

**Working Paper 224**

**Health Budget Analysis of  
Minority Concentrated Districts in  
Uttar Pradesh**

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**February, 2021**

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# HEALTH BUDGET ANALYSIS OF MINORITY CONCENTRATED DISTRICTS IN UTTAR PRADESH

## **Abstract**

*The study aimed to analyze the available challenges and systemic weaknesses in the field of health in Uttar Pradesh. The focus of the study is on government inputs in the health sector and how it is being implemented to benefit the deprived section. In our case, we have taken Muslims' locality i.e. Minority Concentrated Districts (MCDs) as our case study. It has been found that though the government has increased budget on health it is not sufficient to achieve the prescribed goal in SDGs at the state level. Further, it has been found that actual expenditure has been lower than the allocated expenditure in a given period. It is a further indication of an absence of quality health service providers in the state as well in MCDs. Due to the lack of health staffs, service delivery gets effected. Apart from these systemic weaknesses, ethical training of the staff gets blurred due to their prejudice against a particular community. Hence, this study found that the state's health is mar by lack of proper funding and its expenditure along with the exclusionary attitude of service providers.*

## **Abbreviation:**

AE:	Actual Expenditure
ANM:	<i>Auxiliary Nursing Midwifery</i>
BE:	Budget Estimate
CHC:	Community Health Centre
CRM:	Common Review Mission CRM
ICDS:	Integrated Child Development Services
IMR:	Infant Mortality Rate
MCD:	Minority Concentrated District
MCP Card:	Mother-Child Protection Card
MMR:	Maternal Mortality Ratio
NFHS:	National Family Health Survey
NITI:	National Institution for Transforming India
NRHM:	National Rural Health Mission
OBCs:	Other Backward Classes
OoPE:	Out of Pocket Expenditure
PHC:	Primary Health Centre
PHFI:	Public Health Foundation of India
RE:	Revised Estimate
RSBY:	Rashtriya Swasth Bima Yojna
SCs:	Scheduled Castes
SCs:	Sub-Centres
SCSP:	Scheduled Caste Sub-Plan
STs:	Scheduled Tribes
TFR:	Total Fertility Rate
TSP:	Tribal Sub-Plan
U5MR:	Under Five Mortality Rate
UP:	Uttar Pradesh

## Context

In February 2018, NITI Ayog had released a report entitled “Healthy States, Progressive India”. The report came out with Health Index consisting of 24 indicators grouped in three domains – Health Outcomes, Governance and Information, and Key Inputs/Processes. Major indicators under ‘Health Outcomes’ domain have been Neonatal Mortality Rate (NMR), U5MR, TFR, Sex-Ratio at Birth, average Out of Pocket Expenditure (OoPE) etc. The last indicator is important as has been reported by PHFI study that about 55 million Indians were pushed into poverty in a year because of funding their healthcare. Out of those, 38 million fell below the poverty line due to spending on medicines alone. This established a direct relationship between health and poverty in India. This happens due to substantial lack in the health inputs i.e. last domain.

**Table 1: Comparison of Health Status of UP and India, NFHS 2015-16 (in %)**

	UP	India
% of married women age 15-49 using contraception (ANY METHOD)	45.5	53.5
% of women age 15-49 have Total Unmet need for Family Planning	18	12.9
% of Women age 15-49 who took IFC for at least 100 days	12.9	30.3
% of Mother receiving 4 or more Antenatal care Visits	26	51.2
% of Institutional Delivery in last 5 years	68	
% of birth delivered in a Health Facility	67.8	78.9
% of Women with a post-natal check within 2 days	58.8	65.1
% of births in a health facility receiving financial assistant under JSY	48.7	
% of children age 12-23 months have All Basic Vaccinations	51	62
% of Children under 5 classified as Malnourished (height for age)	46.2	38.4
% of Children under 5 classified as Malnourished (Weight for Height)	17.9	21.0
% of Children under 5 classified as Malnourished (Weight for Age)	39.5	35.7
% of Children age 6-59 months having ANY ANEMIA	63.2	
% of Women age 15-49 years having ANY ANEMIA	52.4	
Infant Mortality Rate*	50	34^
MMR*	285	130^
U5MR*	64	29^

Source: NFHS 2015-16; \* = upnrhm.gov.in; ^ NITI Ayog data.

