

DISTRICT ACTION PLAN 2018-2022

FEROZEPUR (PUNJAB)

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1. District Overview:

Basic Features of District

Serial No.	Features	Unit	value
1	Geographical area	Sq. km.	2406.84
2	Total population	Lakh	965053
3	Sub-Divisions	Number	3 (Ferozepur, Zira, Guru Harsahai)
4	Blocks	Number	6 (Guru Harsahai, Ferozepur, Mamdot, Ghall Khurd, Zira, Makhu)
5	Revenue villages	Number	641
6	Number of class-1 Amrut cities	Number	Ferozepur City
7	Gram Panchayats (Villages Councils)	Number	767
8	Taluka Panchayats (Block Councils)	Number	6
9	Nagar panchayats (Municipal Councils)	Number	8(Guru Harsahai, Ferozepur City, Ferozepur Cantt, Mamdot, Mudki, Zira, Talwandi Bhai,Makhu)
10	Give details of Panchayati Raj Institution Operating at the district Level	Zila Parishad	
11	Any other information relevant for drafting the District Action Plan	Border showing with Pakistan	

2. Vision of the District:

The Main focus areas which need to be actively worked upon for transformation of the District by 2022.

Sectors identified on the basis of strengths/Low hanging fruits (resource endowment/Heritage/HR availability/any other special feature etc.)

Sector identified on the basis of strength of the district	Opportunity	Current Status	Quantifiable targets for 2018-19	Projected availability of resources from different sources	Broad strategy envisaged
Individual toilets + Toilets in Schools	Funds availability, Good Coverage	80% Individual Household Level Coverage + Toilets Access in schools 83% coverage	100% Individual household and school toilets level coverage.	Not Applicable + SSA, MDM	Weekly basis review, participation of all stakeholders. Proper and adequate funds must be needed for Toilets facility Through SSA and RMSA Schemes.
Roads	Universal coverage	In District Ferozepur there are 8 Nos Market Committees, out of these 4 nos Market Committees i.e Ferozepur Cantt, Talwandi Bhai, Zira & Makhu are falling in the jurisdiction of Punjab Mandi Board and other 4 nos Market Committees i.e Guruharsahai, Mamdot, Ferozepur City & Mallanwala has been falling in Jurisdiction of Punjab PWD B&R. In Punjab Mandi Board Jurisdiction 1135.74 Km length of L/Roads has been falling where repair work has been carried out as per Govt. Policy. New link roads have also been constructed from time to time in these Market Committees by the Punjab Mandi Board.	As per availability of funds Punjab Govt. has prepared a programmed to repair of L/Roads & named as Repair Programmed 2018-19. In this programmed roads provided for which last repair was done before 31-03-2011 where immediately repair required. In this programmed 173 nos roads having 466.64 km length has been identified. Tender process for this length is in progress released of funds awaited.	Under PMGSY scheme roads upgraded & funds arranged by Govt. of India. Other schemes funds arranged by State Govt. & Punjab Mandi Board from its own sources.	As per availability of funds Punjab Mandi Board execute the work for repair of existing roads, Construction of New L/Roads, Widening/ Up gradation of L/Roads.
Link Road	-	249 Nos. 531.78 Km	Repair 181.15 Km	Punjab Mandi Board	2728.50 lacs required for repair of link roads
Plan Road	-	3 Nos 31.43 Km	Repair 27.43 Km	Punjab Govt. + centre govt. and Punjab Mandi Board funds	1122.00 lacs required for repair of roads
LINK ROADS	To serve the Public with best riding facilities	Admin. Approval received/to be received for Repair of existing 85 No. roads linking various villages during 2018-19	Special Repair (Raising - Strengthening & Laying Premix Carpet) on 162.40 Kms (85 No. Link Roads) Link Roads	With Rs.2040.93 Lakh to be received from Punjab Mandi Board Chandigarh	Subject to Availability of funds
PLAN ROADS	To serve the Public with best riding facilities	Project submitted to Higher Authorities for Admin. Approval/Funds of existing 9 No. roads for special repair and 14 No. roads for repair with patch work linking various villages	Special Repair (Raising - Strengthening & Laying Premix Carpet) on 60.68 Kms (9 No. roads) & repair with patch work on 75.04 Kms (14 No. roads) Plan Roads	With State Funds amounting to Rs.2098.76 Lakh under Head 3054 M&R (NP)	Subject to Availability of funds
PLAN ROADS	To serve the Public with best riding facilities	Project submitted to Higher Authorities for Admin. Approval/Funds	Up gradation of one No. road length 14.02 Kms .	Availing loan from NABARD under RIDF Scheme-XXIV estimated cost Rs. 630.00 Lakh.	Subject to Availability of funds
Access to Potable water	Good coverage, funds availability	90%	95%	Project availability of resources from world bank, NBARD and ARP	100% Coverage of villages with piped water supply and handed over of water supply schemes to GPWSC

