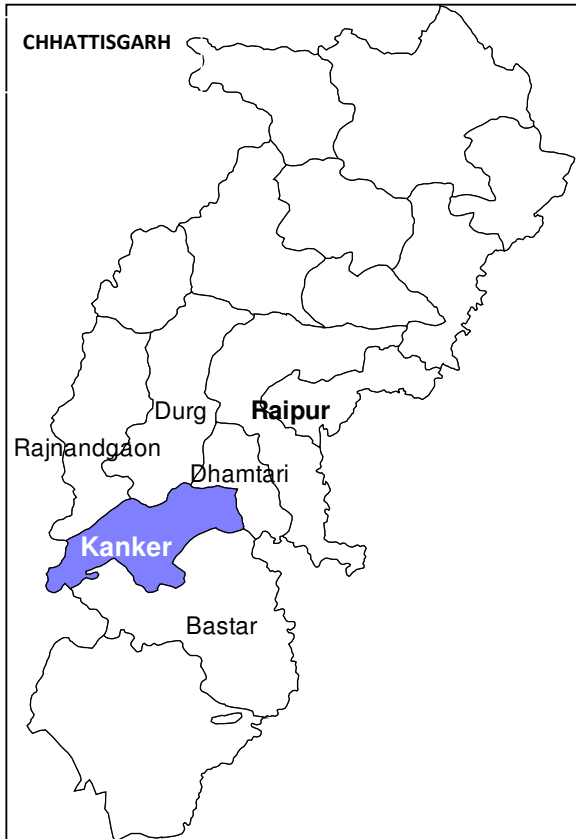
The technical expertise of the various departments, were utilised to finalise the plans under 7 key sectors and wherever need the a part of the resources for the requirement were been tried to cover from flagship programmes as NREGA, BRFF etc.

The process of decentralised district planning has been initiated this year and in the coming years, with more experiences and capacity building processes, the efforts will be taken to institutionalize it within the system.

2- DISTRICT PROFILE: KANKER

1- BRIEF BACKGROUND OF THE DISTRICT;

Kanker, a part of the old Bastar district (before 1999), is located in southern region of the Chhattisgarh state and shares its boundary with Bastar, Dhamtari, Durg and Rajnandgaon districts of the state. Kanker region may be divided in three types of hills - Vindhya Hill groups in south eastern part of Kanker district, Archian hill groups, Dharwar hill group (north of Sambalpur and Bhanupratapur). Some basic information about district are as: -



Total area :	5285.01 sq km.
Sub Division:	6
CD Blocks:	7(Kanker, Charama, Bhanupratapur, Narharpurn, Antagarh, Durgukondal and Koyali beda)
Total villages:	1084 (Panchayats = 389)
Average rainfall :	1492mm,
Geographical location:	Longitudes 20.6 -20.24 & latitudes 80.48-81.48,
Altitude;	300- 600 meter
Road:	NH-43 (Raipur (139 kms) and Jagdalpur (160kms))
Geography :	Several hillocks and rivers (Doodh, Mahanadi, Hatkul, Sindur and Turu)

Kanker has a rich history associated with it, since the stone era. Kanker region belonged to Dandakaranya forest region in the Mahabharat and Ramayan period. This was said to be land of monks. About 600 BC, the region also came under the influence of Buddhism. Around 106 AD, Kanker state was under Satvahan dynasty followed by Nagas, Vakataks and Gupt

dynasties. Before coming under the control of Marathas and British, the region was governed by the Som, Kandra and Chandra dynasty. Bhanupratap Dev was the last king of Kanker before independence of India.

The region has an abundance of the various plant species - Saul forests (eastern part), Teak forests (Bhanupratappur) and mixed forests in other parts. Kanker's soil consists of - Granite, Gneiss sand, Khedar and change stone powders. Main mineral resources found in the region are - iron ore, quartzite and garnet.

Economy of the district is broadly based on agriculture & forestry. Some of the main crops of region are rice, wheat, sugarcane, *chana*, *kodo*, *moong*, *tilli*, *bhutta* etc. Region also grows various varieties of vegetables and fruits.

With more than 50% of the tribal population, Kanker enjoys a tribal dominated culture, though it is also being influenced from the modern era (market forces). The prevailing languages in the district are Hindi, Chhattisgarhi, Gondi and Halbi.

Besides other common festivals, Madai is one of the main festival celebrated (during Dec- March) in this region, in respect of Goddess Kesharpal Kesharpalin Devi. It begins with a procession of local God/Goddess followed by worship.



Madai Festival

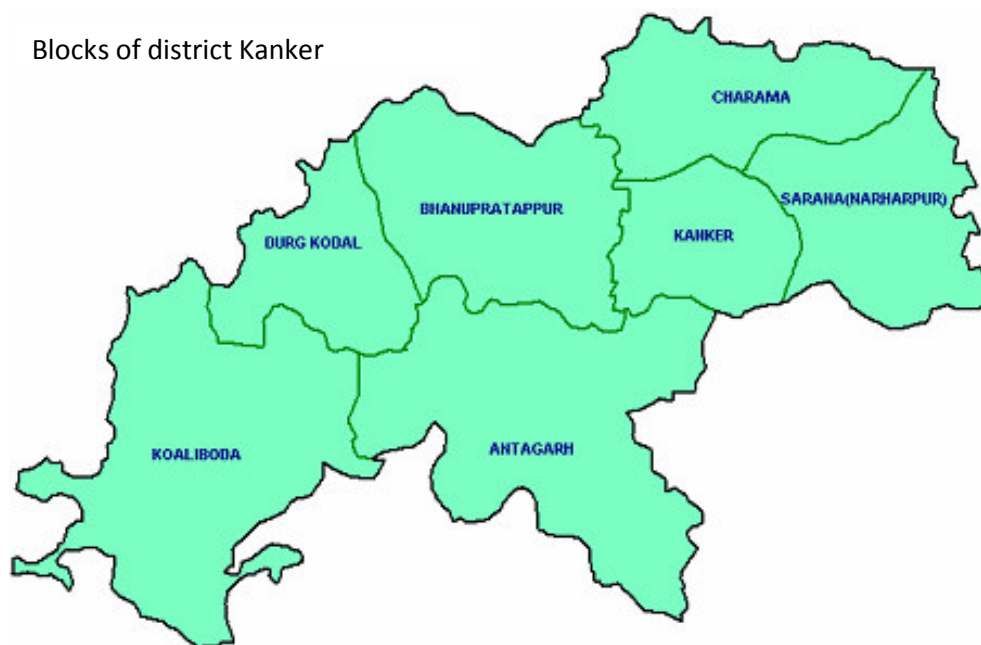
2- DEMOGRAPHIC DETAILS (YEAR-WISE): *Source: Census 2001 & HDR 2008*

POPULATION		2001
Total population		
Rural Population (%)		650934
Urban Population (%)		95.18
Male Population (%)		4.82
Female Population (%)		49.87
% Population of Scheduled Caste		50.13
% Population of Scheduled Tribe		4.25
Density (per sq.Km)		56.08
Decadal growth rate (1991-2001)		100
EDUCATION		
Literacy rate all (%)		72.93
Literacy rate (M)		82.72
Literacy rate (F)		63.25
Literacy rate (Rural) (M)		82.18
Literacy rate (Urban) (M)		92.72
Literacy rate (Rural) (F)		62.50
Literacy rate (Urban) (F)		77.64
DISTRICT INFORMATION		
Total villages		1078
Inhabited villages 2001		1068
Uninhabited villages 2001		10
Number of Gram Panchayat		389
Number of Sub – districts/ CD Blocks		7
Towns 2001		1
Households level data		
	1991	2001
Total number		127294
Electricity (%)	24.33	49.79 (849 villages)
Safe Drinking Water (no. of villages covered) (%)	50.97	57 (1007 villages)
Toilet Facilities -(%)	6.46	9.98
HUMAN DEVELOPMENT INDICES		
		HDR 2005
Human Development index (HDI)		0.397
Rank in Chhattisgarh: HDI		12

DEMOGRAPHIC SUMMARY: *Source: Census 2001*

	Male	Female	Total
Population	324636	326298	650934
Rural Population (in %)	95.11	95.25	95.18
Literacy Rate	82.72	63.25	73.0
SC Population (in %)	2.08	2.17	4.25
ST Population (in %)	27.78	28.30	56.08
Sex Ratio (All)	1005	Rural 1007	Urban 976
Sex Ratio ((0-6)		975	

Blocks of district Kanker



SN	Name of the CD Block	Total Population	No. of GP	No. of Revenue Villaae	% of Total Literates	% of Male Literates	% of Female Literates	% of SC Population	% of ST Population	Sex Ratio
1	Antagarh	64820	44	192	55.24	65.24	45.23	5.36	77.52	977
2	Bhanupratappur	82907	47	112	63.97	75.32	52.61	6.46	66.09	1026
3	Charama	98495	59	110	69.28	82.32	56.23	4.37	53.73	1045
4	Durgukondal	55309	36	149	51.69	60.23	43.14	4.37	85.03	1039
5	Kanker	112395	61	104	80.85	89.57	72.13	4.43	43.58	1038
6	Koilybeda	134415	77	294	69.71	79.54	59.87	1.77	31.59	905
7	Narharpur	102593	65	119	65.72	76.12	55.32	4.83	66.54	1052
	District Kanker	650934	389	1080	72.90	82.63	63.30	4.28	56.03	1005

4 EDUCATION AT A GLANCE: (Source: DAP 2009-10, DISE Data 2007-08)

- Main Department's Involved: - Education Department, Tribal Welfare Department, Rajeev Gandhi Shiksha Mission (SSA), DIET, Panchayati Raj and Rural Development Department, Municipal Office, Women and Child Development Department (Pre- School Education).
- The infrastructure for the education sectors (Soruce: District Education Officer, Kanker) is as:-

