CHAPTER 6

Role Of Central Government

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6.1 Introduction

The immense importance and various dimensional of human resource development in economic development of any region has been amply highlighted in the previous chapters. In the present chapter, we shall deal with the present state of human resource development in Meerut district, the role of the government, efforts made by U.P. Government in this regard and future requirements on this front. The development of human capital requires large investments in education, health, nutrition, employment etc., for public welfare, which only the government can afford to make.

Economists have been laying too much emphasis on GDP or per capita income as a measure of economic development but with UNDP bringing out human development report regularly, the international and national focus has shifted towards the concept of human development as a sign of a developed economy. They set in motion a debate on people centered human development, which was a radical conceptual change from the previous models. Different organizations and authors have considered a number of HRD indicators while framing Human Development Index but the most popular and widely used Human Development Index is the one used by United National Development Programme (UNDP) in its annual Human Development Report. In this scheme, HDI measures the average achievement in three basic dimensions of human development:

- A long and healthy life as measured by life expectancy at birth. This is a comprehensive indicator covering all aspects of health. It can be assumed that if people in a society live longer, then by and large they would also be healthier, their environment cleaner, a greater
number of their infants would survive, female feticide would decline and women would be better nourished.

- Knowledge is measured by two variables, UNDP uses enrolment of children aged between 5 to 14 years in school as it signifies the right of every child to be in school, all through these years. For the population above 14 years, the UNDP index uses literacy as it represents the basic measures of having the benefit of education.
- The third component of HDI is income or per capita income. Since very high income often becomes what economists call diminishing marginal returns, UNDP has devised a way of deflating income beyond a particular limit. This adjustment has been used while developing HDI for Delhi.
- National human development report released in 2003 has modified the indicators of human development used in UNDP-HDR. These indicators are:
  - Life expectancy at age 1 and infant mortality rate.
  - Literacy rate at 7+age and intensity of formal education.
  - Per Capita real consumption expenditure adjusted for inequality.

6.2 Evolution Of Human Resource Development In India

"Human resource" is the most significant and the only active factor of production. All other factors like capital, materials, building and plant & machinery etc. remain inactive unless there are competent people to utilize them for producing goods and services desired by the society. Human brain, which is the creation of nature, has limitless energy to think and act. Developing human resources, upgrading their skills and
extending their knowledge and competencies would lead to organizational development. Therefore, Human Resource Development is the key to enhancing and effective utilization of intellectual, technological and entrepreneurial skills of human resources.

Human Resource Development is comparatively of recent origin and is now used at both macro and micro levels. At the macro level, HRD is described as the core of all development efforts in the sense of improvement of quality of life of people of a nation. At the micro level, HRD cannot the improvement in the quality of managers and workers so as to achieve greater quality and higher level of productivity.

Human Resource Development is a continuous process to ensure the development of employee competencies, dynamism, motivation and effectiveness in a systematic and planned way. It is an organized series of learning activities designed to produce behavioral changes in the human resource in such a way that they acquire desired level of competence for present and future role. In other words HRD brings about 'all round development' of the people so that they can contribute their best to the organization, society and the nation.

According to T.V Rao, "HRD is a continuous planned process by which employees are helped to:

(a) Acquire capabilities required to perform various functions associated with their present or expected future role.
(b) Develop their general capabilities as individual and discover and exploit their own inner potentials for their own and organizational purposes,
(c) Develop an organizational culture in which superior subordinate relationship, team work and collaboration among sub-unit are
strong and contribute in the professional well being, motivation of employees.㎡

1. It is a development of people by providing the right environment where each individual may grow to his fullest potentialities. Megginson² viewed human resources as "the total knowledge, skill, creative abilities, talents and aptitudes of an organization's work force as well as the values, attitudes and beliefs of the individual involvement."

No organization can grow and survive in the present-day environment, without the growth and development of its people. In view of fast developing changes, the Human Resource Development must be viewed as the total system inter-related and interacting with other systems at work-the production, the financial, the marketing, with which a business system functions. Though the personnel policies can keep the morale and motivation of employees high, yet these efforts are not enough to make the organization dynamic and take it to new heights. Employee's capabilities must continuously be sharpened and used.