Sector identified on the basis of most severe challenges faced in the district

Sector identified on the basis of most severe challenges	Current Status	Quantifiable targets for 2018-19	Projected availability of resources from different sources	Broad strategy envisaged
Education (Elementary Level)	Total 836 Schools (1 st to 12 th Class). NER (a) 96.90% Elementary section. Toilets Access 83% Learning Outcome 3 rd class Math 62.94% , Language 71.06%, 5 th class math 55.50%, Language 60.79% Drinking Water 21.88% Electricity Facility 100% PTR 78% Books Availability 100%	NER (a) 97.25% Elementary section. Toilets Access 100% Learning Outcome 3 rd class Math 65% , Language 75% , 5 th class math 60% , Language 61% Drinking Water 50% Electricity Facility 100% PTR 82% Books Availability 100%	SSA, MDM	Rationalization of Teachers and new recruitment of Teacher is a key measure for improvement in PTR. Enhancement in learning outcome Parho Punjab Parhoo Punjab Project continuity will be must. Proper and adequate funds must be needed for Girl Toilets and Drinking Water facility Through SSA and RMSA Schemes.
Education Secondary Level	Learning Outcome 8 th class math 36.38%, Language 52.08%	Learning Outcome 8 th class math 39%, Language 55%	RMSA	Enhancement in learning outcome Parho Punjab Parhoo Punjab Project continuity will be must.
Health and Nutrition o-6 years children (Pregnant & Nursing Mother)	SnP(Nutrition) 30942 7874	Total 0-6 Years children- 81696 Total PM & NM (Pregnant & Nursing Mother) 12526	-	Regular Surveys are conducted to enroll more beneficiaries under the scheme. Home visits are made by ICDS Supervisors to monitor pregnant ladies and add more beneficiaries.
Percentage of pregnant women talking Supplementary Nutrition under the ICDS programmed regularly	6874 Pregnant women talking supplementary Nutrition (57%)	75%	-	Regular Surveys are conducted to enroll more beneficiaries under the scheme. Home visits are made by ICDS Supervisors to monitor pregnant ladies and add more beneficiaries.
Percentage of underweight children under 5 years	7341 are underweight children under five year (8.82%)	7%	-	Proper nutrition, vaccination and taking proper care of diseased children
Percentage of Severe Acute Malnutrition (SAM)	129 Children 0-5 year (0.15%)	0.8%	-	-
Percentage of Moderate Acute Malnutrition (MAM)	7212 (MAM) Moderate children first grade (8.82%)	7%	-	Mamta divas is collaboration with health dept. for improving nutrition level of the children
Breastfeeding Children receiving adequate diet (6-23 Months)	12748 with breast feeding (64%)	73%	-	Counseling through home visit strengthening the home mamta divas is collaboration with health dept
Non-Breastfeeding children receiving adequate diet (6-23 Months)	7163 Non Breast feeding (36%)	39%	-	Counseling through home visit strengthening the home mamta divas is collaboration with health dept.
Proportion of Anganwadis with own buildings	Total centers 1174 and 754 Own Building (64.22%)	68%	-	Funds are not received for the construction of AWC buildings In urban areas space is not available. If Govt.gives us more funds. Then we will try to make sufficient buildings.700 aganwaris have been shifted in Govt. primary schools
Financial Inclusion				
Total Disbursement of Mudra Loan (In rs.)per 1 lakh population	Total Disb. Of MUDRA loan amt. 10 crore per 1 lakh population and total beneficiaries per 1 lakh population are 1050	12 Cr.	Applicable	MUDRA Scheme is popularized by creating awareness in citizens by Advertisements, by using the network of Bank Mitra's. Awareness is created with the help of Financial literacy Councilors. RSETI motivates students to avail MUDRA loans to start their Entrepreneurs.
Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)Number of Enrolments per 1 lakh population	Number of PMJJBY Enrolments 1901 Per 1 lac population.	5000 Person per Lacs	Applicable	Customers interested under the scheme approached the Branches, where they have Bank accounts for their subscription under the Scheme. Further FLC councilors guide the villagers in various Camps about the scheme and enrolment is done by Bank Mitre's also.
Pradhan Mantri Suraksha (PMSBY) Bima Yojana	Number of PMSBY Enrolments 9892 per 1 lac population.	15000 Person per Lacs	Applicable	
Atal pension yojana (apy) Number OF beneficiaries per 1 lakh population	Number of APY beneficiaries 983 Per 1 lac population.	3000 Person per Lacs	Applicable	All Banks in District Ferozepur describe the benefits of the scheme to their Customers and convince them for covering maximum persons under the ambit of Atal Pension Yojna Scheme. Further Banks use the facility of Bank Mitra's for maximum coverage under the scheme.
Percentage of accounts seeded with Aadhar as a percentage of total banking accounts	Aadhar Seeding is 81%.	90%	Applicable	Awareness campaigns will be held by Banks through Advertisements, Public meets by FLC Councilors and Village wise Campaign by Bank Mitres to aware customers for Aadhaar seeding.

