

SUMMARY SHEET



*Social Sectors in
India - Health &
Education*





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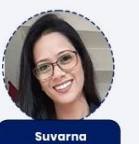
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1 Health - Background

In the chapters of 'Measurement of Growth and National Income' and Human Development, we have looked into the various ways that are used to measure the economic growth of a nation.

- We also realized the fact that **economic growth of a nation** does **not** essentially symbolize the overall development of a country. We came to a conclusion that we **require a different approach** that would give a **true reflection of a country's progress**.
- The most appropriate approach is the **Human Development Approach** which was discussed in detail as part of the 'Human Development' chapter.
- There was a discussion regarding the **Human Development Report** which is brought out by the UNDP. This report can be said to be a **balance** between the Income approach and the Human Development approach which are at the two extremes.
- The Human Development Report comes out with **certain measurable parameters** which gives us a reflection of the country's overall progress.



- When we talk about Human Development, one of the very important parameters that indicates the overall Human Development is the 'Health' of the individuals of a country.

- It is very evident from the fact that it forms **one of the indicators** while computing the **Human Development Index (HDI) by the UNDP**.
- When we talk about health, it is not just referring to the **‘healthy body’ but also a ‘healthy mind’**.



- Further, we can gauge the importance of the health sector from the fact that as part of the Union Budget, the government makes substantial allocation towards the healthcare sector.
- So, it becomes one of the important areas of concentration in the Fiscal Policy of the government as well.

In this chapter, we shall be studying about ‘Health’ in general and various reports and findings that give us an idea regarding the situation of Health in India.

Quotes by famous personalities

- **Mahatma Gandhi** - “It is health that is real wealth and not pieces of gold and silver”
- **Buddha** - “To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear” –
- **Publius Syrus** “Good health and good sense are two of life’s greatest blessings”
- **Winston S. Churchill** - “Healthy citizens are the greatest asset any country can have”
- **French Proverb** - “If Wealth Is Lost, Nothing Is Lost; If Health Is Lost, Something Is Lost”
- **Upanishads** - “Sarve Bhavantu Sukhinah, Sarve Santu Niramayah” – It means “May All become Happy, May All be Healthy”

1.1 Introduction

- **Health in ancient India was defined as physical, mental, emotional, spiritual and social wellbeing of an individual.** Thus, the system of medicine was not about illness and standalone treatment.
- It combined many concepts such as diet, climate, beliefs, supernatural, empirical, and culture into treatment of the person.
- The emphasis was on natural and preventive approach to healing. It was aimed at treating the illness from the root cause.
- The most important practitioners in this field included Susruta, Charvaka and Vagbhata. Susruta is also considered as the **“father of Indian surgery”**.
- Thus, the most important contributions of India included Yoga, Meditation and Ayurveda.
- Also, Indian medical practices were gradually dispersed all over Asia, including the southeast, Indonesia, Tibet, and Japan.
- Health in modern times has been often defined **in a negative connotation i.e., absence of illness.**
- However, this definition is restrictive and narrow. **As Amartya Sen** has argued that “Health is a social good. A person should be termed healthy if he is able to actively participate in a society”.
- Our Vedic texts also dwell on the concept of health in totality. It was viewed as the greater form of wealth and a path to happiness.

“आरोग्यं परमं भाग्यं स्वास्थ्यं सर्वार्थासाधनम्॥”

(Arogyam paramam bhagyam, swasthyam sarvarthasadhanam)

{It means that **good health is the greatest blessing. Health is means of everything.**}

- Thus, health cannot be seen in isolation but needs to be seen in wider perspective of human life, as a part of human life, as an **instrument for fruitful human life**.
- **Being healthy is a process**. It starts right from morning, the way we breathe, the way and what we eat, and all the way to the modalities of our sleep.
- This sense is aptly captured in the new Indian perspective towards health where there has been an increasing shift towards **Health assurance** as opposed to **insurance**.

1.2 Why Health - Importance /Dimensions related to Health

1. Health as a Social good

- Social good refers to any good which benefits the largest number of people in the largest possible way.
- Health as a social good enables a society to become more egalitarian, tolerant, sustainable, sensitive and moral-based society.
- It also helps in better absorption of other social goods like Education, Skills and better relationship with natural resources.

2. Health as Political good

- Political good refers to any good which enable participation of people into the political process.
- Health as a political good enables the political discourse of a society to become more become more democratic, more accountable, more decentralized.
- In addition, it becomes very easy to develop consensus on critical issues especially on critical issues like clean energy, sustainable development etc.

3. Health as an Economic good

- Economic good refers to a good which enable economic growth, prosperity etc.
- Health as an economic good help in better absorption of skills, better productivity of workforce, better involvement of workforce in industries, better decision-making regarding technologies etc.
- In addition, lower spending on health leads to lesser burden on family, government and society as a whole.
- According to **Centre for Disease control and prevention (CDC)**, there is a \$10 return on investment for every \$1 spent on childhood vaccinations.

4. Health as an Ecological good

- Health as an ecological good can enable in sustainable development, sustainable consumption and environment-friendly policy making.
- The recent Sterlite protests in Tamil Nadu were owing to the impact on health of the people around. **Similar protests have also been in Delhi because of growing pollution and increasing adverse impact on health.**

5. Health as an Ethical good

- Right to Health is now being increasingly recognized as a basic human right.
- Universal Declaration of Human Rights, International Covenant on Economic, Social and Cultural Rights etc. have recognized health as a basic human right, *Sustainable Development Goal # 3 - Good Health and Wellbeing* - have recognized health as a basic human right.
- Also, there has been an increasing consensus in India to declare right to health as a part of fundamental rights under part III of Indian constitution.
- Thus, it is incumbent on society and societal institutions to fulfill this right.

Let us take a look at the status of health Subject in the constitution in the subsequent section.

1.3 Health: A State Subject

Health is a **State Subject** in India. That is, it is mentioned in the **State List** of the **Seventh Schedule of the Indian Constitution**.

Our Constitution is a federal one. It has divided powers in the Centre and States and describes some powers as concurrent. This division of powers is mentioned in the seventh schedule of our Constitution

Accordingly, there are three lists which are as follows:

- (a) List I (Union List)
- (b) List II (State List)
- (c) List III (Concurrent List)

(a) Union List:

List-I includes items which are of great interest to the nation. The Centre has exclusive powers to make laws in respect of the items in List-I.

(b) State List:

List-II includes items of local interest. The states have the power to make laws to cover items in List-II.

(c) Concurrent List:

List-III includes it which concerns both the Centre and the states. For those included in List-III Centre and States both can legislate.

Let us now understand the status of healthcare in India in the subsequent section.

1.4 Health Care in India

1. India today, is the **world's third largest economy in terms of its Gross National Income** (in PPP terms) and has the potential to grow larger and more equitably, and to emerge to be counted as one of the developed nations of the world.
2. **Modern India:** India today possesses as never before, a *sophisticated arsenal of interventions*, technologies and knowledge required for providing health care to her people.
 - **Yet the gaps in health outcomes continue to widen.** On the face of it, much of the ill health, disease, premature death, and suffering we see on such a large scale are needless, given the availability of effective and affordable interventions for prevention and treatment.
 - "The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale".
3. **Linkage between Economic growth and Health:** Given the two-way linkage between economic growth and health status, there appears a determination of the Government to leverage economic growth to achieve health outcomes and an explicit acknowledgement that better health contributes immensely to improved productivity as well as to equity.
4. **India's health challenges are diverse: Communicable diseases,** notably Tuberculosis and Malaria, continue to constitute a major part of the country's disease burden.
 - At the same time the threat of **Non-communicable Disease (NCD)** including diabetes, hypertension, cancer, and mental illness is clearly perceived. It is also crucially relevant that maternal and infant mortality continue to remain unacceptably high in several parts of the country.
 - India was declared as the **Diabetes Capital of the world by International Diabetes Federation (IDF)** with the highest number of people suffering from **Type-2 diabetes**. It highlights the dismal state of our healthcare system.

Having understood the healthcare in India, let us delve deeper into the challenges in health sector in India.

1.5 Challenges in Health in India

1. Weak primary health care sector

- Expansion of public services has been inequitably distributed e.g., there is one government hospital bed for every 614 people in Goa compared with one government hospital bed for every 8789 people in Bihar.
- **India's doctor to population ratio** remains dismal at less than 1 doctor per 1,000 population in spite of being a hub for medical tourism and an exporter of healthcare experts.

