



CHALLENGES AND OPPORTUNITIES FOR SOCIAL SECTOR

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12th Plan...

- 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

Overivew



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

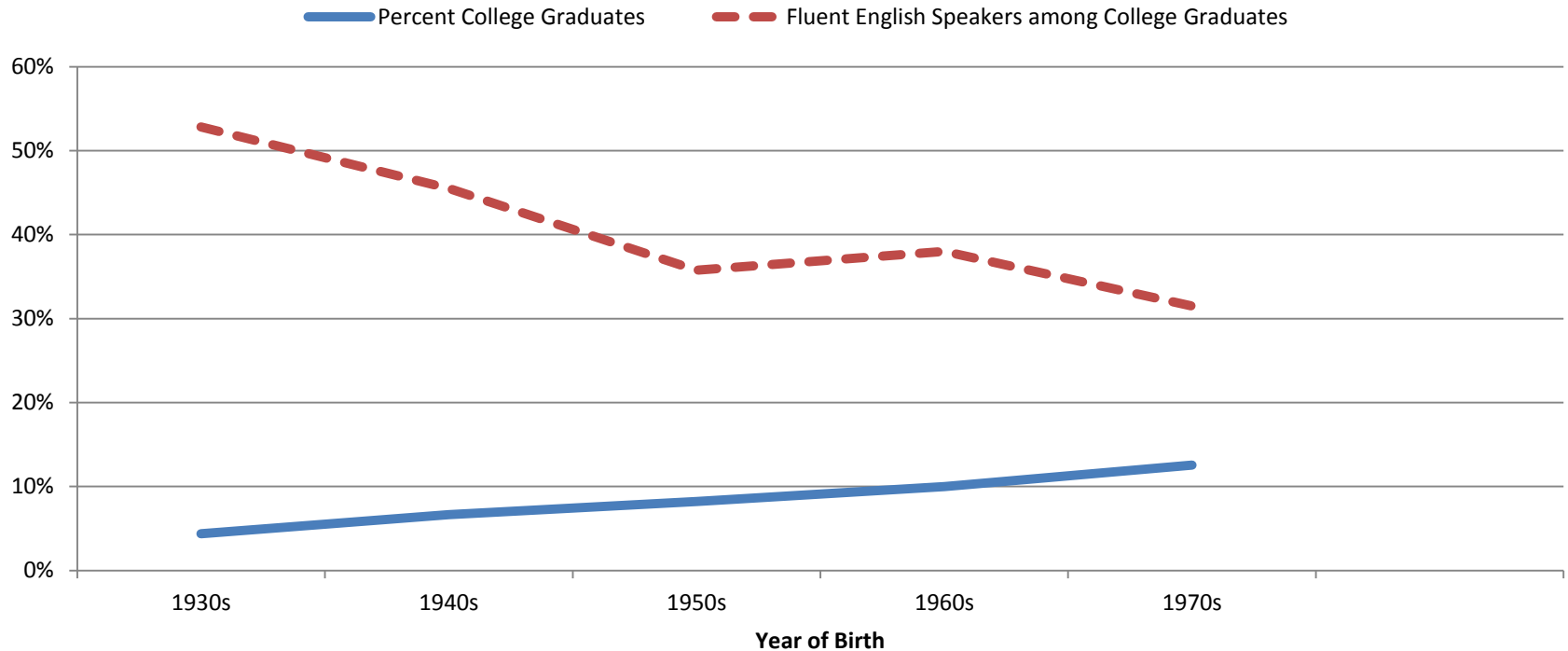
I. The Burden of Success

- “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

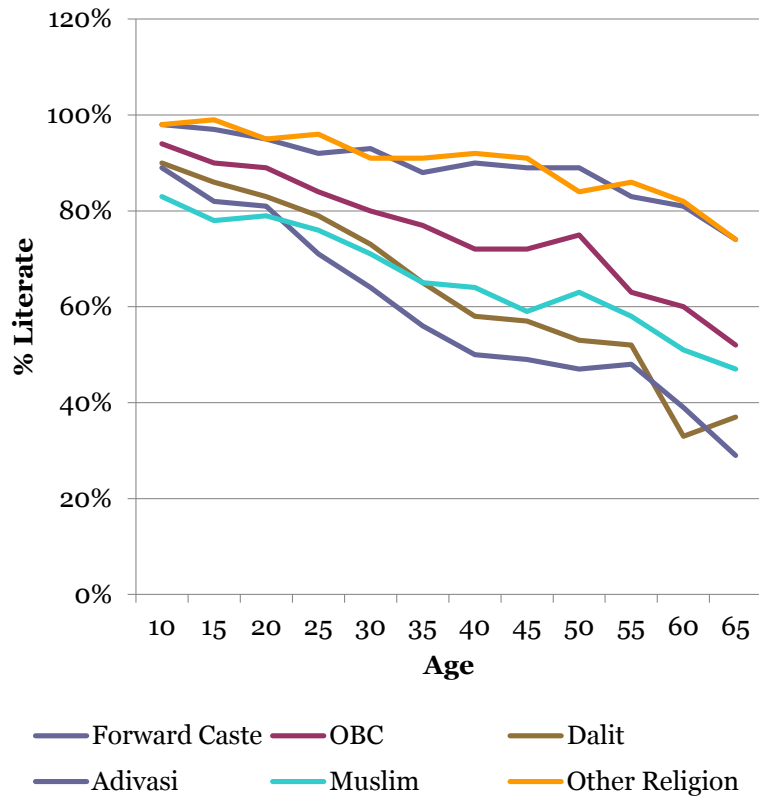
The Paradox of Increasing Rate of College Graduation and Decreasing English Fluency among Graduates