The need for HRD is felt to create a climate which will improve the work life by overcoming monotony, ensuring better communication and creation and creation of familiar sort of work conditions where creativity of all the members comes in to full play. The focus of HRD essentially is on enabling people to self-actualize through a systematic process of developing their existing potentialities of people both in the present and in the future.

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6.3 Development Of Hrd During Five-Year Plans

Central Government plays a vital role in Human Resource Development in a country. The present plan has been formulated in the context of the Prime Minister's vision of doubling per capita income in the country with in the next ten years and also of creating 100 million employment opportunities during the same period. These are certainly ambitious targets, especially in view of the fact that GDP growth has decelerated to below 6 percent at present and the pace of work creation has slowed down to 1.1 percent per annum during the later half of 1990s. Nevertheless, it is believed that the Indian economy does possess the potential to realize these targets provided that appropriate policy and programmatic interventions are carried out with the specified frames.

It had proposed that the present five-year plan should aim an indicative target of 6 percent average GDP growth for the period 2002-2007 as the first step towards achieving the ultimate aim of doubling per capita income by 2012. This will require the growth rate to accelerate further to 9.3 percent per year during the next five-year plan period. The National Development Council (NDC) affirmed its faith in the latent potentialities of the Indian economy by approving 8 percent growth targets for the present five-year plan.

It also recognized that economic growth cannot be the only objective of national planning and development objective should be specified in the broader sense of enhancement of human well being. To reflect the importance of these dimensions in development planning, the NDC has approved that in addition to the 8 percent growth target, certain additional quantifiable targets relating to property, employment, social
and environmental indicators should also be considered as being central to the attainment of the objectives of the plan.

It is important to emphasize that these human development-related targets of the plan which are extremely important and are being introduced for the first time in Indian planning are intimately linked to the growth objectives and attainment of one may not be possible without the attainment of the others. High rate of growth are essential if we want to provide a sufficient expansion of sustainable gainful employment opportunities to our expanding labour force and to ensure a sufficient increase in incomes of the poor and the disadvantaged. It is equally true that high growth rates may not be sustainable if they are not accompanied by a dispersion of purchasing power, which can provide the demand needed to support the increase in output. Similarly, improvements in social and environmental indicators are essential for the sustainability of the growth process, while the later provides the resources for undertaking the necessary investments for the former.

The essence of planning is to weave all these seemingly disparate strands into a cohesive and well-knit strategy so that the various cross linkages operate in a synergistic manner in order to attain the ultimate objective of all development initiatives namely human development. Conceptually, the aggregative objectives and targets that are set for the nation can be though as being comprised to two sets of sub-targets across sectors and across regions, which are consistent with the aggregates. Thus there are at least three broad dimensions in which a plan needs to be presented the national aggregates, the sectoral requirements and the state wise distribution. Further more the conduct of
policies and design of programmes for attaining the targets must also reflect this tri-dimensionality.

**Growth, Poverty And Employment**

The plan indicates the issue of growth, its sectoral structure and resources requirements in considerable details. However, the sectoral growth which add up to the aggregate growth rate of the economy are unlikely to be achieved only through macro-economic measures and sector-specific interventions are essential to achieve the desired results. Although growth has strong employment generation and direct poverty reducing effects, the friction and rigidities in the Indian economy can make these processes less effective. The present plan is therefore, formulated in a manner which explicitly addressed the need to ensure equity and social justice through a sector-specific focus. The following are the main dimensions to this strategy:

- **Agricultural development** to be viewed as a core element of the Plan since growth in this sector is likely to lead to the widest spread to benefits, especially to the rural poor.

