CHAPTER - 6

SUMMARY OF THE FINDINGS, SUGGESTIONS AND CONCLUSION

The issues pertaining to aspects of Education and Health are receiving attention from academicians as well as policy-makers. Hence, an attempt has been made in this study to know the Development of Social Infrastructure in Karnataka: A Study of Gadag District. The findings of the study derived from the data analysis are summarized in this section.

Development of Educational Infrastructure in Karnataka:

During 1990-91, among the 20 districts Gulbarga and Raichur districts were in the category of highly backward, 7 districts viz., Dharwad, Bidar, Belgaum, Chitradurga, Bijapur, Mysore and Bellary were in the backward category. While 6 districts viz., Kodagu, Bangalore (R), Mandya, Uttara Kannada, Chikkmagalur and Kolar were grouped as developed, 5 districts viz., Bangalore (U), Shimoga, Hassan, Dakshina Kannada and Tumkur occupied the position of highly developed.

During 2000-01, among the 27 districts, 5 districts viz., Chamarajnagar, Gulbarga, Bellary, Raichur and koppal were in the highly backward category, 5 districts viz., Gadag, Belgaum, Bijapur, Dharwad and Bagalkot in the backward category, 14 districts viz., Dakshina Kannada, Udupi, Bangalore (U), Shimoga,
Chitradurga, Bidar, Davanagere, Bangalore (R), Chikmagalur, Haveri, Mysore, Uttara Kannada, Kodagu and Kolar in the developed category and the remaining 3 districts viz., Hassan, Tumkur and Mandya, were in the highly developed category.

**As compared to 1990-91 figures, during ‘2000-01’;**

1. Gulbarga and Raichur districts remained in the category of ‘highly backward’.
2. Bidar, Mysore and Chitradurga districts showed improvement by occupying the position of ‘developed’ category from ‘backward’ category.
3. Mandya district is elevated to the ‘highly developed’ category from the ‘developed’ category.
4. Three districts viz., Bangalore (U), Shimoga and Dakshina Kannada districts comedown from ‘highly developed’ category to ‘developed’ category.
5. Bellary district made a backward journey from ‘backward’ category to ‘highly backward’ category.

Among the 30 districts of Karnataka State during 2010-11, 6 districts viz., Bijapur, Bagalkot, Bellary, Chamarajnagar, Yadgir and Koppal were in the highly backward category, 8 districts viz., Shimoga, Dharwad, Gulbarga, Gadag, Chitradurga, Uttara Kannada, Raichur, and Belgaum in the backward category, 11 districts viz., Bidar, Davanagere, Bangalore (R), Dakshina Kannada, Mysore, Kolar, Chikamagalur, Udupi, Chikkaballapur, Haveri and Kodagu in the developed category
and 5 districts viz., Hassan, Ramanagar, Mandya, Tumkur, and Bangalore (U), were in the highly developed category.

**As compared to the figures in 2000-01, during ‘2010-11’;**

1. The districts of Gulbarga and Raichur showed signs of improvement by moving from ‘highly backward’ category to ‘backward’ category.

2. Bangalore (U) district improved its position by moving to ‘highly developed’ category from ‘developed’ category.

3. Bijapur and Bagalkot districts comedown to the ‘highly backward’ category from the ‘backward’ category.

4. The districts of Shimoga, Chitradurga and Uttara Kannada showed signs of deterioration by moving from the ‘developed’ category to the ‘backward’ category.

From the above study findings, it is clear that proportion of educationally developed districts were very high throughout the study period.

- From this study it is observed that, total per capita expenditure on education continued to increase from Rs. 337.70 in 2001-02 to Rs. 1335.51 during 2010-11. It shows that the per capita expenditure on education increased for every year, between 2000-01 to 2010-11, per capita expenditure has increased by almost 4 times.
From this study it is seen that, the highest expenditure is made on the elementary education i.e. 52 percent and lowest expenditure is made on general education which was only 3 percent.

Health Infrastructure Development in Karnataka:

During 1990-91, among the 27 districts, Gulbarga, Haveri, Dharwad, Gadag, Raichur, Bijapur, Koppal and Bagalkot districts were in the highly backward category, 3 districts viz., Belgaum, Bellary and Bidar were in the ‘backward’ category, 12 districts viz., Kodagu, Davanagere, Bangalore (R), Bangalore (U), Chitradurga, Mandya, Chikamagalur, Chamarajanagar, Kolar, Uttar Kannada Tumkur and Hassan were grouped as ‘developed’ 4 districts viz., Shimoga, Udupi, Dakshina Kannada and Mysore occupied the position of ‘highly developed’ category.