As a result, among the 21 selected larger States, Uttar Pradesh, focus of the study, stood on the last position by scoring 33.69 for the reference year 2015-16. Table 1 reflects the state's health status of women and children. It is lagging almost on the indicators given in the table. Another report released by NITI Ayog shows that four districts of Uttar Pradesh i.e. Sidharthnagar, Shrawasti, Balrampur and Bahraich fall within 20 most backward districts of India.

***Table 2: Eleven MCDs in the list of top 20 backward districts of India***

Ranking	District	State	Score (%)
1	Mewat	Haryana	26.02
5	Shrawasti	UP	28.13
6	Bahraich	UP	29.01
7	Siddharthnagar	UP	29.26
8	Balrampur	UP	29.41
11	Araria	Bihar	30.16
12	Sahibganj	Jharkhand	30.57
13	Katihar	Bihar	30.76
15	Darrang	Assam	31.26
17	Purnia	Bihar	31.81
18	Goalpara	Assam	31.88

Source: NITIAYOG.

These are also Minority Concentrated Districts (MCD) of the State. It is in this backdrop, the current study wants to look at the health status of these MCDs in the State of Uttar Pradesh. A comparison of the health status of social groups has been dealt with. Potential factors for the backwardness have been discussed as well.



## Health Status in Uttar Pradesh

*Table 3: Socio-Religion-wise Health Status of Women and Children in UP (in %)*

		Hindu	Muslim	Sikhs	Others	SCs	STs	OBCs
TFR		2.67	3.1	1.38	1.75	3.09	3.61	2.76
Teenage (15-19) age Pregnancy & Motherhood		4	3.1		4.5	4.5	8.8	3.8
Use of ANY Method Contraception by married women		46.9	38.3	65.6	53.5	43.5	32.4	44.9
% of Men agree that Contraception is Women's Business		39.2	34.3		44.2	40.5	49.3	37.1
U5MR		79.3	73.7			85.5	60.7	77.4
Antenatal Care by Doctor/ANM/No one		35.6/36.4/ <b>23.9</b>	41.5/31.8/ <b>23.5</b>	75.9/20.8/0	57.3/37.9/0	28.4/38.9/27.4	20.4/25.4/ <b>49.9</b>	36.3/36.1/23.8
% of pregnancy registered		80.5	76.2	100	90.3	79.5	57.1	80.1
% of mothers given MCP card		81.4	72.8	80.5	73.3	82.8	81	79.4
% of Women with Post-natal check		62.1	61.1	83.6	86.8	58	42	61.5
% of Women with post-natal check within 2 days		58.9	58.3	81.9	81.9	54.4	40.3	58.5
All Necessary Vaccination		53	43.8			51.1	34.1	50.3
No Vaccinations		7.4	13.6			7.6	20.9	8.7
% Children under 5 suffering from ARI		4.6	4.8	3.8		4.8	2.9	4.8
% of Children with Diarrhea received health facility		66.7	66.3			65.3	46.1	67.6
% of children age 0-71 months who received Any Immunization under ICDS		30.2	24.4	32.4	18.1	33.7	23.4	28.4
% of children age 0-71 months who received Any Benefit under ICDS		40.4	32.6	44.6	24.4	45.4	31.7	38.2
% of children age 6-59 months Having ANY ANEMIA		61.8	68.4	68.2	41.1	63.4	65.7	62.9
% of women age 15-49 having ANY Anemia		52.4	52.6	54	44.7	53.9	57.6	52.3
% of Men age 15-49 having ANY Anemia		24.3	21.1		18	25.7	34.7	22.9
% of women age 15-49 covered by Any Health Scheme or Health Insurance		2.9	1.5	3.1	5.6	2.8	2.4	2.2
% of Men age 15-49 covered by Any Health Scheme or Health Insurance		3.8	1.7		5.7	3.2	8.6	2.9
% of Women age 15-49 who experienced violence during Pregnancy		4.4	4.1			5.6	7.1	4.2

