CHALLENGES AND OPPORTUNITIES FOR SOCIAL SECTOR

Sonalde Desai, NCAER and Univ. of Maryland
One of the best written plans

Both reflective in achievements of 11th Plan and thoughtful in future strategies

Inspires broader thinking on future policy challenges than simple tinkering of existing programs
Overview

i. Burden of success
ii. Quality: The next frontier
iii. Challenges in a changing world
iv. Need for policy realism
I. The Burden of Success

- “The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem as last year” – John Foster Dulles

- Our challenge is to recognize that the problem we face has changed – all because of our success over the past decade
1. Rising Education, Declining Quality

The Paradox of Increasing Rate of College Graduation and Decreasing English Fluency among Graduates

Source: IHDS 2004-5, Males ages 25-75

- Percent College Graduates
- Fluent English Speakers among College Graduates

Year of Birth

1930s 1940s 1950s 1960s 1970s
Success of educational expansion

Literacy Rates for Males by Age, IHDS 2005

Literacy Rates for Females by Age, IHDS 2005
Education system’s inability to keep pace

- Vast expansion of student population
- Many first generation learners
- Hurly burly growth of private schools and colleges
- Very little quality control
2. Improving nutrition, increasing inequality

Decline in Percent Children With Severe to Moderate Stunting between 1992-93 and 2005-6

<table>
<thead>
<tr>
<th>Wealth Quintile</th>
<th>NFHS – 1</th>
<th>NFHS-3</th>
<th>% Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest 20%</td>
<td>49%</td>
<td>44%</td>
<td>10.8%</td>
</tr>
<tr>
<td>21-40%</td>
<td>48%</td>
<td>40%</td>
<td>16.4%</td>
</tr>
<tr>
<td>41-60%</td>
<td>47%</td>
<td>35%</td>
<td>25.9%</td>
</tr>
<tr>
<td>61-80%</td>
<td>46%</td>
<td>29%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Top 20%</td>
<td>35%</td>
<td>21%</td>
<td>40.7%</td>
</tr>
</tbody>
</table>
Malnutrition affected by many factors...

- Food shortages, nutritional composition and disease prevalence due to poor water and sanitation
- As long as disease prevalence is high, income makes only a minor difference
- But as disease prevalence declines, role of income is greater
- So success in controlling diseases and improving water/sanitation results in increasing nutritional inequality
3. Improving women’s education, declining employment

**Women's Employment by Education and Household Income (Rural)**

<table>
<thead>
<tr>
<th>Education</th>
<th>None</th>
<th>1-4</th>
<th>5-9</th>
<th>10-11</th>
<th>12 &amp; some Coll</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
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<tr>
<td>Richest</td>
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</tbody>
</table>

**Women's Employment by Education and Household Income (Urban)**

<table>
<thead>
<tr>
<th>Education</th>
<th>None</th>
<th>1-4</th>
<th>5-9</th>
<th>10-11</th>
<th>12 &amp; some Coll</th>
<th>Graduate</th>
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Paradox of declining female employment

- Higher family incomes associated with lower female work participation
- But even controlling for family income, educated women tend to withdraw from the labor force
- Difficulties in finding “suitable” jobs
- Some of the same phenomena associated with rising youth unemployment
II. Quality: The next frontier

- For nearly 10 years, the ASER surveys have documented that barely 50% of the students can read simple paragraphs.
- These simple results hide a more acute problem.
Real Concern – Flat Learning Profiles

- One would expect learning levels to rise with more time spent in school.
- But a recent paper by Lant Pritchett and Amanda Beatty and work by Karthik Muralidharan documents very low levels of improvement in basic skills with more time in school.
APRESt results in AP (Source: Pritchett and Beatty, citing Muralidharan)

- Vertical Single Digit with carry (class level 1)
- Vertical Double Digit (class level 2)
- Vertical addition, triple digits (class level 4)
- Horizontal addition (class level 5)
<table>
<thead>
<tr>
<th>Skill/competency</th>
<th>Average percentage point increase per year of schooling</th>
<th>Of students who didn’t know skill, percent who learned by next grade</th>
<th>X in Y children who learned skill per grade (of those who didn’t know in previous grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRESt* Vertical single digit addition (w carry)</td>
<td>0.100</td>
<td>17.6%</td>
<td>3 in 17</td>
</tr>
<tr>
<td>APRESt Identify which shape is a triangle</td>
<td>0.053</td>
<td>7.0%</td>
<td>3 in 43</td>
</tr>
<tr>
<td>ASER 2010 (AP) Division (3 digit by 1 digit)</td>
<td>0.113</td>
<td>20.2%</td>
<td>1 in 5</td>
</tr>
<tr>
<td>ASER 2010 (Himachal) Division (3 digit by 1 digit)</td>
<td>0.123</td>
<td>30.4%</td>
<td>1 in 3</td>
</tr>
<tr>
<td>ASER 2010 (UP) Division (3 digit by 1 digit)</td>
<td>0.105</td>
<td>15.4%</td>
<td>2 in 13</td>
</tr>
<tr>
<td>EI 19+X=32</td>
<td>0.075</td>
<td>16.9%</td>
<td>1 in 6</td>
</tr>
<tr>
<td>EI Measuring length of object with a ruler (when object is placed at 1cm instead of 0cm)</td>
<td>0.029</td>
<td>3.93%</td>
<td>2 in 51</td>
</tr>
</tbody>
</table>
Parents and patients recognise the problem

- Health care in India has always been private
- Education is getting rapidly privatised
- While the rich are more likely to move to the private sector, the poor are also not particularly happy with government services
Middle class flight from government schools may reduce the quality of schooling for the remaining children.
Even when government facility is the only one available, people go outside the village to see private doctors.
Nearly 80% of health care is private...