3. Health and Nutrition Indicators

Sr. No	Monitoring Indicators	Norm	Shortfall	Target	Achievement	% age	2018 -19	2019 -20	2020 -21	2021- 22	Remarks	Strategy Improvement
1	MMR (Maternal Mortality rate)	Recent MMR in Karla is 61	Due to shortage of Gynecologist	--	176	--	155	140	135	128	State already have good achievement as compared to GOI figures	Early recognition of high risk Pregnancy and Improving institutional delivery
2	TFR (Total fertility rate)	Recent TFR in Karnataka is 1.6	-	--	1.74	--	1.74	1.74	1.74	1.74	-	Motivation to eligible couple
3	IMR (Infant Mortality rate)	Recent IMR is Goa in 8	Due to shortage of Paediatrician	--	15	--	13	12	10	8	-	increasing Institutional delivery
1.1	Percentage of Pregnant Women receiving four or more antenatal care check-ups	Recent Percentage of Pregnant Women receiving four or more antenatal care check-ups is 99% in Karnataka	Sometimes after third ANC check up some women go to other district for further management	12130	8512	70 %	80%	85%	88%	92%	Number of PW received 4 or more ANC checkups / Total number of pregnant women registered for ANC	Sensitization for field staff and PW regarding importance of Forth ANC
1.2	Percentage of ANC registered within the first trimester	Recent Data is 93 in Dadar and Nagar haveli	-	12130	9052	75 %	80%	84%	88%	92%	Total number of pregnant women registered with first ANC / Total number of pregnant women registered for ANC	Sensitization of ANMs and ASHAs and PW regarding importance of registration of PW first trimester
1.3	Percentage of pregnant women (PW) registered for ANC against estimated pregnancies	Recent data is 97% in Lakshadweep	-	13971	12130	89 %	90%	92%	94%	96%	Total number of pregnant women registered for ANC / Target for pregnant women	Sensitization for field staff To Capture data from Private sector More.
2	Percentage of pregnant women talking Supplementarily Nutrition under the ICDS programmed regularly	-	-	12130	6874	57 %	75%	85%	92%	98%	---	Regular Surveys are conducted to enroll more beneficiaries under the scheme. Home visits are made by ICDS Supervisors to monitor pregnant ladies and add more beneficiaries.
3.1	Percentage of pregnant women having severe anemia (haemoglobin, 7gm/dl)	Recent data in Goa is 1%	Number of PW having severe anemia (Hb<7) treated / Total number of pregnant women registered for ANC	12130	353	2.9	0.2	0.15	0.10	0.00	Number of PW having severe anemia (Hb<7) treated / Total number of pregnant women registered for ANC	Highly risk pregnancy especially severely anemia PW to be monitored regularly.
	Percentage of pregnant women having mild to moderate anemia less than 11 gm. (haemoglobin, 7.1gm/ to 10.9 gm dl)	Recent data in Lakshadweep is 77%	Due to dilutational Anemia in Every Pregnancy most of the pregnant women has their HB level between 8 to 11	12130	10446	86 %	75%	70%	65%	60%		
3.2	Percentage of pregnant women tested for Anemia	-	-	-	-	100%	100%	100%	100%	100%	All the Pregnant women coming for ANC have test for Anemia	-
4.1	Sex Ratio at birth	Recent data is 964 in Mizoram	-	4042	3726	92.2	930	940	955	965	1) Reported Female / Reported Male*1000	1) Under Beti Bachoo and Beti Padho scheme, Motivation of People through IEC activity and camps 2) Regular Checking of Scan centers under PNDT Act.
4.2	Percentage of institutions deliveries out of total estimated pregnancies	Recent data is 85% in Adhndra pardesh	1) Due to shortage of Gynaecologist in District. 2) More than 30% of Institutional Deliveries of Ferozpur District took place Near by district.	12574	7206	57.86 %	90%	94%	97%	100%	Number of Institutional Deliveries conducted / Total Estimated Deliveries 2) More than 30% of Institutional Deliveries of Ferozpur District took place Near by district.	1) Posting of Specialist At CHC level 2) Posting of FMO and Staff Nurses at all 24X7 PHCs

5	Percentage of home deliveries attended by as SBA (Skilled Birth Attendance) trained health worker out of total estimated pregnancies	Recent data is 1.1% in Uttarpardesh	Most of the Institutional delivery done conducted within district nearby to other district	12574	82	0.65%	-	-	-	-	Number of Home Deliveries attended by SBA (Trained Birth Attendant(TBA) /Relatives/etc.) / Target of Institution Deliveries	Creating Awareness for Importance of Institutional Deliveries
6.1	Percentage of new-borns breast fed within one hour of birth	Recent data is 97% in Chhattisgarh	In cesarean delivery the most of the women Start Brest feeding after second or Third hours	7768	5341	68.75%	75%	82%	88%	92%	Number of Newborns breast fed within 1 hour of birth / Total Deliveries Reported	Creating Awareness for Importance of Breast Feeding
6.2	Percentage of low birth weight babies (less than 2500 gms)	Recent data in 4.1% in Nagaland	some pregnant women don't afford good diet	7768	674	8.6%	9%	8%	6%	5%	Number of newborns having weight less than 2.5 kg / Total Live Birth Reported	Creating Awareness for Diet During the pregnancies Period
6.	Proportion of live babies weighed at birth	Recent data is 99.9% in Skim	-	7768	7718	99%	100%	-	-	-	Number of New Live Babies Reported / Total Number of Babies weighed at birth	-
7	Percentage of underweight children under 5 years	Effective Monitoring of the children who are underweight	-	81696	7341	8.82%	7%	6%	4%	2%	Monthly monitoring is done	Proper nutrition, vaccination and taking proper care of diseased children
8.1	Percentage of stunted Children under 5 years	-	-	114207	129	0.11	0.1	0.08	0.06	0.04	No of children stunted / Total population of 5 year Children	Proper Vaccination and diet to every child under 5 year
8.2	Percentage of Children with Diarrhea treated with ORS	Recent data in Karla is 40%	Many children recovered due to diarrhea by keeping under observation and sometimes the children needed fluid by intravenous Route	124	26	21%	-	-	-	-	No of Children treated / Total Children admitted due to Diarrhea	Taking proper care of the children with fluids and hygiene
8.3	Percentage of Children with Diarrhea treated with Zinc											
8.4	Percentage of Children with ARI in the last 2 weeks taken to a health facility	--	--	24	--	--	--	--	--	--	24 Case taken to Health Facility within last two weeks Due to ARI	Every case of ARI should be treated at health facility
9.1	Percentage of Severe Acute Malnutrition (SAM)	Effective Monitoring of the children who are Server Acute Malnutrition on SAM	-	81696 Children 0-5 years	129	0.15%	0.8%	0.5%	0.3%	0.1%	Monthly monitoring is done	-
9.2	Percentage of Moderate Acute Malnutrition (MAM)	Effective Monitoring of the children who are Moderate Acute Malnutrition MAM	-	81696 Children 0-5 years	7212 Moderately Children 1st grade	8.82%	7%	6%	4%	2%	Mamta divas is collaboration with health dept. for improving nutrition level of the children	-
10.1	Breastfeeding Children receiving adequate diet (6-23 Months)	Counseling through home visit strengthening the home mamta divas is collaboration with health dept.	-	19911 (Total 6-23 Month Children)	12748 with Breast Feeding	64%	73%	81%	90%	95%	Counseling through home visit strengthening the home mamta divas is collaboration with health dept.	-
10.2	Non-Breastfeeding children receiving adequate diet (6-23 Months)		-	19911 (Total 6-23 Month Children)	7163 Non Breast feeding	36%	39%	42%	52%	65%	Counseling through home visit strengthening the home mamta divas is collaboration with health dept.	-
11	Percentage of Children Fully immunized (9-11 Months) (BCG+OPV+ Measles)	Recent data in Karla is 97%	Some children Migrate	12312	10683	86.76%	90%	92%	94%	95%	Children aged between 9 and 11 months fully immunized- Male / Total estimated deliveries	-
12.1	Tuberculosis (TB) case notification rate (Public Institution) as against estimated cases	--	--	1547	1376	89%	90%	91%	92%	93%	No of Cases put on treatment / 2/3 of incidence rate (211/ 1 Lakh Population)	-

