



# State/UT Participant details

- Name of the State/UT : Haryana
- Total Number of Participants : 17

S. No.	Participant Name	Designation	Department
1	Sh. Sunil Bajaj	Jt. Director, Education	Education
2	Dr. Vijender Gaur	Subject Specialist, Education	Education
3	Sh. Sat Parkash	State Programme Officer	Planning
4	Sh. Satinderpal Singh Chahal	M & E Lead	Planning
5	Sh. Rajpal Chahal	DDPO	Development and Panchayats
6	Ms. Poonam Chanda	BDPO	-----do-----
7	Ms. Neha	DPO – ICDS	Women and Child Development
8	Ms. Manisha Sharma	Gram Sachiv	D & P
9	Sh. Pardeep Sharma	Gram Sachiv	D & P
10	Sh. Deepak Sharma	Gram Sachiv	D & P
11	Sh. Pardeep Kumar	Gram Sachiv	D & P
12	Sh. Anurag	Gram Sachiv	D & P



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13	Sh. Kapil	Gram Sachiv	D & P
14	Sh. Manoj Kumar	Gram Sachiv	D & P
15	Sh. Mukesh Kumar	Gram Sachiv	D & P
16	Sh. Neeraj Kumar.	Gram Sachiv	D & P
17	Sh. Ramit Basu	Project Manager - SPMU	D & P



## Status of Field Experience

1. Whether Committee for collection of PDI data constituted : Yes
2. Number of Gram Panchayats where Pilot study carried out : 02 by MoPR team and 05 by State team
3. Composition of Committee for pilot study: Mentioned under participants' detail.

Sl. No.	Members	Included in Committee (Y/N)
1	Official of RD & Panchayati Raj Dept of State	Yes
2	Faculty of SPRC/ SIRD	No
3	BDPO concerned in whose jurisdiction GP is falling	Yes
4	Statistical Officer at the Block Level	Not available
5	Panchayat Secretary/ PDO of concerned Panchayat	Yes
6	Any other relevant Officer/ Official	Education, Planning and WCD



# Process followed for Data Collection

Sl. No.		
1	No. of available LIF Indicators with line department functionaries	357
2	Criteria for selection of GPs for Data collection	Easy access, availability of service delivery institutions and personnel.
3	Key steps involved in data collection at GP level	Orientation of Dist. Level Officials, Meeting at block level and sharing of format, brainstorming with service delivery functionaries at GP level for collection of data.
i)	Organizing meeting at GP level	Yes.
ii)	Whether dept. Wise indicator explained	Yes
iv)	Whether data validate at GP office	Yes
v)	Whether any meeting has been organized for correct interpretation of indicators with GPs	Yes
vi)	Any other (plz. specify) training, handholding provided to data collection team & other stakeholders	None



# Challenges faced during data validation process at GP level

1. Frontline workers / service delivery personnel demanding letters from their superiors before providing information.
2. Lack of understanding on certain indicators causing confusion and taking time.
3. Lack of appropriate/technical and adequate human resources at the field level.
4. Numerators can still be obtained at the GP level but for denominators, respective offices had to be contacted at the Block level which is practically not feasible in the given span of time.
5. Too many abbreviations without their full form – difficult to understand what they mean.



# Suggestions in respect of Local Indicators & its data Points (in respect of revision, modification & addition (if any))

1. The term 'field offices' need to be clarified / defined whether at GP level or Cluster level or Dist. Level.
2. There are certain departments which does not have presence at GP or even at Block level.
3. Information / data against indicators such as 'Number of people consuming alcohol; Number of people smoking' will be difficult to obtain – **This indicator is based on survey data and in-routine difficult to capture.**
4. Indicator such as No. T33803 need to be more specific. For example – What is meant by “Access to Manpower”? Rather than the term “Manpower”, a more gender neutral term such as “Human Resources” should be used.
5. Indicator such as T33802 – Whether school has Boundary Wall and Gate to be answered in Yes or No. Now a school may have a boundary wall and no gate or vice versa. Hence such indicators need to be split for more accurate responses. Similarly, whether school toilet has 'water and soap'. May have either and not both – **Can we consider handwash as Soap?**
6. Re-thinking on a number of such indicators are required alongwith simplification for field staff.



# Feedback on PDI Portal

1. Offline entry of data should be allowed as proper internet connectivity might be an issue at many places.
2. Should be in Hindi and other regional languages.
3. Data sources for PDI: All sources like NFHS, Agriculture Survey, Livestock survey, ASER data etc. should be listed if data is sourced from there. This should be displayed at all levels of validation.
4. Post login, user level / level of validation should be displayed.
5. When the portal says – Enter Registers (under data sources), does it mean number or name of registers?? – **If it is name then limit of text characters needs to be increased (also in local language field)**
6. Designations such as ANM, ASHA should be fully spelled as the system is not accepting anything less than 10 characters. Thus field level personnel need to be accordingly oriented about the full forms of positions. – **Instead just reduce the character limit in text input field as ANM, ASHA are more familiar with staff instead of full description.**
7. List of abbreviations is a must.



## Institutional Mechanism for Validation

1. At the district level, the District Collector should be the nodal officer coordinating the line departments and at the Sub-Divisional level, the SDM should be the nodal officer for coordinating at the Block level as exemplified by Swamitva scheme (in which Haryana has shown good performance).
2. Line departments should designate particular officials as nodal officer with designation at GP, Block and District level to provide the necessary data/information.
3. The Gram Panchayat Planning Facilitation Team (GPPFT) responsible for facilitating the preparation of GPDP in every GP can be given the responsibility of validating the data. While the task of validating data of each service delivery institution can be assigned to specific members, the entire should be coordinated by the GP Secretary.
4. Data which is not available at the GP level and only at the block level can be validated by the Block level steering group.
5. The above measures will ensure collaborative effort in validating data thus ensuring transparency and better ownership of data and its effective use while planning and monitoring.





## Plan of Action for Rolling out PDI in the State/UT

1. First and foremost, States to provide adequate human resources at every GP or atleast cluster level to carry out the exercise. The idea of facilitator is appropriate and can be merged with the facilitator that is appointed under PPC in each GP.
2. The so-called facilitators should be trained properly for the job and a helpline set up for day to day resolution of complaints / issues at the State Headquarters.
3. Alternately an independent agency can be hired by the State to carry out the initial data collection work before an institutional arrangement is made.
4. The indicators should be shared with the respective departments at the State level for their inputs / comments if any before the exercise formally begin. This will help the departments to be formally on board.
5. Line departments should issue strict instructions to their District, Block and GP level functionaries to provide all information to GP. The best way out should be to make it compulsory for all line department personnel providing services to GPs to share their reports during the monthly GP meetings. This will ensure horizontal sharing of data alongwith vertical reporting.