Primary Schools :	1701
Middle Schools:	603
High Schools:	51
Higher Secondary Schools:	69

GER PRIMARY	101.68	Enrolment				
GER UPPER PRIMARY	98.30	Types of School	Boys	Girls	Total	
NER PRIMARY	98.99	Primary	50161	48230	98391	
NER UPPER PRIMARY	98.52	Upper Primary	20333	20006	40339	
TRANSITION RATE (P TO UP)	94.51 (M) 93.57 (F)					
Out of School Children	1583 (976(PS) +607(UPS))					
Children with Special Need	2381	KGBV	1	100	100	
PTR (Primary School)	34	Infrastructure Details (% of Schools having)				
Number of Government School		Single Class Room School	Single Teacher School	Schools with SCR > 60	Drinking Water Facility	Girls Toilet
Primary Only	1624	2.9	16.3	1.4	85.7	5.4
Primary with Upper primary	50	0	4	2	90	32
Primary with Upper Primary & Sec/Higher Sec.	39	1.7	3.4	0	93.2	33.9
Upper Primary Only	477	0	6.5	0.2	81.2	20.7
Upper Primary with Sec./Higher Sec.	75	0	0	1.3	88.3	32.5
Total	2265					
Gender Gap in Enrolment (%)	General	SC	ST	OBC	All	
Primary	-.01	.13	-.01	.05	.01	
Upper Primary	.30	-0.15	-0.7	.11	.04	

Key Indicators	ASER-2007	ASER-2008	% Point Change
% Children (age 3-5) in Anganwadi or Pre-school	91.0	95.1	4.1
% Children (age 6-14) Out of School	6.1	1.2	(-4.9)
% Children (age 6-14) in Private School	4.1	6.8	2.7
% Children (Std. 1-2) who can Read letters, words or more in own language	80.6	88.2	7.6
% Children (Std. 1-2) who can Recognise Numbers (1-9) or more	79.3	91.6	12.3
% Children (Std. 3-5) who can Read level 1 (Std. 1) text or more in own language	64.5	82.5	18
% Children (Std. 3-5) who can do Subtraction or do more	56.4	85.5	29.1
% Children (Std. 3-5) who can Tell time of both clocks	NA	70.0	-
% Children (Std. 3-5) who can do Currency Tasks	NA	75.1	-

5 HEALTH AT A GLANCE:

Key Indicators	DLHS_RCH-2 2002-04	DLHS_RCH-3 2007-08
Age at Marriage		
% of Girls marrying below 18 years	12.6	20.4
Family Planning		
Contraceptive Prevalence Rate (Any Method)	49.0	50.7
% Spacing (Temporary)	9.2	8.0

% Limiting (Permanent)	10.9	10.5
Ante-natal Care		
% Pregnant women with three or more ANC	36.6	60.8
Pregnant women who had at least one TT injection	64.7	90.9
Delivery Care		
% of Institutional Delivery	18.6	11.7
Child Immunization (12-23 months)		
% of Children with Complete Immunization	69.4	95.9
% of Children who received Measles vaccine	76.4	96.3
% of Children who received 3 doses of Polio vaccine	83.3	98.4
Child Feeding Practices		
Children under 3 initiated Breastfeeding within 1 hours of birth		68.8
Children (6 months & above) Exclusively Breastfed		53.9
Treatment of Childhood Diseases		
Children with Diarrhoea who received ORS (in the last two weeks)	53.1	39.6
Children with Diarrhoea who were given treatment (in the last two weeks)	54.0	67.2
Children with ARI/Fever who were given treatment (in the last two weeks)		75.1
Awareness on RTI/STI and HIV/AIDS (Age 15-49 years)		
% of females who have heard of RTI/STI	23.3	42.5
% of females who have heard of HIV / AIDS	35.5	26.9
Vital Demographic Indicators	Census 1991	Census 2001
IMR	83	86.4
CBR	35.41	23.1
TFR	4.49	2.6

HEALTH INFRASTRUCTURE AVAILABLE FOR THE DISTRICT:-

S.No	CATEGORY	NUMBER
1	DISTRICT HOSPITAL	1
2	CIVIL HOSPITAL	1
3	CHC	8
4	PHC	28
5	SHC	204

HUGE STAFF GAPS : AT THE HEALTH CENTRE

STAFF POSITION AT CHC ;

NAME OF POST	SANCTIONED	WORKING	VACANT	IN %
SPECIALIST - MEDICINE	8	1	7	87.5
SPECIALIST - SURGERY	8	0	8	100
GYNECOLOGIST	8	0	8	100
PEDIATRICIAN	8	2	6	75
ANESTHESIA	8	0	8	100
BMO	7	0	7	100
MEDICAL OFFICER	16	16	0	0
NURSING SISTER	7	-	7	100
STAFF NURSE	25	19	6	24
MALE SUPERVISORS	41	33	8	19.5
FEMALE SUPERVISORS	48	35	13	27.1

STAFF POSITION AT PHC

Name of Post	Sanctioned	Working	Vacant
Medical Officer	56	48	08
Pharmacist Grade	28	21	07
Lab Technician	28	26	02
Ophthalmic Asst.	28	0	28
MPW (F)	28	26	2
Dresser	28	25	3

6- NUTRITION AT A GLANCE:

Nutritional Status of Children SD Classification	
Key Indicators	NFHS (05-06) (for Chhattisgarh)
Prevalence of Under Weight (Moderate & Severe)	52.1
Prevalence of Stunted (Moderate & Severe)	45.5
Prevalence of Wasted (Moderate & Severe)	17.9

Status of Anaemia	
Key Indicators	DLHS_RCH-2 2002-04
Among Adolescent Girls:10-19 yrs. (Mild)	.30
Among Adolescent Girls:10-19 yrs. (Moderate)	31.8
Among Adolescent Girls:10-19 yrs. (Severe)	67.9

7- ICDS INFRASTRUCTURE DETAILS:

Status of Universalization of ICDS:								
No. of ICDS Projects	No. of Sanctioned AWC		No. of Operational AWC		No. of Functional AWC			
	AWC	Mini-AWC	AWC	Mini-AWC	AWC		Mini AWC	
					Own Bldg	Rented Bldg.	Own Bldg.	Rented Bldg.
7	1427	20	1416	17	995	432	0	17

* Staff Gaps : Out of 72 sectors 25 sectors still lacs the services of the Lady supervisors.

8- PUBLIC DISTRIBUTION SYSTEM AT A GLANCE:
9- MID-DAY MEAL AT A GLANCE:

No. of Ration Cards	APL/ BPL	Antyodaya	Annapu ran	(Govt. + Govt. Aided + Municipality)
2007-08	19619	21222	105347	No. of Primary Schools 1596
2008-09	20228	21222	122065	No. of students enrolled 92103
Allocation of Food grains	Rice	Wheat	Others	No. of students benefitted 73682
2007-08	-	-	-	No. of Upper Primary Schools 566

2008-09	-	--	--	No. of students enrolled	37476
Off-take of Food grains	Rice	Wheat	Others	No. of students benefitted	29981
2007-08	-	-	-	Infrastructure Details	
2008-09	-	-	-	No. of Kitchen sheds	
No. of PDS outlets	361			Cook	
				Helper	

10- NREGA AT A GLANCE (AS ON 31ST MARCH.08): **SOURCE: NREGA WEBSITE**

Employment demanded by the no. of households	83485		No. of HHs which are beneficiary of land reforms/IAY		2547	
Employment provided to the no. of households	83485		No. of Bank Accounts Opened		No. of Post Office Accounts Opened	
Category	Job Cards	Person Days [in lakh]	Individual	Joint	Individual	Joint
Total	133339	47.6	138302	0	62627	0
SC	6675	6.59				
ST	76910	33.15				
Women		27.15	Amount disbursed through Bank A/C (Rs. In Lakhs)		Amount disbursed through PO A/C (Rs. In Lakhs)	
Others	49754	7.86	191.90		45.73	
Fund Vs Expenditure (Rs. in Crore)			Social Audit			
Total fund	112.81		Total No. of GPs		387	
Expenditure	55.86		No. of GPs where Social Audit held		387	
Works (in numbers)			Monitoring			
Total works taken up	3283		No. of works inspected at District Level		No. of works inspected at Block Level	
Works completed	1996		328		3283	
Works in progress	1287		No. of HH completed 100 Days		8973	

11- TSC AT A GLANCE (AS ON 10TH APRIL.09):
SOURCE: DDWS WEBSITE

12- ARWSP AT A GLANCE (AS ON 10TH APRIL.09):
SOURCE: DDWS WEBSITE

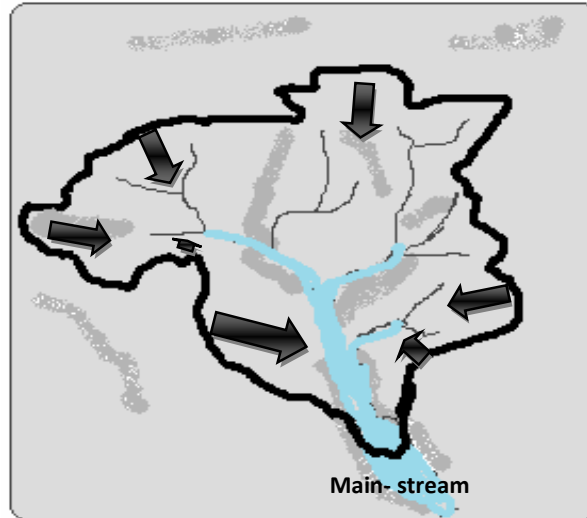
Parameter	Target	Achievement	% Achieved	Habitation Coverage (in numbers)		
				Not Covered (NC)	Partially Covered (PC)	Fully Covered (FC)
IHHL for BPL Families	50835	18715	36.82			
IHHL for APL Families	60565	14575	24.07	119	505	3371
Sanitary Complex	50	0	0	Water Quality (no. of habitations)		
				Chemical Contamination		Other Contamination
School Toilets	1737	1540	88.66	Iron	1091	Physical 0
AWC/ Balwadi Toilet	344	300	87.21	Arsenic	0	
Rural Sanitary Mart	10	0	0	Nitrate	0	
Production Center	0	0	0	Fluoride	0	Bacteriological 0
				Salinity	0	
				Multiple	0	
				Total	1091	