2. An overwhelming **70% of healthcare expenses in India are met by out-of-pocket** expenditure in spite of **India being the Global Pharmacy of the World**.

- Around 5 crore Indians are pushed into poverty because of healthcare expenses.
- Recently 42 children died over two days at Gorakhpur; A case related to Dengue where the patient died was charged 16 lakhs by Fortis, Gurgaon.
- These all reflect on the broken system from quality, quantity, footprint, access, and affordability issues

3. Inadequate Financing

- Government spending on healthcare in India remains at a **dismal 1.28% of GDP** which is less than **30% of total health spending**. India's per capita expenditure is only Rs 3 per day on each citizen.
- Apart from this, **the funding pattern is skewed** i.e., in favour of curative and communicable diseases. This despite the well-established fact that *expenditure on preventive healthcare* is more favourable and non-communicable diseases form 60% of India's health burden.

4. Weak Regulatory Framework and Private Sector

- India's regulatory framework for health remains in shambles. The nodal agency i.e., **Medical Council of India (MCI)** has been marked by corruption, nepotism, and favoritism.
- Apart from this, the recent cases of Fortis charging exuberant etc. only reflect on the dismal regulatory framework.

5. Inadequate Healthcare Personnel and Infrastructure

- India has one of the lowest doctors to population ratio which is far less than the recommended **1:1000 by WHO**. This problem is even more acute for specialized doctors like cardiologists, psychiatrists etc.
- In addition, there is a clear rural-urban divide, regional divide, gender-divide etc. regarding healthcare facilities.
- **For example:**
 - Urban areas command 73% of the public hospital beds, even when 69% of India's population resides in rural areas.
 - There is one government hospital bed for every 614 people in Goa compared with one every 8,789 people in Bihar.

6. Inequity in Healthcare

- The divide between the rich and poor in terms of health is wide in terms of access, distribution and services

7. Fragmented health information systems

- The systems of collecting data have many weaknesses like incomplete data gathering and non-inclusion of private sector in it means excluding the major health provider in India.
- Weak Governance and accountability

8. Medical Education

- While Indian-educated healthcare professionals are world renowned, medical education in India has been dismal.
- Most of the problems include nepotism, capitation fees, weak regulatory structure etc. Apart from these national exams like NEET have failed to take variation according to state into account.

9. Social Reasons

- Healthcare can't be seen in isolation but needs to be studied **in a social context**. The poor state of healthcare in India is also because of wide poverty, lack of gainful employment, ignorance, illiteracy, poor status of women, problem of open defecation and poor sanitation facilities.
- Discrimination on the basis of diseases is also a huge problem in Indian society especially in case of TB, leprosy, HIV/AIDS, etc.
- **For example**, Diarrheal diseases which are closely linked to open defecation kill 1 lakh children under 11 months old in India each year.

10. Status of Indigenous systems

- While there has been increasing emphasis on indigenous system of Yoga, Ayurveda etc., their supporting system for implementation remains weak.
- There is an absence of proper regulatory framework, certification benchmarking and research into this system.

11. Emerging Health Issues

- **Modern way of life**, increasing violence, increase individualism, reproductive health facilities, urban lifestyle, exam pressure, work pressure, corporate culture is giving way to new challenges in healthcare discourse and rise of non-communicable diseases.
- In India, **lifestyle diseases** like diabetes, anxiety disorder, depression etc. are becoming major challenges especially in urban areas.
- However, despite the scale of the epidemic, **India spends only 0.06 per cent of its healthcare budget on mental healthcare**.
- Ethics in overall health as a sector especially deteriorating values when it comes to doctor-patient relationship like treatment of the patients, trafficking of organs, not abiding to secrecy of diseases or sex of a child, etc.
- Also, **India's aged population has reached 100 million** and is predicted to grow only more. However, Indian healthcare continues to be abysmally underprepared for geriatric health care which includes cardiovascular diseases, psychological diseases etc.
- Apart from this, there are emerging challenges of drug resistance and rise in epidemics because of climate change and globalization. For e.g., recent case of Zika Virus, NIPAH virus, MERS virus etc.
- Finally, issues like Euthanasia are throwing new challenges to medical ethics.

After studying the Challenges, it seems that India has not done anything good till date, but that's not true picture. Let us now look at achievements of India in the health sector in subsequent section.

1.6 India's Achievements in Health Sector

1. As a Generic Pharmacy of the World

- India accounts for close to 10% of the global pharmaceutical industry in terms of volume. This number goes to 20% for generic-drug exports by volume.
- The Indian pharmaceutical sector has many advantages - Low cost of land, labor, utilities and equipment, Favourable domestic laws etc.

2. Medical Tourism

- It has been one of the highest sources of foreign exchange for India owing to its relatively inexpensive healthcare systems, trained healthcare personnel, indigenous healthcare systems like Yoga, Naturopathy etc.
- As per **India Tourism Market Outlook (2022-2032)**, The Indian medical tourism industry is estimated to be valued at **US\$ 7. 417 billion in 2022** and it is projected to surpass **US\$ 42.237.47 billion by 2032**. According to the analysis, demand is expected to grow at a healthy 19% CAGR during 2022-2032
- India is also **one of the Exporter of Healthcare professionals**

3. Cost effective solutions

- India has been hub for cost-effective solutions for medical issues.

- The Jaipur Foot was designed and developed in India by **Ram Chandra Sharma in 1968**.
 - India has also emerged as a hub for research and development in vaccines. More than 60% of the world's vaccines are being made by India.
 - Recently, for the first time, a vaccine named Rotavac vaccine has been conceived and developed from scratch in India has been "pre-qualified" by the World Health Organization.
4. **Major health indicators** have improved like India's MMR at 167(2011-13) has improved significantly from 212 (2007-09). Our Target is to reduce it to 100; Under 5 mortality rates has declined to 49/1000 live births in 2013, etc.

1.7 Other Steps Taken to Improve Health Care in India

1. Constitutional Provisions

- Supreme Court in its various judgements has declared **right to health** within the purview of **Article 21** of Indian constitution.
- Apart from, this several articles in Part-IV (Directive Principles) namely Article 39(e), 41, 42, 47 and 48 calls upon State to strengthen healthcare system in India.

2. Legislations, Schemes and Policies for healthcare

- **National Health Policy 2017:** It aims at providing healthcare in an "**assured manner**" to all by addressing current and emerging challenges arising from the ever changing socio-economic, epidemiological, and technological scenarios.
 - It aims to raise **public healthcare expenditure to 2.5% of GDP by 2025**, from current 1.2%, with more than two-thirds of those resources going towards primary healthcare.
 - The policy also seeks to achieve and maintain elimination of leprosy by 2018, and to achieve '90:90:90' global HIV target by 2020.

3. Intensified Mission Indra-Dhanush

- It is aimed at reaching each and every child under two years of age and all those pregnant women who have been left uncovered under the routine immunisation programme.
- **Ayushman Bharat** envisages a **Rs 5 lakh annual insurance cover** at no cost to 10 crore households, with the joint collaboration of both central and union governments.

4. Government of India has set the target of working **towards elimination of Tuberculosis by 2025**.

5. Apart from this there has been growing impetus on reviving indigenous healthcare system. Government has launched **National AYUSH Mission** and Yoga Day has been officially declared as a global annual exercise.

6. **The Mental Healthcare Act, 2017** passed by the government takes a **rights-based approach** to all aspects of mental healthcare.

7. Efforts of Civil Society Organizations

- **Smile India foundation** - It is aimed at bringing quality healthcare services to doorsteps of the needy and to promote healthcare awareness.
- **Rural Health Care Foundation** - It is aimed at addressing the gap in the availability of low-cost primary health care in rural areas.
- **Seva Nilayam** - It is working in partnership with the Government of Tamil Nadu with an objective to reduce the maternal mortality rate in its rural area.

8. International Organizations

- Some of the international organization working in health sector include WHO, UNDP, FAO etc.
- Apart from this, Bill and Melinda Gates foundation is aimed at enhancing healthcare and reducing extreme poverty.
- **Doctor without Borders** - It is best known for its projects in conflict zones and in countries affected by endemic diseases.

Let us now study about maternal healthcare, which is very essential for family and society at large in the subsequent section.

