

VII DEVELOPING HUMAN CAPITAL

Human Capital is the primary asset for any State and harnessing it is essential to ensure equitable social development. In line with Vision 2010, the State would ensure that every citizen has access to basic health care, primary education, employment opportunities and other essential services. Revitalising human resources is essential to promote social development. The quality of development would define the fabric of the society and have a strong influence on the rate of economic progress and the manner in which social benefits are distributed.

Vision 2010 has identified revitalising human resources as one of the strategic levers as this would not only lead to social development, but would also aid the transition of the State from a natural resources based economy to a knowledge driven economy by 2010.

For ensuring social development, the State would provide emphasis on building social infrastructure. Social infrastructure includes facilities and measures for providing education, health care, community development, equitable income distribution, employment and social welfare. The State recognises its pivotal role in providing social infrastructure as it meets the basic minimum requirements of the people and also due to the fact that involvement of the private sector in this area has been limited.

There exists a very strong linkage between attaining economic prosperity and enriching the quality of life (Exhibit VII.1), which is reflected in the social indicators on health, life expectancy, literacy and environmental sustainability. These indicators serve as valuable inputs for developing suitable policies.

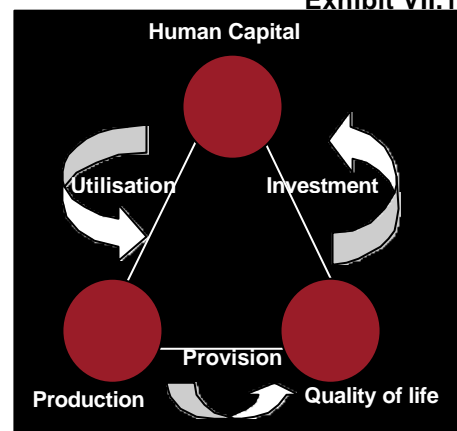
As indicated in Exhibit VII.1, in order to develop human resources, the State would follow a three pronged approach wherein it would:

- Invest in human resources to enhance their productive capacities;
- Utilise these capacities to produce quality output; and
- Ensure equitable distribution of output to ensure a better quality of life

The State would achieve social equity and justice by investing in educational and health services. This together with the creation of employment opportunities would lead to

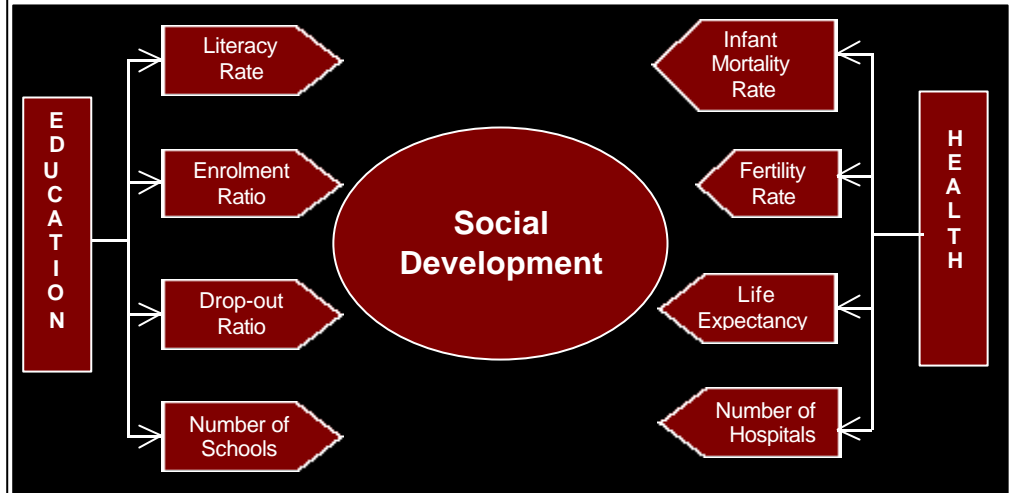
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Exhibit VII.1



social and economic progress. Exhibit VII.2 captures the gamut of social development consisting of education, health and employment. The improvement of the various social indicators would fulfill the Vision and help the State to embark on the path of social development.