13- Financial details of Centrally Sponsored Schemes:

(In crores)

	2006-07			2007-08			2008-09		
Flagship programme	Actual release (rupees) / Available Funds	Expenditure (rupees)	% Utilisation	Actual release (rupees) / Available Funds	Expenditure (rupees)	% Utilisation	Actual release (rupees)/ Available Funds	Expenditure (rupees)	% Utilisation
ARWSP	2.48	2.46	99.43	4.81	3.22	66.92	4.96	4.64	93.47
ICDS	2.67	2.64	98.88	7.10	6.38	89.86	5.90	4.77	80.85
MDM	4.26	4.21	98.91	6.97	4.98	71.43	8.19	5.40	65.93
NREGS	96.69	67.80	70.12	99.48	92.61	93.09	112.81	55.86	49.51
NRHM	3.28	2.92	89.26	4.71	4.48	94.99	5.32	2.74	51.46
PMGSY	3.27	2.92	89.30	5.06	4.57	90.32	8.34	2.74	32.85
SSA	26.78	24.00	89.62	31.87	27.64	86.73	32.96	29.72	90.17
TSC	5.71	4.61	80.64	7	1.16	18.73	6.57	3.63	55.28
BRGF	0.00	0.00	16.02	13.89	86.70	10.63	0.00	0.00	0.00
	145.14	111.58	76.87	182.20	158.92	87.22	195.68	109.49	55.95

VISION 2012



**DISTRICT - KANKER
STATE - CHHATTISGARH**

DISTRICT VISION DOCUMENT:

Visioning is creating a very clear future. In this perspective under the guidance of the District Collector, Kanker a district visioning workshop has been organised at the district level, which was attended by, various stakeholders & all departments in the district.

The latest Manual for Integrated District Planning, 2009 by the Planning Commission suggests for the importance of the visioning exercise at various levels below district, in this context, a visioning workshop was organised at the district Kanker on June 30th 2009. It was agreed by the participants, that in view of the 11th plan's theme of inclusive growth, the role of the visioning & planning at the district, Janpad, panchayat, ward (urban, rural) level becomes instrumental for optimizing outcomes at the local level. The district visioning exercise creates a platform where the key sector representatives present their vision for respective sector. In turn this exercise indicated the various stakeholders about the key results areas, where district has to converge its, resources to achieve the expected outcome.

Decentralised planning and Convergence at the district level are two major issues to ensure more balanced, integrated and sustainable development of the district. Lot of resources are now flowing in the district through various flagship and other programmes, of different departments, but these sect-oral plans have their own guidelines, processes, implementation mechanism and reporting patterns etc, which provides limited scope for horizontal integrated planning. The vertical plans, by different department provide minimum scope for the horizontal planning, which is necessary for involvement of the key stakeholders. In this background it was agreed that, to develop/ ensure the convergence of actions points and develop more ownership, it's essential that local Rural Local body & Urban Local Bodies are actively involved in the process. One of the constraints shared by stakeholders, which influence the reach and effective delivery of the services to the people, is also concern with the affected region.

Each of the departmental programme has its national goals, to be achieved by year 2012. At the same time the international human development priority are reflected in the MDGs, in which India is a signatory and thus there are 8 goals to be achieved by 2015. Out of the 60 indicators under MDGs, at the district level the data is available for about 20 indicators only. The district vision document also attempt to look at the district status on these national/ MDGs, so as to ensure better convergence and resource mobilisation on the key indicators of concern. The district will also utilise the opportunity, from the recent initiative by the Gol-UN Joint programme on decentralised Planning and Convergence, which will be instrumental to facilitate the district to be on track in achieving the MDGs. Under it first time various UN agencies (as UNICEF, UNDP, UNFPA, WHO etc) are delivering as one at the district level and are expected to facilitate district, in terms of the human resource and other technical support.

To facilitate the integrated development as per the state guidelines from State Planning Board, Chhattisgarh, the key interventions are divided in 7 sectors as - education, health, nutrition, livelihood, energy, infrastructure & civil rights. Thus various departmental activities will be converging in these sectors, to be the part of the integrated district annual plan. Some of the key strategies to achieve the vision under each sector are as – strengthening participatory planning, better utilization of budgets & local resource, assessment of bottlenecks and strengthened implementation of programmes/schemes, result based planning and management. It is also significant to understand that to achieve the MDGs, nothing new has to be done at the district level, except linking of the flagship/ governmental programmes to converge to the desired outcome. In general the national goals are more

ambitious than the MDGs, so if district is on track to achieve the national goal, it would be achieving the MDGs too.

The district visualizes an inclusive and integrated growth, under all the 7 sectors by active involvement of all stakeholders, to improve the quality of life for each citizen. Based on the District Visioning Workshop, the key sectoral vision and status are explained as:

1- Education:

The vision of the sector is to achieve universal elementary education together with the quality, to increase the learning outcome for each student. It was also envisioned that, the gender equity and other measures will facilitate each individual to realize her/his fullest potential. The education thus, will develop each student as more productive citizen for tomorrow.

The status of the district with respect to the MDGs and national goals is as:

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 th 5 yr Plan (PC- 2012)	Kanker	Remarks
2: Achieve universal primary education	a-) Net enrolment ratio in primary education	100%	100% (SSA), (reduce drop out to < 10%- PC)	98.99%	On Track
	b-) Proportion of pupils starting grade 1 who reach last grade of primary	100%	100% (SSA)	90.39%	On Track
	c-) Literacy rate of 15-24 year-olds, women and men	100%	85% (PC)	72.93%	On Track
3: Promote gender equality and empower women	a-) Ratios of girls to boys in primary schools	1	1 (SSA- by 2007), (Sex Ratio -999 PC)	.96	On Track

It is evident from the above that the district is well on track for the indicators, in education.

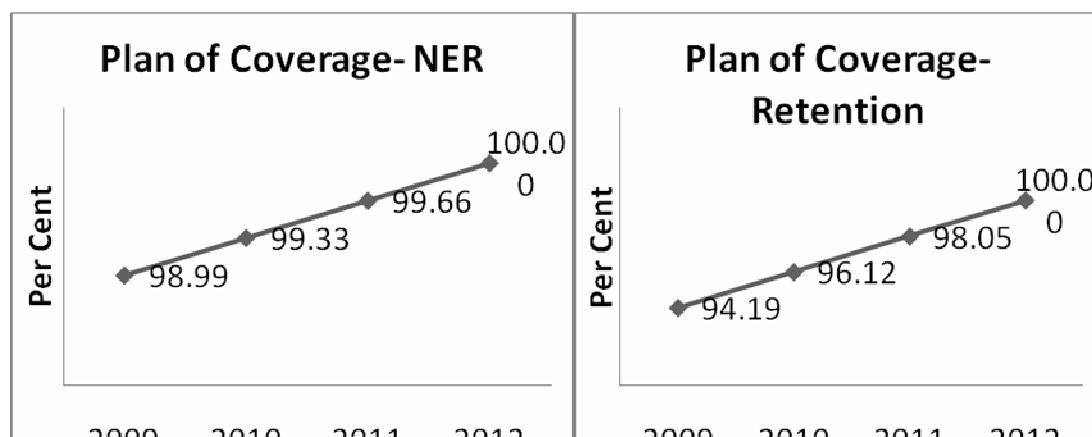
Speaking on the occasion the District Education Officer, Kanker shared the situation of the district, as per the following:-

- The department/ schemes working in the education sector are - Education Department, Tribal Welfare Department, Rajeev Gandhi Shiksha Mission (SSA), DIET, Panchayati Raj and Rural Development Department, Municipal Office, Women and Child Development Department (Pre- School Education).
- The infrastructure for the education in the district includes 1701 Primary Schools, 603 Middle Schools, 51 High Schools and 69 Higher Secondary Schools. Out of these schools, maximum have their own building, 87 are under construction while few requires new buildings (24 in rented premises, 87 without building and 43 are dilapidated conditions). Some of them also require the major/ minor repairs.

- There is a need to further strengthen the teacher's availability as per the new set-up and improve on the quality aspects in education.
- Still some children are out of schools for various reasons, which need to be addressed through various measures.
- The progress achieved in the district in education in last few years is given in the following table, which reflects that there is a subsequent improvement in the various parameters over the years:

SN	Particular	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
1	NER (Primary)	87.76	91.82	97.54	98.10	98.87	98.99
2	Retention Rate (Primary)	76.45	83.54	90.16	92.05	94.13	94.19
3	Board Examination Result (Primary- V standards)					88.45	99.37
4	Board Examination Result (Upper Primary- VIII standards)					74.05	97.83

In view of the above situation the education sector, has the following plan for the future:



The action points/ focus areas to achieve the vision by 2012 are as per the following:-

- To ensure that 100% children from anganwadi, directly enters the schooling system
- To facilitate that children's learning outcome level is improved at the aaganwadi level
- Ensuring active involvement of the community through various measures
- Mapping of the children out of the school and coverage through the remedial/ bridge course
- 1 Model school in each cluster (Sankul), with appropriate arrangement for quality education
- Utilising NPEGEL provisions, to ensure gender equity, fullest participation of the girls in elementary education, through the community involvement and ownership
- Appropriate education for the children with special need (differently able children)
- Ensure community action to ensure that under 14 children is there in school
- Special coaching classes for the quality improvement in the difficult subjects
- Establishing and promoting use of library in the schools
- Subject based training of the teacher and their evaluation to improve the quality

- Partially literate and illiterate to be covered through special coaching and examination to pass the board examination
- To fill the teacher's position as per the new set-up & arrangement of the teacher for computer training at the middle school level
- Filling infrastructural gaps (construction of the building in the remaining schools/ asharm shalas, along with major/ minor repairs in the old schools (window, doors etc.), boundary walls etc (coordination with the RES will be required)
- Efforts to encourage proper sanitation within the school which includes provision of proper water and sanitation facilities (in coordination with the PHE Department)
- Promoting time to time health check-ups, of children (in coordination with the health departments)
- Coordination with the RGGVY for the coverage of electricity in each school

2- Health:

The vision of the sector is to improve the availability of, and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. The district will also improve on the public health issues, by effective management of nutrition, safe drinking water and sanitation.