Source: NFHS 4, 2015-16, Uttar Pradesh

Unlike all India average, TFR of Muslim in Uttar Pradesh is lower than SCs and STs, but higher than Hindus and OBCs. Teenage pregnancy among Muslim women age 15-19 is lowest than other socio-religious groups such as Hindus, OBCs, SCs and STs. Despite lower pregnancy registered and mother given MCP card, Muslims have a better survival rate of

children under 5. The U5MR of Muslim is 73.7 percent as compared to 79.3 percent Hindus, SCs 85.5 percent and 77.4 percent OBCs. Access to ICDS benefits is not good among the community. Community children age 0-71 months have just 24.4 percent in “Any immunization” under ICDS. For Hindus, it is 30.2 percent. Within Hindus, SCs (33.7) and OBCs (28.4) have better immunization under ICDS. Rate of “Any Benefits” under ICDS among the Muslim (32.6) is at par with STs (31.7). OBCs, SCs and average Hindu children are in a better position to avail the ICDS facilities.

On “All necessary vaccination” criteria, in Uttar Pradesh, STs (34.1) are at the bottom followed by Muslims (43.8). The average of Hindu children having all vaccination is 53 percent. Percent of Muslim children age 6-59 months having ANY ANEMIA is highest at 68.4 percent as compared to 61.8 percent of Hindus. Muslim Families in Uttar Pradesh have the lowest coverage under any health scheme or health insurance, 1.5 and 1.7 for Muslim's women and men respectively.

*Table 4: Health Budget as percent of State Budget, Uttar Pradesh (in Rs. crore)*

	2015-16 (AE)	2016-17 (AE)	2017-18 (AE)	2017-18 (RE)	2018-19 (BE)	2018-19 (AE)	2019-20 (BE)	2020-21 (BE)
Total Exp. Of the State	303949.34	333425.14	321822.9	368401.04	428384.52	391210.61	479701.1	512860.72
Health Budget as % of Total state budget	3.98	4.30	4.77	4.57	4.71	4.29	4.76	4.88
Ed. & Training	2816.52	4091.44	3684.87	3764.66	4738.03	4131.56	5699.81	6460.21
Allopathic	4537.30	4974.46	5526.03	6185.76	7694.49	6207.43	8555.15	9230.34
Ayurvedic & Unani	568.70	625.35	771.12	916.42	1097.44	768.35	1172.42	1271.92
Homeopathic	254.21	294.21	345.49	368.80	422.71	377.88	503.50	546.65
Family Welfare	3542.53	3925.00	4461.84	4980.86	5461.23	4741.87	6107.71	6629.43
Public Health	384.95	429.48	580.54	622.32	742.64	553.70	787.42	894.86
<b>Total</b>	<b>12104.21</b>	<b>14339.94</b>	<b>15369.89</b>	<b>16838.82</b>	<b>20156.54</b>	<b>16780.79</b>	<b>22826.01</b>	<b>25033.41</b>

Source: Author's Calculation from State Budget documents

Lack of sufficient budget, quality human resource and infrastructure are the possible reasons for the worsening health status in the State. Table 4 shows the actual budget expenditure for the years 2015-17 and the estimated allocation of 2017-19. We can see the gradual increase in the allocation for health. Health budget of Uttar Pradesh was 3.98 percent of total State's expenditure, which increased to 4.71 percent in 2018-19 (BE). Allopathic has been receiving the largest share followed by the family welfare department. But, when we look at the actual

expenditure for the year 2018-19, it has gone down drastically to 4.29 percent of total state expenditure. It means Rs. 3375.75 crore lesser than what was allocated for the year. In 2020-21 (BE), the government has allocated around 4.88 percent of total state budget i.e. Rs. 25033.41 crore. However, it seems that the allocation is not sufficient to have better infrastructure and quality staffs. It is reflected in the Common Review Mission (CRM) report, 2019.