Exhibit VII.2



Chhattisgarh has shown healthy improvement in its literacy rate over the last decade and has achieved a literacy rate of 65.18%. The female literacy rate has shown remarkable improvement and has almost doubled in the same period

7.1 EDUCATION

Education forms the backbone of any social and economic development initiative, as it acts as the catalyst for human development. The State recognises that education has very strong linkages with other social imperatives like health and employment and is vital to building a vibrant economy and raising the living standards of people.

Chhattisgarh has shown healthy improvement in its literacy rate over the last decade and has achieved a literacy rate of 65.18%. The female literacy rate has shown remarkable improvement and has almost doubled in the same period. The State is committed to its agenda of imparting education to all and has allocated a significant share of its plan outlay for this sector. Plan outlay for the social sector at 15% for Chhattisgarh compares favourably to 7% for all India figures.

However, the State has to traverse a long path to achieve the targets it has set for itself in Vision 2010, wherein Chhattisgarh would universalise primary education and carve a niche for itself by creating regional best-in-class education infrastructure.

Targets – Vision 2010

Accomplishing the target of universal education would require specific interventions by the State to achieve the following objectives:

- Increase the enrolment ratio of children in the age group of 6-14 and reducing the school drop-out rate
- Increase adult literacy rates especially among rural women
- Encourage expansion of private and community-supported schools
- Increase the number of primary schools in tribal and backward areas
- Involve private sector in developing tertiary education
- Enhance the access of educational facilities for the girl child and design specific programmes for the disadvantaged groups
- Upgrade the quality of teachers by providing vocational training
- Develop a curriculum which addresses specific needs of the region
- Facilitate a mechanism by which educational facilities are provided to poor at the lowest cost
- Promote Chhattisgarh as a favoured destination for affordable and high quality higher education

Current Situation

The State has identified a series of measures that it would undertake to achieve its stated vision. These measures are based on a comprehensive analysis of the current issues facing the sector. These issues along with their root causes and impacts are highlighted in Exhibit VII.3.

Exhibit VII.3

Issues

- Low female literacy
- Low enrolment and high drop-out rates
- Poor quality of teaching and facilities



Root Causes

- Extreme poverty in rural and tribal regions
- Lack of adequate funds
- Lack of training facilities
- Community participation is limited



Impact

- Inhibits rapid economic growth

Action Plan

The various measures that the State has identified (Exhibit VII.4) to achieve the targets highlighted above include:

- **Emphasis on Primary Education**

Primary education is the first step in laying the foundation for future educational opportunities. The skills and knowledge gained through primary education would enable the people to participate in social, economic and political activities of their communities.

To ensure primary education for all children in the age

The education of the girl child would be given high priority and concerted efforts would be made to ensure that the enrolment, retention and the achievement of girls in primary education are improved

Exhibit VII.4

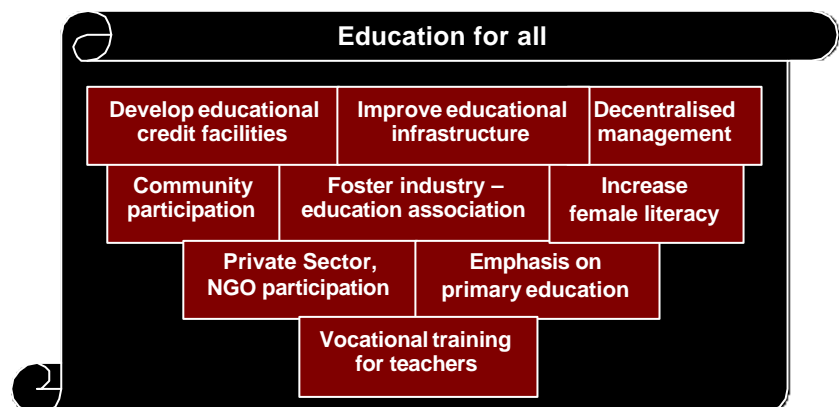


Exhibit VII.5 NGO Participation in Education

The Bangladesh Rural Advancement Committee (BRAC) is an NGO that has played a pivotal role in the country's education, health and population programmes. BRAC has 11 primary schools, 1758 pre-primary schools and 43 community primary schools (handed over by the government). Education is provided to children in the age group of 8-14 years who come from poor families and are either not enrolled or are dropouts from formal schools. The BRAC school model has been adapted in Eastern and Southern African countries since 1995