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

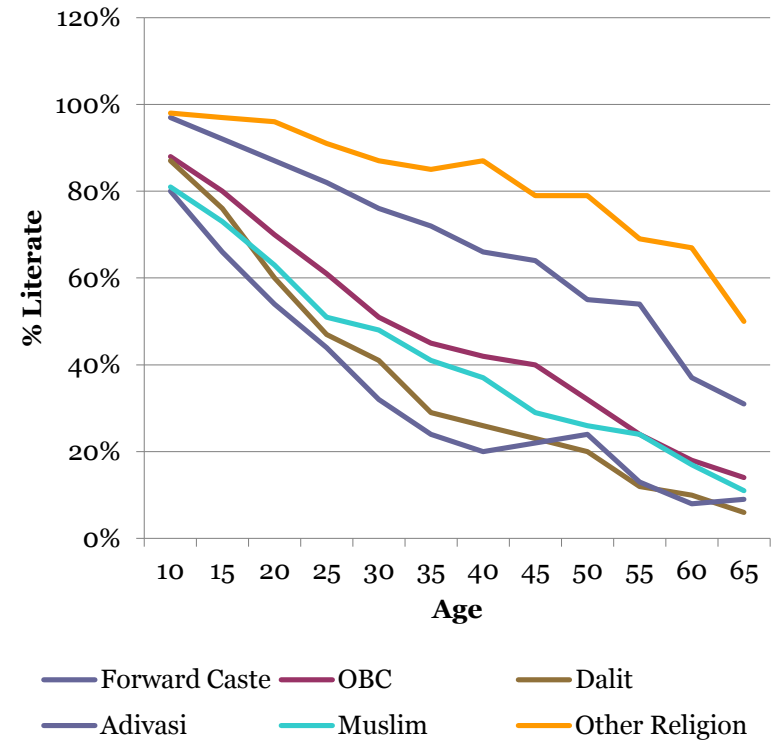


Success of educational expansion

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

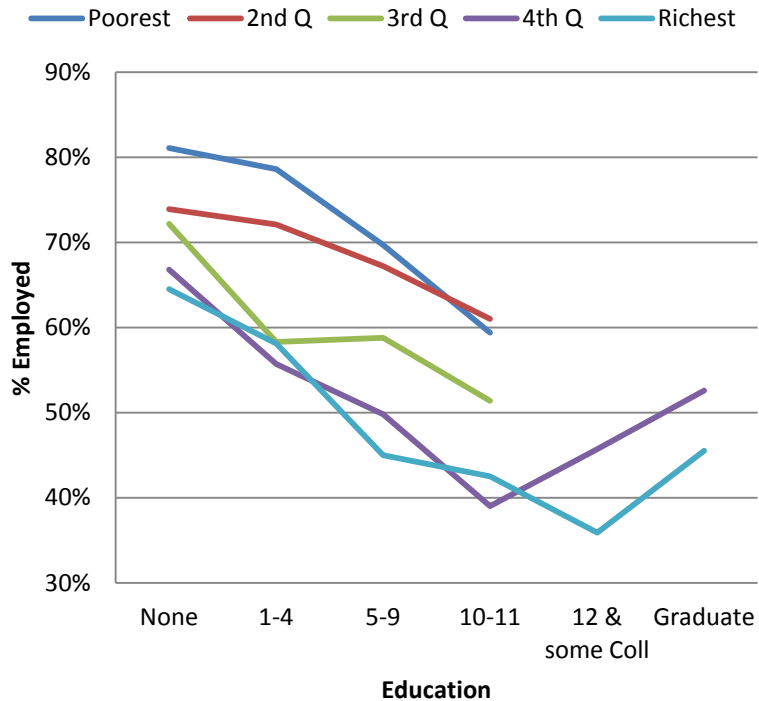
Wealth Quintile	NFHS – 1	NFHS-3	% Decline
Lowest 20%	49%	44%	10.8%
21-40%	48%	40%	16.4%
41-60%	47%	35%	25.9%
61-80%	46%	29%	36.4%
Top 20%	35%	21%	40.7%

Malnutrition affected by many factors...

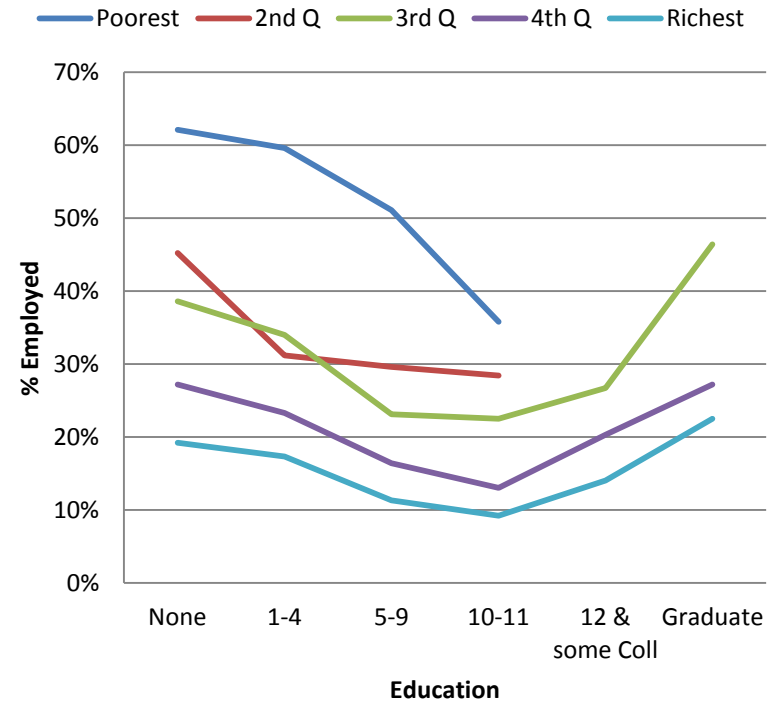
- ❑ Food shortages, nutritional composition and disease prevalence due to poor water and sanitation
- ❑ As long as disease prevalence is high, income makes only a minor difference
- ❑ But as disease prevalence declines, role of income is greater
- ❑ So success in controlling diseases and improving water/sanitation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

