

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:

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:

S. No	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number
11			
12			
13			
14			
15			
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17			
18			
19			
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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:

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)
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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:

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)
13				
14				
15				
16				
17				
18				
19				
20				

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:

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)
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:

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)
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:

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)
11					
12					
13					
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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:

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

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	New Toilet / Repair
10				
11				
12				
13				
14				
15				
16				
17				
18				

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	New Toilet / Repair
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			
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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
11			
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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			
4			
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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
11			
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19			
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6. Ration 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:

S. No	Name of beneficiary (in order of priority)	Name of head of the household	Ward name and number
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			
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7			
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10			

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
11			
12			
13			
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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		
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7		
8		
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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		
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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		
16		
17		
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19		
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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:

S. No	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:

S. No	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)
11				
12				
13				
14				
15				
16				
17				
18				
19				
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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:			
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			
11			
12			

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
13			
14			
15			
16			
17			
18			
19			
20			

**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:

Sl. No	Name of Department
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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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)
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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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)
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:

Sl. No	Name of Department
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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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)
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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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

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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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)
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:

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)
9						
10						
11						
12						
13						
14						
15						
16						
17						

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)
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