- **Ensuring rapid growth** of those sectors, which are most likely to create gainful employment opportunities and dealing with the policy constrains which discourage growth of employment. Particular attention is to be paid to the policy environment influencing a range of sectors, which have a large employment potential. These include sectors such as agriculture in its sense. Construction, tourism, transport, SSI, retailing, IT and Communication enabled services and a range of other new services.
The priority must be the development of other rural infrastructure that supports not only agriculture but also all rural economic activities. Of all forms of rural infrastructure the impact of rural roads in widening the opportunities and alternatives available to our people has a dominant effect. This activity is labour intensive and its direct contribution to employment creation can be considerable. However, while constructing rural roads, connectivity of public health centers, schools, market centers, backward areas, tribal areas and areas of economic importance should be given priority. Acceleration in the rural electrification programme is also essential for improving irrigation and for giving a boost to non-farm economic activities. Research on bio-technology to develop high potential varieties/materials, achieving breakthrough in pulses and oilseeds, control of diseases in plants and animals, development of marine fish resources and exploitation of deep sea fishing potential are areas of focus. The extension system is to be reformed comprehensively and support provided to greater private initiatives through agri-clinics. Extensive use will also be made of IT and print media to disseminate agricultural technologies. In order to encourage agricultural diversification and minimization of wastage, considerable focus will be placed on post harvest technologies and marketing infrastructure. It is also necessary to reorient the poverty alleviation programmes in a manner that they contribute more efficiently to the creation of rural assets, both private and community. It is therefore proposed that the various poverty alleviation schemes be rationalized in the following initiatives:

- Self-employment through the Swarna-Jayanti Gram Swarojgar Yojana, which would adopt a process, oriented approach involving
micro-finance and micro-credit flows through social mobilization and group formation. This scheme should also contribute significantly to the objective of gender equity since the participation of women in self-help groups has been most encouraging.

- Wage employment through the Sampoorn Grameen Rozgar Yojana, which will focus on the creation of rural infrastructure and on calamity relief.

- Guaranteed employment in the most distressed districts on the country through the Jai Prakash Rozgar Guarantee Yojana.

The industrial sector will have to grow around 10 percent to achieve the present plan target 8 percent growth for GDP. This represents a major acceleration from its past performance. This plan must, therefore, focus on creating an industrial policy environment in which private sector companies, including erstwhile public sector companies can become efficient and competitive. Important policy issues relates to the need to end industrial liberalization, which has been implemented at the Central level to the state level also. Industry circles frequently complain that the administration of regulation at the state level extremely cumbersome and subjects entrepreneurs to frequent harassment. They are especially burdensome for small-scale units. Radical changes are needed in these areas. These industries has a vital role to play in the process of industrialization and in achieving a broader regional spread of industry by providing a vehicle for entrepreneurship to flourish and a valuable entry point for new entrepreneurs. Since SSI is generally more employment intensive per unit of capital than large-scale industry they are also a source of much needed employment. The policy of reservation of certain products for SSI also needs to be reconsidered.
The effect on employment should be carefully considered, since the present employment situation is not comfortable. There is also a need for preferential opportunity to extent investment limits for SSI units with immediate effect, while restricting entry to new large units later. There is also being recognition that the relationship between the large and the small units is not always adversarial and that quite often there is a strong complementarily between the two. An important source of growth and employment is the construction industry, particularly in housing which is also important for improving the quality of life.

The service sector, which is performing strongly at present, is information communication and entertainment which is expected to continue to do well in future in view of our inherent strengths. However, care has to be taken to ensure not only that the infrastructures needs of this sector are met but also that its human resource development and skill requirements are satisfied by training and educational system. The other imperative is to see that the access to and benefits of this sector which is presently mainly in urban areas is spread to the rural areas as well. Trade and transport are at present driven by development in the production sectors of agriculture and industry. However, considerable additional dynamism to a number of service sectors can be imparted through the proper development of tourism in the country. At present tourism activity is quite large, it is nowhere near its potential especially with regards to international tourism. Development of this sector requires and integrated, inter sectoral approach, which is unfortunately missing today.

In order to improve matters, the government invited private investors in power generation with the hope that private investment
would fill the gap. Since the financial problems of Electricity Boards have worsened over the previous plan period, the state government undertakes serious reforms in the power sector, including especially distribution and to make the sector financially viable. Central Government will have to assist this process through legislative changes and financial support to the investment requirement, the electricity bill 2001 and the coalmines amendment bill 2000 need to be enacted expeditiously. Atomic energy is another important source of electric power, which has environmental advantages and is also likely to be economical in the longer run. At present, nuclear energy accounts for only 2.4 percent of total electricity generation. It is desirable to plan for a significant expansion in nuclear power generation capacity. An expected programme would also make it possible to reduce costs of construction.