12.2	Tuberculosis (TB) case notification rate (Private Institution) as against estimated cases	--	--	774	24	2%	7%	15%	20%	25%	No of Cases put on treatment / 1/3 of incidence rate (211/ 1 lakh Population)	Sensitization of Private Doctor
13a	Proportion of sub Centers/PHCs converted into Health & Wellness Centers (HWCs)	-	-	-	-	-	-	-	-	-	Programmed is not started Yet Proposal is there to start 19 wellness centres clinics	State Govt. Has already Submitted PIP for health and wellness clinics with special focus on inspirational districts (Ferozpur and Moga)
13b	Proportion of Primary Health Centers compliant to Indian Public Health Standards	-	-	19	0	0	NA	NA	NA	NA	As per IPHS 3 Doctors required every PHC	-
13c	Proportion of Functional FRUs (First Referral Units) against the norm of 1 per 5,00,000 population (1 per 3,00,000 for hilly terrain)	-	-	-	-	100	-	-	-	-	Ferozpur, Zira and Guru Har Sahai There are 3 FRUs	-
13d	Proportion of specialist services available in District hospitals against IPHS Norms	-	Total specialist services required = 19 Available = 16 Gap Ayush, Forensic Expert, Orthopedic an	19	16	84%	90%	95%	100%	-	Total specialist services required = 19 Available = 16 Gap Ayush, Forensic Expert, Orthopedician	-
13e	Proportion of Anganwadis Centers/Urban PHCs reported to have conducted at least one Village Health Sanitation & Nutrition day/ Urban Health Sanitation & Nutrition day/ respectively in the last one month	-	-	465	431	93	95	98	99	100	This year we played the 4185 Session and achieved the target 3890 Session	More MAMTA DIWAS will be planned at AWC
13f	Proportion of Anganwadis with own buildings	-	Funds are not received for the construction of AWC buildings	Total centres 1174 754 Own building (64.22%)	-	-	68	70	78	88	Funds are not received for the construction of AWC buildings In urban areas space is not available. If Govt.gives us more funds. Then we will try to make sufficient buildings.700 agan waris have been shifted in Govt. primary schools.	-

EDUCATION

Sr No	Indicators	Norm	Shortfall	%	2018-19	2019-20	2020-21	2021-22	Remarks	Strategy Improvement
1	NER(a) Elementary Level	According Right to education Act.(RTE) 6-14 Age group for Elementary Level) Statistics as enrolment of the official age-group for a given level of education expressed as a percentage of the corresponding population.	Over age and under age students are studying in schools.	96.90	97.25	98.50	99.50	100.00	GER at Elementary level is 100%	Special Drives are being Introduced to identify and mainstream out of school children
1b	NER(b) Secondary Level	(15-16 age) Statistics as enrolment of the official age-group for a given level of education expressed as a percentage of the corresponding population.	Over age and under age students are studying in schools.	46.34 GER at Secondary level is 93.50 .	54.20	64.05	74.70	85.20	GER at Secondary level is 93.50. NER is low because under age and over age students studying in the schools at Secondary level.	Special Measures and Strategies are under consideration at state level in view of new Education policy to overcome low NER at Secondary Level.

Sr No	Indicators	Norm	Shortfall	No of schools	No of schools having functional girls toilet	Achievements in %	2018-19	2019-20	2020-21	2021-22	Remarks	Strategy Improvement
2	Toilet Access % schools with functional Girls toilet	50:1 (one unit is necessary for 50 enrolled girls.)	Due to shortage of toilet facility, some girls drop out from schools.	836	702	90%	100%	-	-	-	827 schools having Girls toilet blocks out of these 125 schools have not sufficient Girls Toilet blocks according to enrolled girls. 2 Schools have not girl toilets. (1 School re-opened and 1 school is shifted to other place). (7) Seven Schools are boys Schools.	Schools maintenance and repair grants will be disbursed to these schools on priority basis. Along with this SMCs are being motivated through community mobilization campaign for 100% toilets access.

