Q. Role of the contribution of Education to Economic Develop

Q. New Education Policy.

Problems of India's Education System.

The education system in India, suffers from a no. of problems and faces a no. of challenges. An idea about the problems facing India's education system can be had from the following points or discussions.

1. Acc. to Human Development Report 2011, despite considerable improvement in the literacy status, India is home the largest no. of illiterate people in the world, accounting for about 1/3 of all. illiterates. The problem of illiteracy is more acute in rural areas particularly among the rural females.

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2. Acc. to IHDS (India human development survey), 2010, percentages of failures and dropouts is very high. The poor quality of schooling remains a major cause of concern.

3. Quality of Indian schools is abysmal (extremely bad). Many schools, particularly in the country side exist without ~~teach~~ teachers. Over crowded classroom, a crumbling infrastructure, lack to teaching aids, dull teaching methods etc. all result in a discouragement effect.

4. Regional disparities in a variety of educational indicators are striking. While the states like Himachal Pradesh have made a rapid strides, Bihar, Rajasthan, Chhattisgarh and M.P remain far behind. Moreover inequalities between women from different states are greater than those between men.

5. In addition to regional disparities, there are significant educational inequalities between different social and economic strata and these are visible in school enrolment, type of schooling, educational expenditures and school performance.

Acc. to IHDS, children from Dalit adivasi and muslim families and to a lesser extent those from OBCs, face unique disadvantages.

6. The no. of out of school children who are physically or mentally challenged remains a major cause for concern.

7. Secondary and senior secondary education serves as a bridge between elementary and higher education. It also forms the basis of skill formation in future. However, the spread of secondary education in India is quite limited. 59.

8. The higher education system at present suffers from several weaknesses such as proliferation of substandard institutions, deterioration of academic standards, outdated curriculum, failure to maintain academic calender and lack of adequate support for research. However, there are wide disparities between rural and urban areas.

9. Acc. to the 71st report of the NSSO (January 2014 to June 2014) the costs of education have increased considerably over the years. The costs of education have been increasing for both general and technical / professional across all levels.

10. In the area of technical education, various imbalances & distortions exist at present.

Suggestions for improving education system.

If education has to raise the quality of human resources the following changes will have to be make in the existing education system —

1. Restrictions should be introduced on higher education. The essential conditions for university education should be laid down and only those who satisfy them should be admitted to post graduate courses. Most of the research work done in Indian universities is unproductive and the expenditure involved is a colossal waste. For making research both meaningful and productive, emphasis should be on quality and not on quantity.

2. Education should be made jobs oriented. In other words, emphasis should be on vocational education rather than on general education.

3. Education in science is costly and its expansion should be carefully planned. There is no point in producing science graduates if they can get only clerical jobs. Unless jobs commence and arts graduates will not be less competent at a same time expenditure of there education will be much smaller.

4. In rural areas emphasis should be laid down on agriculture and vocational education. General education has been found less useful in this areas: In certain cases it has proved to be disastrous. For instance rural people after getting some education loss interest in agriculture and migrate to cities in search of employment where very few job are available.

5. Technical education should be properly planned since it involves heavy costs, the govt. must ensure jobs to all technical hands. Further if a person getting technical education at the states expenditure wants to go abroad, the govt. must claim the money which it has spend on his education from him.

6. Affords should be made to improve the standards of educational at higher secondary and university levels. The govt. must investigate the reasons for the large no. of drop out and should make attempts to solve this problems. In this respect it is necessary to overcome the 'discouragement effect'. Overcoming this effect depends crucially on improving the accessibility, affordibility and quality of schooling in India. Acc. to Sen and Dreeze, much can be done without delay in this field like opening more

schools, improving the infrastructure, appointing more teachers, simplifying the curriculum, organising enrolment drives, provide free textbooks etc. However, the primary challenge will be to improve the teaching standards in the classroom.

Unit-V

Contribution of Education to Economic Development.

Most economists would probably agree that it is the human resources of a country now its capital or its natural resources that ultimately determine the character & pace of its economic development. However, human resources also essential on the point of view of socio-cultural development.