1.8 Maternal Health Care

- Maternal health care is a rather wide term. Often, the term is confused with only the period of time, when the women give birth to the child.
- However **maternal health care is a concept** that encompasses family planning, preconception, prenatal (antenatal) and postnatal care.

1. Antenatal Care

It is the routine health control of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery.

2. Postnatal Care

- A postpartum period or postnatal period is the period beginning immediately after the birth of a child and extending for about six weeks.
- **The World Health Organization (WHO) describes the postnatal period as the most critical and yet the most neglected phase in the lives of mothers and babies;** most deaths occur during the postnatal period.
- It is the time after birth, a time in which the mother's body, including hormone levels and uterus size, returns to a non-pregnant state.
- In the Indian scenario, all the above-mentioned phases are not very well defined.
- This stems from the lack of education and awareness among women, traditional nature of families and plain indifference. Now, the crisis varies with location like urban or rural, with income of the family and even with castes like scheduled tribes.

We can understand how India is making advances in various parameters related to maternal healthcare better by going through data that is brought out by the National Family Health survey – 5 (NFHS – 5), 2019-20.

1.9 National Family Health Survey (NFHS)

***Note:** The National Family Health Survey (NFHS – 5) is the latest edition available. If there is a new edition in place, it would be covered as part of the Edu Tap's ESI and Finance in news monthly Current Affairs document.*

The National Family Health Survey:

- The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India.
- The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anemia, utilization and quality of health and family planning services.

Ministry of Health and Family Welfare has recently released the fifth round of the National Family Health Survey (NFHS) Report.

About the survey-

- **Four rounds of NFHS** (1992–93, 1998–99, 2005–06 and 2015–16) have been successfully completed in India. This is the fifth in the **NFHS series**.
 - All the rounds of NFHS have been **conducted by the International Institute for Population Sciences (IIPS), Mumbai**, as the national nodal agency.
- It provides information on population, health, and nutrition for India and each state/union territory (UT).

About NFHS-5

- The **NFHS-5** is being conducted in around **6.1 lakh sample households** to provide disaggregated data up to district levels.

- The first Phase of the survey has analyzed data of **22 states/Union Territories**.
- **Phase II** covering **the remaining 12 States** and **2 UTs** had their fieldwork suspended due to covid-19, which has been resumed from November 2020, and is expected to be **completed by May 2021**.
- These **22 Phase-I States/UTs** are-
 - Andhra Pradesh, Assam, Bihar, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Telangana, Tripura, West Bengal, Andaman Nicobar Island, Dadra and Nagar Haveli and Daman and Diu, Jammu & Kashmir, Ladakh and Lakshadweep.
- NFHS-5 includes **new focal areas** such as-
 - Expanded domains of child immunization
 - Components of **micro-nutrients** to children
 - Menstrual hygiene
 - Frequency of alcohol and tobacco use
 - Additional components of non-communicable diseases (NCDs)
 - Expanded age ranges for measuring hypertension and diabetes among all, aged 15 years and above.

1.9.1 Key findings of the NFHS – 5

1.9.1.1 Antenatal Care (ANC)

- There is increase in the per cent of women receiving the recommended four or more ANC visits by health providers in many States/UTs.
- This percentage has increased in 13 States/UTs between 2015-16 to 2019-20.

1.9.1.2 Total Fertility Rate (TFR)

Total Fertility rate:

Total Fertility Rate may be defined as average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years). The total fertility rate is a more direct measure of the level of fertility than the birth rate, since it refers to births per woman. This indicator shows the potential for population change in a country.

- Now, **only five states are above the replacement level of fertility of 2.1**. These are Bihar (2.98), Meghalaya (2.91), Uttar Pradesh (2.35), Jharkhand (2.26) Manipur (2.17).
- **Contraceptive Prevalence Rate (CPR)**-
 - Overall, the CPR has increased substantially in most States/UTs, and it is the highest in Himachal Pradesh and West Bengal (74%).
 - Use of modern methods of contraception has also increased in almost all States/UTs.
- **Unmet needs of family planning** have witnessed a **declining trend** in most of the Phase-1 States/UTs.
 - The unmet need for spacing has come down to less than 10% in all the States except **Meghalaya** and **Mizoram**.
 - **Male engagement in family planning** continues to be **limited and disappointing** as seen by the low uptake of condoms and male sterilisation across the States.

1.9.1.3 Institutional births

- **Institutional births**-
 - Increased substantially with over **four-fifth of the women delivering** in institutions in **19 States and UTs**.
 - **Institutional delivery** is over **90%** in 14 out of the total 22 States and UTs.
 - Almost 91% of districts recorded over **70% institutional deliveries of births** in the 5 years preceding the survey.
- **C-section deliveries**-

- There has also been a **substantial increase** in C-section deliveries in many States/UTs especially in private health facilities.

Institutional delivery or birth

Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel where there are more amenities available to handle the situation and save the life of the mother and child.

1.10 Maternal Death

Maternal death is defined as death of women while pregnant or **within 42 days of termination of pregnancy** from any cause related to or aggravated by pregnancy or its management. The maternal mortality ratio is maternal death per 100,000 live births in one year.

- Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India.
- Annually, it is estimated that 55,000 women die due to preventable pregnancy-related causes in India.
- But there is a **ray of hope** as the Maternal Mortality Ratio – the number of maternal deaths per 100,000 live births – declined to **130 in 2014-16 from 167 in 2011-13**.
- The Southern States are performing better than the rest of the country on MMR, with a decline from 93 to 77, close to the country's target of **70 by 2030**, under the Sustainable Development Goals (SDGs).

1.10.1 Health of women in India

Anaemia in Women

- **Anaemia among women and children-**
 - **More than half of the children and women are anaemic** in 13 of the 22 States/UTs.
 - **Anaemia among pregnant women has increased in half of the States/UTs** compared to NFHS-4, in spite of substantial increase in the consumption of **IFA (Iron-Folic Acid) tablets** by pregnant women for 180 days or more.

Let us now look at the status of Malnutrition in India.

1.11 Malnutrition in India

1.11.1 What is malnutrition?

- Malnutrition indicates that children are either too short for their age or too thin.
- Children whose height is below the average for their age are considered to be **stunted**.
- Similarly, children whose weight is below the average for their age are considered thin for their height or **wasted**.
- Together, **the stunted and wasted children are considered to be underweight** – indicating a lack of proper nutritional intake and inadequate care post childbirth.

1.11.2 What is the extent of malnutrition in India?

- India's performance on key malnutrition indicators is poor according to national and international studies.
- According to **UNICEF**, India was at the 10th spot among countries with the highest number of underweight children, and at the 17th spot for the highest number of stunted children in the world.
- **Malnutrition affects chances of survival for children**, increases their susceptibility to illness, reduces their ability to learn, and makes them less productive in later life.
- It is estimated that **malnutrition is a contributing factor in about one-third of all deaths of children under the age of 5**.

Having understood the prevalence of malnutrition in India, let us now look at the measures taken by Government to address these vexing issues in the subsequent Section.

1.12 Government Interventions

Based on the identified causes of mortality, **five major strategic areas** have been identified to improve child health outcomes. These are:

1. Newborn Health Interventions
2. Nutrition related interventions
3. Interventions to address pneumonia and diarrhoea
4. Interventions to address birth defects, disabilities, delays, and deficiencies
5. Immunization activities

Besides the above, maternal health and family planning interventions are also linked inextricably to child health outcomes. Therefore, the RMNCH+A approach strategizes continuum of care across life stages as the over-arching umbrella under which these child health interventions have been built in.

***Note:** The government interventions would be covered in detail as part of the Schemes document provided by Edu Tap.*

1.13 National Health Policy, 2017: Salient Features:

***Note:** The National Health Policy 2017 is the latest policy brought out by the Union government. If there are any updates, kindly refer Edu Tap's ESI and Finance in news monthly Current Affairs document.*

The Union Cabinet has approved The National Health Policy, 2017 replacing the previous one, which was framed 15 years ago in 2002.