3. Improving women's education, declining employment

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



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



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

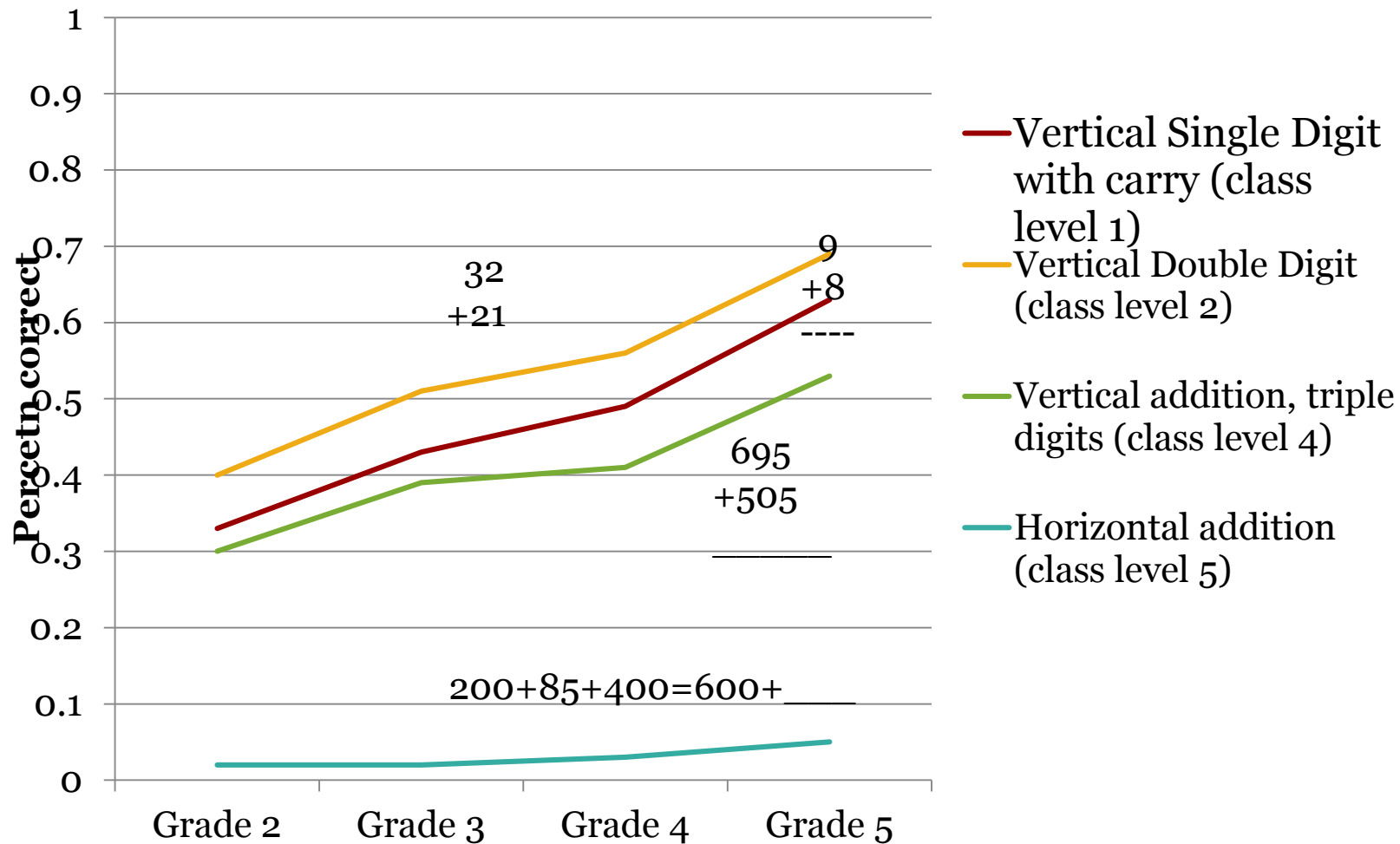
II. Quality: The next frontier

- 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)



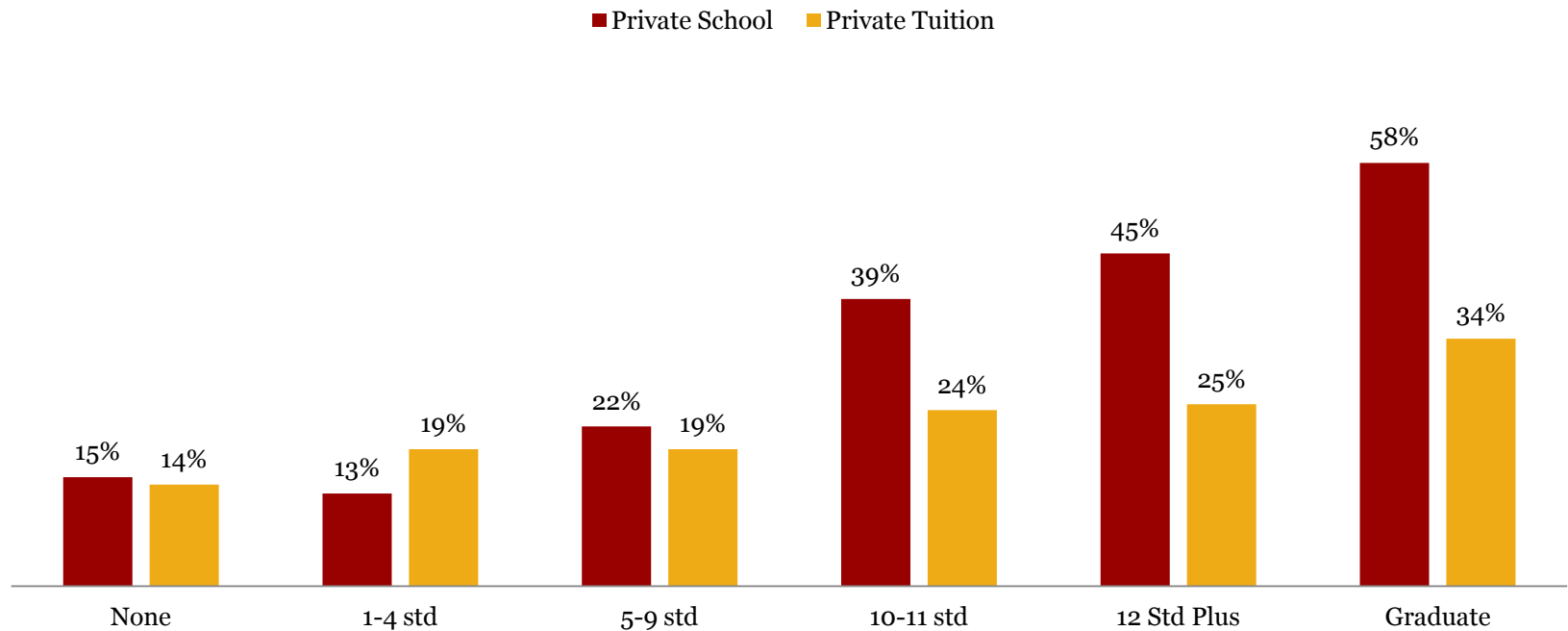
	Skill/competency	Average percentage point increase per year of schooling	Of students who didn't know skill, percent who learned by next grade	X in Y children who learned skill per grade (of those who didn't know in previous grade)
APRESt*	Vertical single digit addition (w carry)	0.100	17.6%	3 in 17
APRESt	Identify which shape is a triangle	0.053	7.0%	3 in 43
ASER 2010 (AP)	Division (3 digit by 1 digit)	0.113	20.2%	1 in 5
ASER 2010 (Himachal)	Division (3 digit by 1 digit)	0.123	30.4%	1 in 3
ASER 2010 (UP)	Division (3 digit by 1 digit)	0.105	15.4%	2 in 13
EI	$19+X=32$	0.075	16.9%	1 in 6
EI	Measuring length of object with a ruler (when object is placed at 1cm instead of 0cm)	0.029	3.93%	2 in 51