The principal institutional mechanism for developing human skills & knowledge is the formal educational system. Most third would nations have been led to believe or have wanted to believe that it is the rapid quantitative expansion of educational opportunities that holds the basic key to national development. The more education the more rapid development. All countries have committed themselves. Therefore, to the goal of universal education in the shortest possible time.

The role of formal education is not limited to imparting the knowledge & skills that enable individuals to function as economic change agents in their societies. Formal education also imparts values, ideas, attitudes and aspirations which may or may not be in the nations best development interests. For many years the proposition that educational expansion promoted & in some cases even determined the rate of overall GNP growth remained unquestioned.

Impressive statistics & numerous quantitative studies of the sources of economic growth in the west were paraded out to demonstrate that it was not the growth of physical capital but rather of human capital that was the principal sources of economic progress in the developed nations.

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Clearly, in the newly independent nations of Africa & Asia, there was an immediate need to build up the human as well as physical capital infrastructure in order to provide indigenous leadership for the major tasks of developed. The expansion of educational opportunities at all levels has contributed to aggregate economic growth by-

1) Creating a more productive labour force & endowing it with increase knowledge & skills.

2) Providing widespread employment & income earning opportunities for teachers, school & construction workers, text books & paper printers, school uniform manufacturers etc.

3) Creating a class out of educated leaders to fill vacancies left by departing expatriates or otherwise positive positions in governmental service, public corporations, private business & professionals.

4) Providing the kind of training & education that would promote literacy & basic skills, while encouraging 'modern' attitudes on the part of diverse segments of the population. Even if alternative investments in the economy could have generated greater growth. This would not detract from the important contributing non-economic as well as economic, education can make & has made to promoting aggregate economic growth.

5) Socio-cultural rigidities are another type of impediments to economic development. Acc. to UNO expert "the people of a country must desire progress & their social economic, legal & political institutions must be formulated to it." In most of the UDCs socio-cultural life is strictly based on caste, colour, creed, culture & customs. Labour & capital remain immobile

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under conservative social outlook. So, all these anti development atmosphere can be correct through proper education.
6) In most of the UDCs there is a lack of proper attitude the development among the people rich oriented philosophy is greatly absent in the countries & they are limited to the philosophy of ~~registra~~ resignation & renunciation people in such societies regard work as a necessary evil. they lay high value on leisure, contentment and participation in festivals & religious ceremonies. If people can be make properly educated then this will definitely create a conducive atmosphere for growth.
7) Education develops basic skills & abilities & fosters a conducive value system. But a large majority of people are illiterate, uneducated and conservative in India & hence the quality of human capital is poor. According to 1981 census, only 39% of Indian people are literate whereas in USA, Canada, UK etc. nearly 98% are literate. In higher education specially in Science, technology & training of skill formation, impressive progress has been made in advanced countries but still our country lacks omit. poor quality of human capital is the cause as well as the effect of economic backwardness of the country to a greater extent.
from this analysis, it has been rightly observed that, education brings revolutions in ideas for economic progress." Therefore, it has been maintained that education gap is mainly responsible for the backwardness of low-income countries. General advancement in technology is

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hindered in underdeveloped countries by the lack of education. Infact, education is the main spring of economic growth which teaches honestly & inspires patriotism, progress. thus will occur more rapidly in those countries where education is widespread. According to proff. H.W. Singer. "Investment in education is not only highly productive but also increasing returns. So, education plays pioneer role for the creation of human capital & social progress which in turn determines the progress of the country. Edward f. Donason estimated that investment in education contributed 23% of the growth of real national income per person employed in USA. Thus greatest progress will occur in those countries where education is widespread where it encourages experimental outlook. Infact, without an improvement on human factor no progress is possible in we.

Investment in human capital is also required to raise the general living standard of the people in UDs. It can be done through education & training of surplus manpower by providing larger & better job opportunities in both rural & urban areas.

Role of Human Capital in Economic Development.

Capital may be both in human or non-human forms. Human capital denotes scientific, managerial, engineering technical, teaching, administrative & other skills employed

in creating, designing & operating economic institutions. It includes that part of population which has the ability to produce economic goods & services or which can productively be utilised.

