

1. Details of Module and its Structure

Module Details	
Subject Name	Economics
Course Name	Economics 01 (Class XI, Semester - 1)
Module Name/Title	Infrastructure: Part – 2
Module Id	keec_10802
Pre-requisites	Knowledge about Social Infrastructure, like –Health and Education sector.
Objectives	After going through the module, the learners will be able to understand; <ol style="list-style-type: none">1. Meaning of Social Infrastructure2. Health3. Role of Government and Private Sector.4. Education5. Role of Government in Education Sector.
Keywords	Social Infrastructure, Health sector, Medical Tourism, ISM, Education

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1. Social Infrastructure

The facilities and provisions that help to develop the human resources and provide them a better standard of living are known as Social Infrastructure. Housing, clean drinking water, cooking fuel, sanitation and sewage facilities, proper drains etc. help human beings to lead a decent living. Similarly, educational organizations like schools, colleges, transportation facilities including buses, metros, trains, etc. facilitate the growth of human beings. Thus, all these are a part of the Social infrastructure. In this module, we shall discuss about the health and education sectors in details.

Social Infrastructure Housing and Drinking Water



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<https://pixnio.com/people/female-women/india-tsunami-recovery-efforts-clean-water>

2. Health

Health is related to overall well-being in order to realize one's full potential. Efficiency of workers depends considerably on their health. Workers whose health is not good and who fall sick 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. World Development Report, 2003 states, "improved health contributes to economic growth in four ways; It reduces production losses caused by worker illness, it permits the use of natural resources that had been totally or nearly inaccessible because of disease, it increases the enrolment of children in schools and makes them better able to learn, and it frees for alternative uses of resources that would otherwise have to be spent on treating illness. The economic gains are relatively greater for poor people, who are typically most handicapped by ill health and who stand to gain the most from the development of underutilized natural resources". Health is important as healthy human beings may be able to contribute to the overall growth and development of a nation.



https://en.wikipedia.org/wiki/Believers_Church_Medical_College_Hospital



[https://commons.wikimedia.org/wiki/File:Children%27s_Ward_at_All-India_Institute_of_Medical_Sciences,_Delhi_\(2\).jpg](https://commons.wikimedia.org/wiki/File:Children%27s_Ward_at_All-India_Institute_of_Medical_Sciences,_Delhi_(2).jpg)



[https://commons.wikimedia.org/wiki/File:Community_health_worker_gives_a_vaccination_in_Odisha_state,_India_\(8380317750\).jpg](https://commons.wikimedia.org/wiki/File:Community_health_worker_gives_a_vaccination_in_Odisha_state,_India_(8380317750).jpg)

Though a lot of transformation has taken place in health sector, still there is no single measure to assess the health status of a nation. Generally indicators to assess health status are infant mortality and maternal mortality rates, life expectancy and nutrition levels, along with the

incidence of Communicable and non-communicable diseases. Development of health infrastructure ensures a country of healthy manpower for efficient production of goods and services.

Lack of Beds in a Government Hospital provides evidence of poor Health Infrastructure



NCERT Class XI- Indian Economic Development, Chapter 8: 'Infrastructure'

Citizens of any country are entitled to health care facilities. It is the responsibility of the Government to ensure the right to healthy living. Health infrastructure includes hospitals, doctors, nurses and other para medical professionals, beds, equipments required in hospitals and a well-developed pharmaceutical industry. Mere presence of health infrastructure is not sufficient to have healthy people. The same should be accessible to all people. Since the initial stages of planned development, policy makers envisaged that no individual should fail to secure medical care, curative and preventive, because of the inability to pay for it.

3. Status of Health in India

The general health standards in India are quite low. It is not at all surprising that most people in India have poor health and they fall sick quite often. The main reasons which are quite often mentioned for poor health of the population in the country are lack of nutritious diet, inadequate medical care and living under unhygienic conditions. All these factors are closely related to poverty of the people. People, who do not get even two square meals a day, cannot dream of a balanced and nutritious diet. They cannot afford even medical care since it is very costly. Hospitals which are located in urban areas are not within the reach of most of the rural population. Therefore, the basic cause of poor health of mass of population in the country is

widespread poverty. The government has the constitutional obligation to guide and regulate all health related issues, such as medical education, adulteration of food, drugs and poisons, medical profession, vital statistics, mental deficiency and lunacy. The government evolves broad policies and plans through the Central Council of Health and Family Welfare. It collects information and renders financial and technical assistance to state governments, Union territories and other bodies for the implementation of important health programmes in our country.