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group of 6-14, the State would have a primary school in every village, build adequate number of schools in each district, increase the supply and quality of learning material and initiate a participatory and child-centric learning process. Strategies would also be formulated to impart informal education to the out-of-school children (drop-out and never enrolled children)

- **Increase female literacy**
The State currently has a female literacy rate of 52.4%. The education of the girl child would be given high priority and concerted efforts would be made to ensure that the enrolment, retention and the achievement of girls in primary education are improved. Incentive schemes like free textbooks, free uniforms, mid-day meals would be pursued and implemented vigorously. Media would be extensively used to educate the community, create necessary awareness and provide role models to encourage the girls to join the mainstream of education
- **Improving educational infrastructure**
The State seeks to provide world class educational infrastructure to its population. The number of schools and education institutes would be increased to ensure access to educational facilities in every taluka and village. The State is also committed to provide drinking water and sanitation facilities in every school. The State would continue with its efforts to make its citizens computer literate and computer education would be made compulsory at all levels. English language would be made mandatory in all schools
- **Fostering industry education association**
The State would initiate measures for a closer interaction between the industries and educational institutes. This interaction would benefit the education fraternity and provide a job oriented focus in education. The State would develop new initiatives in industrial training outside the formal education and training system to provide the skilled manpower required for industrialisation
- **Decentralised management of education**
Compulsory and free primary education would be provided through active involvement of local bodies at the panchayat and municipal levels. Efforts would be made in the resource mobilisation and capacity building of the local bodies
- **Involving NGOs in education**
NGOs can make significant contribution to enhance the access and improve the quality of education (Exhibit VII.5 gives an example of NGO participation in education in Bangladesh). NGOs have flexibility and are able to reach target groups more effectively. The State would develop a healthy partnership with NGOs to enhance its

Exhibit VII.6 Extended University

Washington State University has created the Extended Degree Program and WEB University, where several degree programs are offered to students beyond the campus and more than 70 courses have been developed on the Web for offering both on and off campus. Students use technologies like the World Wide Web and electronic mail to learn, giving them the flexibility of internet-based instruction they can receive where and when they want it.

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Exhibit VII.7 Community Participation in Education

For the *Baluchistan Primary Education Project* in Pakistan, the World Bank initiated a Community Schools Experiment. The project focused on increasing girl's enrolment and the main thrust of this pilot project was to promote local ownership of the project through the formation of Village Education Committees (VECs). Village representatives elected to this committee were responsible for overseeing the construction of a village school, hiring a teacher, monitoring school attendance, providing on-going support and maintenance etc. Over the two years of the pilot project 116 VECs were established and over 116 new schools were built. During the project review, it was discovered that female enrolment in participating villages was approximately 67% compared to 13% for Baluchistan Province as a whole

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service delivery, especially in the rural and far-flung areas

- **Private sector participation in higher education**
The State will actively seek the support of private investors in providing higher education services. To enable private participation, the government would provide necessary incentives. However, the State would continue to ensure access to higher education for women, backward classes, below poverty line and other disadvantaged and minorities.