- **The aim of the policy:** It aims at providing healthcare in an **"assured manner"** to all and thus will address current and emerging challenges arising from the ever changing socio-economic, technological, and epidemiological scenarios.
- **Highlights:**
 - It intends on gradually increasing **public health expenditure to 2.5% of the GDP**.
 - The government aims in shifting focus from **"sick-care" to "wellness"**, by promoting prevention and well-being.
 - It aims to strengthen health systems by ensuring everyone has access to quality services and technology despite financial barriers. **The policy proposes increasing access, improving quality and reducing costs.**
 - It proposes free drugs, free diagnostics and free emergency and essential healthcare services in public hospitals.
 - **It focuses on primary health care:** The policy advocates allocating two-thirds (or more) of resources to primary care. It proposes two beds per 1,000 of the population to enable access within **the golden hour** (*the first 60 minutes after a traumatic injury*).
 - It promotes **'Make in India'** initiative by using drugs and devices manufactured in the country.
 - It aims to reduce morbidity and preventable mortality of non-communicable diseases (NCDs) by advocating prescreening.
 - It highlights **AYUSH** (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) as a tool for effective prevention and therapy that is safe and cost-effective. It proposes introducing Yoga in more schools and offices to promote good health.
- **Quantitative targets listed in the policy:**
 - Increase **Life Expectancy at birth** from **67.5 to 70 by 2025**.
 - Reduce **Under Five Mortality** to 23 by 2025.
 - Reduce **infant mortality rate** to 28 by 2019.

- To reduce premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 25% by 2025.
- Achieve **the global 2020 HIV target** (also termed **90:90:90**; 90% of all people living with HIV know their HIV status, 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression).
- **Reduction of TFR to 2.1** at national and sub-national level **by 2025**.
- Reduce neo-natal mortality to 16 and still birth rate to “single digit” by 2025.
- **Achieve and maintain elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017.**
- To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status by 2025.
- To reduce the prevalence of blindness to 0.25/ 1000 by 2025 and disease burden by one third from current levels.
- It seeks to establish regular tracking of **disability adjusted life years (DALY) Index** as a measure of burden of disease and its major categories trends by 2022.

Having understood the National Health policy, Government is also proactively focusing on improving nutrition among the people. Let us now delve deeper into the National nutrition Strategy in the subsequent section.

1.14 National Nutrition Strategy

1. **Nutrition- The central theme:** To bring nutrition to the centre-stage of the national development agenda, government think tank **NITI Aayog** has drafted a National Nutrition Strategy.
 - The strategy lays down a roadmap for effective action, among both implementers and practitioners, in achieving nutrition objectives.
2. **Determinants of Nutrition:** The nutrition strategy envisages a framework wherein the four proximate determinants of nutrition— **uptake of health services, food, drinking water and sanitation and income and livelihoods**—work together to accelerate decline of under nutrition in India.
 - The nutrition strategy framework envisages a ‘**Kuposhan Mukh Bharat**’—linked to Swachh Bharat and Swasth Bharat. The aim is to ensure that states create customized state/district action plans to address local needs and challenges.
3. **Enabling Ecosystem:** The strategy enables states to make strategic choices, through decentralized planning and local innovation, with accountability for nutrition outcomes.

Key features of the strategy include:

1. **Target of achieving SDG:** The Strategy aims to reduce all forms of malnutrition by 2030, *with a focus on the most vulnerable and critical age groups*. The Strategy also aims to assist in achieving the targets identified as part of the Sustainable Development Goals (SDGs) related to nutrition and health.
2. **National Nutrition Mission:** The Strategy aims to launch a National Nutrition Mission, similar to the National Health Mission. This is to *enable integration of nutrition-related interventions cutting across sectors like women and child development, health, food and public distribution, sanitation, drinking water, and rural development*.
3. **Decentralized approach:** It will be promoted with greater flexibility and decision making at the state, district, and local levels. Further, *the Strategy aims to strengthen the ownership of Panchayati Raj institutions and urban local bodies over nutrition initiatives*.
 - This is to enable decentralized planning and local innovation along with accountability for nutrition outcomes.

4. **Focus on Children:** The Strategy proposes to launch interventions with a focus on improving healthcare and nutrition among children. These interventions will include:
 - I. **Promotion of breastfeeding** for the first six months after birth,
 - II. Universal access to infant and young child care (including ICDS and crèches),
 - III. Enhanced care, referrals, and management of severely undernourished and sick children,
 - IV. **Bi-annual vitamin A** supplements for children in the age group of 9 months to 5 years, and
 - V. Micro-nutrient supplements and bi-annual de-worming for children.
5. **Measures to improve maternal care and nutrition include:**
 - I. Supplementary nutritional support during pregnancy and lactation,
 - II. Health and nutrition counselling,
 - III. Adequate consumption of iodized salt and screening of severe anaemia, and
 - IV. Institutional childbirth, lactation management and improved post-natal care.
6. **Governance reforms envisaged in the Strategy include:**
 - I. Convergence of state and district implementation plans for ICDS, NHM and Swachh Bharat,
 - II. Focus on the most vulnerable communities in districts with the highest levels of child malnutrition, and
 - III. Service delivery models based on evidence of impact.

1.15 Conclusion

- Indian healthcare currently stands at a critical juncture.
- To borrow **Amartya Sen analogy**, India's healthcare represents an island of California (achievements) in a sea of sub-Saharan Africa (Challenges).
- However, there is a need for overhaul of healthcare sector in India. This also includes a complete different perception of healthcare, where it is seen as a process, as a part of life.
- It is important to note that even our ancient texts also subscribed to a similar view.

NOTE

- We have dealt in detail regarding very important sector of the economy 'Health'.
- An economy can **prosper only when it has individuals having a healthy body and mind**.
- It is very obvious that only a healthy person can contribute efficiently in the growth and development of an economy.
- Along with this important social sector, there is another sector '**Education**' which is equally important.
- **In the next Section, we shall discuss in detail about this sector.**

2 EDUCATION

2.1 Introduction

In the chapters of '**Measurement of Growth and National Income**' and **Human Development**, we have looked into the various ways that are used to measure the economic growth of a nation.

- We also realized the fact that **economic growth of a nation** does **not** essentially symbolize the overall development of a country. We came to a conclusion that we **require a different approach** that would give a **true reflection of a country's progress**.
- The most appropriate approach is the **Human Development Approach** which was discussed in detail as part of the 'Human Development' chapter.
- There was a discussion regarding the **Human Development Report** which is brought out by the UNDP. This report can be said to be a **balance** between the Income approach and the Human Development approach which are at the two extremes.

- The Human Development Report comes out with **certain measurable parameters** which gives us a reflection of the country's overall progress.
- When we talk about Human Development, one of the very important parameters that indicates the overall Human Development is the '**Education**' of the individuals of a country.
- It is very evident from the fact that it forms **one of the indicators** while computing the **Human Development Index (HDI) by the UNDP**.
- Further, we can gauge the importance of the education sector from the fact that as part of the Union Budget, the government makes substantial allocation towards the education sector.
- So, it becomes one of the important areas of concentration in the Fiscal Policy of the government as well.

In this section, we shall have a look at the developments in the 'Education' sector.

Quotes by famous personalities

- "Learning is not the product of teaching. Learning is the product of the activity of learners" - **John Holt**
- "Education is the most powerful weapon which you can use to change the world" - **Nelson Mandela**
- "There is no school equal to a decent home and no teacher equal to a virtuous parent" - **Mahatma Gandhi**
- "Don't limit a child to your own learning, for he was born in another time" - **Rabindranath Tagore**
- "The best teachers are those who show you where to look but don't tell you what to see" - **Alexandra K. Trenfor**
- "Intelligence plus character that is the goal of true education" - **Martin Luther King**
- "Learning gives creativity, creativity leads to thinking, thinking provides knowledge and knowledge makes you great" - **Dr. Abdul Kalam**

2.2 What is Education?

- Education is derived from two Latin words "educare," which means to train or to mold, and "educere," meaning to lead out.
- How does **Education differ from Literacy**?
 - Literacy is more of a quantitative measure *where education is more qualitative in nature.*
 - Literacy is mostly confined to formal schooling whereas *education not only includes formal schooling but also parents, family, and society at large.*
 - Literacy is mostly linked to skills where education is *linked with all-round development of man. It not only includes skills but also values, morals etc.*
 - **Great philosopher Rabindranath Tagore** has also dwelled on education. According to him, *the aim of education is creative self-expression through physical, mental, aesthetic, and moral development.*
- Education is a process in which and by which the knowledge, character and behavior of the human beings are shaped and molded.
- Education leads to the enlightenment of mankind.
- **Aristotle** said **education is process of creation of sound mind in a sound body.**
- The process of education is not only self-realization of the individual, but it is also to bring into action the potential in man.

Let us understand the importance of education in the subsequent section.