Human Capital has been defined by the World Development Report 1995, as " the skills & capabilities embodied in an individual through health, nutrition, education and training ". It consist of brain power & is based on the application of systematic research to the problems of production & of the best organisation of the economic institutions.

The concept of " human capital formation" has been recently emphasised. Traditionally we have been attaching more importance to the accumulation of physical capital in the process of economic development. Accumulation of physical capital is a pre-requisite for economic development but human brain is behind this growth of tangible capital stock lack of skill & knowledge in developing countries is a severe limiting factor for economic development. An improvement in the quality of human factor is therefore, as essential as investment in physical capital. It is the human capital formation is insufficient physical capital can't be productively used.

Despite massive import of PC, UDCs have not been able to accelerate their rate of growth because of the insufficiency of HC. Despite abundance of the labour force, shortage of skilled labour is also very

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acute in these countries which sometimes happens prodh. This problem can be solved if HC formation is given the due priority. Economic backwardness may be reduced through the means of material capital but the more decisive means would be through HC.

Schult, has demonstrated that even when a country possess the PC & resources, prod^{n} should fall catastrophically if it doesn't possess sufficient HC. There would be both low output & extra-ordinary rigidity of economic organisation until the capacities of the people are raised by investing in them. However, in many use the capacity for physical capital has proved to be low because the growth of HC has failed to keep with the accumulation physical capital.

HC plays an important role in the process of economic development. Recent studies made by Schultz, Hanbisol & Kenowick point out that a large part of the growth of the output in USA can be attributed to increased productivity which has mainly been the result of HC formation.

Prof. Galebraith observes that, "we now get the larger part of industrial growth not from more capital investment but from investment in men and improvements brought about by improved men" Adam smith included in a country's stock of fixed capital the required and useful abilities of all the inhabitants. The technological knowledge & skill formed the community in material equipment without which PC can't be utilised productivity. Alfred

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Marshall regarded education as a national investment & the most valuable of all capital is that invested in human beings.

One of the main reason behind the low growth of the is that the people possessing critical skills & knowledge required for all round development of the economy are not present in these countries underdeveloped human resources are manifested in low labour productivity, factor immobility & limited specia-lisation in occupation. Since, uses have a of critical skills & knowledge, PC, whether indigenous or imported can't be productively utilise. As a result machines break down & wear out soon, materials & components are wasted & the quality of prodn falls & cost rise. So, high skilled man power acts as a to all these problems.

HC plays a significant role to carry forward industrialisation. The various types of activities influence the formation of HC. Prof. Schultz, points out such activities which are given ahead.

(1) The services & facilities necessary to improve health standards, strength, vitality & life expectancy of people.

(2) All forms of in service training apprenticeship & on the job courses organised by firms.

(3) Establishment of educational institution schools colleges & universities under formal education.

(4) Adult Education programmes especially for the unread people.

(5) Mobility of labour in order to adjust in changing job opportunities.

Each of the above categories of activities helps to improve

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one enhance the human capabilities.

Problems of HC formation.

i) Problems of Assessments.
ii) Problem of measuring the growth rate of human capital.
iii) Problem of the pattern of investment in education.
iv) Problems of university education.
v) Lack of manpower planning.
vi) Less attention on agricultural & adult education.

The New Education Policy, 2020

The union Cabinet, chaired by Prime Minister Narendra Modi, approved the National Education Policy 2020 on July 29, 2020.

The policy is based on the Draft National Education Policy 2019, which the Committee for Draft National Education Policy – chaired by Dr. K. Kasturirangan, former chairman of the Indian Space Research Organisation – submitted to the Ministry of Human Resource Development on December 15, 2018.

The four-part National Education Policy covers school education (Part I); higher education (Part II); 'Other Key Areas of Focus' (Part III) such as adult education, promoting Indian languages and online education; and 'Making it Happen' (Part IV), which discusses the policy's implementation.