The State will create new models for higher education. These would include:

- **Extended traditional universities:** These would be characterised by programs of traditional universities that are specifically organised and designed to serve an adult audience that is non-residential in nature. Exhibit VII.6 gives an example of extended universities in United States
- **Technology based universities:** These universities would be organised around a technology-based approach to learning and would make use of new technologies like Internet, cable television, etc.
- **Corporate Universities:** The State would provide the necessary resources for Corporates to set-up universities wherein they could cater to the training and education needs of their workforce
- **Vocational training for teachers**
The State would set-up training institutes in every major district and improve the quality of teaching. Priority will be accorded to giving training and technical support to teachers. Training would be provided through modern training aids and train-the-trainer technique would be extensively employed
- **Develop a credit market for education**
The State would play an important role in providing students educational credit facilities. The State would take necessary steps to facilitate loans from banks for higher education for the weaker sections of the society
- **Community participation**
Community participation (Exhibit VII.7 illustrates community initiative in education Pakistan) would form an integral part of the State education initiatives. Communities would be empowered to be partners in developing locally appropriate educational plans for their schools. Participation would aim to improve the adult literacy rate and extend educational benefits to disadvantaged groups and under-privileged classes. Informal methods of fostering education would be a focus area of the education program and the communities would also aid in increasing the enrolment of children in schools

7.2 HEALTH

Health relates to the well being of society. The State would ensure that its citizens are healthy and have access to adequate health infrastructure. Emphasis would be laid on disease prevention and provision of sanitation and hygiene services. Provision would be made to provide free health care to the poor and disadvantaged groups and outbreaks of malaria and tuberculosis would be brought down to minimum levels. Improvement in the health status of the population would be one of the major thrust areas for social development in the State.

Targets – Vision 2010

In line with Vision 2010, the State has set for itself the following targets:

- A ratio of 1:800 for number of hospital beds to population
- Infant mortality rate of 35 (per 1000 births)
- Fertility rate of 2.2
- Life expectancy of 65 years for males and 68 years for females

Current Situation

The State has identified a series of measures that it would undertake to achieve the above targets. These measures are based on a comprehensive analysis of the current issues facing the sector. The issues currently facing the health sector alongwith their root causes and impact are highlighted in Exhibit VII.8.

Lack of adequate transport network, remote villages and dense forest cover has proved as deterrents to the government efforts in delivering health services to all people of the State. The State also lacks quality health infrastructure and the number of hospitals and primary health centres are inadequate. The paramedical staff is also inadequately trained in providing health services to the population.

In order to address these issues, Chhattisgarh has embarked on a progressive path to assure hygiene, sanitation and clean environment to its citizens. The State has allocated higher

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Exhibit VII.8

Issues

- Poor health indicators
- Lack of adequate health facilities
- Lack of awareness about health education and welfare benefits

Root Causes

- Inefficient service delivery mechanism
- Deficiency of funds
- Inadequate health education system
- Inaccessible terrain

Impact

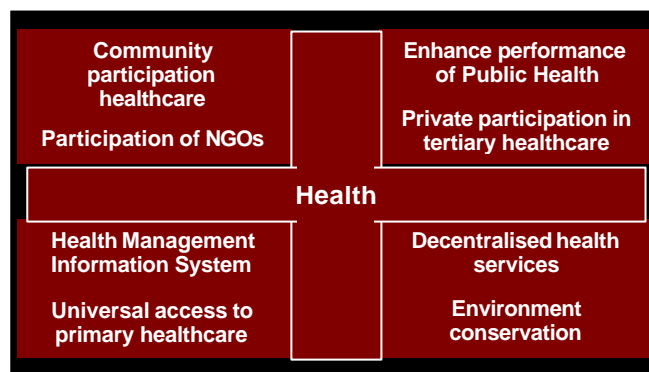
- Frequent outbreak of diseases and unhygienic conditions in rural areas

spending in the health sector (Chhattisgarh allocates 4.5% of the total plan outlay on Health compared to 3.9% for all India) and would devise policies that ensure preventive and curative healthcare.