If we look at the indicators status regarding MDGs/ national goals, these are as:-

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 th 5 yr Plan (PC-2012)	Kanker	Remarks
4: Reduce child mortality	a-) Under-five mortality rate	41	NA	- (reporting/ recording issues) (State 90.3)	Off track (process need revisit)
	b-) Infant mortality rate (need's reporting process strengthening)	27	30 (PC)/ 30 (NRHM)	30.8 (reporting/ recording issues) (State 59)	Off track (process need revisit)
	c-) Proportion of 1 year-old children immunised against measles	85%	NA	96.30%	On Track
5: Improve maternal health	a-) Maternal Mortality Ratio	100	126(PC)/ 100(NRH M)	149 (reporting/ recording issues)	Off track (process need revisit)
	Proportion of births attended by skilled health personnel [<i>b1-) Institutional births (%)</i> <i>b2-) Delivery at home & other places assisted skilled health personal]</i>	85%	-	11.7 (Insti. Delivery) & 14.1 (by Doctor/nurse/ LHV/ ANM)	Off Track
6: Combat HIV/AIDS, malaria and other diseases	a-) 6.1 HIV prevalence among population aged 15-24 year [<i>Number of patient found to be with HIV +ve, in previous year (s)]</i>	-	-	53 cases (June, 03- March,09)	Off Track
	b-) Prevalence and death rates associated with malaria (malaria deaths suffers proper under- reporting problem)	-	Reduction in MMR (NRHM)	16.26 (API)	Off Track

7: Ensure environmental sustainability	a-) Proportion of population using an improved drinking water source/	80.50%	drinking water security to every rural household by 2012	57% (household)	On Track
	b-) Proportion of the habitation Fully Covered (FC) under habitation survey (% quality affected habitation)	-	100%	100% (25% affected with water quality)	On Track
	c-) Proportion of population using an improved sanitation facility	72%	100% (TSC-2012)	27.51% (household)	Off Track

This is evident from the above status that out of the 10 indicators reviewed the district, is on track to achieve just only on 3 indicators, and there a strong need to work on remaining indicators.

So in above background the health department presented its present status as:

- The health infrastructure at the district level is as District Hospital -1, Civil Hospital- 1, CHC- 8, PHC- 28 & SHC -204. To reach to IPHS levels, various measures are required.
- The staff position in the PHC & CHC is as:-

Staff Position at CHC				Staff Position at PHC			
Name of Post	Sanction	Vacant		Name of Post	Sanction	Vacant	
	(nos.)	(nos.)	%	(nos.)	(nos.)	%	In %
Specialist Medicine	8	7	87	Medical Officer	56	8	14
Specialist Surgery	8	8	100	Pharmacist Grade	28	7	25
Gynecologist	8	8	100	Lab Technician	28	2	7
Pediatrician	8	6	75	Ophthalmic Asst.	28	28	100
Anesthesia	8	8	100	MPW (F)	28	2	7
BMO	7	7	100	Dresser	28	3	10
Medical Officer	16	0	0	None of the CHC has any gynaecologist, specialist-surgery, anaesthesia, BMO, nursing sister. So the huge staff gaps –are critical to ensure good quality services			
Nursing Sister	7	7	100				
Staff Nurse	25	6	24				
Male Supervisors	41	8	19				
Female Supervisors	48	13	27				

- The main source of the drinking water in 97% of the villages is hand pump and the district has approx. one hand pump for every 85 person (which is above the national norms)
- Though in terms of coverage for the drinking water nearly all the habitations are covered, about 1122 habitations in district (25%) are affected with the quality issues (excess of iron), excess iron may cause constipation and psychological disorder in the human body
- There is a need to update the status of the public places (panchayat bhawan, sub health centre, community centre, religious places etc) for the drinking water facility.
- In terms of the sanitation about 28% of the rural households, have access to toilet.

- In family planning, as per the DLHS III, - currently married women using any method were - 50.7%, while unmet need for the family planning was 18.5%
- Mothers who had at least 3 Ante-Natal Care (ANC) visits during last pregnancy (%) – 60.8%.
- In Institutional coverage for the toilet, status update mechanism is required for the Anganwadi, school & toilet coverage, at any given point of time
- For IMR/ MMR the process of arriving to the district level status requires standardization.
- The NRHM framework, stresses on FRU (District Hospital, CHCs) and 24x7 PHC for reducing maternal & child deaths and population stabilization.

The status of the FRUs in critical determinants is as per the following:

FRU (CHC Name)	EMOC					New born Care	Blood Storage Facility
	Status (Yes/No)	Anaesthesia	Gynaecologist	Surgery	MD		
Antagarh	No	1	0	0	0	Nil	Yes
Charama	No	0	0	0	0	Nil	No
Koilibeda	No	0	0	0	0	Nil	No
Pakhanjure (Civil Hospital)	Yes	0	0	0	1	Nil	No
Bhanupratappur	Yes	0	0	0	0	Nil	No

The status of the 24x7 PHC on critical determinants, is as per the following:

Total No of 24*7 PHC	24 hours Delivery					Essential New born Care	Referral for Emergency
	Doctor	Anaesthesia	Minimum 4 Staff Nurse	2 Ward Boy	1 Swee per		
10	11	0	0	0	4	Nil	3

- The status of the district in the child immunization related indicators is good (about 96.75% children are fully immunized)
- As per the latest DLHS -III(2007-08), main issues of concern, which also relates to many indicators (like IMR, MMR etc) are as:
 - 20.8% girls marry before 18 years
 - 34.6% of pregnant women gets registered in the first trimester
 - Institutional birth is 10.9% (Rural)
 - Home delivery assisted by trained health worker is 14.1%
 - Among child feeding practices - exclusive breastfeeding is practiced by 54.2%
- As per the NFHS –III (2005-06) status, there are 59.4% women and & 81% children in the state are anaemic.
- Mother who receive, post natal care within 48 hours of the delivery is 40.4%.
- There is need for the strengthening the specialised treatment and nutritional rehabilitation service for severely malnourished children.
- The API under malaria in the district is 16.26, which is among the highest in the state
- The district also has the persons who were identified to be living with HIV/AIDS, 53 cases (from June, 03 - March, 09), women who have correct knowledge of HIV /AIDS is 93.4% as per the DLHS 2007-08.

The district has a health index value of .280 (HDR 2005), which places the district on the 12th rank in the state. Thus in background of the status given above, it was felt that there is a great need of improvement in the health status by various measures. One of the strategies, is to make the FRUs and 24x7 PHC, to be fully functional, step by step at the earliest possible, so that the people in the district are assured of quality services availability at an affordable distance.

Under the sector by 2012, the key action points/ focused areas proposed are as per the following:-

- More stress on the community involvement in their own health, water, sanitation & nutrition related concerns, so that local initiatives brings a transformational change in the situation
- Promoting roof top rain water harvesting practices, for the drinking water and recharge etc
- Coverage of the iron affected habitation by the various measures
- Water and sanitation measures to minimize the disease burden significantly (incl. diarrhoea, malaria etc) up to 60% from present level
- Coverage of the remaining household (>70000 individual household toilets) under TSC, to be covered with the toilet, by 2012
- Coverage & update mechanism of each public places (sub health centre, panchayat bhawan, school and aaganwadi etc) with the adequate water and toilet facility
- Promotion of the individual self inspired bathroom for the personal hygiene
- Improving the institution related gaps to meet the basic IPHS requirements
- Early filling of the staff vacancies to ensure quality service
- Greater stress on making the FRUs and 24x7 PHCs functional - so as to achieve improve maternal health, reduced child mortality & population stabilization goals, more effectively
- Developing infrastructure to provide adequate services to address the unmet need for the family planning
- Special focus/ quality treatment mechanism for severely malnourished children require strengthening
- Improving on the early and compulsory registration of the pregnant women in the AWC (in coordination with the ICDS)
- Improvement in child feeding practices, neo-natal care, institutional delivery in the urban and rural area.
- Reduction in diarrhea, malaria, HIV/ AIDS incidences, through IEC & better coordination
- Working towards extending more care for the persons affected with the HIV/ AIDS.

3- Nutrition:

The vision of the sector is to ensure that the every person is able to receive the basis nutritional requirement locally and living a healthy life. The well nourished mother and children are growing in a healthy manner, by enjoying their deserved right from the society and other interventions.