2.3 Why is education important?

- Education is an important activity in society; it gives an opportunity to man to understand the world around him and his place in it.
- In ancient times man was completely at the mercy of nature which was a complete mystery to him.

- Ideally speaking, it is through education that members of society, particularly the youth, come to understand the working of society.
- Education should enable the youth to improve the working of the society.
- Education, properly speaking, should develop a spirit of inquiry and rational thinking in the youth so as to enable them to understand the society and change it wherever it is found lacking.

Let us trace the history of education in India to better understand today's context in the next section.

2.4 Status of Education in India

Note: The Schemes in the Education sector will be discussed in the 'Consolidated Schemes document'.

2.4.1 Literacy Rates in India

Who is a literate?

According to Census, a person aged seven years or more than seven years who can read and write with understanding in any language is called a literate person. A person who can merely read but cannot write is not classified as literate. Any formal education or minimum educational standard is not necessary to be considered literate.

Literacy Rate:

The total percentage of the population of an area at a particular time aged seven years or above who can read and write with understanding is called literacy rate.

1. The **15th official census** in India was calculated in the year **2011**.
2. **Background:** In a country like India, literacy is the main foundation for social and economic growth.
 - When the British rule ended in India in the year **1947** the **literacy rate was just 12%**.
 - Over the years, India has changed **socially, economically, and globally**.
3. **The recent data:** As per provisional population totals of **Census 2011**, literates constitute **74 per cent of the total population aged seven and above** and illiterates form **26 per cent**.
 - **Literacy rate** has gone up from 64.83 per cent in 2001 to 74.04 per cent in 2011 showing an increase of 9.21 percentage points.
 - Compared to the adult literacy rate here the **youth literacy rate is about 9% higher**.
 - Though this seems like a very great accomplishment, it is still a matter of concern that still so many people in India cannot even read and write.
4. **Comparison of Male Vis-à-vis Female:** The **literacy rate for males and females** works out to **82.14 per cent and 65.46 per cent respectively**. The increase in literacy rate in males and females during 2001-2011 is in the order of 6.88 and 11.79 percentage points respectively.
 - The gap of **21.59 percentage points** recorded between **male and female literacy rates** in **2001 Census** has reduced to **16.68 percentage points** in **2011**.
5. **Distribution of literacy State-wise: Ten States and Union Territories viz.,** Kerala, Lakshadweep, Mizoram, Tripura, Goa, Daman & Diu, Puducherry, Chandigarh, NCT of Delhi and Andaman & Nicobar Islands have achieved literacy rate of above 85 per cent.
 - The States/Union Territories which have achieved male-female gap in literacy rate of 10 percentage points or less are Chandigarh, Nagaland, Mizoram, Tripura, Meghalaya, Lakshadweep, Kerala, and Andaman & Nicobar Islands.

Table 2. Literacy rate in India: 1951 to 2011				
Census Year	Persons	Male	Female	Male-Female gap in literacy rate
1951	18.33	27.16	8.86	18.30
1961	28.3	40.4	15.35	25.05
1971	34.45	45.96	21.97	23.08
1981	43.57	56.38	29.76	26.62
1991	52.21	64.13	39.21	24.84
2001	64.83	75.26	53.67	21.59
2011	74.04	82.14	65.46	16.68

Source: Registrar of Census, provisional population table

2.5 Constitutional provisions relating to Education in India

- **DPSPs: Article 41** (Right to work, to education and to public assistance in certain cases), **Article 45** (Provision for early childhood care and education to children below the age of six years), **Article 46** (Promotion of education and economic interests of SC, ST, and other weaker sections).
- **Fundamental Right: Article 21-A** provide free and compulsory education of all children in the age group of six to fourteen years in such a manner as the State may, by law, determine.
- **Fundamental Duty: Art. 51-A(k)** to provide opportunities for education by the parent the guardian, to his child, or a ward between the age of 6-14 years as the case may be.

Education: Shift from State List to Concurrent List

1. Education was originally included in the **State List of the Constitution of India**.
2. **Under the 42nd Amendment Act of 1976**, education was transferred to the Concurrent List in the Seventh Schedule, within the competency of both the Centre and the State Governments, but with residual powers vesting with the Union Government.
3. **Parliamentary law prevails over state laws:** This implies that, in case of a conflict, laws passed by the Parliament shall prevail over those made by State Legislatures, and that, any State law shall be void to the extent of repugnancy.
4. **The implications of making education a concurrent subject** is that both the Centre and the States can legislate on any aspect of education from the Primary to the University level.
 - By having education in the Concurrent list, the Centre can implement directly any policy decision in the States. This amendment makes Central and State government equal partners in framing educational policies.
5. **The Constitution vests the State Governments with powers** relating to school education, syllabus, Boards, textbook bureaus and medium of instruction.
6. **The regulation and maintenance of the standards of higher education** in the country as a whole has been located within the remit of the Central Government.
7. Further, **the power of State Governments to establish universities** is subject to the power of Parliament to legislate under **Entry 66** to maintain the required standards of higher education.
 - This was reinforced by the **ruling of the Supreme Court** in the **landmark case** of Osmania University Teachers Association versus the State of Andhra Pradesh and Another in 1987.
8. Moreover, **a number of institutions** specified in Entries 63, 64 and 65 of the Union List **falls exclusively within the competence of the Central Government**.
 - **These include** the Benares Hindu University; the Aligarh Muslim University; Delhi University; any institution declared by law as being of national importance; institutions of national importance for scientific or technical education financed wholly or partly by the Government of India; and Union agencies and institutions for professional, vocational or technical training, including the training of police officers; the promotion of special studies or research; or scientific or technical assistance in the investigation or detection of crime.

Let us understand the fundamental rights related to education and other provisions for the upliftment of the poor in the subsequent section.

2.5.1 Fundamental Rights

Several provisions relating to Fundamental Rights in the Constitution impact education. Of these, the most important are **the Right to Education**, Religious Instruction in Educational Institutions, and the Right of Minorities to Establish and Administer Educational Institutions.

1. **Article 21A** - Right to Education
2. **Article 28** provides for "Freedom of attendance at religious instruction or religious worship in certain educational institutions" as a Fundamental Right.
 - It mandates that no religious instruction shall be provided in any educational institution wholly maintained out of State funds and that no minor person attending any State-recognized or State-

aided educational institution shall be required to take part in any religious instruction or attend any religious worship without the consent of his guardian.

- However, **this shall not apply to educational institutions** which are administered by the State but established under any endowment or trust which requires that religious instruction be imparted in the institution.
3. **Article 29 (1)** guarantees the **protection of the linguistic rights of minorities**. Any section of citizens with their own distinct language, script or culture has the Fundamental Right to conserve it.
 - Under Article 29 (1), the Constitution recognizes the study and preservation of one's mother tongue as a Fundamental Right.
 4. **Article 29 (2)** provides, as a Fundamental Right, that no citizen shall be denied admission to any educational institution maintained by the State or receiving aid out of State funds on grounds only of religion, race, caste, language.
 5. **Article 30** relates to **cultural and educational rights of minorities**. It lays down that all minorities, whether based on religion or language, shall have the right to establish and administer educational institutions of their choice.

2.5.2 Constitutional Provisions for weaker sections

- The Constitution makes special provision for safeguarding the educational interests of the weaker, socially, and educationally backward sections of society and members of Scheduled Castes and Tribes.
- **Article 15** empowers the **State to make any special provision**, by law, for the **advancement of socially and educationally backward classes of citizens** or for the **Scheduled Castes and Scheduled Tribes** with regard to their admission to educational institutions, including private educational institutions, whether aided or unaided by the State, with the exception of minority educational institutions.
- **Article 46 enjoins the State**, as a **Directive Principle of State Policy**, to promote the **educational and economic interests** of the **weaker sections of the people**, and, in particular, of the Scheduled Castes and the Scheduled Tribes with special care, and to protect them from social injustice and all forms of exploitation.

Right to education was made Justiciable right, let us trace the journey of the landmark legislation in the subsequent section.