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

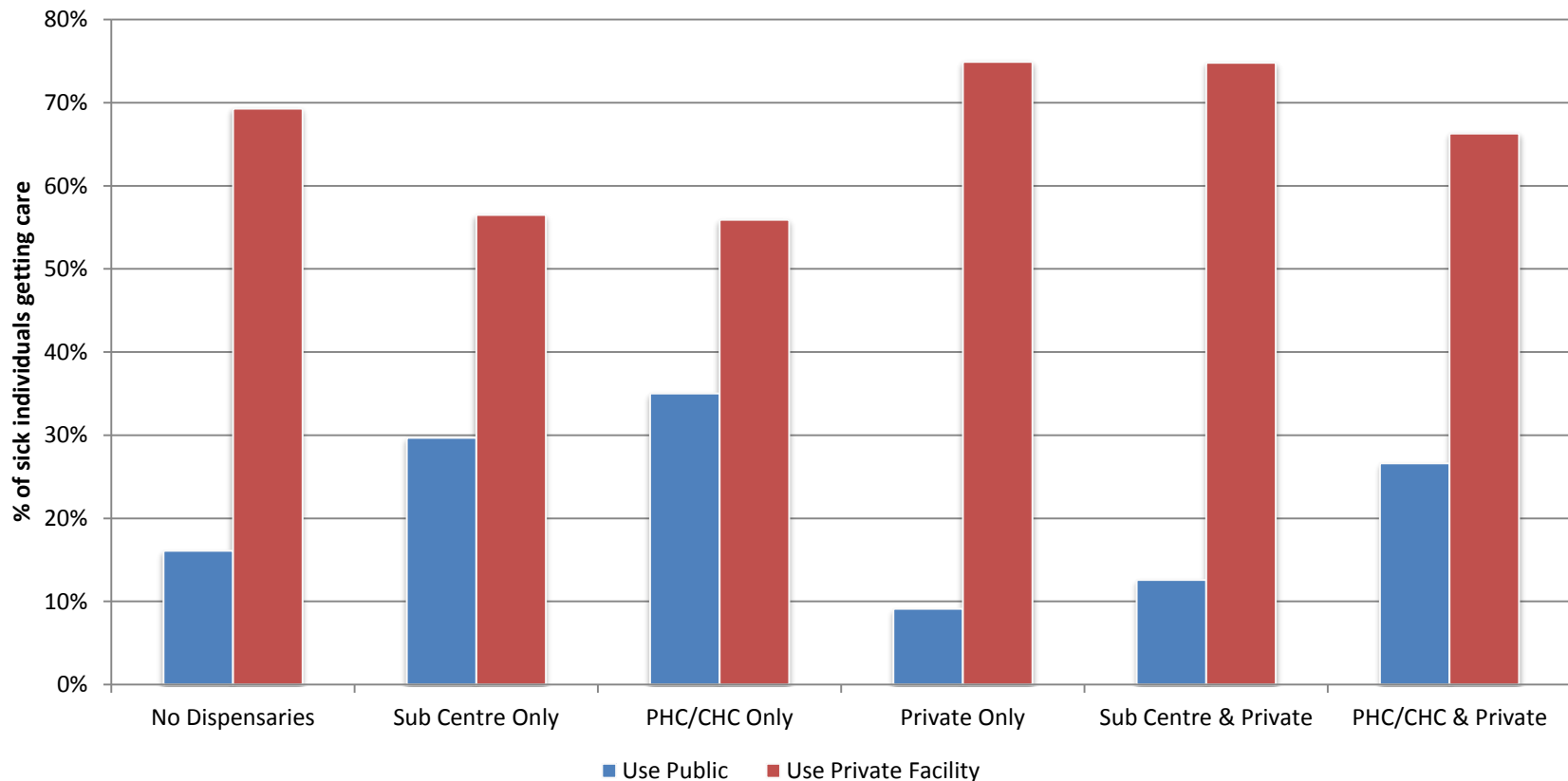
Middle class flight from government schools may reduce the quality of schooling for the remaining children

Household Education and Reliance on Private Schooling



Even when government facility is the only one available, people go outside the village to see private doctors