- Sharp increase in health expenditure envisaged under 12th Plan
- How is people’s preference for the private sector to be balanced with growth in public spending?
- RSBY offers an interesting experiment but is unstable in the long run with focus on hospitalisation rather than preventing and outpatient care
III. New problems of a brave new world

- A society in transition
- Many changes both within Indian society and in the global conditions
- New challenges need different responses and not more of the same
Dealing with contagious diseases and chronic diseases require different strategies

- Our public health strategies most successful when they rely on a campaign approach rather than ongoing service delivery with follow-up contact
Vaccination Coverage: Diverging Trends

Polio: Rising coverage due to pulse polio campaigns

DPT: Stagnant coverage rates

Proportion of Children in Three NFHS Surveys Receiving 3 Doses of Polio Vaccination

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992-93</td>
<td>54</td>
</tr>
<tr>
<td>1998-99</td>
<td>63</td>
</tr>
<tr>
<td>2005-06</td>
<td>78</td>
</tr>
</tbody>
</table>

Proportion of Children in Three NFHS Surveys Receiving 3 Doses of DPT Vaccination

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
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<td>55</td>
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<td>2005-06</td>
<td>55</td>
</tr>
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</table>
But dealing with diabetes and cardio-vascular diseases requires...

- On-going screening
- Focus on laboratory testing
- Medication that is continually monitored and adjusted
- Behavioral and nutritional counseling

- High rates of CVD among Indian origin populations in the Western countries (e.g. 1.5 times higher death rate from heart disease in UK). Genetic or food habits? Either way a major impending challenge for India.
Rapidly growing threat of antibiotic resistance

- Antibiotic proliferation in India is rapidly becoming a worldwide threat
- Growth of antibiotic resistant bacteria can make it difficult to treat a variety of infections
- Global Antibiotic Resistance Partnership’s India working group documents striking increase in antibiotic sales
Rapid increase in antibiotic use in India (Source: GARP, 2011)

Fig. 1. Units of antibiotics sold in India, by type.
Recommendations of GARP

1. National surveillance of antibiotic resistance and use
2. Increasing use of diagnostic tests inside and outside the hospital
3. Setting up infection control mechanisms in hospitals
4. Patient and pharmacist education and monitoring to reduce antibiotic proliferation
5. Reduce use of antibiotics in agriculture
Need to move towards more technically oriented health care

- Focus on community based health care, used in an era of contagious diseases
- But new needs require greater technical sophistication and regular monitoring and testing
- Manpower and laboratory equipment challenges
- Could we focus on simple diagnostic and monitoring technologies?
IV. Need for Policy Realism

- Public policies result from diverse pressures and often do not match instruments to outcomes.
- The discussion of health needs above clearly reflects greater need for laboratory and technical inputs, yet policies seem to focus on strengthening grass roots community workers rather than laboratories.
Counterproductive provisions in Right to Education

- RTE focuses on age specific placement of children and mandates automatic promotion to the next class.
- But educational research documents difficulties of teaching a heterogeneous student body in the same class.
- What do we need? Skill or age specific placement?
PDS and National Food Security Act

- Focus on targeted subsidies to “priority groups”
- But it is difficult to identify the poor
Diverse challenges in identifying the poor

- **Conceptual**
  - BPL card that lasts 5 years or based on automatic inclusion/exclusion criterion assumes chronic poverty dominates. But what if a large proportion of poverty is transient (illness, job loss, crop loss)?

- **Measurement**
  - Ultimately self reported --- at least unless some major Aadhar based data collation is possible (will it ever be possible? Desirable?)

- **Political Economy**
  - Local authorities certify poverty so possibility of elite capture and nepotism
Monthly Consumption Expenditure by Ration Card Type

Graphs showing the distribution of per capita monthly expenditure for rural and urban areas. The graphs differentiate between BPL and APL ration card holders.
Monthly Per Capita Income by Ration Card Type
Suggests that...

- Targeting food subsidies is going to be impossible
- We will need to focus on alternative strategies for meeting nutritional security needs
- Millets instead of sugar or jaggery?
Social inclusion in education

- Focus on higher education
- When skill deficits begin in early childhood
- Very little attention to inequalities in learning outcomes in primary schools
Inequalities in Educational Quality – Males 25-54

Inequalities in Skills and Performance

- Forward Caste
- Dalit
- Adivasi
- Muslim

- Fluent in English
- First Division in Secondary School Exam
- First Division in College

Graph showing the comparison of skills and performance among different caste groups.
Lower reading (and arithmatic) skills for dalit, adivasi and Muslim children

**Predicted Probability of Ability to Read and Subtract**
*(Kids ages 8-11)*

- **Forward Caste**
- **Dalit**
- **Adivasi**
- **Muslim**

<table>
<thead>
<tr>
<th></th>
<th>Reading</th>
<th>Subtraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forward Caste</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Dalit</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Adivasi</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Muslim</td>
<td>50%</td>
<td>40%</td>
</tr>
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12th Plan Scorecard

i. Dealing with challenges of success – Poor.
   - Success is recognised but its implications are dealt with

ii. Quality focus – Moderate
   - Quality concerns are identified, particularly in education. But problems seen as teacher problems rather than structural problems.

iii. Identifying new challenges – Moderate.
   - Focus still on old problems, little attention to emerging threats with the exception of skill training requirements of new economy

iv. Policy realism – Non existent
   - Debates around poverty line and benefits for the poor seem to exist in vacuum with no recognition of impossibility of targeting the poor
   - How can we address social inequalities when groups eligible for benefits keep growing? Affirmative action for 65% of the population is an oxymoron.