Sr No	Indicators	All	Boys	Girls	SC	ST	2018-19	2019-20	2020-21	2021-22	Strategy Improvement	
3	Learning outcomes (All, Boys, Girls, SC, STs, Minorities)											
a	Mathematics performance in class 3rd	62.94	62.64	63.41	64.23	0	65.00	70.00	75.00	80.00	Paro Punjab Parao Punjab Programme is introduced to uplift the quality of education	
b	Language performance in class 3rd	71.06	70.10	71.97	72.35	0	75.00	80.00	82.00	85.00		
c	Mathematics performance in class 5th	55.50	53.95	57.04	55.40	23.33	60.00	65.00	68.00	72.00		
d	Language performance in class 5th	60.79	58.64	62.95	60.59	56.67	61.00	62.50	65.50	70.50		
e	Mathematics performance in class 8th	36.38	36.06	36.64	33.91	26.67	39.00	45.00	48.00	50.00		
f	Language performance in class 8th	52.08	50.51	53.40	51.56	48.33	55.00	60.50	65.00	70.50		

Sr No	Indicators	Norm	Shortfall	No of schools	No of schools with functional Potable Water facility	Achievements in %	2018-19	2019-20	2020-21	2021-22	Remarks	Strategy Improvement
5	Percentage of schools with functional drinking water facility	Each School required one submersible pump and also need RO facility.	Schools have not drinking water facilities.	836	183	21.88%	50%	75%	85%	100%	828 Schools have water facilities out of these 183 Schools have RO facility in schools, 8 schools have not facility of water. These schools facilities with Hand pumps but those are non-functional.	100% Target will be achieved by providing adequate sources to these schools through annual plan 2018-19 under SSA and RMSA
6	Percentage of schools with functional electricity facility at secondary level	100%	Nil	221	221	100%	--	--	--	--	--	--
7	Percentage of elementary schools complying with RTE specified Pupil Teacher Ratio.	30:1 (Teacher Pupil Ration in (1st to 5 th class) and 35:1 (PTR in (6 th to 8 th class)	Rationalization is required to overcome adverse PTR.	615	477	78%	82.00	85.00	90.00	100	--	New online Rationalisation and teacher Deployment policy is under consideration to overcome adverse PTR.
8	Percentage of schools providing text books to children within 3 months of start of academic session.	100%	Nil	848	848	100%	--	---	---	---	--	Free text books are already being provided under SSA and by Welfare Dep't.

Agriculture & Allied Areas

Sr. No	Indicators	Norm	Shortfall	Area	2018-19	2019-20	2020-21	2021-22	Strategy Improvement
1	Water Positive Investments and Employment								
1 (a)	Percentage of net sown area under micro-irrigation	Micro Irrigation system is suitable for every crop. Highly recommended to vegetables and horticulture crops	High Initial cost. Farmers are not aware and familiar with this Irrigation System	If Farmers wants to adopt micro irrigation dep't will provide the facility regarding the same	0.50%	1%	1.50%	2%	Net sown area under micro irrigation will be increased with the awareness camps in ferozepur district. In our district there are not any hub of gardens, mostly farmers sowing wheat and rice.
1 (b)	Percentage increase in water bodies rejuvenated under MGNREGA	-	-	Total 770 water bodies rejuvenated under MGNREGA	45%	68%	82%	100%	---
2	Crop Insurance- Percentage of net sown area under Pradhan Mantri Fasal Bima Yojana (PMFBY)	-	-	NA	NA	NA	NA	NA	---
3	Increase in Critical Input usage and Supply								
3 (a)	Percentage increase in agricultural credit	-	-	Total Agriculture advance as on 31 Dec.2017 is 4540 crore	12%	13%	14%	15%	1) Due to increase in cost of production banks gives 10% enhancement to farmers on their crop loans every year. 2) Further targets for agriculture allied activities which promote livelihood and are income generating were allocated to all the banks to cover maximum farmers under MUDRA loans up to 10 Lakh.
3 (b)	Certified quality seed distribution	our target to cover area under certified seed up to 25% of the total crop covered area	Shortage of seed shortfall is 2.5%	Certified quality seed distribution. Total area of wheat 187000, seed distributed 41000 Q. for 41000 Hct. 22% covered area	22.5%	25%	29%	33.5%	Increase Percentage area after three Years
3(c)	Increase in Fertilizer Use	Fertilizer use should be on the basis of soil health. and according to PAU recommendations	Excess use by 1.4%	Total Net sown area 2, 01,000 hec. requirement of fertilizer) half year) Urea 62000 M.T. But Consumption 68000 M.T	.35	.35	.35	.35	The fertilizer used has been decreased by 1.4% as per Previous year used in Different crops.
4	Number of Transactions in District Mandi linked to e NAM	-	-	There is no any mandi linked eNAM yet.	---	---	---	There is no implemented in Punjab state	---
5	Percentage change in Price Realization (defined as the difference between Farm Harvest Price (FHP) and Minimum Support Price (MSP)	Efficient use of inputs.	Un-efficient use of inputs due to lack of technical knowledge.	Paddy crop year 2016-17 FHP 14000 Rs. acre variable MSP- 1510 Rs/ □yield -26 Q/acre gross returns (variable)- 39260 Rs Price realization or returns over variable const-25260 Rs.	1510 Rs. more profit per acre	2265 Rs. more profit per acre	2642.5 Rs. more profit per acre	3030 Rs. more profit per acre	As per comparison with Previous year, yield of crop paddy has increased and therefore percentage change in price realization is positive.
6	Percentage share of high value crops to total sown area in district	Marketing facilities should be improved. Small scale industries for food processing.	Lack of MSP	Total Net sown area 2, 01,000 hec. High value crop sown area 2917 Percentage of total area 1.45%	3%	6%	10%	15%	If marketing problem is solve then area increase of high value crops.