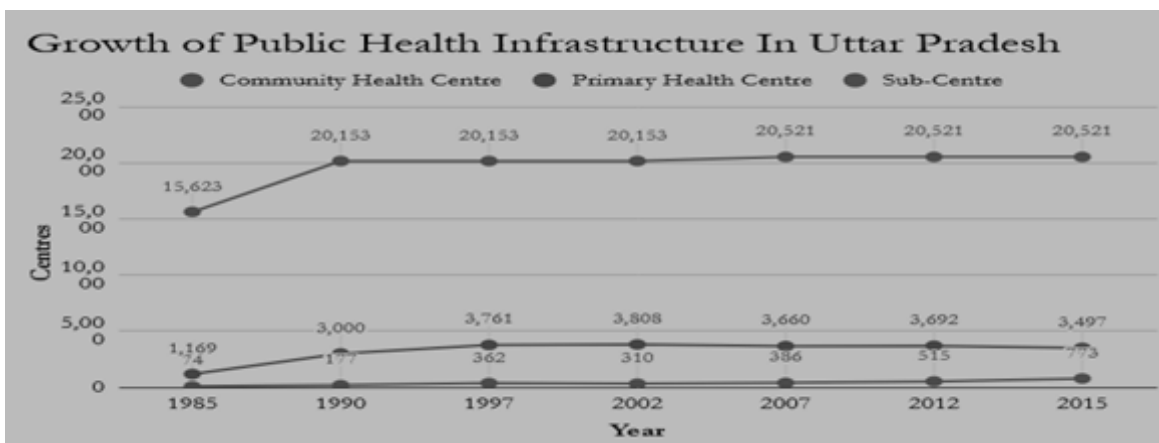
**Table 5: Comparison of Out of Pocket Expenditure (OoPE) in Uttar Pradesh with India**

	In Rs. Crore	Per Capita in Rs.	% GSDP	% Total Health Exp. (THE)
Uttar Pradesh	2630	2391	1.5	61.2
India	320211	2494	2.3	60.6

Source: Common Review Mission (2019), NHM

According to CRM, 2019, due to lack of sufficient budget Out of Pocket Expenditure (OoPE) in Uttar Pradesh is very high. OoPE in the state is around 1.5 percent of GSDP and 61.2 percent of total health budget expenditure (Table 5). All India average of OoPE to the total health budget is around 60.6 percent. In 2018, Rs. 2630 crore were spent out of the people's pocket for their health in the state. According to NFHS-4, 2015-16, the average OoPE in public health facilities was Rs. 1656 and in private health facilities, the OoPE was Rs. 15,189. Lack of budget has also impacted health structure in the state.

**Figure 1**

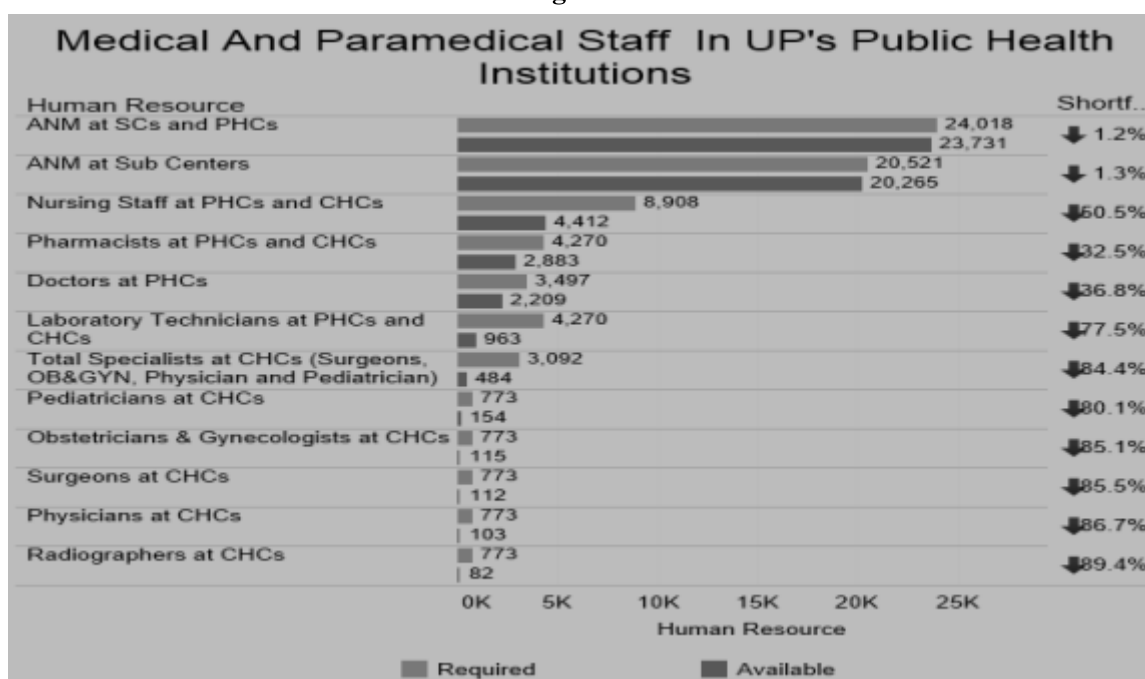


Source: Indiaspend.com

<sup>1</sup>The health budget has been calculated by the author excluding the expenditure made under SCSP and TSP in the state.