Over the years, India has built a vast health infrastructure and manpower at different levels. At the village level, a variety of hospitals technically known as Primary Health Centres (PHCs) been set up by the Government. India has also a number of hospitals run by voluntary agencies and the private sector. These hospitals are manned by professionals and para-medical professionals trained in medical, pharmacy and nursing colleges.

Public Health Infrastructure in India, 1951-2015

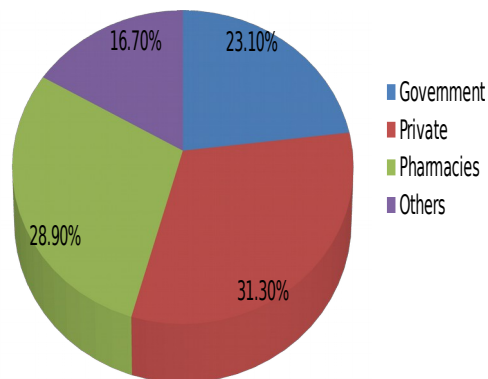
Item	1951	1981	2000	2014-15
Hospitals(Govt.)	2,694	6,805	15,888	19,653
Beds (Govt.)	1,17,000	5,04,538	7,19,861	7,54,724
Dispensaries	6,600	16,745	23,065	26,325
PHCs	725	9,115	22,842	25,308
Sub-centres	-	84,736	1,37,311	53,655
CHCs	-	761	3,043	5,396

Sources: *National Commission on Macroeconomics and Health, Ministry of Health and Family Welfare, Government of India, New Delhi, 2005; National Health profile for various year available on www.cbhidghs.nic.in*

Since independence, there has been a significant expansion in the physical provision of health services. During 1951-2013, the number of government hospitals and dispensaries increased from 9,300 to 44,000 and hospital beds from 1.2 to 6.3 lakhs. Also nursing personnel increased from 0.18 to 23.44 lakh and allopathic doctors from 0.62 to 9.2 lakhs. The expansion of health infrastructure has resulted in the eradication of smallpox, guinea worms and near eradication of polio and leprosy.

Figure 1: Current Health Expenditure by Healthcare providers

Current Health Expenditure by Healthcare Providers 2014-15 (in per cent)



Source: *National Health Accounts, Estimates for India, Ministry of Health and Family Welfare, 2014-15*

As portrayed in figure 1, among the healthcare providers, the private hospitals and clinics make a prominent expense of about 31% and expenditure on pharmacies account for 29% of current health expenditure by both the government and private healthcare providers.

4. Role of Private Sector

In recent times, while the public health sector has not been so successful in delivering sufficient health services, private sector has grown by leaps and bounds. More than 70 percent of the hospitals in India are run by private sector. Nearly 60 percent of dispensaries are run by private sector. They provide healthcare for 80 percent of out-patients and 46 percent of in-patients. In recent times, private sector has been playing a dominant role in medical technology and diagnostics, manufacture and sale of pharmaceuticals, hospital construction, and provision of medical services.

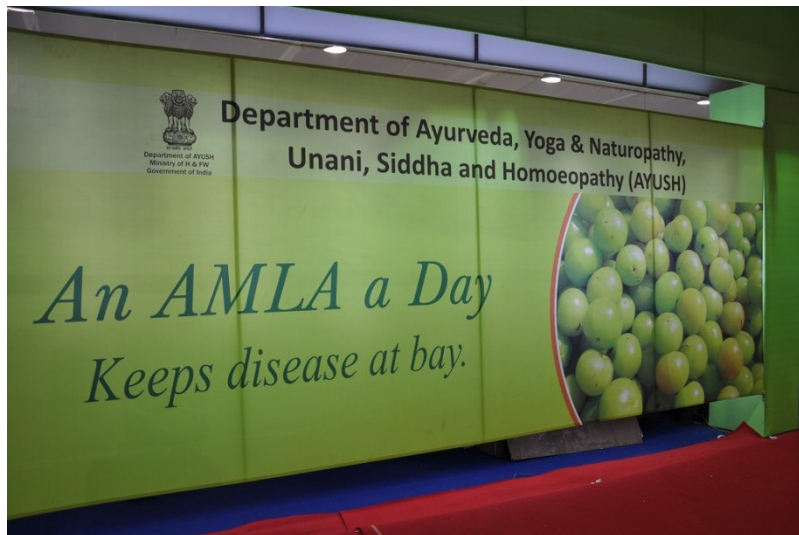
More than 70 per cent of the hospitals in India are run by the private sector. Private sector plays a dominant role in medical education and training, medical technology and diagnosis, manufacture and sale of pharmaceuticals, hospital construction and the provision of medical services.