Use of Public and Private Care by Availability in Village, IHDS 2005

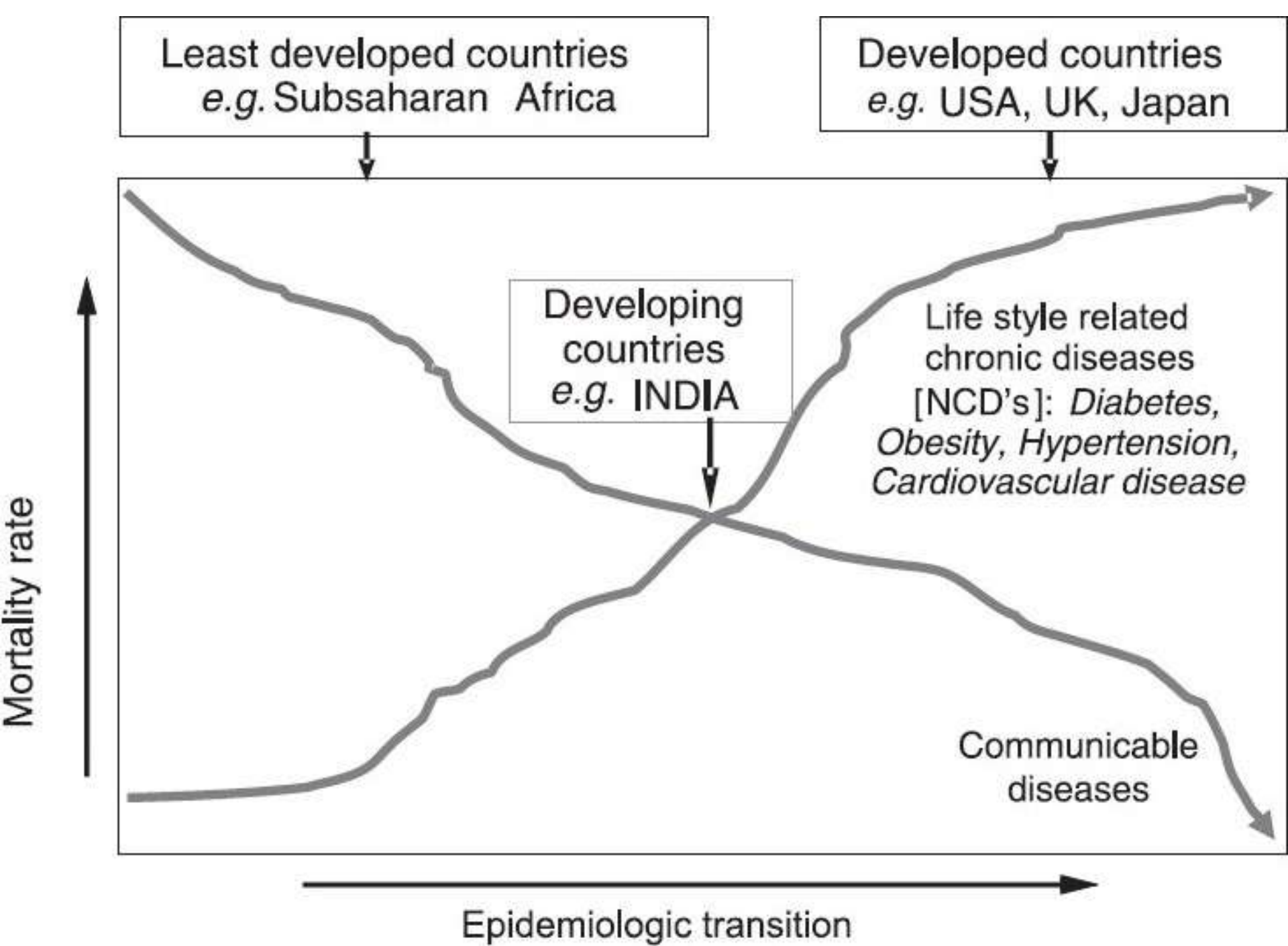


Nearly 80% of health care is private...

- 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



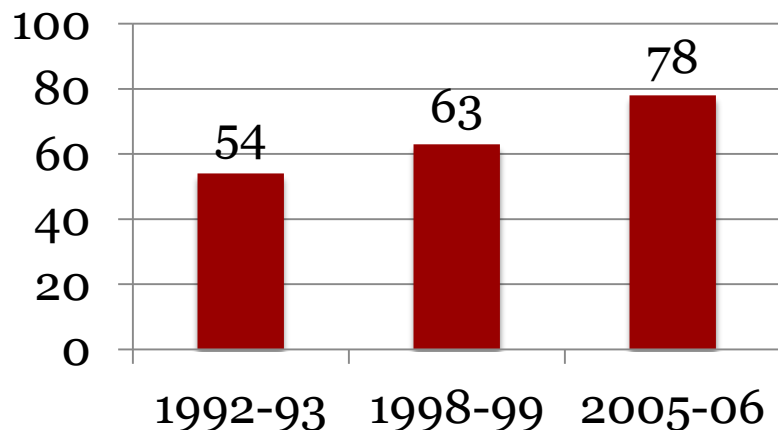
Dealing with contagious diseases and chronic diseases require different strategies

- 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

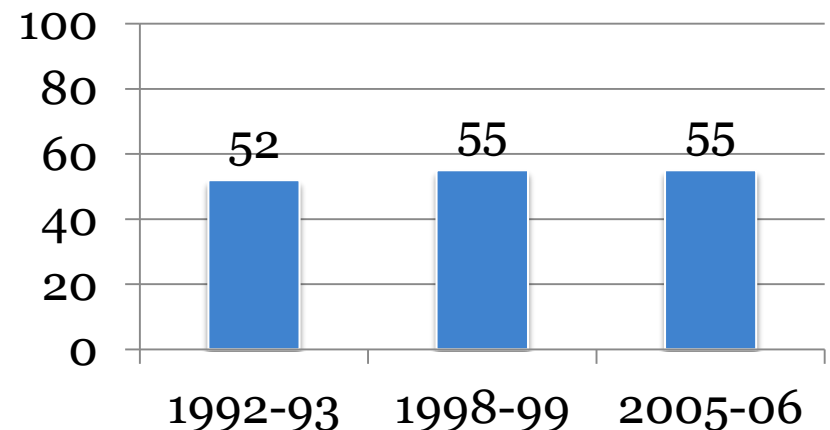
Polio: Rising coverage due to pulse polio campaigns

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



DPT: Stagnant coverage rates

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



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 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)

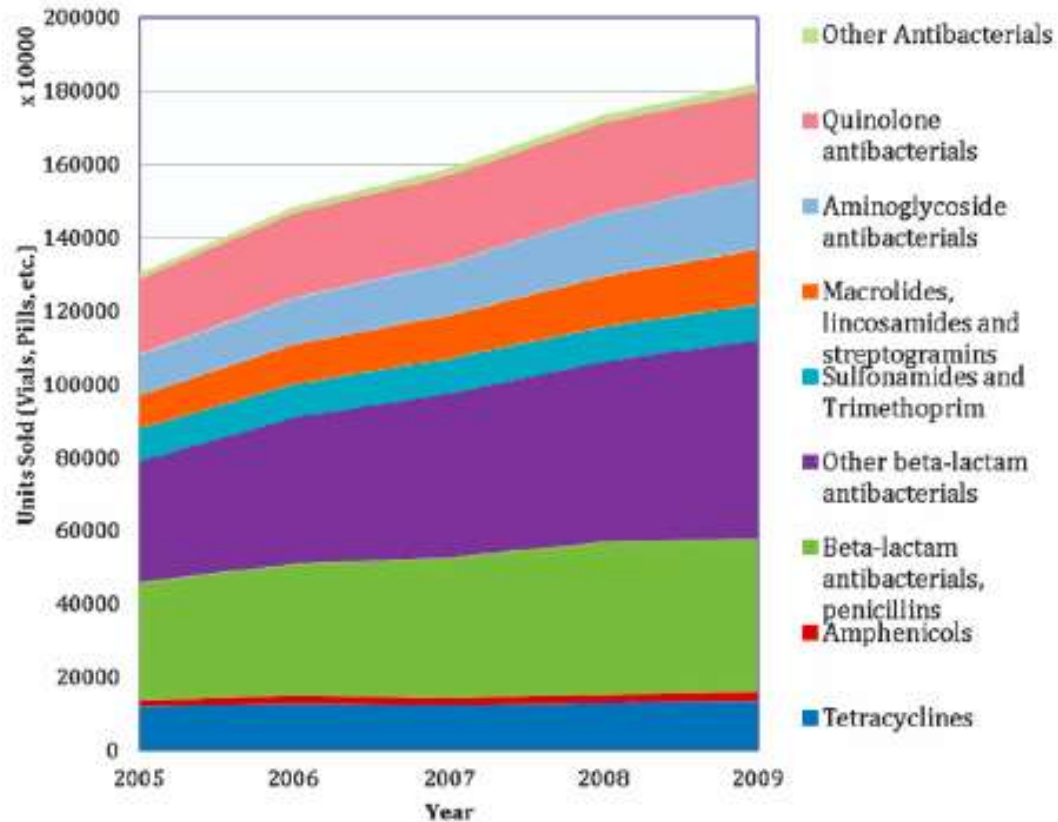


Fig. 1. Units of antibiotics sold in India, by type.