Considering India’s continental size, geography and resource endowment, it is natural that Railways should have a lead role in the transport sector, not to mention other considerations such as greater energy efficiency, eco-friendliness and relative safety. However, Indian Railways has experienced a continuous decline in its position relative to the road transport system. Some reduction in share in favor of road transport was to be expected and is in line with trends elsewhere but there is reason to believe that in India this has been excessive. This has happened primarily because of policy distortions, which need to be corrected urgently. The most important policy distortion is the skewed tariff policy, which overcharges freight movement in order to subsidies ordinary passenger traffic. The heavy cross subsidization of passenger fares cannot fully be justified on either economic or social grounds since the beneficiaries of the subsidy are not necessarily the poor. This is
accompanied by an investment strategy, which has placed excessive emphasis on opening new lines for passenger’s traffic and not enough emphasis on expanding capacity in areas where there is potential commercial traffic. The net result has been an alarming deterioration in the financial condition of Railways and an inability to undertake the investment to improve Railway transport services. The major initiatives in this sector are:

- Setting up of a Rail Tariff Regulatory Authority.
- Increase capacity of high-density corridors before expanding the network.
- Focus on the core activity of providing transport services and hived of all peripheral activities.

The Indian road network is not up to the requirement of rapid growth in an internationally competitive environment in which Indian industry must compete actively with other developing countries. Improvement in the national highway network is therefore given high priority in the present five-year plan. Completion of the ongoing work on the Golden Quadrilateral and the related North-South and East-West corridor projects have top priority but it is necessary to plan and take preliminary action for expressway to be built in future on those sections where they can be commercially justified. There are number of area of concern which affects the efficiency of road transport operations. These include the need for reform of state road transport corporation to make them more efficient, rationalization of road transport taxation structure which will support cost-effective road transport system, restraining of overloading of trucks, control of encroachments and unplanned ribbon development and promoting road safety. Particular emphasis needs to
be given to removing all unnecessary policy and procedural hindrances to greater private participation in road transport operations, especially in rural areas without compromising on road safety considerations.

The civil aviation sector also needs to be given careful consideration. As the economy moves towards higher value-added products particularly in agriculture an increasing proportion of the produce will have to move by air both within the country and abroad. In addition the more remote and inaccessible regions of the country, such as the Northeast can realize their true potential when such a transition becomes possible. The aviation policy and planning must therefore be reassessed in order to make it consistent with the emerging needs of the economy.

Telecommunication is a critical part of infrastructure and one that is becoming increasingly important given the trend of globalization and the shift to a knowledge-based economy. Telecommunication policy in the present five-year plan must, therefore, provide the IT and related sectors with world class telecommunications at reasonable rates with its technological and cost advantages, internet telephony should be opened up. Tariff rebalancing with the objective of cost based pricing, transparency and better targeting of subsidies should be the guiding principles of tariffs. Convergence of data, voice and image transmission and use of wide bandwidth and high speed Internet connectivity have added new dimensions which need to be taken into account in the policy regime. Such convergence of services and single license regime is needed to optimize the utilization of resources with least cost of provision and to encourage competition across the country in service and among the service providers.
Social Development And Quality Of Life

Most of the monitorable targets of the present plan relate to significant improvement in social indicators, particularly in the areas of education, health and family welfare. These are not only important in themselves but they also have an important bearing on the achievement of the growth and employment targets. These sectors are highly employment intensive and are also perceived to be particularly suitable for providing employment to women. In most of these areas, public investment will continue to be critical for some time to come but efforts have to be made to improve the quality of the services.