Medical Tourism in India

Health services in India combine latest medical technologies with qualified professionals at a much cheaper cost in India than in the other foreign countries. As a result, foreigners come to India for surgeries, liver transplants, dental and even cosmetic care. A National Medical and Wellness Tourism Board has been set up to work as an umbrella organization to govern and promote medical tourism in India. It is expected that by 2020, India will be able to earn more than 500 billion rupees through such medical tourism. Thus, it is essential that health infrastructure may be upgraded to attract more foreigners in India.

Indian Systems of Medicine (ISM)

India has its own well developed alternate system of health care, namely; AYUSH consisting of six systems – Ayurveda, Yoga, Unani, Siddha, Naturopathy and Homeopathy. At present there are 3,004 ISM hospitals, 23,028 dispensaries and as many as 6,11,431 registered practitioners in India.



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There is a need to promote and standardize education and research in ISMs. They have huge potential and can solve a large part of our health care problems because they are effective, safe and expensive.

Women Health

Women constitute about half the total population in India. They suffer many disadvantages as compared to men, in the areas of education, participation in economic activities and health care. More than 50 per cent of married women between the age group of 15 and 49 have anemia and nutritional anemia, caused by iron deficiency, which contributes to high rate of maternal deaths.

National Health Policy, 2017

The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions, i.e., investments in health, organization of healthcare services, prevention of diseases and promotion of good health, developing human resources, and strengthening regulation and health insurance. The policy also aims at universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery. The policy recognizes the pivotal importance of Sustainable Development Goals (SDGs). Some of the targets of the SDG-3 are also aligned with the National Health Policy 2017 for strengthening the health delivery systems and in achieving universal health coverage.

Health-Care Programmes: Government Initiative

National Health Mission (NHM): The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the newly launched National Urban Health Mission (NUHM). The main pragmatic components include strengthening of health system in rural and urban areas. Reproductive, maternal, child, adolescents, communicable and non-communicable diseases are the special focus areas in the programme. The NHM envisages achievement of universal access to equitable, affordable and quality health services that are accountable and responsive to people's needs.

Integrated Child Development Services (ICDS): Launched in 1975, Integrated Child Development Services (ICDS) is a government programme, which provides food, pre-school

education and primary healthcare to children under 6 years of age and their mothers. ICDS sponsors immunization, supplementary nutrition, health check-up, referral services, pre-school education, nutrition and health information. The scheme was launched with the objective of laying foundation for proper psychological and social development of children.

National Nutritional Mission (NNM): National Nutrition Mission (Rashtriya Poshan Abhiyaan) is the apex body to monitor, supervise, fix targets and guide the nutrition related intervention. The programme, through the targets, will strive to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. As there is no dearth of schemes but there is lack of synergy, NNM is set-up to provide linkage mechanism to create synergy.



Pradhan Mantri Ujjwala Yojana (PMUY): Launched in 2016, PMUY aims to safeguard the health of women and child by providing them with a clean cooking fuel-LPG, so that they don't have to compromise their health in smoky kitchens or wander in unsafe areas collecting firewood. The smoke from burning such fuels causes alarming pollution and adversely affects health of women and children causing several respiratory diseases.