FACTOIDS

1. The policy seeks to restructure school curricula and pedagogy in a new '5+3+3+4' design, so that school education can be made relevant to the needs and interests of learners at different developmental stages – a 'Foundational Stage' (five years), a 'Preparatory Stage' (three years), a 'Middle Stage' (three years) and the 'High Stage' (four years, covering grades nine, 10, 11 and 12).
2. It aims to achieve 'universal foundational literacy and numeracy' in primary schools by 2025. For this, the Ministry of Human Resource Development shall set up a National Mission on Foundational Literacy and Numeracy.
3. Public and private schools – except the schools that are managed, aided or controlled, by the central government – will be assessed and accredited on the same criteria, benchmarks, and processes.
4. The Gross Enrolment Ratio from preschool to secondary education should be 100 per cent by 2030. (GER is defined as the ratio of the total enrolment in education – regardless of age – to the official population in a given school year, expressed as percentage.) The policy states that universal participation in schools shall be achieved by tracking students and their learning levels to ensure they are enrolled and attending school, and have suitable

opportunities to re-join or catch up at school in case they have dropped out or fallen behind.

5. The medium of expression until at least grade five – but preferably till grade eight or beyond – shall be the student's mother tongue, or the local or regional language. The 'three-language formula' will continue to be implemented in schools, where two of the three languages shall be native to India.

6. The policy seeks to standardise the school curriculum for Indian Sign Language across the country.

7. The government of India shall constitute a 'Gender-Inclusion Fund' to provide equitable and quality education to all girls and transgender students. States shall use this fund to implement the central government's policies for assisting female and transgender students, such as provisions for toilets and sanitation, conditional cash transfers and bicycles. The fund will enable states to support 'community-based' interventions.

8. The policy suggests establishing 'school complexes' consisting of a secondary school and other schools offering lower grades of education – including *anganwadi* centres – in a radius of 5 to 10 kilometers. Such a complex will have "greater resource efficiency and more effective functioning, coordination, leadership, governance, and management of schools in a cluster."

9. All education institutions shall be held to similar standards of audit and disclosure as a 'not-for-profit' entity, says this policy. If the institution generates a surplus, it shall be reinvested in the educational sector.

10. The policy says that all 'higher education institutions' (HEIs) shall aim to be multidisciplinary by 2040. By 2030, there shall be at least one multidisciplinary HEI in or near every district. The policy aims for the Gross Enrolment Ratio in higher education to increase to 50 per cent by 2035 from 26.3 per cent in 2018.

11. HEIs shall have the flexibility to offer Master's programmes of two years for those who have completed a three-year undergraduate programme, of one

Gender Inclusion

Gender

year for students who have completed a four-year undergraduate programme, or five-year integrated Bachelor's and Master's programmes.

12. M.Phil. programmes shall be discontinued.

13. The policy says that 'high performing' Indian universities shall be encouraged to set up campuses in other countries. Similarly, selected universities – such as those from among the top 100 universities in the world – shall be encouraged to operate in India.

14. A National Research Foundation shall be established to facilitate "merit-based but equitable" peer-reviewed research funding.

15. The policy says that the centre and states shall work together to increase public investment in education to 6 per cent of the gross domestic product, from the current 4.43 per cent.

quality of ...

Q. Briefly explain the health scenario in India?

Ans: The draft approach paper to the 12th plan proposed the idea of universal 'health care' for the first time. However, providing accessible, affordable and equitable quality health care especially to the marginalised and vulnerable section of the population as one of the key objectives of the govt. There are innumerable challenges to the delivery of efficient health services in India, given the paucity of resources and the plethora of requirements in the health sector. Population health is also significantly influenced by social and environmental determinants such as, age at marriage, nutrition, pollution, excess to portable water and hygienic sanitation facilities.

However, the National Health Policy 2017 clearly aims to go for universal 'healthcare' and mobilising the required fund (around 2.5%. of the GDP as was estimated by the 12th plan) for the cause modelled on public private partnership (PPP).