During 2000-01, among the 27 districts, 6 districts viz., Gadag, Haveri, Koppal, Dharwad, and Bagalkot were in the ‘highly backward’ category, 6 districts viz., Bidar, Gulbarga, Bellary, Uttara Kannada, Belgaum and Raichur in the ‘backward’ category, 9 districts viz., Mysore, Mandya, Chitradurga, Dakshina Kannada, Bangalore (U), Kodagu, Davanagere, Chamarajnagar, and Tumkur in the ‘developed’ category and the remaining 6 districts viz., Bangalore (R), Kolar, Shimoga, Hassan, Chikamagalur, and Udupi were in the category of ‘highly developed’.
As compared to the figures of 1990-91, during ‘2000-01’;

1. Gulbarga and Raichur districts were improved their positions slightly and shifted from ‘highly backward’ to ‘backward’ category.

2. Gadag, Haveri, Bijapur, Dharwad, Koppal and Bagalkot districts were remained in the category of ‘highly backward’.

3. Hassan, Bangalore (R), Kolar and Chikmagalur districts were elevated to the ‘highly developed’ category from the ‘developed’ category.

4. Mysore and Dakshina Kannada districts slipped down from ‘highly developed’ category to ‘developed’ category.

5. District of Uttara Kannada deteriorated its position by coming down from ‘developed’ category to ‘backward’ category.

6. District of Belgaum, Bellary and Bidar retained their positions by being in the category of ‘backward’.

Among the 29 districts of Karnataka, during 2010-11, 6 districts viz., Bellary Gulbarga, Raichur, Koppal, Bijapur and Bagalkot were in the highly backward category, 8 districts viz., Chitragurga, Tumkur, Haveri, Bidar, Dharwad, Gadag, Chikkaballapur and Belgaum in the backward group, 9 districts viz., Kodagu, Ramanagar, Bangalore (R), Davanagere, Bangalore (U), Uttara Kannada, Shimoga, Chamarajanagar, Dakshina Kannada and Kolar were in developed group and 5 districts viz., Hassan, Udupi, Chikmagalur, Mandya and Mysore in the highly developed group.
As compared to the figures of 2000-01, during ‘2010-11’;

1. The districts of Koppal, Bijapur and Bagalkot retained their positions by being in the group of ‘highly backward’.
2. The districts of Gadag, Haveri and Dharwad showed signs of improvement by moving from ‘highly backward’ group to ‘backward’ group.
3. Uttara Kannada district is elevated to the ‘developed’ group from ‘backward’ group.
4. Bangalore (R), Kolar and Shimoga districts slipped down from ‘highly developed’ group to ‘developed’ group.
5. Districts of Chitradurga and Tumkur deteriorated their position by coming down from ‘developed’ group to ‘backward’ group.
6. Gulbarga, Bellary and Raichur districts showed signs of deterioration by moving from the ‘backward’ group to the ‘highly backward’ group.

From the above findings it is clear that, highest percentage of districts is in the developed category.

- It is found that, the per capita expenditure on health is increased from Rs. 190.22 in 2000-2001 to Rs. 451.03 in 2010-11. But the per capita spending by the state government was far below to the national average (Rs. 679.44).
Trends in the Development of Educational Infrastructure in Gadag District:

During 2000-01, among the five taluks of Gadag district, only Gadag Taluk was in the highly developed category, Naragund and Ron taluks in the developed category, Shirahatti taluk in the backward category and Mundargi taluk in the highly backward category.

During 2010-11, Gadag taluk was in the highly developed category, Naragund and Ron taluks in the developed category, Mundargi taluk was in the backward category and Shirahatti taluk in the highly backward category.

As compared to the figures of 2000-01, during ‘2010-11’:

1. Gadag taluk retained its position by being in the category of ‘highly developed’.
2. Ron and Naragund taluks also retained their positions by being in the ‘developed’ category.
3. Shirahatti taluk has deteriorated its position by moving down to the ‘highly backward’ category from ‘backward’ category.
4. Mundaragi taluk as shown signs of improvement by moving up the ladder of educational development from ‘highly backward’ to ‘backward’ category.
On the basis of above findings of the study we come to know that Gadag has emerged as the most developed taluk, while Mundaragi and Shirahatti taluks remained the most backward. From the entire study period it is clear that, proportion of educationally developed taluks are very high.

- It is found that, for the year 2011-12, Mundaragi had the highest per capita allocation of Rs. 389.06 and Gadag taluk had the lowest per capita allocation at Rs. 168.63. Further, it is clear from the study that there is a large variation across taluks in respect of per capita allocation on education. This is due to to variations in the levels of development of various taluks of the district.