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 heterogenous 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)?

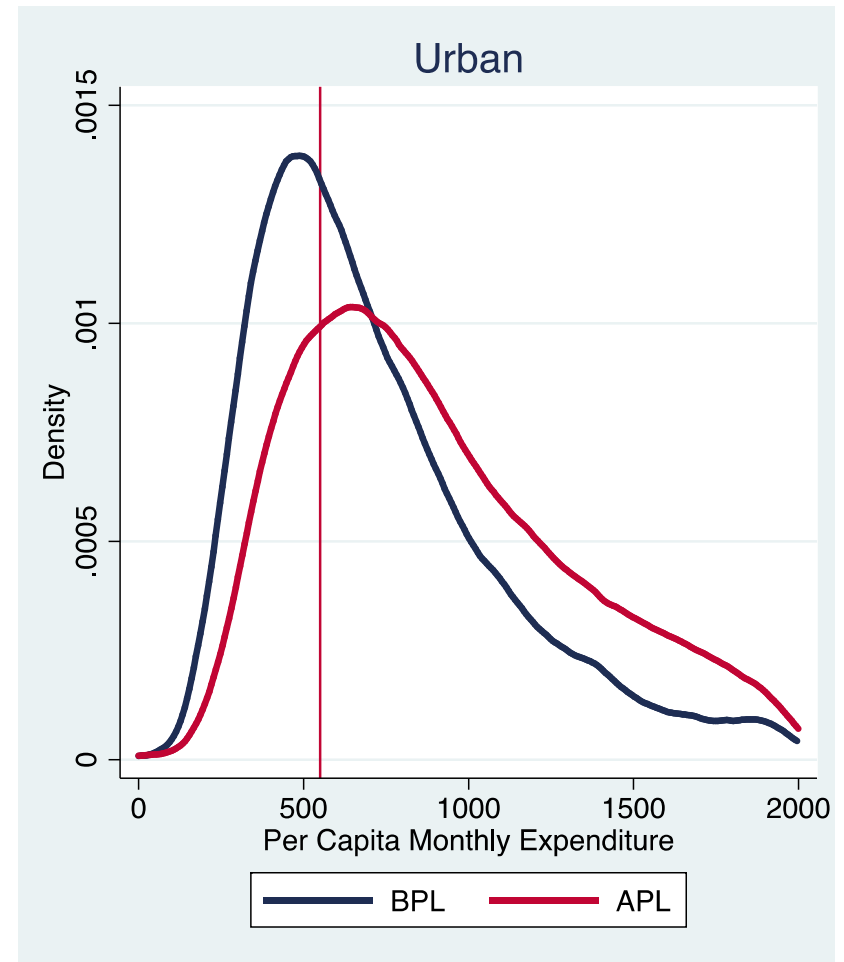
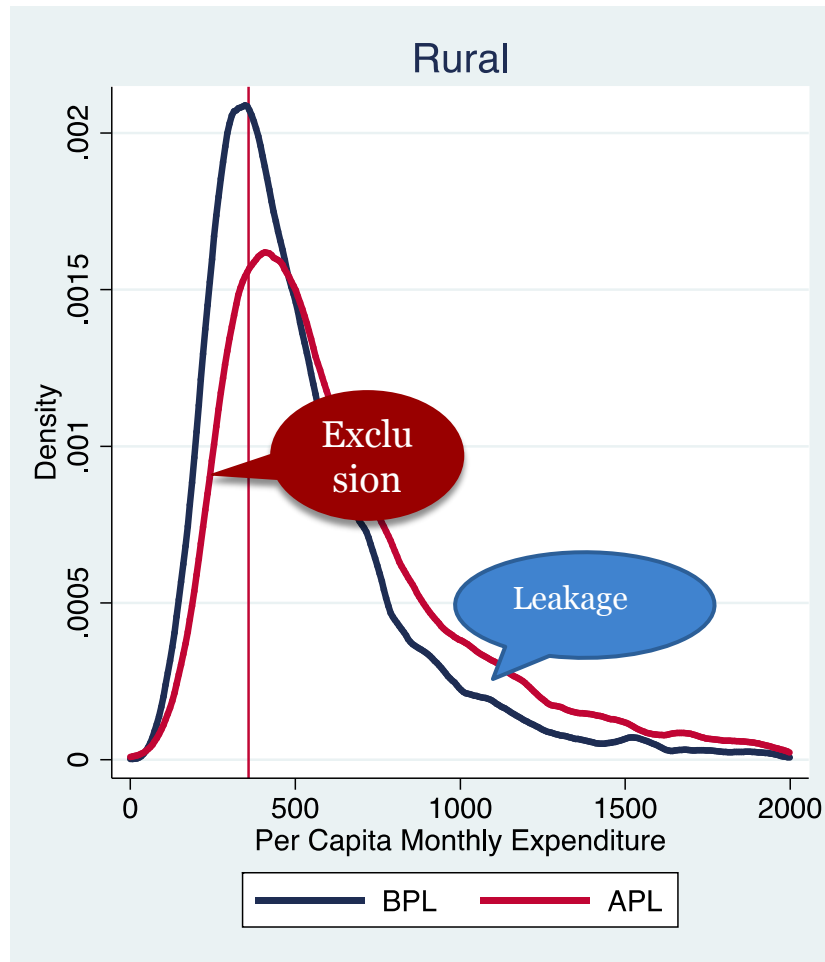
□ Measurement