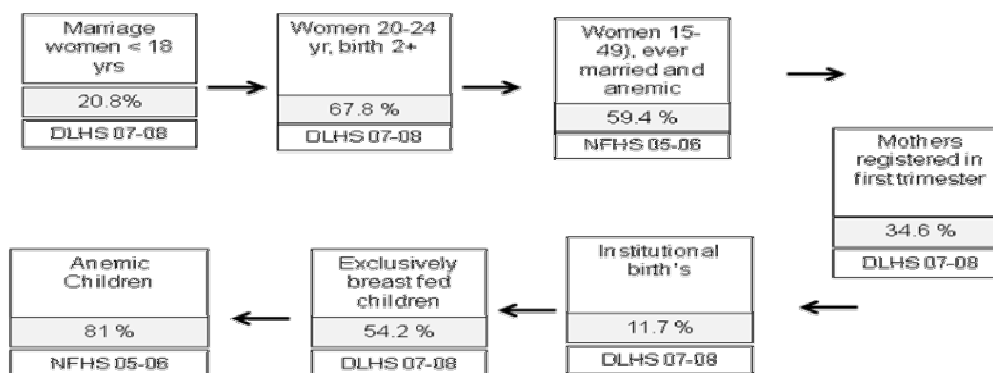
The status of the district in MDGs/ National goals is as per the following:-

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 th 5 yr Plan (PC- 2012)	Kanker	Remarks
1 – Reduce Extreme poverty and hunger	a-) Prevalence of underweight children under-five years of age	27.40%	20%	50.28%	Off Track
	b-) Proportion of children under- 3 year of age	27.40%	20%	50.45%	Off Track
4: Reduce child mortality	a-) Infant mortality rate (need's reporting process strengthening)	27	30 (PC)/ 30(NRHM)	30.8 (state – 59 SRS 2007)	Off Track (Process need's revisit)
5: Improve maternal health	a-) Maternal mortality ratio (need's reporting process strengthening)	100	126(PC)/ 100(NRHM)	149 (state – 335)	Off Track (Process need's revisit)

The district has a higher proportion of population dependent on the agriculture and forest produces, considerable population has small and marginal land holding. In this background, to ensure basic nutrition to each and every household depends on many factors, which also relates to the livelihood sector also. If we look at the key indicators under nutrition- as underweight children, Infant Mortality Rate, Maternal Mortality Ratio, these are required to be addressed through the convergence under different programme.

Presenting on the nutrition sector's view the DPO, Women and Child Development said that, GoI, proclaimed a National Policy on Children in August 1974 which declared children as "supremely important asset". Tenth Five Year Plan quotes that- the future of India lies in the future of Indian children & Eleventh Five Year Plan focused on the need inclusive Growth. Representing the sector's status in the district he expressed the following concern:-

- There are a total 389 panchayats in the districts, which are being served by 370 Fair Price Shops (FPS). While the PDS is supplying subsidised food grains for the BPL families, the ICDS and MDM are also contributing for the children and pregnant women with supplementary nutrition.
- Limited livelihood opportunities, in the non agriculture sector also affecting the income level of the household.
- The malnourished children (under-weight children) in the district are just over 50%, which is a critical status. The children under normal grade, moderate malnourished and severely malnourished as per the March, 2009 status are 49.09%, 50.46% & .45% respectively. The disaggregated status in each janpad panchayat, has the similar trend. Besides it a proportion of the eligible beneficiary are also left out from being weighted.
- Under the reporting in the ICDS, only about .45% of the children are being reported to be severely malnourished, while the field visits reflects another sight at few instances.
- The alcoholism (local drinking habits), in the remote SC/ST regions also have influences on the parent's attention towards the children's need.
- As per the latest DLHS (2007-08), NFHS (2005-06) the following status reflects, us the stages in the life cycle which results in the malnutrition among children during life-cycle:



- The above table also reflects how/ why the progress at different stages of the life cycle, ultimately results in the under nourished children with poor learning ability & other psychological development.
- The high IMR of district is also attributed to the poor addressing to the nutritional needs of the children. As the AWC only serves the 30-50% of the nutritional needs of the children and mother, so a greater role is expected from the parents & community.
- In 90% of the AWCs the management of the nutrition is presently being facilitated by the SHGs.
- It was shared that if, we consider 16% as the standard population under 6 years (status at National, Chhattisgarh and Kanker level, as per 2001 population), it seems that a significant proportion (approx. 20-25%) of children may be left out from their rights due to various reasons.
- The involvement of the panchayat/ community (SHG) in the supportive monitoring of the aanganwadi services is poor. In the past also there were instances when the feeding interruption were, caused due to supply of the food grain.
- A significant proportion of total 1427 AWCs are still deprived of own building, baby friendly toilets, water facility, baby weighing scale etc. 345 AWCs are not accessible during rains.
- The urban wards in Kanker at present are not covered under ICDS
- Posts of 4 CDPOs and 24 Sector Supervisors are vacant at present,
- The availability of the specialised treatment for the severely malnourished children is limited.
- Still there are social traditions/ taboos/ customs like child marriages, male child preferences, gender roles etc, which also affects the well being of the children.
- The quality of the home counselling for the growth monitoring is also a concern.
- Limited use of the local available data by the local community/ panchayats/ AWCs is also a concern

Coverage of the children under ICDS		
0-6 year children	(in nos)	In %
Children as per standard (16% population of 2009)	112913	100.00
Surveyed	81829	72.47
Enrolled	81829	72.47
Benefitted	63497	56.23

In the above background, it was observed that the issues related to nutrition and other development needs of the children and pregnant women are of great concern on a right based approach. To achieve the gaps under the malnourished children indicator (from 50% presently to the 20% in 2012), one of the strategy will be to do efforts that the I grade children (which are about 33%), will be focussed for specialised attention to shift to the normal grade children.

The existing government programme like ICDS, MDM, PDS, RKVY etc, need to be linked to achieving the vision under the nutrition sector by 2012. In fact, the ICDS is a unique

programme, which has potential to improve on many indicators linked with the MDGs/ national goals. In this context the following action points or focused areas were derived; -

- To improve & strengthen the timely and adequate availability of the PDS food grain for the households, anganwadi, school etc.
- To identify/ validate the gaps of children's access to the AWCs, and increasing access through proposed new AWCs/ mini aaganwadi to achieve universalization of the ICDS services.
- Development of the mechanism to locate/ report the feeding interruption at the AWC, to effectively address the issue on time
- Promoting the social responsibility (by parents, SHGs, Community, panchayts) by promoting their supportive involvement in AWCs to ensure that each child is ensured his/ her right.
- Promoting social action to address evils like child marriages, alcoholism, gender etc
- Improving human resource gaps in ICDS by filling the vacant posts & maintaining status
- Improving the infrastructural facility (own building, coverage update of toilet/ water facility, baby and adult weighing scales etc), at the aaganwadi centres, through BRGF etc.
- Improving access to the 345 inaccessible AWCs, in the rainy seasons
- Ensuring early and compulsory registration and regular weight of each eligible children and pregnant women, by the aaganwadi center, through community action.
- To promote the self visioning at the local level (particularly by AWW/ PRIs), so that interventions can be linked with outcome at her level (as for example- reducing malnourished children to x within next y months etc)
- Focus on developing habits among children (hygiene, toilet use etc)
- Improving use of the existing data in the village with household/ community/ PRIs and improving quality of home counseling (sharing growth monitoring, immunization, pre – school education progress etc), to ensure their due attention
- Promoting the kitchen garden practices among the needy rural poor households.
- To establish mechanism/ provision for intensive treatment of the severely malnourished children (coordination with health department)

4- Livelihood:

The vision is to ensure the sustainable livelihood to the local persons at the local level, by effective management of local resources (land, water, forest, cattle etc).

Under livelihood sector, with Income Index Value of .153, district is at 13th rank under the Human Development Index (HDR 2005). The position of the district against national goals/ MDGs is as under following:

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 th 5 yr Plan (PC-2012)	Kanker	Remarks
1- MDG Eradicate extreme poverty and hunger	a-) Percentage of population below poverty line	18.75%	Rural (23%), Urban (5%) - PC	49%	Off Track
	b-) Prevalence of underweight children under-five years of age	27.40%	20%	50.28%	Off Track
7: Ensure environmental sustainability	a-) Proportion of land area covered by forest	-	33% (NEP 2006)	51.62%	On Track

In the above background, representing the sectoral view the Deputy Director, agriculture said that at the national level, we are expected to achieve a 4% annual agricultural growth rate. The district's working population is 55.14% and 87% of the districts' working population is engaged in the agriculture and allied sector. He said that irrigation facilities, seeds and fertilizers are the main inputs which can maximize the returns from the agriculture sector. In the livelihood sector, the status of the district is as

- About 68% of the villages of the district are mainly rain fed.
- Land holding pattern show that about 30.56% of total land holders, have an average size of only 0.58 ha (marginal holdings) and about 31.42% of the land holders have 1.66 ha (small holdings).
- The land productivity is affected, because of forest degradation, soil erosion, over exploitation of the ground water, poor land management etc.
- Net sown area (238635 hectare), as % of total geographical area is 36.52% and double cropped area is 9.92% of the gross cropped area.
- The major source of the irrigation is irrigation canal. The total irrigated land is 8.5% of the net sown area in Rabi and 20% of the net sown area in Kharif crop.
- Per hectare fertilizer use of the district is 51.52 quintal, which is approx. 30 point less than the desired 80 quintal/ hectare. There is also great potential of using other composting techniques (as vermin composting, NADAP etc)
- Traditional farming techniques are prevalent in the district, and the productivity under the main crops as in paddy etc, are not at the optimum level.
- District enjoys a good availability of the forest produces (as *tendu patta*, *bamboo*, *imali dhola*, *senha* etc), which also provides livelihood opportunities for the local villagers.
- Animal husbandry activities, provides supplementary income to the marginal farmers and agricultural labours particularly rural people belonging to SC /ST communities who are heavily depend on livestock activities for their subsidiary means of income and employment. However a small proportion of the cattle (milk producing) are of improved breed, so the milk productivity is also comparatively low.
- Besides being great potential, in the field of sericulture, fisheries, lac production and dairy etc, lack of technical know-how & the market support are among some of the major issues of concern.
- Though programme like NREGS also provides livelihood opportunity at local level and opportunity, but there is a strong need to improve utilisation under this programme.
- The district has an area of 2654 hectare under the fisheries, through 2285 ponds/ water storing structures,

Thus, it was reflected that forest and land degradation, poor land management, availability of the high yielding seeds, fertiliser use proportion and limited irrigated land etc, are among the causes behind the low and unsustainable returns in the agriculture & allied sector.