<https://www.flickr.com/photos/indiauntraveller/7029116971>

Critical Assessment of Health Infrastructure

Indicators of Health in India in Comparison with other countries, 2014-15

Indicators	India	China	USA	Sri Lanka
Infant mortality Rate/ 1,000 live births	38	9	6	8
Under -5 mortality/1,000 live –births	48	11	7	10
Birth by skilled attendants(%)	74	100	99	99
Fully immunized (DTP) %	87	99	95	99
Health expenditure as % of GDP	4.7	5.6	17	3.5
Govt. Health spending to total spending (%)	5	10.4	21.3	11.2
Out of pocket expenditure as a % of Private Expenditure on Health	89	72	21.4	95

Sources: World Health Statistics 2017 and www.worldbank.org (as given in IED, Class-XI, NCERT, 2018)

India has built up a vast health infrastructure over the years, but it still suffers from a number of deficiencies. Among other factors, the availability, accessibility and affordability of health services are very important determinants for improving health of people. The availability of health services is also uneven across Indian states, because of infrastructure, human resources, supplies and spatial distribution. In order to provide basic healthcare to all, accessibility and affordability need to be integrated in our basic health infrastructure. It is important to create awareness on health and hygiene. People living in rural areas do not have sufficient health infrastructure. There is a need to bridge the sharp divide between urban and rural healthcare in India. Private-Public Partnership can also ensure reliability, quality and affordability of both drugs and medicine.

5. Education

Raja Ram Mohan Roy had said that, Education is the most important agent of social reform. Investment in human capital is a pre-requisite for a healthy nation building. By educating human beings, they can be converted into human resource, which in turn can contribute to development of a nation. The investment in education and training of the people enhances the skill of an educated person, and enables her to generate more income and make greater contribution to the national income than an uneducated person. Hence, education creates a more productive labor force with increased skills and knowledge. Education can also generate employment and income-

earning opportunities in various sectors of the economy, i.e., schools, government offices, corporate, industries and construction sites, etc. education does not only confer higher earning capacity on people, but also gives better social standing and pride and enables one to make better choices in life.

Public investment in social infrastructure like education and health is critical in the development of an economy. However, the expenditure on social services by the Centre and States as a proportion of GDP has remained in a range of 6 percent during 2012-15.

Government School



https://commons.wikimedia.org/wiki/File:Elementary_School.jpg

<https://pxhere.com/en/photo/1342283>

Status of Education in India

One of the goals of Sustainable Development (SDG-4) is to provide Quality Education. India is committed to achieving this goal. It is to “ensure inclusive and quality education for all and promote lifelong learning” by 2030. A major concern in the Indian education has been low learning outcomes, which are primarily the assessment standards indicating the expected levels of learning that a student should achieve for that particular class. The reasons behind this low learning outcome have been identified as the absenteeism of the teachers and shortage of the professionally qualified teachers, despite the fact that the share of the teacher component in the total Sarva Shiksha Abhiyaan (SSA) budget has been increasing over the years from 35 per cent in 2011-12 to 59 per cent in 2014-15.

The quality of schools rather the educational infrastructure in India is appalling. Most of the schools are situated in the countryside and they are without the teachers. There are overcrowded classrooms, lack of teaching aids, unprofessional teachers, and the infrastructure of such schools are awful with broken chairs and tables and in some schools, there in no furniture provided at all and the students there sit on the floors of the classroom to study. The lack of proper toilets, drinking water, computer rooms, playground, etc also play an important role in discouraging the parents to send their children to school for studying.

Lack of Infrastructure leads to higher drop-out rate from schools



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Such an improper infrastructure creates disinterest among the children and so, they drop out of the schools. The average annual drop-out rate in schools has been noticed to be highest at the secondary level of education, which was 17.86 per cent in 2013-14.

6. Educational Policies and Acts in India

- i. **National Policy on Education (NPE)** was announced in 1986 and the objective was to universalize primary education and adult literacy by 1990. It has been revised in 1992 and it puts forward a National System of Education which is based on the National Curricular Framework.
- ii. **Right of Children to Free and Compulsory Education Act (RTE Act)** was passed by the parliament in 2009. It came into effect in 2010. The constitution (86th Amendment) under Article 21A provides free and compulsory education to all the children in the age group of 6-14 years as a Fundamental Right to an education of equitable quality, based on

principles of equity and non-discrimination. Thus, a compulsory admission, attendance and completion of elementary education are made mandatory under the RTE Act 2009.