7	Agricultural Productivity of Rice and Wheat	Use of best management practices. Integrated use of nutrients. IPM(Integrated Pest Management)	Lack of technical knowledge.	Rice= Area 188000 ,Yield 4582 & Production 861416 Wheat= Area 187000 ,Yield 5235 & Production 978945	Yield Increase 100 kg Per Acre.	Yield Increase 150 kg Per Acre.	Yield Increase 175 kg Per Acre.	Yield Increase 200 kg Per Acre.	1) Soil testing to improve the soil health 2) Use new technology 3) Better farm management 4) Use certified seeds
8	Percentage of animals vaccinated	-	lack of staff	Total Cow +Buff =352351	96%	96%	96%	96%	% is less because of young Animals below 3 months
9	Artificial Insemination coverage	National average 54.94% and District ferozepur are covered 60%	lack of staff	Breed able animal cow 37056	80%	85%	90%	95%	This improvement could be by providing sufficient staff.
			lack of staff and farmers are not fully aware	Breed able animal Buff. 86266	40%	60%	80%	90%	This improvement could be by providing sufficient staff and teaching farmers by extension activities.
10	Number of Soil health Cards Distributed in II Cycle as compared to I Cycle	Total target of soil samples in I and II cycle= 91000 Collected all the soil samples 91000	Soil health card distribute after testing of soil samples, but soil samples testing by the private company and not started the work	Total target of soil sample in I and II cycle= 91000 Collect the soil sample 91000	NA	NA	NA	NA	Soil health card distribute after the result of soil sample, but soil sample testing give the private company and not stated the work

Financial Inclusion and Skill Development

Sr. no.	Indicators	Norm	Progress National level	Shortfall	2018-19	2019-20	2020-21	2021-22	Remarks	Strategy Improvement
Financial Inclusion										
1	Total Disbursement of Mudra Loan (In rs.)per 1 lakh population	Total Disb. Of MUDRA loan amt. 10 crore per 1 lakh population and total beneficiaries per 1 lakh population are 1050	Total Disb. Of MUDRA loan amt. 9.8 crore per 1 lakh population and total beneficiaries per 1 lakh population are 3200.	Progress under the scheme is approximately equal to the national Figures.	12 Cr.	14 Cr.	16 Cr.	18 Cr.	Total Disb. Of MUDRA loan amt. 10 crore per 1 lakh population	MUDRA Scheme is popularized by creating awareness in citizens by Advertisements, by using the network of Bank Mitra's. Awareness is created with the help of Financial literacy Councillors. RSETI motivates students to avail MUDRA loans to start their Entrepreneurs.
2	Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)Number of Enrolments per 1 lakh population	Number of PMJJBY Enrolments 1901 Per 1 lac population.	Number of PMJJBY Enrolments 2480 Per 1 lac population.	579 enrolments less per 1 lakh population.	5000 Person per Lacs	10000 Person per Lacs	14000 Person per Lacs	18000 Person per Lacs	Number of PMJJBY Enrolments 1901 per 1 lac population against state figure 2401	Customers interested under the scheme approached the Branches, where they have Bank accounts for their subscription under the Scheme. Further FLC councillors guide the villagers in various Camps about the scheme and enrolment is done by Bank Mitre's also.
3	Pradhan Mantri Suraksha (PMSBY) Bima Yojana	Number of PMSBY Enrolments 9892 Per 1 lac population.	Number of PMSBY Enrolments 7960 Per 1 lac population.	1972 enrolments per 1 lakh population is more than National level figure.	15000 Person per Lacs	20000 Person per Lacs	24000 Person per Lacs	27000 Person per Lacs	Number of PMSBY Enrolments 9892 per 1 lac population against state figure 13411	
4	Atal pension yojana (apy) Number OF beneficiaries per 1 lakh population	Number of APY beneficiaries 983 Per 1 lac population.	Number of APY beneficiaries 496 Per 1 lac population.	487 enrolments per 1 lakh population are more than national level Figure.	3000 Person per Lacs	8000 Person per Lacs	12000 Person per Lacs	15000 Person per Lacs	Number of APY beneficiaries 983 per 1 lac population against state figure 867	All Banks in District Ferozepur describe the benefits of the scheme to their Customers and convince them for covering maximum persons under the ambit of Atal Pension Yojna Scheme. Further Banks use the facility of Bank Mitra's for maximum coverage under the scheme.
5	Percentage of accounts seeded with Aadhar as a percentage of total banking accounts	Aadhar Seeding is 81%.	Aadhaar seeding is 81%.	Aadhaar seeding is approximately equals to the national figures.	90%	95%	96%	98%	Aadhar Seeding is 81% against state figure 75%	Awareness campaigns will be held by Banks through Advertisements, Public meets by FLC Councillors and Village wise Campaign by Bank Mitres to aware customers for Aadhaar seeding.