The main programme related to the poverty reduction are concern with the – RKVY, SGSY, NREGS, Nava Anjor etc, under which the main concern departments are as Panchayati Raj & Rural Development, Agriculture, Forestry, Horticulture, Water Resources, Animal Husbandry, Sericulture, Fisheries, District Industry Centre etc

It was shared by Executive Engineer, water resources that with 82 minor and 2 medium type structures, the district has 15910 hectare land under the irrigated area. In this continuation it was shared that we are presently using about 50% of the designed potential for the irrigation. It was also proposed to work on the watershed concepts in to optimize the results.

Thus in respect of achieving the national goals by 2012 as above, the key focus area derived for the above are as: -

- Watershed development approach to be promoted as, the basis for the land, water, forest management related interventions
- Measures for increasing the irrigation capacity to the optimum level, through different water harvesting structures & other measures
- Increasing the productivity under major crops and also diversification measures – by demonstration etc
- Exposure visit of the interested farmers to successful sites for the motivation
- Working for ensuring timely availability of required seeds, pesticides and technical support to the farmers from agriculture department
- Increasing water use efficiency in the agriculture sector through new technology like – sprinklers and drip irrigation
- Providing technical, marketing and other support to the interested farmers/ entrepreneurs
- Utilising the SHG's strength for their own economic and livelihood activity, based on the available resources in the nearby region.
- Under fisheries, along with community ponds, taking up measures to ensure that private land is also taken up in the fisheries.
- Promoting nursery raising and plantation activities, to augment the forest resources
- Emphasis on utilising livelihood potential through value addition in the forest produces,
- The horticulture and agro-forestry measures (through demonstration, market support etc)
- Dissemination of the successful example of livelihood initiatives, through documentation, media and other techniques
- Improving on the proportion of the improved breed cattle (milk producing) and increasing the per unit milk productivity
- Stakeholder's consultation and efforts for improving the utilisation under programmes like NREGS etc.
- The issues highlighted in livelihood sector of the draft DHDR will be addressed through suggested measures.

5- Energy:

The vision of the sector is Power for all by 2012.

Under this sector the representatives from the CSEB Kanker started their presentation with the vision of the sector. Under the sector aim of the national programme RGGVY is to ensure that 1-) electrifying all villages and habitations (>100 population) 2-) providing electricity connections to Below Poverty Line (BPL) families free of charge who are included in serve list of 2002. The definition of the electrified village was shared with the stakeholders as – basic infrastructure provided, public places covered and at least 10% households are provided electricity connections. Similarly by, CREDA the villages/ habitation have to be covered with the solar lights, where the electrification could not be possible because of forest and other infrastructure constraints.

The status under the sector is as per the following:-

- Out of total proposed 106 villages (with constraints related to forest) to be covered the CREDA, 11 has been covered by through solar power station and 66 through

home lightning system). Few solar water heater, were also installed by the CREDA, in the district.

- More than 2000 Bio gas plants have been installed by the CREDA in the district.
- Out of total 947 villages taken under the RGGVY, the survey work has been completed for 807 Partially Electrified (PE) and 4 De Electrified (DE) villages.
- Erection work is scheduled to start from second week of July, 2009
- In the material management under the RGGVY, it was shared that, all the material (including all lines) has been procured, while transformers and poles are awaited and the process in the final stage.
- In one of the concern shared under RGGVY, it was said that non existence of the BPL cards, with many households also creates problems while cross checking during field surveys etc.
- In RGGVY, among the anticipated challenges/ concerns were shared as: – 1-) In the affected region- the issues related to transportation (in remote area), material and manpower safety 2-) the procedural req. of following of the strict REC standards.

In RGGVY, under the support required was shared as 1-) the clearance would be required from forest department at the time of erection & a completion certificate would be required from Gram Panchyat (Sarpanch) after completion of village. The proposed actions/ focus areas by 2012, under the sector are as:-

- All the habitation above 100 population will be covered by electrification under RGGVY.
- All the remaining villages/ habitation will be covered by the CREDA during 2008-09.
- Promotion of the non conventional energy sources and ensuring more demand and coverage for the solar panels
- Promotion for more bio gas plant for the eligible & interested household and reduce the burden on the forests for fuel wood.
- As per latest guidelines from Gol to NHPC Ltd.- a target of minimum 2000 connections of BPL consumers is fixed for the period next 100 days.
- In the scope of work under the RGGVY, following is proposed to be taken up by July, 2009
 - Total length of 11 KV line : 672.6Km
 - Total length of LT line : 366.8Km
 - Total No. Of Transformers : 1181 No
 - Total No. of BPL Connections : 35000
 - Augmentation of 33/11 KV S/s : 4 no.

6- Infrastructure:

The vision of the sector is to develop sufficient infrastructure in the districts, so that that each citizen receives the basic quality services, from various institutions and through new developmental works.

Presenting the sector's view under the sector Ex. En, PMGSY said that PMGSY aims that all the habitations, Public institutions (PHC, Gram Panchayat, Schools, Tourist spots etc) over 250 population, in the districts are connected through all weather roads. Under the sector the status was described as:-

- A total of 387 habitations were proposed to be covered under PMGSY, with a length of 1030 kms road length, & till now 246 habitations have been covered with a road length of 622 kms.
- In 65 roads the work is under progress, whereas for 38 roads the tender have not been received so far and 2 were cancelled at the government level.

- Under the structures for irrigation, the district is using 50% of the designed capacity and there is a scope to improve the irrigation area to over 30,000 hectare
- Besides, being great potential, the rain water harvesting through roof top is not prominent in the district at present.
- Still there are aaganwadi, sub health centre and other public institutions, which don't have their own buildings.
- In the urban area of Kanker- about 10 wards don't have proper drainage system and another 5 wards require to be covered for the proper water arrangement.
- Many of the BPL from the urban area are still without proper housing facility.

By 2012, the proposed action points/ focus areas under Infrastructure are as:

- Ensuring timely coverage of the remaining habitation (> 250 population), with all weather roads
- Maintenance of the existing structures and taking up the new water harvesting structures for the expansion of the irrigation area
- Promotion of the roof top rain water harvesting in the public buildings and the individual household
- Covering of the remaining public institutions to have their own building
- To ensure the proper drinking water arrangement in all urban wards
- To ensure proper drainage and waste disposal mechanism in the urban areas
- Covering the infrastructural gaps of the various sectors

7- Civil Rights and Empowerment:

The vision of the sector is, to ensure that each of the citizen is enjoying his/her basic right as a human being, with adequate development and growth opportunity, and ultimately contributing to a healthy society. In turn, it is visualized that the deprived section of the society (SC/ST, women and children etc), receives special attention in an equitable manner, to optimize their fullest potential with freedom, respect and dignity.

Assistant Commissioner (Tribal), presented the view of sector and said that the tribal department is committed to ensure the good quality of the basic services to deprived section of the society especially the SC/ST of the district. She said that there is a need to utilize every opportunity to ensure that that the weaker section (specially children, women) are ensured their rights.

Under Civil Right issues, the status is as per the following;

- There are 100 hostels and 72 asharm shalas, which are providing the education and development opportunities to the girls in the remote tribal region
- Under ICDS/ SGSY, Nava Anjor scheme etc, various women self help groups, are engaged in the economic activity and participating in their own development process.
- Under Saraswati Cycle Yojna, each of the eligible SC/ST has been provided with the bicycle, whereas the coverage of the beneficiaries from the OBCs is in progress.
- Still there is a need to ensure that each panchayat registers. the new birth in time and the birth certificate is given on time.
- Still there are the instances of social evils related to the child marriages, dowry, male child preference, gender discrimination, alcoholism, child labour etc which are constraints for the development.
- As per the findings of latest DHDR, 2008 the issues related to the human development like- livelihood, health and educations not get's required priority at the level of the community/ Panchayats.

The proposed activity/ focus areas proposed under the civil rights are as; -

- To take measures so that society recognize, that children are most valuable assets of society.
- To promote the awareness about the National Laws/ Convention on the Child Rights and other laws related to the socially deprived section
- To promote community/ panchayat level social action, to ensure that children, women and deprived section receives greater priority at the local level
- More active community/ Panchayat participation in effective enforcement/ operationalization of the laws related to child marriages, PCPNDT, fundamental right of primary education, child labour laws, Juvenile Justice laws etc.
- To ensure that no child is deprived of his/ her basic rights of development and elementary education
- The persons requiring special attention (widow, lonely, physical and mentally challenged persons etc), are addressed adequately
- The persons affected with the HIV/ AIDS and their families are being ensured proper social and government support
- To ensure that each new birth is registered within 21 days at the panchayat and receives the birth certificates
- To ensure that each of the eligible mother & children is registered in the Anaganwadi centre, and receiving good quality of services
- To ensure that social evils are addressed adequately through community actions
- To ensure adequate support to the women SHGs, so that they are actively engaged in the economic & other development activities, and working in a more effective and efficient way for their own development.
- Promoting that more and more Fair Price Shops (FPS), are being efficiently managed by the Women SHGs
- Women's status, participation and active role is encouraged & strengthened in the gram sabhas and other community decisions

Key Steps proposed (across the sectors):

In reference to the visioning process under key 7 sectors, the following activity would be instrumental to achieve the desired outcome under each sector:

- Improved and desegregated situation analysis & its use in decision making
- Strengthening use of ICT(Information Communication Technology)
- Strengthening and institutionalizing decentralised planning processes
- Promoting result based planning and management
- Improve resource's mobilization and utilisation
- Identifying clear activity of convergence
- Capacity building as per the requirements
- System strengthening measures
- Strong IEC measures/ initiatives across different key sectors

- Knowledge building & dissemination measures
- Strengthened concurrent monitoring and evaluation processes
- Promotion of local partnership