2.6 Right to Education Act (RTE), 2009

- The RTE was originally included as a **non-justifiable Right** under the **Directive Principles of State Policy**.
- In the Constitution as originally adopted by the Constituent Assembly in November 1949, **Article 45** stated that: "The State shall endeavor to provide, within a period of ten years from the commencement of this Constitution, for free and compulsory education for all children until they complete the age of fourteen years."
- Further, **Article 41** mandated the State, among other things, to make effective provision for securing the right to education "within the limits of its economic capacity and development."
- In **Mohini Jain vs. State of Karnataka (1992)** the Supreme Court ruled that the **RTE is implicit in and flows directly from the right to life under Article 21**, thus virtually elevating the RTE to the status of a fundamental right.
- The **Constitution (Eighty-sixth Amendment) Act, 2002** inserted **Article 21A** in the Constitution as a Fundamental Right, mandating that "The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine."
- The 86th Constitutional Amendment, 2002 inserted Article 21A in the Constitution, making the **Right to Education a fundamental right. The Right of Children to Free and Compulsory Education (RTE) Act, 2009** became operative in the country on 1st April 2010.

- The consequential legislation envisaged to give effect to Article 21 A was: **“The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act)”**, giving every child the right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.
- With this, **education** has been moved to a **rights-based framework** with the Central and State Governments having a legal obligation to implement this fundamental child right.

The RTE Act provides for the following Features

1. **Right of children to free and compulsory education** till completion of elementary education in a neighbourhood school.
2. Private schools will have to take **25% of their class strength** from the weaker section and the disadvantaged group of the society through a random selection process. Government will fund education of these children.
3. **No child can be held back**, expelled, and required to pass the board examination till the completion of elementary education.
4. It makes provisions for a non-admitted child to be admitted to an age-appropriate class.
5. **It specifies the duties and responsibilities** of appropriate Governments, local authority and parents in providing free and compulsory education and sharing of financial and other responsibilities between the Central and State Governments.
6. It **lays down the norms and standards** relating inter alia to Pupil Teacher Ratios (PTRs), buildings and infrastructure, school-working days, teacher-working hours.
7. It **provides for appointment of appropriately trained teachers**, i.e., teachers with the requisite entry and academic qualifications.
8. **It prohibits**
 - a) physical punishment and mental harassment.
 - b) screening procedures for admission of children.
 - c) Capitation fee.
 - d) private tuition by teachers and
 - e) running of schools without recognition.

2.6.1 Important update

- There has been a bill introduced for the amendment of the RTE Act, 2009 in the Parliament. The bill is named as **‘The Right of Children to Free and Compulsory Education (Second Amendment) Bill, 2017**.
- The Right of Children to Free and Compulsory Education (Amendment) Act, 2019 which was passed by the Parliament on January 3, 2019, received the assent of the President of India on January 10, 2019.

2.6.2 Important highlights of the Act

- The Right to Education Act, 2009 **prohibits detention of children till they complete elementary education i.e., class 8**. The Bill amends this provision to state that a regular examination will be held in class 5 and class 8 at the end of every academic year. **If a child fails the exam, he will be given additional instruction, and take a re-examination.**
- If he fails in the re-examination, the relevant central or state government may decide to allow schools to detain the child.

Let us now understand the status of elementary education, Secondary education, and higher education in the subsequent Section.

2.7 Elementary Education in India: Its present status and problems

Note: In the section below, we have mentioned various surveys that give us an understanding of the

status of education in India.

Kindly refer Edu Tap's ESI and Finance in news monthly Current Affairs magazine for the latest data released as part of these surveys.

2.7.1 Annual Status of Education Report (ASER)

- Beginning in 1996, the non-government organization **Pratham** has worked with children in thousands of villages and urban slums across India. For much of this period, the focus of this work has been on helping children master basic skills in reading and arithmetic.
- Every year, it brings out its **Annual Status of Education Report (ASER)** since **2005**, on the basis of extensive household surveys conducted to assess children's schooling status and basic learning levels in reading and arithmetic.

2.7.2 National Achievement Survey

1. At the disaggregated level, **The National Council of Educational Research and Training (NCERT)** has conducted National Achievement Surveys (NAS) periodically since 2001 for **Classes 3, 5 and 8**.
2. The NAS is a **school-based national survey** covering all States and Union Territories and focusing on specific classes in particular years.
3. **It is carried out by NCERT** under the mandate of the Sarva Shiksha Abhiyan programme to "monitor improvement in children's learning levels and to periodically assess the health of the government education system as a whole."
4. **Inter- state Disparity:** NAS reveals significant differences in the average achievement levels of students between states, suggesting that the quality of educational outcomes is far from equal across the country.
 - In a number of States, NAS results also show much diversity in achievement between students in the highest and lowest performing categories.
 - Despite the significant differences in methodology, NAS confirms the findings from a number of other studies such as ASER, Educational Initiatives etc. and identifies poor learning outcomes as the biggest challenge facing Indian education.
5. **Cascading effect:** Poor quality of learning at the primary school stage naturally spills over to the secondary stage, where the gaps get wider; and continues to the college years, leading to very poor outcomes in the higher education sector.
 - This inevitably leads to students being rendered incapable of taking full advantage of educational opportunities.

Note: Important change:

- From the year 2018, the Government has also decided to conduct a National Achievement Survey **with the district area as its sample base** and not the State as a unit.
- This will ensure that all districts are not only represented but the data will be robust to reflect a decentralized picture of the quality of school education.

Note: For further updates regarding the conduct of this survey, kindly refer EduTap's ESI and Finance Monthly Current Affairs magazine.

2.8 Secondary and Higher Secondary Education in India (IX to XII)

The **Gross Enrollment Ratio (GER)** of boys and girls at secondary level is brought out as per the **Unified District Information System for Education (U-DISE)**.

What is U-DISE?

- U-DISE is the **Unified District Information System for Education**.
- It has been established through the integration of **District Information System for Education (DISE)** of the Elementary level and the **Secondary Education Management Information System (SEMIS)** of the Secondary level.
- U-DISE is the **primary information source** for educational planning and assessing the progress under the education sector in India, especially under the government funded Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA) programmes.
- It collects information on **enrolment**, availability of **infrastructure and teachers** and other facilities available in all schools in the country.
- U-DISE has **the school** as the **unit of data collection** and **districts** as the **unit of data dissemination**.
- It is under implementation in almost all the districts in India.

Note: Kindly refer Edu Tap's ESI and Finance in news monthly Current Affairs magazine for all the updates related to the latest data brought out as per the U-DISE.

2.8.1 Higher Education in India

There has been an upsurge in the demand for higher education after independence, resulting in a virtual explosion in the number of universities and colleges in the country.

The institutions of higher learning in India consist of

1. Central Universities established by an Act of Parliament.
2. State Universities established by State Legislatures.
3. Deemed Universities recognized as such by the Central Government on the recommendation of the UGC.
4. Private Universities established by various State Governments through their own legislation; and
5. **Institutes of National Importance** declared as such by the Government of India by an Act of Parliament.

- All these institutions are empowered to award degrees. A small number of Central and State Universities are stand-alone unitary institutions; however, the vast majority has constituent or affiliated colleges attached to them.
- Most colleges in India are affiliated to universities and provide undergraduate education. Some colleges also undertake post-graduate teaching and research. The affiliating universities are expected to oversee the standards of the affiliated colleges, hold examinations and award degrees to successful candidates.
- **The utility of higher education in assuring employment is questionable.** Many graduates and post graduate students do not get jobs in their respective fields even after spending several years in acquiring higher education.
 - While the problem of educated unemployed youth remains acute, there is also, paradoxically, a shortage of skilled manpower in the labour market. There **a clear gap between the focus and quality of education in academia and the actual skills required by industry.**

Let us now take a look at the one of the most important surveys when it comes to status of higher education in India.

2.8.2 All India Survey on Higher Education (AISHE)

- To portray the status of higher education in the country, **Ministry of Human Resource Development** has endeavoured to conduct an **annual web based All India Survey on Higher Education (AISHE) since 2010-11.**

- The survey covers all **the Institutions in the country engaged in imparting of higher education**. Data is being collected on several parameters such as teachers, student enrolment, programmes, examination results, education finance, infrastructure.
- **Indicators of educational development** such as Institution Density, Gross Enrolment Ratio, Pupil-teacher ratio, Gender Parity Index, Per Student Expenditure will also be calculated from the data collected through AISHE.
- These are useful in making informed policy decisions and research for development of education sector.

Important fact: The government has set a target of gross enrolment ratio (GER) in higher education of 50% by 2030 according to National Education Policy.

Note: Kindly refer Edu Tap's ESI and Finance in news monthly Current Affairs magazine for the latest AISHE report released by the Ministry of Human Resource Development.