- iii. **Sarva Shiksha Abhiyan (SSA)** was launched in 2001 with a motive to universalize the access and retention of education by bridging the gender and social gaps in elementary education and achieving significant enhancement in learning levels of children. This is India's major flagship programme for universalization of elementary education.



[https://commons.wikimedia.org/wiki/File:A children village school in Kovalam Kerala India.jpg](https://commons.wikimedia.org/wiki/File:A_children_village_school_in_Kovalam_Kerala_India.jpg)

- iv. **Rashtriya Madhyamik Shiksha Abhiyan (RMSA)** is a centrally sponsored scheme which was launched in 2009 in order to enhance the access to secondary education and improve its quality. It aimed to achieve an enrolment ratio of 75 per cent for classes IX-X by the end of twelfth five-year plan and universal retention by 2020. The Gross Enrolment Ratio (GER) for 2014-15 at secondary level (classes IX-X) has been recorded to be approximately 78 per cent.
- v. **National Programme of Mid-day Meals in Schools** is a centrally sponsored scheme and was launched in 1995 for improving the nutrition levels among the children. This programme has helped in promoting school participation of children thereby averting classroom hunger and also in bringing social and gender equality by inculcating educational values.



- vi. **Beti Bachao Beti Padhao (BBBP)** scheme has been launched in 2015 for supporting and encouraging the survival, protection and education of the girl child. The Gender Parity Index (GPI) has significantly improved at the primary and secondary levels of enrolment due to this government initiative. However, in higher education, gender parities still exist in the enrolment, but government is continuously making efforts to improve the net intake for women in the higher education.



Scope of Improvement of Educational Status in India

The economists, Jean Dreze and Amartya Sen have suggested that there is a huge scope for improvement in the Indian educational status. Opening of more schools, improving the infrastructure like – building of smart-classrooms which are well-equipped with projector, internet connectivity and white boards, etc, and providing free or cheaper textbooks, simplifying the curriculum, more appointment of professionally qualified teachers are some of the measures

which should be implemented without any delay. Qualitative higher education should be opted by some selected and deserving students only.

Vocational education should be given more importance than the general education, especially in the rural areas. Students lose their interest in agricultural occupation and the allied activities after getting general education and they tend to migrate from their villages to the cities in search of job. Vocational education in this case would benefit such students from working for the agricultural and rural development and would not overburden the cities with the job-seekers. Counseling should be done in every school so that students could set a career for themselves and opt for studies in that context only. Technical knowledge, skills training, vocational education should be given prime attention in the educational pattern of India.



Smart Classrooms have been a big improvement in the Educational Infrastructure of India

Thus, for achieving inclusive and sustainable growth of India, the social infrastructure like education, health is very significant. The government has been enhancing expenditure on human capital, with the objective of enhancing human capabilities.

References:

1. Economic Survey: Vol I and II, 2017-18
2. Economic Survey, 2016-17
3. Puri, V.K. and Misra, S.K; Indian Economy, Himalaya Publishing House, New Delhi; 2013.

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4. Indian Economic Development; Class-XI; NCERT, 2018
 5. Kapila, Uma; Indian Economy: Performance and Policies, Academic Foundation; New Delhi; 2017-17

7. Summary:

- Every facility that provides a better standard of living to every citizen of the country can be rendered as Social Infrastructure, for example, Education, Health, Sanitation, Security, etc.
- Health infrastructure includes hospitals, doctors, nurses and other para medical professionals, beds, equipments required in hospitals and a well-developed pharmaceutical industry
- The expansion of health infrastructure has resulted in the eradication of smallpox, guinea worms and near eradication of polio and leprosy.
- India has its own well developed alternate system of health care, namely; AYUSH consisting of six systems – Ayurveda, Yoga, Unani, Siddha, Naturopathy and Homeopathy.
- Education is the most important aspect for the social reform. Thus, investing in human capital by providing them with education is one good way to move towards the development of the nation.
- Low learning outcome is the major concern in the Indian education. The reason behind this has been identified as the absenteeism of teachers and shortage of professionally qualified teachers.
- Improper infrastructure has led to a higher drop-out rate.
- There are many educational policies being initiated by the government. One such policy is the Sarva Shiksha Abhiyan, which works to provide elementary education access.
- Vocational Education should be given more importance as it focuses on training the skills, thereby providing employment in industrial and agricultural sectors.