Trends in the Development of Health Infrastructure in Gadag District:

The present study results with regard to the health infrastructure development in Gadag district during 2000-01, among the five taluks, no taluk figured in the ‘highly developed’ category, Naragund, Mundargi and Gadag taluks in the developed category, Shirahatti taluk in the backward category and Ron taluk in the highly backward category.

During 2010-11, there were no taluk figured in the highly developed category, three taluks viz., Naragund, Ron and Gadag were in the developed category, Mundaragi taluk in the backward category and Shirahatti taluk figured in the highly backward category.
As compared to the figures of 2000-01, during ‘2010-11’;

1. No taluk figured in the ‘highly developed’ category.
2. Naragund and Gadag taluks have retained their positions by being in the category of ‘developed’.
3. Mundaragi taluk has deteriorated its position by moving down to the ‘backward’ category from ‘developed’ category.
4. Shirahatti taluk also come down from ‘backward’ category to ‘highly backward’ category.
5. Ron taluk showed tremendous improvement by jumping to ‘developed’ category from ‘highly backward’ category.

The above results of the study proves that, Naragund, Gadag and Ron have emerged as the most developed taluks, while Shirahatti and Mundargi taluks remained the most backward. On the whole, it is clear that proportion of health development taluks are very high throughout the study period.

Suggestions:

The following suggestions are made for the development of education and health in the state of Karnataka and the district of Gadag.

1. Measures should be taken on priority basis to improve the education and health infrastructure of the backward districts and taluks to raise the
overall level of human development in the state to elevate its rank at the national level.

2. For the removal of regional disparities in respect of education and health in the districts of the state and in the taluks of the Gadag district, preferential treatment should be given to less developed districts and taluks in plan process.

3. Special efforts are needed in backward regions to improve their social infrastructure (education and health) in both qualitative and quantitative aspects. Such efforts should be based on factors, which have slowed down the rate of progress in backward districts and taluks. These factors have been already identified in chapter 3, 4 and 5 and Government through its administrative machinery should work towards the removal of the same.

4. The deficiencies in the two major sectors of social infrastructure (education and health) in some districts and taluks brought out by the present analysis and strategies suggested should improve the prospects of such districts and taluks for greater economic development. This is especially true in Koppal, Yadgir, Raichur, Chamarajnagar, Bellary, Gulbarga, Bijapur, Bagalkot and Dharwad districts and in Gadag district, Mundaragi and Shirahatti taluks lag behind in both the sectors. A combined approach with adequate human and monetary resources is required to enable these regions to advance to a relatively higher level of
development reducing the gap between themselves and the developed regions.

5. Encouragement should be given to attract the private investment in the development of educational and health infrastructure in the backward region of the state.

6. Steps should taken to opening more schools, improving the infrastructure, appointing more teachers, organizing enrolment drives, providing free text books and mid day meals of reasonable quality, etc.,

7. Further, at the primary and secondary levels, the Government must investigate the reasons behind the large number of dropouts and should make attempts to solve this problem.

8. Government expenditure on health and education should be increased. Otherwise it would be difficult to attain Millennium Development Goals (MDG) by 2015.

9. Government should take serious steps for Strengthening of the Mid-day meal scheme, Sarva Shiksha Abhiyan, the Right to Education Act, Food Security Act and NRHM.

10. Establishment of secondary and higher secondary schools within easy accessibility.

11. To raise the literacy rates of the state and the district, the government should take positive steps for the effective implementation of RTE (Right to Education Act).
12. The study suggests that as and when district level information becomes available on key education and health parameters, the education and health composite indices at district and taluk level can be improved upon and that this would facilitate the selection of backward districts and taluks to be focused upon for planning purposes.

13. A communitarian and humanitarian approach to education is the need of the hour in order to expand it and not education as patented quality in man to make its commercial use for ones sake. This approach goes against the principle of mass awakening and access of quality education to all and this disdain inclusive human development target to make a reality.

14. There is an urgent need to work the development of the educational sector to meet the need of the emerging opportunities, increasing younger generation population and challenges of the 21st Century.

15. Education will play a catalytic role only when it is linked with the larger issues of development. Thus, the government has to come out with some novel ideas in this respect so that education at lower levels becomes an attractive work.

16. The obvious policy imperatives are that to begin with districts and taluks falling in the lower categories of health status must be focused upon to bring about optimal results in terms of stated objectives of improvements in quality of life through meeting the unmet need of quality health care.

17. Ranking of districts according to health status provide clues to policy.
18. Further there is need for bringing change in attitudes of the educated who tend to regard their education as the badge that relieves them of any obligation to soil their hand through manual labour.