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

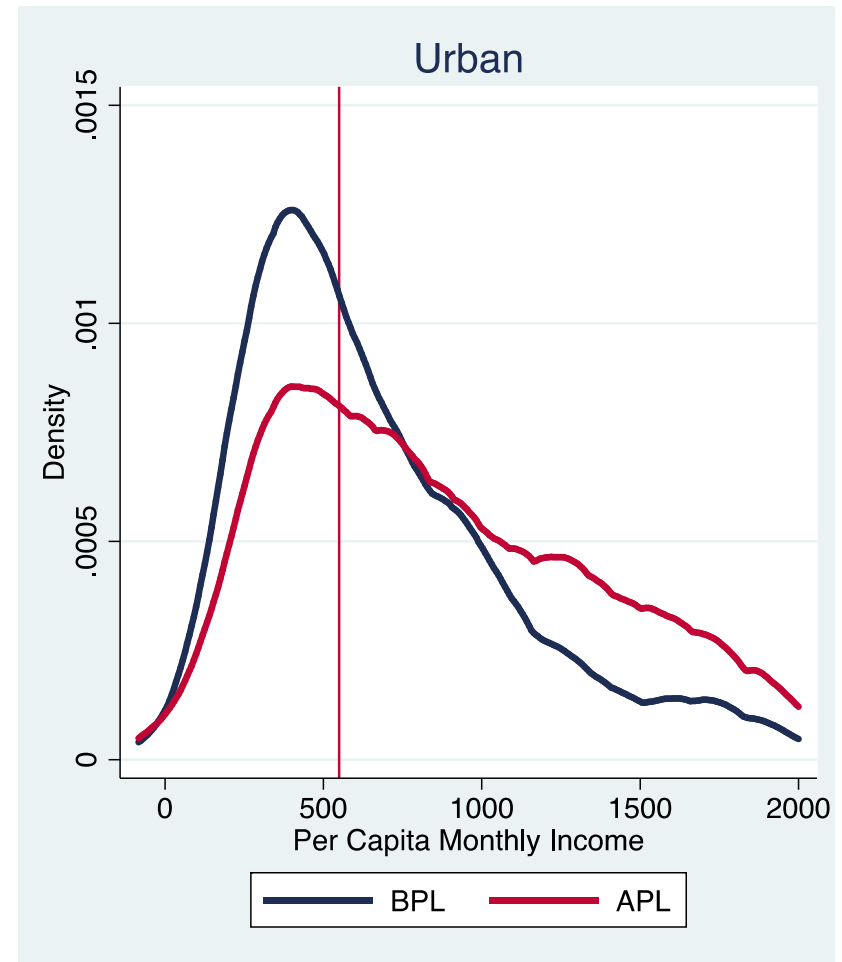
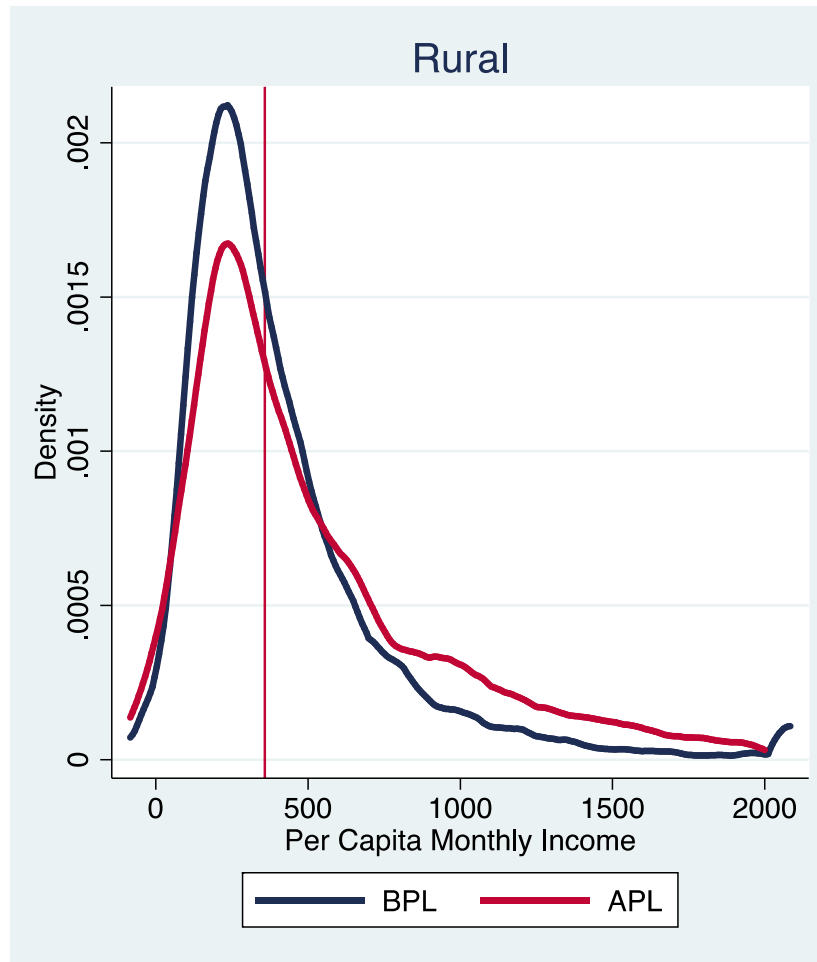
□ Political Economy