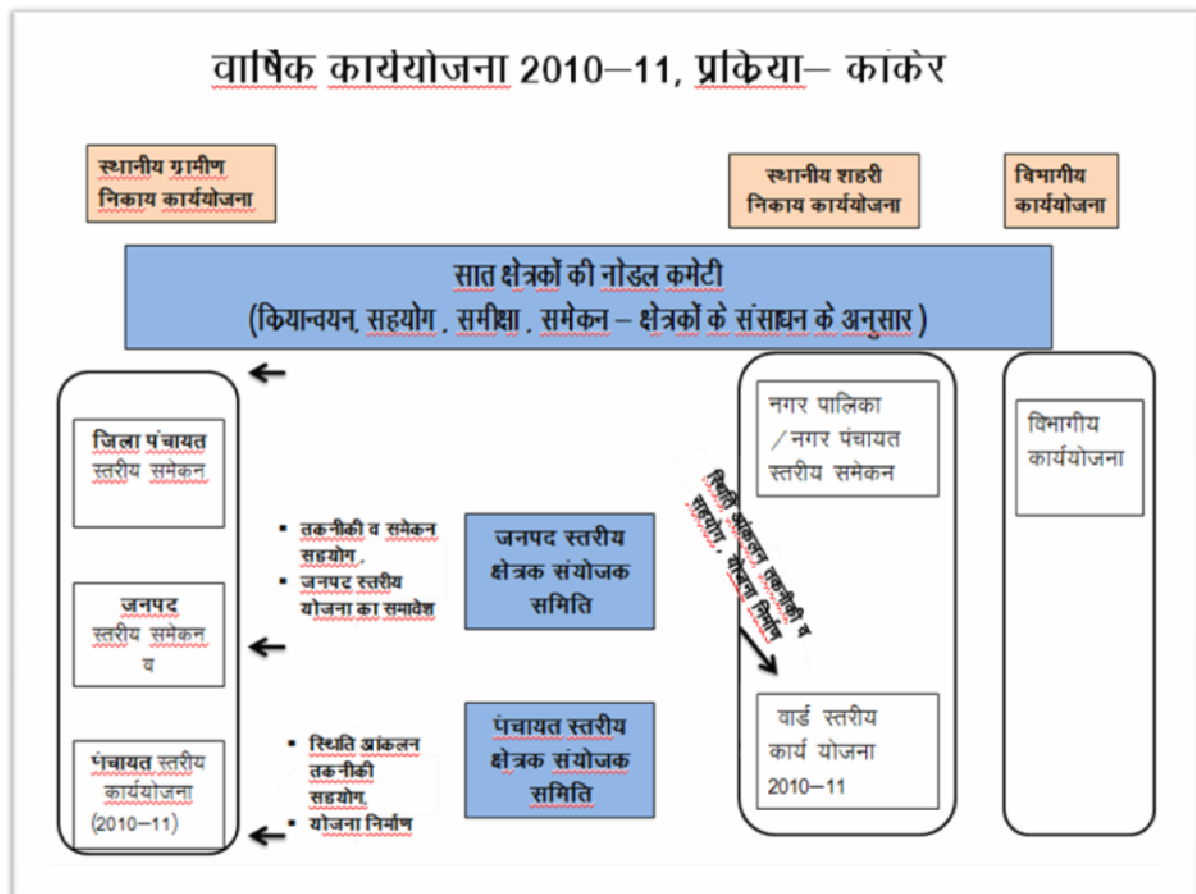
Concluding Remarks:

The visioning process aims at the integrated review, priority settings, planning and management at the district level, so that the key expected results are achieved with the convergence across programmes and actions. The process of visioning taken up at the district level would also be followed by the visioning exercises at the Janpad/ Nagar Palika/ Nagar Panchayat level and at the panchayat & wards (village/ urban) level. Visioning exercises thus will lead to the integrated and decentralised planning, which will be strengthened in the coming years.

4- The Process Adopted

The process adopted for the district annual plan is as per the following: -

- The constitution of the district level committee on the key 7 sectors
- Divisional Level Workshop of the District Level Officials
- Updating district status on the indicators of the key national programme/ MDGs
- Initial meeting of the Sectoral Committee Members (review of the district on the MDGs/ process understanding on the AWP, activity mapping, resource mapping processes, preparation of the District Visioning Workshop etc)
- Agreement on the process adopted for the AWP 2010-11
- District Visioning Workshop
- Constitution of the Janpad and the Gram Panchayat Level sectoral committees
- Janpad level Visioning Cum Training Workshop for the representatives of the Rural Local Bodies
- Training of the urban ward's representatives for the urban planning processes
- Organisation of the Gram Sabhas/ Ward Sabhas for the planning - local situation analysis & finalisation of the proposals from the PRI/ Ward representatives
- Janpad level collation and addition of the proposal
- District level review, addition and finalisation of the requirement
- Finalisation of the plan, presentation before the DPC and approval of the plan



The process adopted for the preparation of district plan:

Key departments/ schemes - converging under the 7 sectors: -

Sector	Department / Schemes
Education	Education, RGSM, Tribal Welfare, Colleges, Polytechnic, ITI, SP (Sports) etc
Health	Health, NRHM, PHE, WCD etc
Nutrition	WCD, Food, PDS, MDM etc
Infrastructure	Zila Panchayat, PWD, RES, PMGSY, BRGF etc
Livelihood	Panchayat, Agriculture, Horticulture, Veterinary services, Fisheries, Forest, Resham, Udyog & Vyapar, Khadi Gramudyog, Employment, Mining, NREGA, etc
Energy	CSEB, CREDA etc.
Civil Rights & Empowerment	DPSO, Panchayati Raj & Social Welfare Department, Revenue Labour, Zila Panchayat etc

जिला स्तरीय स्थिति, MDG आफ – ट्रेक

<u>सूचक</u>	<u>स्थिति</u>
1. गरीबी रेखा के नीचे जीवन यापन करने वालों परिवारों का प्रतिशत	49%
2. 5 वर्ष से कम उम्र से कम बच्चों में कुपोषण की दर	50.28%
* 3. 5 वर्ष से कम उम्र के बच्चों में मृत्यु दर -	State 90.3
* 4. 1 वर्ष से कम उम्र के बच्चों में मृत्यु दर (शिशु मृत्यु दर)	30.8 (State 59)
* 5. मातृ मृत्यु अनुपात	149 (state 335)
6. संस्थागत प्रसव (%)	11.7 % (DLHS)
घर एवं अन्य स्थानों पर प्रसव – स्वास्थ्य कार्यकर्ता की देख रेख में	14.1% (DLHS)
7. विगत वर्षों में एच. वाई से पीड़ित परिवारों की संख्या	53 cases (6yrs)
* 8. मलेरिया से (मृत्यु एवं ए पी आई दर)	0 मृत्यु, API- 16.26
9. परिवार – सुरक्षित शौचालय व्यवस्था का प्रयोग (2009)	27.51%

* Reporting quality issues are there

9 सूचकों में निरन्तर पर्याप्त और अभिसरण करने की आवश्यकता

Off Track on MDGs - Kanker

<u>SN Indicator (Off Track)</u>	<u>Value</u>
1. Percentage of population below poverty line	49%
2. Prevalence of underweight children under-five years of age	<u>50.28%</u>
3. Under-five mortality rate	-(State 90.3)
4. Infant mortality rate	30.8 (state 59)
5. Maternal mortality ratio	149 (state 335)
6. Institutional births (%)/ delivery at home & other places assisted skilled health personal	<u>11.7 %</u> 14.1%
7. No. of patient found to be with HIV +ve, in previous year	<u>53 cases (6yrs)</u>
8. Incidence and death rates associated with malaria	<u>0 (API – 16.26)</u>
9. Proportion of population using an improved sanitation facility	<u>27.51%</u>

Efforts are required to converge actions & resources on 9 indicators

5- The proposed budget plan

6- Operational requirements/ Relaxations needed in naxal affected area:-

Naxal is a problem that, should not be viewed just as a law and order problem, and thus it can not not be treated as a simple law & order problem.

Even with the availability of financial resources, it is not possible to work in the interior areas, so for creating infrastructure in the interior areas & to provide effective administration, out of the box solutions are required. In this brief background, the operational requirement/relaxations required are as follows:

- i)** Because of the peculiarity of the naxal problem having law and order, socio-economic dimensions naxal affected districts should be declared as a special area and special budgetary allocations, relaxation in the existing rules should be given in these areas.
- ii)** A district level task force should be constituted, with the District Collector its head and SP, CEO Zila Panchayat, EE PWD, Asst. Commissioner, Tribal Welfare, EE PMGSY & other district level officials as its members. This district level task force should be suitably empowered to carry out the development work in the district.
- iii)** If none of the tenders are received, there should not be any need of calling the tender again and again for the road & building works etc. Rather, district level committee should be given powers to decide how to get the work done which may be done through department, under the supervision of the district level task force or through any private party willing to work.
- iv)** Normally tenders are filed up, at a very high rates due to the risk & fear factor. The permission to accept those tenders, takes a lot of time due to the procedures and requirements, at the govt. level. District. level task force should be made competent, to consider/ decide on the necessary provision in this regard.
- v)** There are instances when, due to the naxal threat, construction agency (ies) are not able to carry out the work of a specified design of building or road for e.g. naxals generally don't allow RCC/RBC slabs. The district level task force should be made competent to modify the design etc. as per the situation's needs.
- vi)** Horizontal & vertical division of construction works, particularly roads should be allowed for e.g 5 kms long road should be allowed to be carried out in 5 separate tenders / five different parties either distance-wise or vertically (like one party/agency doing WBM, other providing the bitumen top). Necessary amendments in the works manual should be made.
- vii)** SOR/CSR rates based estimates are workable in normal areas. There are many factors in naxal areas, which needs to be taken care of - while preparing estimates for civil works e.g. greater probability of damage to plant & machinery, risk to the lives of people working (for which insurance is required) etc. Similarly there should be some incentive for the risk & fear factor for working in naxal areas.
- viii)** District level technical officers, should be suitably empowered i.e. to be given more powers for financial & technical sanctions for carrying out work in the naxal areas.