Number of Sub-Centres (SCs) in the State has remained almost static since 1990 (Fig. 1). In 25 years, State has got only 368 new SCs. Primary Health Centre (PHC) has a similar story. However, there is a substantial increase in the number of Community Health Centre (CHC). Figure 2 revealed the lack of qualified staff in the medical field to take care of the patient. Vacancies of Specialists doctors and lab-technicians range between 77-89 percent for the post. State also lacked nursing staff at PHCs and CHCs to the extent of 60.5 percent. It is found in Common Review Mission (CRM, 2019) “...Uttar Pradesh, despite the availability of medicine utilization was low, with patients, including indigent patients, accessed private facilities because they lacked information on treatment facilities at DH/CHC/PHC.”

**Figure 2**



Source: Indiaspend.com

### Health Status within MCDs of Uttar Pradesh

Table 5 reveals that four backward districts – Shravasti, Bahraich, Siddharthnagar and Balram – have health indicators lower than State's average. Use of contraception is 2.7 percent as compared to the State average of 45.4 percent. Other 3 districts are also below the State's average. Percent of the mother getting four or more antenatal care is lowest in Bahraich (4.3) as compared to the State average of 26 percent. Similar cases are also with institutional delivery and birth in the health facility. IMR, MMR and U5MR in all the four districts are worse than the State. Malnourishment among children and cases of anaemia is higher than State's average.

<sup>2</sup> NHM, National Health Systems Resource Centre, 12<sup>th</sup> Common Review Mission, p.18.

**Table 5: Comparative Health Status of Backward Districts with MCD in Western UP, UP**

	UP	Shrawasti	Bahraich	Siddharthnagar	Balrampur	Rampur	Moradabad
% of married women age 15-49 using contraception (ANY METHOD)	45.5	8.4	10.7	27.8	2.7	62.5	61
% of women age 15-49 have Total Unmet need	18	30.6	31.8	29.5	31.8	10.5	10.4
% of Women age 15-49 who took IFC for at least	12.9	2.6	5.6	10.8	6.3	4.8	6.4
% of Mother receiving 4 or more Antenatal care	26	8.3	4.3	15	11	59	45
% of Institutional Delivery in last 5 years	68	48	37	45	31	62	61
% of birth delivered in a Health Facility	67.8	48.4	37.3	45.3	30.7	61.9	61.4
% of Women with a post-natal check within 2 days	58.8	29.9	21.6	41.1	23.7	73.7	85.7
% of births in a health facility receiving financial assistant under JSY	48.7	<b>55.3</b>	<b>50.5</b>	46.6	35.5	40.9	31.7
% of children age 12-23 months have All Basic	51	17	9	35	7	68	50
% of Children under 5 classified as Malnourished	46.2	63.5	65.1	57.9	62.8	46	45.1
% of Children under 5 classified as Malnourished	17.9	10.1	13.7	13.7	10.3	20.8	16.4
% of Children under 5 classified as Malnourished	39.5	39.2	44	43.5	43.5	44.4	43.2
% of Children age 6-59 months having ANY	63.2	69.9	73.5	48.7	72.4	76.9	74.8
% of Women age 15-49 years having ANY	52.4	65.1	52.7	56.6	55.8	58.7	62
Infant Mortality Rate*	50	96	66	87	87	60	61
MMR*	285	366	366	304	366	222	222
U5MR*	64	130	105	116	117	86	82

Source: NFHS-4, \* = upnrhm.gov.in

## Factors Responsible for Depilating Health Condition

MCDs health status within the State is worse on all counts. Unlike State budget getting increment in allocation, budget allocation, release and expenditure at the district level is not encouraging at all. According to the NFHS-4, 2015-16, UP, Muslims OoPE have been more even in public health facilities. It was Rs. 2169 as compared to Rs. 1916 paid by Hindus. In Balrampur, four years average expenditure as a percent of release fund is 67.95 percent. It means Balrampur was not able to spend the released amount. Between 2012-2016, Rs. 111.99 crore were released but only 76.1 crores was spent under NRHM.