	Skill Development	Norm	Progress National level	Shortfall	2018-19	2019-20	2020-21	2021-22	Remarks	Strategy Improvement
1	No of youth certified in short term and long term training "schemes/no of youth in district in age group 15-29*	-	-	-	This year total 2920 no of youth trained in different Trades	3045	3718	4147	--	We are organising mobilisation and carrier counselling camps to enrol maximum candidate for Skill Development Courses
2	No of certified youth employed/ No of youth trained under short term and long term training	-	-	-	1890E employed/ own Business	2000	2400	2900	Ferozpur Distt is a Boarder district & is not well connected with industries due to which the percentage is very low & we are organizing job fair mela twice a month to improve the figure in the index	District Level job fair melas are organised after every 15 days to provide employment opportunities to skilled youth, in these melas companies from different skill trades participates to provide maximum job / own business opportunities
3	Number of Apprentices completing /total number of trainees registered on the portal	-	-	-	NA	NA	NA	NA	Programme not Implemented in the district	--
4	No of people certified under Recognition of Prior Learning/Non formally skilled workforce	-	-	-	NA	NA	NA	NA	Programme not Implemented in the district	--
5	Number of Vulnerable/Marginalized youth certified trained under short term and long term trainings a) Women-certified trained, b) SC- certified trained, c)ST- certified trained, d)OBC- certified trained, e)Minorities-certified trained, f)Differently abled- certified trained,)/Total Number of youth certified trained	-	-	-	a) 1010 b)250 c) NA d) 144 e) 176 f) 57 Total no. of Youth Certified Trained =1637	a) 1210 b)330 c) NA d) 190 e) 226 f) 115 Total no. of Youth Certified Trained =2071	a) 1475 b)440 c) NA d) 240 e) 295 f) 175 Total no. of Youth Certified Trained =2625	a) 1640 b)490 c) NA d) 295 e) 340 f) 210 Total no. of Youth Certified Trained =2975	--	--
Basic Infrastructure										
1	Percentage of households with electricity connection	-	-	-	100%	-	-	-	In this connection it is intimated that 100% electrification of household connections has taken place. If anybody applies the electricity connection and completes all formalities in time, then the connection is released within seven days.	--
2	Percentage of households with Internet connection	Speed, data, video conferencing as per Plan awarded by the customer and E-Mail etc.	80%	Uneducated (illiteracy) people are not access to Internet facility	100%	-	-	-	1) Due to New technology now customer are Interested in Internet services while using their Mobile instead of Land line and broad band Being cheap, portable and accessible at everywhere. 2) In rural area NOFN Project (Prime Minister Yojna) is Under Process.	--
3	Percentage of habitations with access to all weather roads within 3km.	-	-	-	100%	-	-	-	-	-
4	Percentage of households with individual household latrines	For Coverage-open defecators is criteria	78.98%	Lack of willpower and Payment Delays	100%	-	-	-	Total Percentage 80% as most of People is sharing. For Example In a joint family 4-5 Families are living in same house and sharing a same IHHL (Toilet)	-

5	Percentage of households with access to adequate quantity of portable water -40 lpcd drinking water in rural and 135 lpcd in urban areas(within 100 meters of households or 10 meters elevation)	70 LPCD	90%	Nil	90%	95%	100%	-	90% with house hold access to adequate quality of Portable water at Ferozepur	-
6	Coverage/establishment of Common Service Centre's at Gram Panchayat Level	The Target of Common Service Centre's at Gram Panchayat Level 550 Centre and 500 Centres are opened at Gram Panchayat Level.	-	-	550 csc	565 csc	575 csc	590 csc	50 Common service centres are opening in 31th March 2018.	-
7	Number of Pucca constructed for households who are shelter-less or having one room with kuchha wall and kuchha roof or having 2 rooms with kuchha wall and roof.	Indira Awaas Yojana is essentially a public housing scheme for the houseless poor families and those living in dilapidated and kutcha houses with a component for providing house sites to the landless poor as well. The scheme is designed to enable Below Poverty Line (BPL) households identified by the community through Gram Sabhas following criteria suggested for such identification from time to time, to build their houses or get house sites with financial and technical assistance from the Government	-	-	27%	48%	73%	100%	As per Seek survey 2011, Total Beneficiary 6827	---

5. Mapping of the Outcomes with Schemes/Activities and Available Financial Resources

Convergence opportunities identified:

Sector/Schemes identified for Convergence	Opportunity	Challenges	Broad strategy envisaged
HEALTH			
NRHM			
a) JSY (Janni Surakhsha Yojna)	Availability of funds with pregnant lady after delivery for her basic needs of food and nourishment	DBT Scheme, Bank Accounts of pregnant ladies/husband and Adhar Card is mandatory to given her benefit. Most of the pregnant ladies don't have Adhar Card or Bank Account which result in delay in the payment for JSY	Linkage with banking sector to open the bank account of pregnant ladies at zero balance. Sensitization of ANM and Asha to fasciculate the pregnant ladies for Adhar Card and opening of bank account before Delivery
b) JSSK (Janni Shishu Surakhsha Karyakaram)	Availability of free diagnostics to know the status of pregnant ladies like whether high risk or not, so that arrangement accordingly can be made before and after delivery. Free drugs to every pregnant woman. Free Referral Transport. Free Diet to pregnant women in the government institution for stay at the Government Hospital	Shortage of para medical and medical staff at PHC level. In Boarder belt area, due to poor availability of communication network, pregnant women can't avail free referral transport facility (through 108). Non Availability of Gynaecologists at CHC level	Rationalization of paramedical staff at 24x7 PHCs. Appointment of new Gynaecologist and Paediatricians at CHC level.
c) MMR (Maternal Mortality Rate)	Availability of free diagnostics for Pregnant Ladies. (Under JSSK) Availability of free drugs for pregnant ladies. (Under JSSK) Free referral transport for pregnant ladies. (Under JSSK) Free Normal/C section delivery in Government hospital. (Under JSSK) Free diet to pregnant ladies when they come for delivery in Government hospital. (Under JSSK)	Shortage of Asha AWWs and ANMs at village/sub centre level. Shortage of para medical and medical staff at PHC level. Non Availability of Gynaecologists/Paedtrician at CHC level	Sensitization of ANMs Asha,s for early registration of Pregnancy Mandatory ANC and PNC services for Pregnant women. Early diagnosis of complicated Pregnancy and timely referral.
d) IMR (Infant Mortality Rate)	Availability of free diagnostics for children below one year. (Under JSSK) Availability of free drugs for children below one year. (Under JSSK) Free referral transport for children below one year. (Under JSSK) Availability of Functional SNCU at District hospital. (Under JSSK)	Shortage of Asha AWWs and ANMs at village/sub centre level. Shortage of para medical and medical staff at PHC level. Non Availability of Gynaecologists/Paedtrician at CHC level	Identify malnutrition among children (0-5) and manage or refer to PHC Provide ORS to children with diarrhoea IFA to infants and young children Vitamin A solution Immunization Weigh and examine newborn as soon as possible after birth.
RBSK (Rashtriya Bal Swasthya Karyakram)	Availability of Name wise list of beneficiary registered/enrolled in AWC/School. Availability of Advance tour plan of AWC/School. Availability of Dedicated Mobile Health Team with vehicle.	Shortage of Manpower in Mobile Heath Team. Non availability of District early intervention centre.	Fully staff of mobile health team. To Establish District early intervention centre. & recruit specialist staff for DEIC centre.
RKSK (Rashtriya Kishore Swasthya Karyakram)	Availability of Umang clinics at Distt. Hospital, Sub-Divisional Hospital & Community Health Centre. Availability of Iron & Folic acid and Albاندazole tablets for the target beneficiary.	Non functional Umang clinics. Lack of Skin specialist, Gynaecologist, Umang Counsellor. Low acceptance of Iron & Folic acid and Albандazole tablets by beneficiary	Set up New umang clinics outside from existing building. To recruit specialist staff for Umang clinics. Proper consumption of IFA and Albандazole tablets.
Immunization	Free vaccination of TT, DPT, OPV, Measle, Hepatitis-B, IPV, Pentavalent from 0 to 16 yr Children and Pregnant ladies. Trained staff to provide to vaccination for beneficiary .	Coverage of DPT, TT-10 yr, TT-16 yr behind target. Low acceptance of immunization in Poorly educated Public	Improving access to immunization behaviour changes for importance of immunization to guardians. Involvement of NGOs & Volunteers for better spread of Immunization Massage.
EDUCATION			
A) Mid Day Meal	To reduce dropout rate \to improve nutritional content and health of the students can be achieved with the help of mid day meal and even we can attract more students to school.	The grants have been released very late by govt. & very low salary of cook-cum helpers.	Grants should be released in advance and the salary of the cooks should be enhanced.
B) Paro Punjab Paraho Punjab	To uplift the standard of education, it is a very good programme as every child is evaluated and motivated individually.	lack of staff	Proper staff should be maintained through Rationalisation and new recruitment.
C) RMSA	The requirements of schools like infrastructure/new technology like IT in the govt. Sec schools can be achieved.	Very few grants received in last two years. Only Classes 9th & 10th have been Covered under RMSA & classes, 11th &12th have remained uncovered. So the students of these classes are totally ignored.	Required grants should be issue immediately to Build-up required infrastructure to uplift the level of education. RMSA should be extended up to class 12th.
D) SSA	The requirements of schools like infrastructure/new technology like IT in the govt. Sec schools can be achieved.	No grant received from govt in current session. There are building less schools, 132 unsafe class rooms & it is badly affecting the study of the students. Less allocation of grants is a hurdle for the implementation of this scheme like school repair grant & Maintenance & school grant are just rupees 5000 & 2000 only and needs to be enhanced ambitiously.	Proper & timely allocation of funds. Regularisation of services of Contractual Staff.
Scholarship Programme	To improve the standard of education & enrolment in schools to weaker section of the society.	Out dated rates of scholarship e.g. Rs 500/PY, complicated system to apply scholarship & heavy documentation.	Rates of scholarship should be revised & simplification of the system to apply the scholarship to ensure 100% access. Poor people of general category should also be covered in these schemes on the basis of income.

Mapping financial resources within Schemes converging to achieve Common outcomes:

Outcomes	Schemes
Pre- Primary education	ICDS
	Mid day meal
	SSA
	RBSK
To reduce dropout rate at elementary level & to increase NER	ICDS
	SSA
	Mid day meal
	Skill development
	Mnrega
	Scholarship Schemes
	RBSK
	RKSK
To reduce dropout rate at Secondary level & to increase GER & NER	RMSA
	Skill development
	Mnrega
	Scholarship Schemes
	RBSK
Pregnant lady before delivery for her basic needs for diet	JSY
	JSSK (Under NHM)
Pregnant lady after delivery for her basic needs for diet	Supplementary Nutrition
	JSY
To improve the health of the children	RBSK
	Routine Immunization
	ICDS

6. Suggestion on improving impact of Centrally Sponsored schemes currently implemented by Government of India:

- Regular and assured supply of earmarked funds for speedy implementation of CSS projects.
- Availability of trained manpower for effective implementation and monitoring of these projects.
- Provision for periodic training of this manpower for keeping them updated with the latest intervention and best practices in their fields.
- Sharing of best practices being taken up in other states so that speedy course correction in implementation can be done and loss of time and resources can be effectively checked.
- Some flexibility and reasonable discretion can be provided to states in the implementation of certain schemes due to varied geographical, socio-economical and cultural conditions among different states.

7. Measures for making development a mass movement:

- Focus on strong IEC to generate a mass drive and ownership of the projects.
- Stakeholder consultation through gram Sabah meeting carried out for making the process transparent and improving accountability.
- Involvement of youths/ Nehru Yuva Kendra's/ NSS volunteers in spreading the message of this vision plan for the district.
- Especially for education and health related schemes, grassroots based intervention through convergence of civil society groups, health and education departments and beneficiary's pressure groups to achieve best possible outcomes of these schemes.

8. Any other suggestion that would help the district in realizing its vision by 2022:

- Training on how to effectively implement the schemes and how to best utilize the convergence between different schemes must be provided to the implementers. These trainings must be supplemented with periodic reviews and evaluation of progress by a third party team.
- Scheduled visit to states/districts where commendable work has been done in various fields so that learning from these field level interventions can be effectively implemented across different states.