- Local authorities certify poverty so possibility of elite capture and nepotism

Monthly Consumption Expenditure by Ration Card Type



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

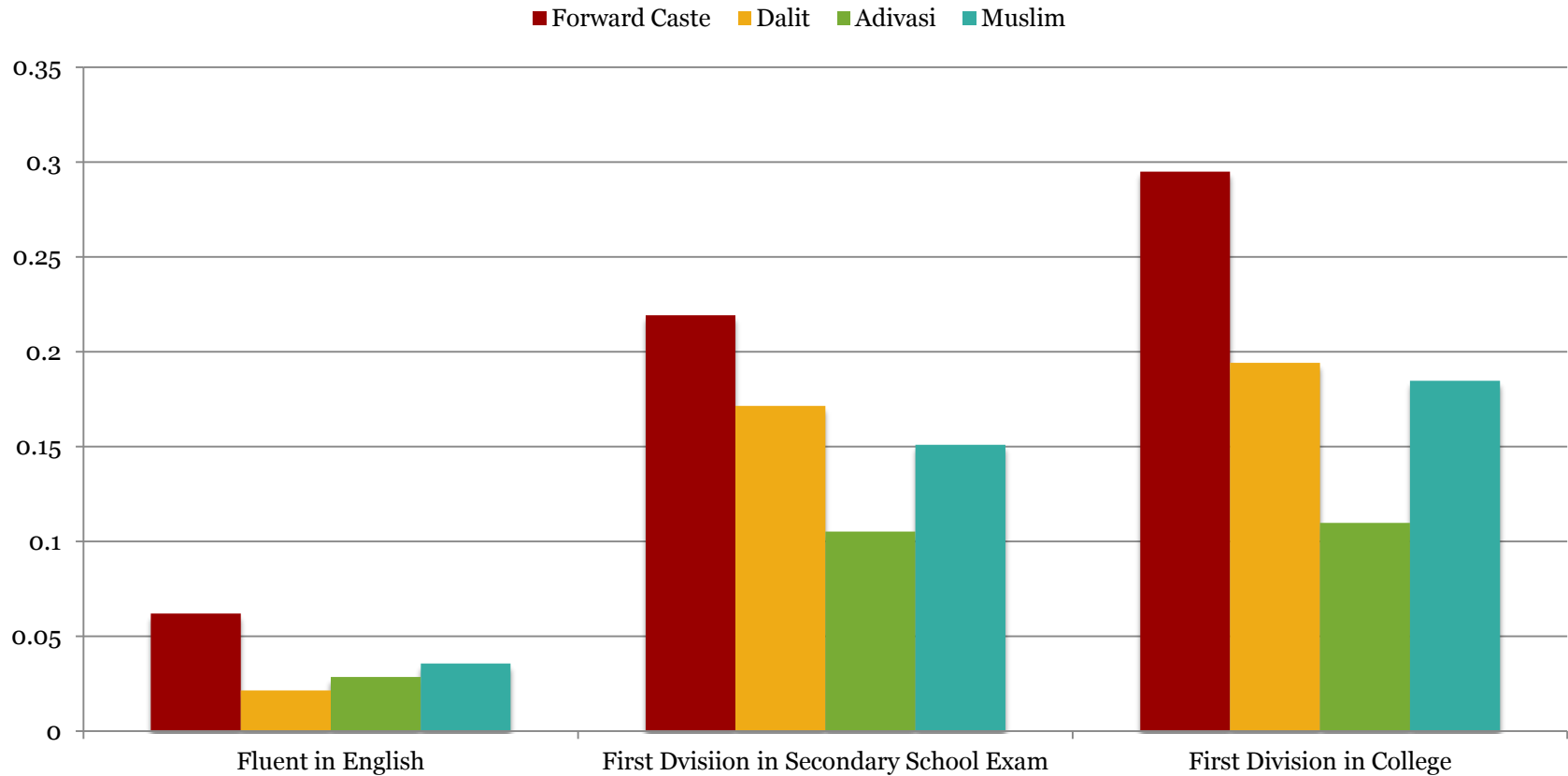


- Focus on higher education
- When skill deficits begin in early childhood
- Very little attention to inequalities in learning outcomes in primary schools

Inequalities in Educational Quality

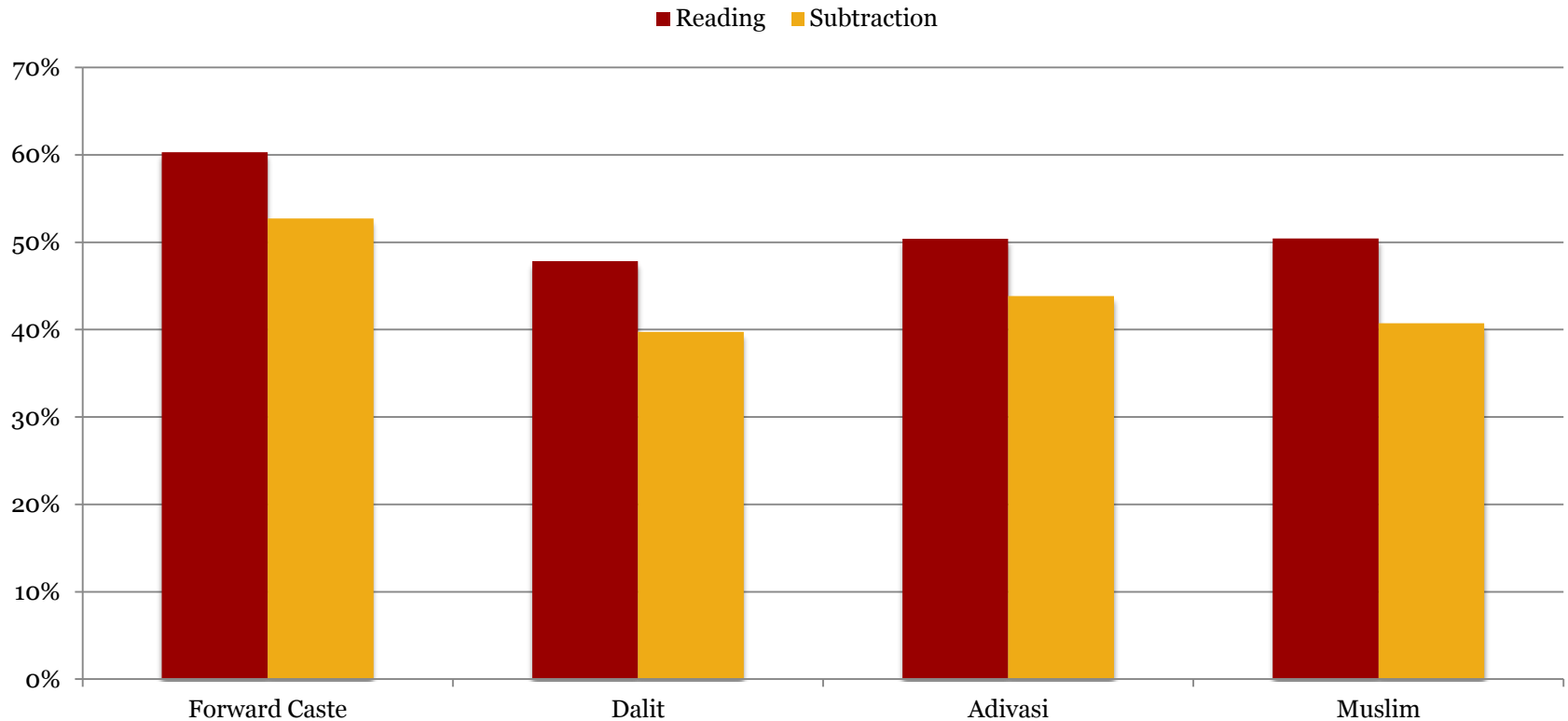
– Males 25-54

Inequalities in Skills and Performance



Lower reading (and arithmetic) skills for dalit, adivasi and Muslim children

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



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.