The assessment of universities worldwide is done annually by various institutes, let us look at few of the important institute's rankings.

2.8.3 Global Ranking of Universities

- The global ranking of universities is a useful indicator of their institutional performance, based on a relative assessment in the areas of research and teaching, reputation of faculty members, reputation among employers, resource availability, share of international students and activities and other factors.
- There are rankings released each year by some of the prominent organizations and institutions:

Some of the rankings released are discussed below.

2.8.4 QS World University Rankings

- It is an **annual publication** of university ranking by **Quacquarelli Symonds (QS)**.
- Previously known as **Times Higher Education–QS World University Rankings**, the publisher had collaborated with Times Higher Education magazine (THE) to publish its international league tables from 2004 to 2009 before both started to announce their own versions.
 - QS then chose to continue using the pre-existing methodology while Times Higher Education adopted a new methodology to create their rankings.

The QS is a British company specializing in education. The company was founded in 1990 by Nunzio Quacquarelli.

- The QS system now comprises the global overall and subject rankings (which name the world's top universities for the study of 48 different subjects and five composite faculty areas), alongside five independent regional tables (Asia, Latin America, Emerging Europe and Central Asia, the Arab Region, and BRICS).

2.8.5 The Times Higher Education World University Rankings

- Times Higher Education World University Rankings is an **annual publication** of university rankings by The Times Higher Education (THE) magazine.
- The publication comprises the **world's overall, subject, and reputation rankings**, alongside three regional league tables, *Asia, Latin America*, and *BRICS & Emerging Economies* which are generated by consistent methodology.

Having Understood about the education sector in India, let us now look at the major issues, challenges and solutions at every stage that is Pre-schooling, Primary level, Secondary level, and higher education level.

2.9 Privatization In Education

Benefits

- Better access to infrastructure, faculty, global exposure, and wider interaction with global educational institutions along with higher level research and innovation.
 - It will act as platform for faculty exchange between different institutions resulting in better training of teachers and opening more opportunities for them.
 - It will lead to more competition in education sector thus leading to better quality for students
- According to AISHE, 1,26,451 students are enrolled in Ph.D. in India, that is less than 0.4% of the total student enrolment.
 - According to the International Property Rights Index (IPRI) Report 2017, India ranks fifth globally in terms of research publications, but its patent profile needs a major boost as it is ranked 45th in the indicator of intellectual property rights (IPR).

Challenges

- More inequity as it will deepen the already prevalent class divide in the Indian higher education system.
- The privatization of education has benefited mainly **the parallel system of coaching classes**. The middle and even the lower-class people are spending a fortune on their wards' education by enrolling them in coaching classes.
- **Kota in Rajasthan is a classic example** of how coaching classes have turned themselves into factories. The students are under tremendous pressure to perform with no time to rest and relax. **Some 24 students, taking tuitions at these coaching factories, have committed suicide in 2017, unable to cope up with the rigorous schedule of the coaching classes.** And last year, nearly 450 teenagers in AP and Telangana have committed suicide, due to the pressure of academic performance.
- Privatization will lead to **commodification of education** as most of the private player in education view it as a business - Issues of capitation fees, poor accountability, fake degrees, fly-by-night operators etc.
- The privatization should not be an alibi for the corrupt and inefficient functioning of public educational institutions.
- **The indiscriminate privatization of education** has deprived the children of weaker section and under privileged the opportunity to receive quality.

Let us understand the status of education of women as they constitute half of the population and are neglected section in the subsequent section.

2.10 Education of Women

- There are 600 million girls living in the developing world.
- **Two-thirds of the world's uneducated children** are girls, and two-thirds of the world's illiterate adults are women.
- Around the world, girls and women continue to suffer from a lack of economic opportunity, inadequate health care and education, early marriage, sexual violence, and discrimination.
- Numerous studies have demonstrated **that educating women and girls is the single most effective strategy to ensure the well-being and health of children**, and the long-term success of developing economies.

2.11 There are compelling benefits associated with girls' education

1. Reduction of child and maternal mortality
2. Improvement of child nutrition and health
3. Lower birth rates
4. Enhancement of women's domestic role and their political participation
5. Improvement of the economic productivity and growth
6. Protection of girls from HIV/AIDS, abuse, and exploitation

Girls' education yields some of the highest returns of all development investments, yielding both private and social benefits that accrue to individuals, families, and society.

Since there has been mushrooming of educational institutes since independence, government has come up with many regulatory measures to keep a check upon them, which are discussed below.

2.12 Regulatory Structure in India

- Various apex institutions have been vested by Acts of Parliament *with the responsibility to regulate the standards of education*.
- The University Grants Commission (UGC) is empowered to coordinate and maintain minimum standards of university education.
- The **National Assessment and Accreditation Council (NAAC)** was established in **1994** to assess the standards of quality and accredit Universities along with their constituent and affiliated colleges.
- The **All-India Council for Technical Education (AICTE)** was established in **1987** for planned and coordinated development of the technical education system in the country.
- The **National Board of Accreditation (NAB)** has been set up to assess and accredit technical institutions in the country and make recommendations for recognition and de-recognition of qualifications.
- **Other Statutory bodies:** Further, there are apex statutory bodies, like the National Council of Teacher Education (NCTE), Medical Council of India (MCI), Dental Council of India (DCI), Indian Nursing Council (INC), Council of Architecture, Bar Council of India (BCI), Pharmacy Council of India (PCI), Indian Council for Agricultural Research (ICAR), Rehabilitation Council of India, Central Council of Homeopathy (CCH) and Central Council of Indian Medicine (CCIM), Distance Education Council, National Council for Vocational Training, etc., which regulate the standards of education in various professional fields.

2.12.1 Regulation In Higher Education

Higher education in India is currently regulated by a number of agencies like UGC, MCI, AICTE etc.

I. Issues and Challenges

1. **Poor global rankings:** Currently, India continues to perform abysmally in global ranking of higher educational institutions.
2. **Archaic Law:** University Grants Commission Act was enacted in 1956. However, it is unsuitable for regulation today and needs to be changed in-line with the growing complexity and number of higher educational institutions.
3. **Inadequate financial resources and problems of corruption, nepotism, favouritism:** Higher educational sector in India has been characterized by inadequate financial resources and problems of nepotism, corruption, and favouritism.
4. **Accreditation:** Indian accreditation discourse has been marked by politicization, conflict of interest, corruption, and unscientific methodology.
5. **Other Challenges:** Other challenges include Deemed Universities, fake universities, fake degrees, Politicization of UGC (Four-year undergraduate programme etc.)

II. Recent initiatives by government

- Recently government prepared a draft act for repeal of UGC and setting up of **HECI (Higher Education Commission of India)**.
- Government has come up with **National Medical Commission Bill** which is aimed at overhauling medical education in India and will replace the Medical Council of India.

III. Way forward

- An independent mechanism for administering the national higher education fellowship programme should be put in place.
- A **Central Educational Statistics Agency (CESA)** should be established as the central data collection, compilation and consolidation agency with high quality statistical expertise and management information system should be used for predictive analysis, manpower planning and future course corrections.
- An expert committee should be constituted to study the systems of accreditation in place internationally.

Having understood the regulatory structure in India, let us understand the educational policies enacted by India, which shape the course of a nation. The government of India has come up with various national educational policies since independence that is in 1968, 1986 and recently in 2020. Let us look at the background of the new policy that was unveiled last year.

2.13 National Education Policy of India

- India had two policies on education in the past- in **1968 and 1986**.
- It serves as a comprehensive framework to guide the development of education in the country and offers the government of the day an opportunity to leave its imprint on the country's education system
- **The policy provides a broad direction and state governments are expected to follow it.** However, it's not mandatory. For e.g., Tamil Nadu, even today, does not follow the three-language formula prescribed by the first education policy in 1968.

2.13.1 Key Legacies of NEP I and NEP II

- The 10+2+3 (10 yrs secondary school + 2 years high school + 3 yrs of undergraduate education) structure of education, and the three-language formula followed by a majority of schools are among the most enduring legacies of the first national education policy.
- The prioritisation of science and mathematics in education is another.
- The Sarva Shiksha Abhiyan, Mid-Day Meal Scheme, Navodaya Vidyalayas (NVS schools), Kendriya Vidyalayas (KV schools), and use of IT in education are a result of the NEP of 1986.