Action Plan

In order to meet the targets outlined in Vision 2010, the State would take the following steps (Exhibit VII.9):

Exhibit VII.9



The State would direct the bulk of its spending to the primary and secondary health care sector since they cater the basic health requirements of the population

- Providing Universal Access to Primary Healthcare**
 To improve its health indicators, the State would significantly improve access to primary healthcare services. The current primary healthcare infrastructure in the State comprising of 512 PHC is inadequate to cater to the needs of the vast rural population. The State would create Primary Health Centres (PHC) in every village. Mobile health centres would be established which would move across villages and attend to patients. Herbs in the forest of Chhattisgarh have great medicinal value. The State would promote the use of ayurvedic medicines and provide low cost health services to the poor. The State would also establish one maternity and child care centre for every 100 rural families
- Community Participation in Healthcare**
 The State would develop programs utilising community health workers to deliver health services in remote areas. Sub-centres and referral services would support the PHC network. To enhance the efficiency of health workers, health education institutes would be set-up in all major districts of the State. Health programs would be periodically organised for continuing education in health sciences and updating the knowledge and skills of paramedic workers
- Decentralised Health Services**
 The State would decentralise the service delivery of health services to local bodies. Special emphasis would

Exhibit VII.10 NGO Participation in Health

In the slum communities of Hyderabad, women, NGOs and government health workers are working together to improve the health and well being of women and children in some of the poorest neighbourhoods of the city. There are 22 NGOs delivering family planning and maternal and child health services in 662 slums of the city. Women from the communities have formed 586 women's health groups and more than 5500 have become Link Volunteers. Thousands of other community members have joined the project schemes such as workshops for first-time mothers, nutrition education programs for girls and nursery schools for children. Since the start of the project in 1994, outpatient registration has increased from about 615000 to 908000, the rate of institutional deliveries from 70% to 84% and pre-natal care coverage from 91% to 95%

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be laid on the capacity building and financial health of these bodies

- **NGOs Participation**

The State would increase the involvement of voluntary organisations and self-help groups in the provision of health care and ensure co-ordination in implementation of health programmes and health related activities. NGOs would play a crucial role in extending the reach of health services in remote areas. These organisations would be integrated with the mainstream health delivery mechanism and would be used extensively to create awareness among the masses. Information about nutrition, family planning, child care, etc. would be effectively propagated among the local population using NGOs. Exhibit VII.10 showcases NGO participation in slum areas of Hyderabad

- **Enhancing Performance of Public Health System**

The current health delivery system is characterised by lack of funds, information and training. The State would move towards a better incentive and information system for the public health system. Drug procurement and distribution centres would be established in all districts to ensure availability of medicines in all health centres. An effective monitoring mechanism would be devised to track the progress and provide feedback to health supervisors and workers. Each district would have a hospital and the number of beds would increase twofold

- **Private Sector Participation in Tertiary Health Care**

While the State would continue to provide tertiary health care services to the disadvantaged and underprivileged, it would seek private sector participation in developing the tertiary health sector. Incentives in the form of free land allotment, etc. would be provided to boost private investment. Efforts would also be made to establish drug testing facilities and research and referral centres with private participation

- **Health Management Information System (HMIS)**

To improve the efficiency of existing health care infrastructure at primary, secondary and tertiary care settings, the State would create a Health Management Information System. Conscious effort would be made to link the data generated on the health status of the population residing in the area and the health developmental projects. HMIS would also serve as a valuable database during disaster management and drought activities. HMIS would optimise the coverage and quality of care by identifying and rectifying the critical gaps in infrastructure, manpower, equipment, essential diagnostic reagents, drugs and enhancing the efficiency of the health system. The State would also put in place disease surveillance and response mechanisms, with

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focus on rapid recognition and reporting at the district level

- ***Environment Conservation***

Safe drinking water and environmental sanitation are essential pre-requisites for health. Large-scale industrialisation in Bhilai and Korba has led to an increase in pollution related diseases. Excessive quantities of arsenic and fluoride have also entered the ground water system. The State would take steps to check groundwater pollution and environment sustainable measures like afforestation would be undertaken. Pollution norms would be stringently enforced and consumption of non-bio degradable goods would be banned in areas of habitations. Modern waste treatment methods would be adopted