**Table 6: Allocation, Release and Expenditure of NRHM Fund in Balrampur & Bahraich UP (in Rs. Crore)**

Year	Allocation	Release	Expenditure	Exp. As % of Released Fund
Balrampur				
2012-13	24.96	24.18	14.13	58.44
2013-14	14.42	23.51	19.05	81.03
2014-15	25.12	29.22	20.83	71.29
2015-16	26.8	35.08	22.09	62.97
Total		111.99	76.1	<b>67.95</b>
Bahraich				
2012-13	4105.4	4105.4	2277.07	55.47
2013-14	4160.18	4160.18	3216.39	77.31
2014-15	4567.72	4567.72	3412.55	74.71
2015-16	5351.06	5351.06	3610.18	67.47
2016-17	3064.8	3064.8	849.08	27.70
Total	<b>21249.16</b>	<b>21249.16</b>	<b>13365.27</b>	<b>62.90</b>

Source: Author's Calculation based on State NRHM Data (upnrhm.gov.in), District Action Plan (2016-17)

Similarly, district Bahraich was able to spend only 62.9 percent of the total released amount under NRHM. A total of Rs. 13,365 crore was spent. Un-spent balance has been affecting the presence of qualified staff and service to the people. Table 7 efficiently reflects the current presence of health facilities at various levels and required number based on population criteria. In Shrawasti, 102 more SCs, 25 PHCs and 3 CHC are required. In Siddharthnagar, 222 SCs, 21 PHCs and 12 CHC are required. In Balrampur, 192 SCs, 42 PHCs and 8 CHCs are needed. And in Bahraich, 388 SCs, 53 PHCs and 15 CHCs are needed.

**Table 7: District-wise Health Centres and Deficiency at various levels, NHM, Uttar Pradesh**

Required Health Centre	223.5	37.25	9.3	
Deficiency	<b>102.5</b>	<b>25.2</b>	<b>3.3</b>	<b>0</b>
No. of health Centre in <b>Siddharthnagar</b>	278	62	9	1
Total Population of the District	2500000			
Required Sub-Centre	500	83.3	20.8	2
Deficiency	<b>222</b>	<b>21.3</b>	<b>11.8</b>	<b>1</b>
No. of health Centre in <b>Balrampur</b>	206	24	9	3
Total Population of the District	1992000			
Required Sub-Centre	398.4	66.4	16.6	
Deficiency	<b>192.4</b>	<b>42.4</b>	<b>7.6</b>	0
No. of health Centre in <b>Bahraich</b>	310	63	14	2
Total Population of the District	3487700			
Required Sub-Centre	697.54	116.3	29.1	
Deficiency	<b>387.54</b>	<b>53.3</b>	<b>15.1</b>	

Source: Author's calculation based on NRHM (<http://upnrhm.gov.in/pip.php>) data, 2014.

**Table 8: Total HR and % of vacant Seats under NUHM in four MCD, Uttar Pradesh.**

Human Resources	% Vacant Seats (Sanctioned Seats) as on December 31, 2015			
	Bahraich	Balrampur	Shrawasti	Siddharthnagar*
Medical Officers	50 (2)	50 (2)	35.7 (42)	100(2)
Staff Nurses	0 (3)	0(2)	20.3(64)	50(2)
ANMs	6.25 (16)	0(7)	Over	100(3)
Lab Technicians	0 (2)	0(1)	27.2(11)	100(1)
Pharmacists	0 (2)	0(1)	22.6(31)	100(1)
ASHA	100 (37)	100(20)	0(1114)	0(12)
Mahila Arogya Samiti	Not Sanctioned	100(40)	0(0)	0(0)
SPMU	Not Sanctioned		Not Sanctioned	0(0)
DPMU	0(1)	0(1)	0(0)	0(1)

Source: PIP, District Action Plan, UPNRHM.gov.in. \* Position as on 31<sup>st</sup> August 2016.