- ix) During the execution of the civil works, there is always a probability of plant & machinery or other construction material being damaged by naxals. In this case there should be provision, that any loss caused by the naxals should be charged to the special contingency, to be made available in civil works in naxal areas.
- x) District level task force should be empowered to choose the construction agency for civil works even without calling tenders etc. Because depending upon the circumstances, civil works can (need to be) be divided some parts being carried out by small contractors/ local persons, some parts can be carried out by task force itself etc.
- xi) All the works departments, in the district should be provided with required plant & machinery, because many civil works, will have to be (required to be) done departmentally/under the supervision of district level task force as contractors-are not willing to do work in interior areas. Further district level task force should be, able to make the govt. plant & machinery available to the small/local contractors for carrying out the work.
- xii) In the naxal areas, as one go more inside the fear & risk factor increase geometrically. So the area should be divided into different zones on the basis of distance from block HQ etc.- and accordingly higher rates of construction should be allowed in the severally affected zones.
- xiii) In this context, further there is also a need to develop a wing of police as-engineering division which can carry out the developmental activities in the naxal affected areas and also should be capable of providing technical assistance, security & required plant & machinery too.
- xiv) The 14 gram panchayats of Koylibeda block including the HQ gram panchayat should be transferred to Antagarh block, because of geographical proximity which will help the local people to get their routine work done, easily without travelling far. Pakhanjor should be made the block in place of Koylibeda.
- xv) **Personnel policy**
1. Generally the level of education, awareness etc. is low in the persons, from the interior tribal areas due to which they are not able to compete with their brethren from the developed parts of the state. That is how they are not able to get proper jobs etc.,, being unemployed get disillusioned with the system & are being attracted towards naxal ideology. On the other hand people from developed parts are not willing to stay/continue in the interior areas and are always trying for their transfer or otherwise staying at district HQ etc. which in turn affect their commitment/ effectiveness towards development of the interior areas. So there should be a policy of providing jobs, to educated unemployed youth from the interior areas on priority basis. This policy can be of great help in removing the poverty in the naxal areas, through providing employment. Further local people can better understand, the needs of the local areas & demonstration effect will help in motivating the younger generation to get properly educated & loyal to the constitution of the country.

2. The government officials working in such areas need financial packages commensurate with the risk of working in such areas. Provisions should be made for allowances to cover risk.

3. There is general demand for putting a cap on maximum tenure in naxal affected areas, since in many departments and areas it is seen that an employee once posted in remote naxal affected area is not posted out for a long period of time.

7 - The Challenges:

As the process of integrated district planning initiated this year, for the annual work plan, with the involvement of the key stakeholder's at various level, it has also been a great learning for the members from RLBs/ ULBs & departments. In the process, besides the best possible efforts carried out, there has been some of the challenges that would require to be addressed in the year's to come, as :-

- Difficulty in getting clear information regarding the – Janpad wise resources availability at the district level as – normally the budget is not categorised as in janpad wise breakups and it's a rigorous and time taking exercise
- Still clarity is required regarding the demarcation of the activities to be taken up at different level (Activity Mapping), - only few activity/ expectations shown in department wise classification (ref.:- document received in the divisional level training workshop) have the clear financial implications, many of them are of general nature.
- The level of dissemination of the departmental schemes to the key planning units and clear understanding at the departmental schemes at the village level req. improvements
- Time constraints to ensure effective community involvement and participation
- There is great need & scope of more active involvement of the key departments at the janpad level to make it more rational and of a minimum desired quality level.
- The limited capacities at the Gram Panchayat level for the effective situational analysis and planning
- Lack of staff under key departments as health, WCD etc, also is a constraint
- The capacities at the Janpad Level/ Nagar panchayat level- for the collation and addition processes
- The clarity of the key departmental schemes, with their code and category at the district & janpad level.
- The extension of the situation analysis expertise and support to the naxal affected regions (Four of the janpads of the district – Antagrah, Koilibeda, Durgkondal & Bhanupratappur are among highly affected regions).
- Absence of an appropriate software and its trainings, at the janpad level- which provides a more comprehensive collation and entry at the different levels (Janpad/ district)

Annexure

Annexure 1:

1. Department wise details of proposed activities

Annexure 2:

2. The status of the district in MDGs/ National Programmes

Annexure 3:

3. Order of Committee Formation

Annexure 6:

6. Other Annexures

The District Status on the MDGs:

The district Status on the National Programme Goal/ MDG Indicators:

MDG Goal No.	With Proxy Indicators	MDG Target (2015)	National Programme/ 11th 5 yr Plan (PC- 2012)	India	Chhattisgarh	Kanker	Remarks	Sector	Schemes
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Goal 1: Eradicate extreme poverty and hunger	1.1 Percentage of population below poverty line	18.75%	Rural (23%), Urban (5%) - PC	27.50%	40.90%	49%	Off Track	Livelihood	NREGS, RKVY etc.																																																																		
		1	2	3	4	5	6	7	8	9	10																																																																
		Goal 2: Achieve universal primary education	2.1 Net enrolment ratio in primary education	100%	100% (SSA)	95.92%	99.20%	98.99%	On Track	Education	SSA, ECCE																																																																
				1.2.2 Proportion of children under- 3 year of age	27.40%	20%	45.90%	52.00%	50.45%	Off Track	Nutrition	ICDS, Food and Civil Supplies																																																															
													1.2.1 Prevalence of underweight children under-five years of age	27.40%	20%	42.50%	55.35%	50.28%	Off Track	Nutrition	ICDS, Food and Civil Supplies,																																																						
																						Goal 3: Promote gender equality and empower women	3.1 Ratios of girls to boys in primary schools	1	100%	76.4%	71.00%	99.20%	On Track	Education	SSA																																												
																																2.3 Literacy rate of 15-24 year-olds, women and men	85% (PC)	78.60%	87.14%	87.40%	On Track	Education	SSA																																				
																																								2.2 Proportion of pupils starting grade 1 who reach last grade of primary	100% (SSA)	71.00%	95.92%	98.99%	On Track	Education	SSA																												
																																																1 (SSA- by 2007), Se Ratio -999 (PC)	85% (PC)	76.4%	71.00%	95.92%	On Track	Education	SSA																				
																																																								0.93	76.4%	71.00%	95.92%	98.99%	On Track	Education	SSA												
0.96	78.60%																																																															87.14%	99.20%	99.20%	On Track	Education	SSA						
																																																																						0.96	87.40%	90.39%	98.99%	98.99%	On Track
		On Track	On Track																																																																								
				Education	Education	Education	Education	Education	Education	Education	Education																																																																
												SSA	SSA	SSA	SSA, ECCE	ICDS, Food and Civil Supplies	ICDS, Food and Civil Supplies,	NREGS, RKVY etc.																																																									

Goal 4: Reduce child mortality	4.1 Under-five mortality rate	41		74.30	90.30	NA	Process need's revisit	Health, Nutrition	NRHM, ICDS
	4.2 Infant mortality rate	27	30 (PC)/ 30(NRHM)	57.0	59.0	30.8	Process need's revisit	Health, Nutrition	NRHM, ICDS
	4.3 Proportion of 1 year-old children immunised against measles	85%		58.80%	80.00%	96.30%	On Track	Health, Nutrition	NRHM, ICDS
Goal 5: Improve maternal health	5.1 Maternal mortality ratio (need's reporting process strengthening)	100	126(PC)/ 100(NRHM)	254	335	149	Process need's revisit	Health	NRHM, ICDS
	5.2.1 Institutional births (%), 5.2.2 Delivery at home & other places assisted skilled health personal	85%		46.7	18.1 (Insti.. Delivery) & 14.1(home deli. By skilled health personal)	11.7(Insti. Delivery) & 14.1 (by Doctor/nurse/ LHV/ ANM)	Off Track	Health	NRHM, ICDS
	5.3 Family Planning (Currently married age 15-49), using Any Method (%)				49.7	50.7	-	Health	NRHM, ICDS
	5.4 Mothers who had at least 3 Ante-Natal Care visits during the last pregnancy (%)				51.2	60.8	-	Health	NRHM, ICDS
	5.5 Unmet need for family planning (%)				20.9	18.5 (spacing +)	-	Health	NRHM, ICDS
Goal 6: Combat HIV/AIDS, malaria and other diseases	6.1 No. of patient found to be with HIV +ve, in previous year (s)	.	.	1162257	-	(53 cases in last years)	Off Track	Health	NACP- III

	6.2 Incidence and death rates associated with malaria (malaria deaths suffers proper under-reporting problem)	-	Reduction in MMR (NRHM)	1.59	5.4	16.26	Off Track	Health	NBVDCP (Malaria), NRHM, TSC
	6.3 Incidence, prevalence and death rates associated with tuberculosis								
Goal 7: Ensure environmental sustainability	7.1 Proportion of land area covered by forest	-	33% (NEP 2006)	20.60%	43.93%	51.62%	On Track	Livelihood	NEP 2006,
	7.2.1 Proportion of population using an improved drinking water source/	80.50%	drinking water security to every rural household by 2012	85%	NA	57%	On Track	Health	NRDWP, NRHM
	7.2.2 Proportion of the habitation FC under habitation survey (% quality affected habitation)	-	100%	71.04%	98.54%	100% though covered (25% affected with water quality)	On Track	Health	NRDWP
	7.3 Proportion of population using an improved sanitation facility	72%	100% (TSC-2012)	46.57% (Under TSC targets)	34.25%	27.51%	Off Track	Health	TSC, NRDWP, NRHM
Goal 8: Develop a global partnership for development				All stakeholders together					