Note: In 2016, a committee headed by **TSR Subramanian** had come up with a draft proposal for the new education policy.

2.13.2 The significant recommendations of the panel

- **An Indian Education Service (IES) should be established** as an all-India service with officers being on permanent settlement to the state governments but with the cadre controlling authority vesting with the Human Resource Development (HRD) ministry.
- The outlay on education should be **raised to at least 6% of GDP** without further loss of time.
Note: The public spending on education has been around 4% of GDP.
- There should be **minimum eligibility condition** with 50% marks at graduate level for entry to existing B.Ed courses. Teacher Entrance Tests (TET) should be made compulsory for recruitment of all teachers. The Centre and states should jointly lay down norms and standards for TET.
- Compulsory licensing or certification for teachers in government and private schools should be made mandatory, with **provision for renewal every 10 years based on independent external testing.**

- Pre-school education for children in the age group of 4 to 5 years should be declared as a right and a programme for it implemented immediately.
- The no detention policy must be continued for young children until completion of class V when the child will be 11 years old. At the upper primary stage, the system of detention shall be restored subject to the **provision of remedial coaching** and at least two extra chances being offered to prove his capability to move to a higher class
- **On-demand board exams should be introduced** to offer flexibility and reduce year-end stress of students and parents. A National Level Test open to every student who has completed class XII from any School Board should be designed.
- The **mid-day meal** (MDM) program should now be **extended to cover students of secondary schools**. This is necessary as levels of malnutrition and anaemia continue to be high among adolescents.
- UGC Act must be allowed to lapse once a separate law is created for the management of higher education. The University Grants Commission (UGC) needs to be made leaner and thinner and given the role of disbursal of scholarships and fellowships.
- **Top 200 foreign universities should be allowed to open campuses** in India and give the same degree which is acceptable in the home country of the said university.

Note:

- The HRD ministry has appointed a new nine-member panel, headed by space scientist Krishnaswamy Kasturirangan in June 2017, to work on a New Education Policy (NEP).
- HRD ministry has chosen experts and educationists from wide-ranging backgrounds to be part of the panel that is expected to recast India's education policy.
- The HRD ministry had a couple of years ago formed a panel under former cabinet secretary T S R Subramanian on the New Education Policy. Inputs from the Subramanian panel report would also be utilized.

2.13.3 National Education Policy 2020

Context: The Union Cabinet has approved the new NEP 2020 with an aim to introduce changes in the Indian education system so as to meet the needs of 21st Century India.

The Cabinet has also approved the **renaming of the MHRD to the Ministry of Education**

Did You Know?

- The last NEP was that of 1986 and modified in 1992.
- The current policy is based on the report filed by the committee headed by eminent space scientist K. Kasturirangan.
- NEP 2020 policy envisages **100% Gross Enrolment Ratio (GER) in school education by 2030**

Key Takeaways from NEP 2020

1. School Education:

- **Universalization of education from preschool to secondary level:** The Right of Children to Free and Compulsory Education Act, 2009, will be extended to cover children between 3 and 18 years
- **Structure:** The current 10+2 system will be divided into **5 (3 to 8 years) + 3 (8 to 11 years) + 3 (11 to 14 years) + 4 (14 to 18 years)** formats.
- **Co-curriculum** and vocational subjects like sports, arts, commerce, science will be treated at the same level.
- **Computer Skills:** Students will be allowed to take up coding from class 6 onward.
- **Vocational Education** to start from Class 6 with Internships.

- **Additional Meal:** Provision of an energy-filled breakfast, in addition to the nutritious mid-day meal, to help children achieve better learning outcomes.
 - **Regular Exams:** To track progress, all students will take school examinations in grades 3, 5, and 8 which will be conducted by the appropriate authority. **Class 10 and 12 board examinations to be made easier**, to test core competencies rather than memorised facts, with all students allowed to **take the exam twice**
 - **Curriculum content will be reduced** in each subject to its core essentials, and will make space for critical thinking and more holistic, inquiry-based, discovery-based, discussion-based, and analysis-based learning
 - **Teacher Capabilities:** A new and comprehensive National Curriculum Framework for Teacher Education (NCFTE) 2021, will be formulated by the National Council for Teacher Education (NCTE) in consultation with NCERT
2. **Medium of Instruction:**
- The policy says that wherever possible, the medium of instruction in schools until at least Class 5, but preferably until Class 8 and beyond, will be the home language or mother tongue or regional language
 - The three languages learned by children will be the choices of states, regions, and of the students, so long as at least two of the three languages are native to India
3. **Higher Education**
- **Gross Enrolment Ratio** in higher education to be raised to 50% by 2035 (presently it is at 26.3%)
 - **Flexibility in Higher Education:** NEP 2020 proposes a multi-disciplinary higher education framework with portable credits, and multiple exits with certificates, diplomas, and degrees
 - **The common entrance exam** for all higher education institutes to be held by NTA. The exam will be optional and not mandatory
 - **Multidisciplinary Education and Research Universities (MERUs)**, at par with IITs, IIMs, to be set up as models of best multidisciplinary education of global standards in the country.
 - **The National Research Foundation** will be created as an apex body for fostering a strong research culture and building research capacity across higher education.
 - **M.Phil.** courses will be discontinued and all the courses at undergraduate, postgraduate and PhD level will now be interdisciplinary.
4. **Higher Education Commission of India (HECI)**
- It will be set up as a **single umbrella body** for the entire higher education, excluding medical and legal education.
 - It will be a single, lean body with **four verticals** for standards-setting, funding, accreditation, and regulation so as to provide “light but tight” oversight.
 - **Affiliation of colleges** is to be phased out in 15 years and a stage-wise mechanism to be established for granting graded autonomy to colleges.
5. **Technology & Foreign Institutes**
- An autonomous body, the **National Educational Technology Forum (NETF)**, will be created to provide a platform for the free exchange of ideas on the use of technology to enhance learning, assessment, planning, administration.
 - National Assessment Centre- **‘PARAKH’** has been created to assess the students.
 - It also paves the way for **foreign universities to set up campuses** in India.

What are the merits of new NEP 2020?

1. **Comprehensive:** NEP seeks to address the entire gamut of education from preschool to doctoral studies, and from professional degrees to vocational training.

2. **Early Childhood Education:** In adopting a **5+3+3+4** model for school education starting at age 3, NEP recognises the primacy of the formative years from ages 3 to 8 in shaping the child's future
3. **Easy on Regulations:** NEP 2020 makes a bold prescription to free our schools, colleges and universities from periodic "inspections" and place them on the path of self-assessment and voluntary declaration
4. **Holistic:** The policy, inter alia, aims to eliminate problems of pedagogy, structural inequities, access asymmetries and rampant commercialisation.
5. **Promote Inclusion:** The Policy proposes creation of 'inclusion funds' to help socially and educationally disadvantaged children pursue education

What are the Challenges ahead w.r.t implementing NEP 2020?

1. **Cooperation from States:**
 - Any educational reform can be implemented only with support from the States, and the Centre has the giant task of building a consensus on the many ambitious plans
 - The idea of a National Higher Education Regulatory Council as an apex control organisation is bound to be resented by States
2. **Inadequate check on donations:** Fee regulations exist in some States even now, but the regulatory process is unable to rein in profiteering in the form of unaccounted donations.
3. **Funding:** Progress on these crucially depends on the will to spend the promised 6% of GDP as public expenditure on education.

Conclusion

If implemented in its true vision, the new structure can bring India at par with the leading countries of the world.

Note: Kindly refer EduTap's Schemes Section for further detailed information regarding the NEP 2020.

2.14 Conclusion

- **India has one of the youngest populations in an aging world.** By 2022, the median age in India will be just 28, compared to 37 in China and the US, 45 in Western Europe, and 49 in Japan.
- Education with a holistic perspective is concerned with the development of every person's intellectual, emotional, social, physical, artistic, creative, and spiritual potentials.
- To **leverage the advantage of demographic dividend** India needs to invest into its abundant human capital through quality education, reforming the curriculum and pedagogical processes, improving delivering by utilizing public-private partnerships, evolving an efficient audit and accountability mechanism, and resolving the existing lacunae in the current institutional system which will help unleash the true potential of Indian citizens and lead to economic and social prosperity.
- **A shloka from Chanakyaniti –**
(The parent who does not facilitate and guide their child for studies is like the greatest enemy of the child. The presence of an uneducated person in the company of educated people is like a goose in the company of swans.)