Performance in the field of education is one of the most disappointing aspects of India’s developmental strategy. Out of approximately 200 million children in the age group of 6-14 years, only 120 million are in schools and net attendance in the primary level is only 66 percent of enrolment. This is completely unacceptable and the present plan aims at a radical transformation in this situation. Education for all is one of the primary objectives of the present plan. The principal vehicle for this is the Sarva Siksha Abhiyan, which is being launched in cooperation with State Governments and which aims at providing universal elementary education by the end of the plan. It is also important to ensure that provision is made for the eventual out-turn from the elementary stream so that the transition from the least disruption. For this it is necessary to expand the secondary stream with particular emphasis of vocational training. Since most of the public resources during the present plan period will be devoted to elementary education, encouragement must be given to private sector, charitable trust and
religious bodies to step into this area. Plan must however be made for expending the secondary stream in public schools for the next plan period. Mere establishment of schools and hiring of teachers will not lead to an improvement education if teachers remain absent as happens many parts of the country, especially in rural areas. It is therefore essential that control over schools and teachers should be transferred to local bodies which have a direct interest in teacher performance planning, supervision and management of education would have to be through local bodies at district block and village levels. Efforts should also be made for social mobilization of local communities for adult literacy campaigns and for promotion of primary education.

The university and higher education sector also needs attention. Although the number of universities has expanded and many of the universities continue to maintain high standards of education, it is a matter of serious concern that the expansion in quantity has been accompanied by a fall in quality. Modernization of syllabi, examination reforms and greater attention to issues of governance of universities and colleges all require urgent attention. Part of the problem facing universities is the inadequate provision of budgetary resources from the Government. Since budget resources are limited and such resources as are available need to be allocated to expending primary education, it is important to recognize that the universities must make greater efforts to supplement resources from the Government. Nevertheless external funding can be accessed for quality improvement in the Indian Institute of Technology, other engineering colleges and Polytechnics.

Improvement in the health status of the population has been one of the major thrust areas in social development programmes of the country.
This was to be achieved through improving the access to and utilization of Health, Family Welfare and Nutrition Services with special focus on under-served and under-privileged segments of population. Technological improvements and increased access to health care have resulted in steep fall in mortality but the disease burden due to communicable diseases; non-communicable diseases, environment pollution and nutritional problems continue to be high. In spite of the fact that norms for creation of infrastructure and manpower are similar throughout the country, there remain substantial variations between States and districts within a State in the availability and utilization of health care services and health indices of the population. There will be a continued commitment to provide essential primary health care, emergency, life saving services, services under the national disease control programmes and the National Family Welfare Programme free of cost to individual based on their needs and not on their ability to pay. At the same time suitable strategies will have to be evolved, tested and implemented for levying and collecting charges and utilizing the funds obtained for health care services from people above poverty line. The following are the major innovations during the present plan period in the field of health care will be:

- Exploring alternative systems of health care financing.
- District-based differential strategy for health care provision.
- Mainstreaming Indian Systems of Medicine and Homeopathy practitioners in the system.

One of the major factors responsible for poor performance in hospitals is the absence of personnel of all categories who are posted there. It is essential that there is appropriate delegation of power to Panchayati Raj
Institutions so that there is local accountability of the public health care providers and problems relating to poor performance can be sorted out locally.

A relatively neglected issue involving the quality of life is the state of the urban areas in the country. Although some attention has been paid in the past to mega-cities and to small towns, the larger towns and smaller cities have been bypassed. During the present plan specific measure are proposed to address some of the following problems:
- Urban Reforms incentive fund.
- City Challenge Fund to meet infrastructure requirements.
- Pooled Finance Development Facility for smaller local bodies to access market resources.
- Rejuvenation of culturally significant cities.

While planning for the social development of the country as a whole, cognizance needs to be taken of the fact that there are segments of our population which may not be able to take full advantage of the facilities or who may have special needs. Women and children and disadvantaged sections have requirements, which have to be addressed specifically.

**Sustainability Of Growth And Development**

Agriculture development is not only central to the attainment of the growth objective. The plan proposes that emphasis should be placed on sustainable development of our natural resources, particularly land and water. Public investment in irrigation has fallen significantly over successive plan periods. This is largely due to resource constraints faced by Government both at the Center and the States. However, resources
are not the only problem. Potential irrigation projects are located in areas, which are either more difficult or environmentally more sensitive, which makes it difficult to implement new irrigation projects. Greater attention will also be paid to rain water harvesting and increasing the irrigation potential through scientific watershed development and minor irrigation. There is also considerable scope to improve the efficiency of the existing irrigation infrastructure through better and more participative management practices. In so far as governance issues are concerned, the present five-year plan emphasizes people's participation in land and water management.