The Indian health sector has a mix of both public and private providers of health services. The private sector and the quality of care provided is variable, ranging from informal providers to individually run nursing homes to large polyclinics and multiplex hospitals. The regulation for cost and quality of care is very weak in most of the states. 57

In the case of public sector the health services are delivered through a network of health facilities including ASHA (a volunteer health worker) at the community level Health Sub Centre (HSC) and Primary Health Centres (PHCs), Community Health Centres (CHCs), District Hospitals, Govt. Medical College Hospitals and the state and central govt. assistant Employee's State Insurance (ESI) hospitals and dispensaries. Outreach community level services are provided through coordination between ASHA, ~~and~~ Anganwadi Workers (AWWs) and the Auxiliary Nurse Mid-wife (ANM) at the HSC.

Health Policy ~~In India~~

Importance Efficiency of workers depends considerably on their health. Workers whose health is not good and who fall sick quite often; cannot do their job efficiently and thus their efficiency is bound to remain low. Improvement in the health of workers automatically raises the national output.

According to the World Development Report 1993, improved health contributed to economic growth in four ways —

1. It reduces production losses caused by workers sickness;

2. It permits the use of natural resources that had been totally or nearly inaccessible because of disease.
3. It increases the enrolment of children in schools and makes them better able to learn.
4. It frees for alternative uses of resources that would otherwise have to be spent on treating illness.

The economic gains are relatively greater for the people who are typically most handicaped by ill health and who stand to gain the most from the development of underutilised natural resources.

Two things are necessary for good health —

1. Balanced and nutritious diet.
2. Medical care.

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The general health standard in India is quite low! This is clearly reflected in the high incidence of morbidity in the country. The main reasons for these are lack of nutritious diet, inadequate medical care and living under unhygienic conditions. All these factors in turn are related to the poverty of the people. Therefore the basic cause of poor health of mass of the population in the country is wide spread poverty.

Health policy In India.

The govt. of India prepared its programme for raising the health standard in the country, on the basis of recommendations made by the Health Survey and Development committee (popularly known as Bhore Committee 1946) and the health survey and planning committee (Mudaliar committee 1961). The main objectives of these programme were —

1. Provision should be made for control of epidemics.

2. Health services should be provided in such a form that in addition to the control of various diseases, care of patients also become possible.

3. Programmes for the training of employees in the health department should be speeded up and the primary health centres should be developed in the rural sector.

Under the 5th five year plan, health development programmes were integrated with family welfare and nutrition programmes for vulnerable groups — children, pregnent women and nursing mothers. However, the achievement during the planning period fall short of the target.

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The main objective under the 6th plan was to provide better health care and medical care services to the poor people, including those living in rural areas. A community based programme of health care and medical care services in rural areas was also launched.

Under the 7th plan, a new health scheme was implemented with the objective to provide medical facilities to the relatively neglected sections of the society.

During the 8th plan hospital facilities were sought to be strengthen and during the 9th and 10th plans efforts were further intensified to improve the health status of the population by rectifying the critical gap in infrastructure, man power, equipment, essential diagnostic reaggents and drugs.

The national health policy, 2002 and the Common Minimum Programme of the UPA govt. stressed the need for achieving an acceptable standard of good health amongst the general population of the country. With the focus on primary health care, the common minimum programme envisaged raising public expenditure on health to atleast

2 to 3% of GDP.

Announcement of National Health Policy 2017 is a watershed step in the direction of assuring health to all — right aimed at universal access to good quality health services. Subsequently the govt. launched Ayushman Bharat is two components.

1. Health and wellness centres to provide comprehensive primary health care.
2. Pradhan Mantri Jan Arogya Yojana (PMJAY) to provide health cover to 10.74 crore poor and vulnerable families and upto rupees 5 lakhs per family per year for secondary and tertiary hospitalisation.

Q. Write a short note on NHP 2017. 5M

Ans: The govt. approached the NHP 2017 on 15th March 2017. The policy seeks to reach everyone in a comprehensive integrated way to move towards wellness. It aims at achieving universal health coverage and delivering quality health care services to all at affordable cost. ~~Objective of NHP 2017.~~

Objective of NHP 2017.

(1) Assuring availability of free, comprehensive primary health care services for all aspects of diseases.

(2) Ensuring improved access and affordability of quality secondary and tertiary care services through a combinations of public hospitals and private care providers (3) Achieving a significant reduction in out of pocket expenditure due to health care cause.