Another factor which contributes to the Muslims poor health status is the attitude of officials or service provider towards them. Finding of IIDS' research argues that "...69% of Muslim households received treatment in their choice of hospitals under the RSBY scheme compared to 86% of upper caste households...a higher proportion of beneficiaries from Scheduled Caste and

Muslim households (41% and 30% respectively) felt that the service provider did not give them sufficient attention (in comparison to 13% of beneficiaries from upper castes), and felt they faced discriminatory behaviour during their treatment.”<sup>3</sup>

According to a report published by Cehat (2017), “...found that Muslim women felt they were treated badly because they are Muslims, and are at the receiving end of abuses. The government does not discriminate. But those implementing the services have a bias against this community. It is not just health centers; educational space too were found to be prejudiced against Muslims, said Parul Khanpada, a member of the research crew, adding that females were shamed most during the registration of their new born babies when they are often mocked for birthing numerous children. A comparable account from NGO Cehat, which interviewed 85 slum females — 44 Muslims and 41 non-Muslims — found that there is a triple load of being deprived, female and Muslim when it comes to reach of healthcare facilities for these female. Female are made to take off the *purdah* at the entry of the health centres as there have been events of kids being stolen, the report said, further adding they were uncomfortable and humiliated by pejorative labels.”<sup>4</sup> An ASHA worker in Bahraich district, UP, exposes the health workers’ attitude toward the Muslim community. “...But individuals [health workers] contemplate them beasts, so nobody talks to them appropriately.”<sup>5</sup>

## Conclusion

The National Health Policy (2017) aimed at “the realization of the upward possible level of healthiness and well-being for everyone at all ages, through a precautionary and promotive well-being approaches in all evolving policies, and widespread access to decent value health care services without anybody having to face monetary adversity as a consequence.” One of the tactics foreseen to attain that goal was to affordability. But, as we have seen people in the state are paying out of their pocket to bear the health bill. And, there is also a lack of proper budgeting to build

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<sup>3</sup> Nidhi S. Sabharwal et.al., “The Contribution of India’s national health insurance program (RSBY) to social inclusion in Maharashtra and Uttar Pradesh”, Shaping Policy for Development, IIDS & ODI, 2014, New Delhi.

<sup>4</sup> Tabassum Barnagarwala, “Muslim Women Face Discrimination in government-run health care institutions”, *Indian Express*, Mumbai, 9 January 2017.

<sup>5</sup> Priyanka Vora, “Born Unsafe”, *Scroll*, December 21, 2017. <https://scroll.in/pulse/862195/immunise-your-children-or-you-wont-get-food-rations-uttar-pradesh-district-threatens-poor-families>



health infrastructure. Although, the government has been increasing budget that is insufficient to cater the growing demand for the well-being of all the people in the state. The current status of health in the state would be a challenging task to complete the Sustainable Development Goal number 3 – Ensure Healthy Lives and Promote Well-being for All at All Ages.

The lack of health facilities would impact the most vulnerable section of the society including Muslims. The study found that minorities, especially Muslims, are facing challenges in accessing health facilities. The lack of health infrastructure in the areas dominated by Muslims makes them spend out of their pocket. They are forced to visit private health facilities. But, heightened communal polarization and prior existing prejudices against the Muslims are another impediments to their better health access.

Hence, to achieve the goal of “सर्वे सन्तु निरामया” (Everyone remains Healthy), what our Nation and State need is better investment in public health and better implementation without exclusion, be it systemic or informal.



## About the Author

Dr. Manjur Ali, Assistant Professor, have done Ph.D. on “Liberalization and Its Impact on Handloom Industry in India: A Case Study of Muslim Weavers of Banaras”, from Centre for Political Studies (CPS), Jawaharlal Nehru University (JNU), New Delhi. He has also done his M.Phil. “Understanding of Democratic Assertion of ‘Pasmanda’ Muslims: A Case Study of Bihar”, from CPS, JNU, New Delhi. Before joining GIDS, he was posted as Research Officer in Centre for Budget and Governance Accountability (CBGA), New Delhi, since August, 2011. Some of the projects authored / co-authored by him & recently are as follows :



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- **समाजिक और पर्यावरणीय प्रभावों का आकलन (Social Impact Assessment)**, supported by UPEIDA, Nov. 2020,
- Impact Evaluation Study of FPOs in Uttar Pradesh, Supported by NABARD, 23 Oct. 2020.

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