19. Perspective planning in the light of population growth is essential for faster human development.

20. A long-term integrated policy on education, which encompasses standards from the school to the tertiary level, which can deliver the required proficiency, is to be put into place on emergent basis.

21. A separate sub budget for social infrastructure development by the Government is the need of the hour to give proper weightage to the social infrastructure (Education and Health) development by the Government of Karnataka.

22. From our analysis one can understand that the number of PHCs (Primary Health Centres) and PHUs (Primary Health Units) is not equal to the number of population of the respective district and taluks. This is of the reason for backward of region. The necessary of increasing the number of PHCs and PHUs, helps to take care of health of the public.

23. It is need of an hour to recruit more doctors in Government hospitals including hospitals from rural areas so as to provide the intensive health care services to the people.

24. Focusing on health equity and increasing the allocation on health will be critical to enhance human capabilities and advancing the progress of society over the next decade.
25. Health education should also be an essential component of all healthcare and the healthcare services should assume special responsibility for the health education of the poor who need it most.

26. Still Government should recruit more teachers to reduce the teacher-pupil ratio.

27. To meet the shortage of adequate resources, the Government as well as other international institutions or bodies should come forward to cater to the infrastructural needs of the education and health sector.

28. Restructuring of the rural health programmes should be done by adopting an approach of systems analysis to get increasingly more favourable returns from the resources that are already assigned to the rural health services.

29. Well maintained primary health centres and community Health Centres in each region of Karnataka and Gadag district.

30. There is an urgent need to reform the public sector healthcare system. Programmes initiated by Governments must be regularly monitored for efficiency and quality. To improve the efficiency of public sector healthcare there is need to improve the issues of doctor and hospital staff.

31. Strengthening of the health sector including partnership in health development by identification and specification of the role of public and private sectors in health should be encouraged.
32. Policy, planning and administrative structures of Ministry of Health and Family Welfare and the Director General of Health Services need a detailed review to strengthen their capacities.

33. Focusing on health equity and increasing the allocation on health will be critical to enhance human capabilities and advancing the progress of society over the next decade.

34. The challenge is to acknowledge the inappropriateness of the current health delivery system in the state, and to refashion health care delivery relevant for the country.

35. Full and clear support by the Government for the PPP health programme and specific PPP health projects should come from the highest political level of Government. PPP health projects should have clear policy framework regarding objectives, strategies and operationalization of projects.

36. There is also need to ensure the quality of private sector healthcare provision.

37. Approach should be practical rather than mechanical and theoretical.

38. There is dire need for balanced regional development, so the policy makers should focus on long term perspective and planning.

39. To minimize the regional disparities, the emphasis should also be laid on the scientific and action research.

40. Use of new and inclusive technique to provide health and educational services.
41. Universal access to basic infrastructure facilities (i.e. access to safe water and improved sanitation facilities) should be encouraged along with public partnerships to deliver specific services.

42. Health security in the state needs to become an urgent national priority.

**Conclusion:**

In summing up, Social Infrastructure spatially education and health play a crucial role in the development of nations, whether developed or still developing. They provide the basic foundation on which the superstructure of development and growth can be erected. Obviously if the foundation is weak and fragile, it is doubtful that any superstructure can be built on it. Such will be a pipe dream. However, if the foundation is very strong, any structure built on it, simple or super, is likely to provide continuous and stable services for the foreseeable future. Once the social infrastructural (Education and Health) foundation is strong, development is not only easily attainable but it is also continuous, stable, quantitative and qualitative. In Rostowian language, a take-off into self- sustaining growth is not only possible but it is also sure and cumulative.

In economic terms, educated healthy people build a healthy nation with a healthy growth rate. Yet social infrastructure in India does not receive the importance it should. The poor availability and accessibility of public social infrastructure and services are critical factors in their declining importance, not necessarily because the private sector is much better. In this context, Amartya Sen has rightly observed that no country has developed with an illiterate and unhealthy
population and so deficiency in investment in these two components results in ultimately low economic growth.

From the study analysis, it can be said that there is a sharp inter-district and inter-taluk disparity in the areas of education and health during the study period 1990-91 to 2010-11. It is found from the above study there is a wide gap between educational and health developed districts and taluks during the study period. In education and health sector the inequalities have widened from 1990-91’s but as compared to 2000-01 decline is observed in 2010-11. This is positive impact of liberalization policies adopted by the government sector. Finally, this study finds that, the regional variation in the health sector is higher than the education in Gadag district.

Therefore, the present study suggest that measures should be taken on priority basis to improve the education and health of the backward districts of the Karnataka and taluks of the Gadag district to raise the overall performance of the state to elevate its rank at the national level.