(4). Increasing health expenditure by the govt. as a percentage of GDP from the existing 1.15% to 2.5% by 2025.

(5) Achieving the following quantitative targets —

i. Increase life expectancy at birth from 67.5 to 70 years.

ii. Reduction of TFR to 2.1 at national level by 2025.
iii. Access to safe water and sanitation to all under Swachh Bharat Mission.

Policy Thrust:

The NHP 2017 has envisioned health and wellness centres as the foundation of India's health system. These 1.5 lakh centres are expected to bring health care system closer to the homes of people. The govt. has committed ₹ 1200 crores in the union budget 2018-19 for this flagship programme. The main thrust-areas under NHP 2017 are as follows —

i. Increasing adequate investment in the healthcare sector.
ii. Ensuring coordinated action on the following 7 priority areas for improving the environment of health —
a. The Swachh Bharat Abhiyan.
b. Yatri Suraksha. (Preventing deaths due to rail and road traffic accidents).
c. Nirbhaya Nari. (Action against general violence).
d. Balanced, healthy diet and regular exercises.
e. Reducing Indoor and Outdoor pollution.
f. Reduced stress and improved safety in work place.
g. Addressing tobbacco, alcohol and substance abuse.

iii. Introducing policy shifts in organising —
a. Primary care.
b. Secondary and tertiary care.
c. Infrastructure and human resource development.
d. Public hospitals
e. Urban health
f. National health programmes.
g. AYUSH (Ayurveda, yoga and naturopathy, unani, siddha and homoeopathy)

Q. Critical Evaluation of health care facilities in India.

Ans:- The quantitative measurement of the improvement in the health of an average Indian is not possible, nonetheless there should not be any doubt about some improvement in the general health of a large no. of people in the country. During the planning period, the death rate has considerably declined and it was 6.4 per thousand in 2017 as against 27.4 / thousand in 1951. The infant mortality rate has also come down from 146 per thousand to 34 per thousand during the same period of time. Moreover life expectancy at birth has risen from 37.2 years for males and 36.2 years for females in 1951 to 66.9 yrs for males and 70 yrs for females during 2011-15. 56

There is no denying the fact that progress in improving health outcomes has been slow. As a result India continues to face an extraordinarily high disease burden which saps the productivity of Indian workers and lowers their earnings. According to a world bank estimate 2010, India losses 6% of its GDP annually because of premature deaths and preventable illness. The main weaknesses of the Indian health care system are as follows ——

1. Public health expenditure in India still remains among the lowest in the world. It was merely 1.4% of GDP in 2015 as compared to 3% in china, 4.3% in S. Africa and 4.7% in Brazil.

2. India's public health expenditure is not only low but also regressive in nature. Only 17.3% of lower income classes benefit from the public health system as against 22% of higher income classes.

3. Availability of health care services from the public & private sectors taken together is inadequate.

4. The quality of health care services varies considerably in the public sector and private sector. As per a WHO report in 2016 noted that only 1 in 5 doctors in rural India is qualified to practice medicine.

5. While due to various facilities and concessions granted by successive govt. in recent period, there has been a massive expansion of the private health sector. However, no regulatory mechanism has been established to oversee malpractices. There is a virtual absence of regulation of almost everything that happens — standards, quality, costs etc.

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6. Affordability of healthcare is a serious problem for the vast majority of the population. Infact India has emerged as the country with the largest out of pocket expenditure, among the BRICKS countries (Brazil, Russia, India, China and S. Africa) since 2008 (it was 62.4% in India while it was only 6.5% in south Africa).

7. The state of child health care in India is abysmal. Acc. to the State of The World's Children Report 2016, published by UNISEF, 'around 1.2 million under 5 children died of preventable causes in India in 2015.

8. There are major differences regarding various health indicators in different states. MMR (Maternal mortality rate), IMR (infant mortality rate); TFR continue to be quite high in relatively backward states like UP, Bihar, Orissa, Rajasthan and M.P.

9. Health workers are paid very low wages with the result that they do not have enough motivation. For instance, there are cases where ASHA workers are paid a meagre ₹350/- per institutional delivery. However, they do the work of a primary health worker without a regular salary.