

## **EXECUTIVE SUMMARY**

This is the report of the Baseline Survey (BLS) of Minority Concentration District (MCD) Ghaziabad, Uttar Pradesh (U.P.). It is one of the 90 identified MCDs of the country. The Survey has been sponsored by Ministry of Minority Affairs (MMA), Government of India for exploring development deficit in the availability of educational and health infrastructure; basic amenities such as housing, safe drinking water, sanitary toilets etc. and critical linkages like rural roads, ITIs, banking facility, markets etc. It also intends to identify artisanal income generating activities.

A sample of 900 households from 30 selected villages of the district (30 households from each village), has been taken for detail enquiry. The Report contains five chapters including Introduction and Conclusion. Profiles of the district and sample villages are presented in chapter-2 and 3 while chapter-4 analyses multi-dimensional status of sample households. Hence explanation and analysis of the data moves from macro to micro level i.e. from the district through villages to households and religious communities.

It is a multi-dimensional Survey. Nonetheless development deficit, presented below, relates with 10 critical indicators of development. Results of household's survey are judged against latest available national estimates in order to identify developmental gaps. Development deficit rank of 10 indicators is measured on 10-point score scale. While point one represents highest rank of deficit, point ten indicates lowest rank.

S.No	Indicators	Survey Result	National Estimate	Development Gaps	Development Deficit Ranking
<b>A</b>	<b>Socio-economic</b>				
1	Rate of Literacy	62.44	67.3	<b>-4.86</b>	6
2	Rate of Female Literacy	55.37	57.1	<b>-1.73</b>	7
3	WPR	25.72	38	<b>-12.28</b>	5
4	Female WPR	3.46	21.5	<b>-18.04</b>	4
<b>B</b>	<b>Basic Amenities</b>				
5	Percentage of households with Pucca House	28.67	59.4	<b>-30.73</b>	2
6	Percentage of Households with safe drinking water	100	87.9	12.1	10
7	Percentage of Households with Water Closet Latrine	43.89	39.2	4.69	9
8	Percentage of Households with Electricity	67	67.9	<b>-0.9</b>	8
<b>C</b>	<b>Health</b>				
9	Percentage of Fully vaccinated children	10.03	44	<b>-33.97</b>	1
10	Percentage of Institutional Delivery	23.15	48.7	<b>-25.55</b>	3

**Note: Survey data of the district (Col.1) pertains to rural area, whereas data in Col.2 represent average estimate of the Country.**

**Data in Col. 2 from Sl. No. 6 to 9 pertain to year 2005-06 from NFHS-3 and the rest of the data in Col.2 pertains to the year 2004-05 from NSSO.**

- ☞ It is evident from the above table that the deficit exists on 8 indicators whereas two indicators namely percentage of households with safe drinking water and water closet latrine exhibit surplus. So they are ranked at the lowest level.
- ☞ Lowest deficit exists on the indicator related with percentage of households having electricity. Indeed all villages of district Ghaziabad have been electrified. Nonetheless electricity is a major problem due to its irregular and insufficient supply to rural area.
- ☞ Thus indicators pertaining to basic amenities except pucca house which occupies 2<sup>nd</sup> position on 10-point score scale do not show alarming deficit.
- ☞ Remaining six indicators are related with socio-economic and health status. Their development deficit rank is as follows :  
Percentage of Fully vaccinated children (1), Percentage of Institutional Delivery (3), Female Work Participation Rate (4), Work Participation Rate (5), Literacy Rate (6) and Female Literacy Rate (7).
- ☞ Though average literacy rate and female literacy rate occupy lowest rank among 6 socio-economic and health indicators, scenario of educational level in sample

population does not appear satisfactory. Educational level of the population consistently decreases with the increase in the level of education. Moreover, gender gap widens as the level of education goes up. Muslims are found most illiterate community. What has holistically emerged from development deficit analysis is the fact that health indicators as a whole occupy top position on development deficit, followed by socio-economic indicators. Indicators related with basic amenities may be placed at the lowest rank.

### **Strategies of Intervention**

Multiple sectors require policy intervention for improvement. Nonetheless education and health seem to be critical sectors for immediate intervention. Improvements in education and health are valuable in their own right, but they also have strong linkages with broad based development and growth. Indeed, greater education level facilitate public discussion of social needs and encourage, inform collective demands e.g. health care, basic amenities and social securities. Neither life chances of disadvantaged groups like women and minorities in market situation can be improved nor their active participation in civil society can be ensured without educating them. Hence education and health care especially of women, children and minorities must be given top priority in multi-sectoral district development plan. This may be achieved through following measures in district Ghaziabad:

1. Opening of schools upto Senior Secondary level for both male and female in every village having population of 10,000.
2. Establishment of ITIs at block level.
3. Intensive social mobilization like that of UNICEF social mobilization network, is needed to motivate people for education and health care. This is more important for minorities as they are found having lowest level of n for education.
4. Awareness campaign is to be launched for making people aware about Government schemes for their benefit.
5. Effective implementation of Government schemes and monitoring of educational and health services are urgently required as many people complain about corruption and deficiencies in this area.

It is a matter of high concern that the district, which has many economic advantages due to its fertile land, developed agriculture, booming industry, sprawling towns and proximity to national capital exhibits development deficit in WPR. Causes of the phenomenon are multiple. However, WPR may be promoted at great length if systematic

efforts are made in promoting artisanal industries, imparting technical training to unskilled people and motivating people to form SHGs.

Ghaziabad is known for many of its artisanal industries such as handloom, beads, embroidery, carpet weaving, dyeing etc. Many employment opportunities can be generated through development of these industries. This may be achieved through providing, easy credit to artisans, creating market facilities for their products and promoting awareness among them about government schemes.

Selp Help Groups (SHGs) virtually do not function in district Ghaziabad. Therefore, active campaign through local NGOs should immediately be launched for motivation and encouragement to form SHGs.