Forests are natural assets and provide a variety of benefits of the economy. Recorded forest area is about 23 percent of the geographical area of the country but 41 percent of these are degraded and hence unable to play an important role in environmental sustainability and in meeting the forest procedure needs of the people, industry and other sectors. The problems and constraints in forestry development include lack of awareness about multiple roles and benefits of forests, no linkage between management and livelihood security of the people, low level of technology, inadequate research and extension, weak planning capability, wastage in harvesting and processing, market imperfections, overemphasis of government involvement and control, low level of people's participation and NGO's involvement, lack of private sector participation, unwanted restrictions on felling, transport and marketing of forest produce grown by the people, lack of inter-sectoral coordination and weakness and conflicting roles of public forest administration.
The importance of tourism in generating growth and employment impulses has already been mentioned but care has to be taken to ensure that increased tourist activities do not lead to unnecessary social and environmental problems. Thus, legislation for sustainable development of tourism and a regulatory framework for the protection of the tourism industry, the consumer and the environment will have to be put in place. The broader issue of sustainability has a number of other dimensions relating to air and water pollution by the different production sectors of the economy. Various laws and regulations have addressed these and the need of the hour is to obtain better enforcement through improved governance.

6.4 Recent Trends And Central Government Policy In Human Capital

Central Government plays a vital role in implementing the current policies to improve human capital development. It also helps in involving the access to education, basic health care facilities and opportunities of livelihood. Investments in human capital generate returns over a long period of time. Owing to this large gestation period, the private sector is a bit reluctant to invest in this sector. Hence it becomes the utmost duty of the state to look into this aspect and make suitable polices and plans to augment human capital. Human Development Index comes largely under the ambit of the Central Government policies. The Ministry of Human Resource Development make plans to develop human resources in the country and to regulate these efforts and various control mechanisms are put into practice. The Central Government undertakes HRD measures in collaboration with the respective state governments.
Government of India is aware of the fact that lack of investment in human resources is mainly responsible for slow growth in many economies. Hence it makes all efforts to formulate and implement plans for the development of education and health facilities in the state/country.

I. Education

Apart from its intrinsic value, the importance of education in contributing towards the development of human potential is well accepted at the national level. Education has been accorded fair amount of centrality in policy initiatives. Since independence, economic planners have grappled with the education policies. Over the years a vast network of schools and institutions for training teachers, for effective development of curriculum, publication of textbooks etc., has been set up. A number of schemes and incentives have been launched to attract children, especially the female child to school. Special efforts have been taken to persuade parents to sent their children to school. For this specific purpose Mid Day Meal scheme has been launched in rural areas under which the school coming children are served mid day meal. This has been considered as a motivating factor for parents to send their children to school. The National policy on education 1986 as modified in 1992 envisages the improvement and expansion of education in all sectors elimination of disparities in access and laying greater stress on improvement in the quality and relevance of education at all levels including technical and professional education. It also emphasizes that education must play a positive and interventionist role in correcting social and regional imbalance, empowering women and in securing a rightful
place for the disadvantaged and the minorities. Promotion of education for women has become a priority area. The efforts made by the government have paid dividends as outlined in Table no. 6.1:-

Table 6.1
Progress Of Literacy In Meerut District

<table>
<thead>
<tr>
<th>Year</th>
<th>Literacy</th>
<th></th>
<th></th>
<th>Literacy Rate</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>1961</td>
<td>3,21,971</td>
<td>88,521</td>
<td>4,10,492</td>
<td>32.57</td>
<td>10.64</td>
<td>22.55</td>
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<tr>
<td>1971</td>
<td>4,56,853</td>
<td>1,62,921</td>
<td>6,19,774</td>
<td>37.90</td>
<td>16.25</td>
<td>28.07</td>
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<td>1981</td>
<td>7,03,602</td>
<td>2,56,122</td>
<td>9,59,724</td>
<td>46.73</td>
<td>20.30</td>
<td>34.68</td>
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<tr>
<td>1991</td>
<td>6,72,698</td>
<td>3,31,264</td>
<td>10,03,962</td>
<td>64.8</td>
<td>37.7</td>
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<td>6,10,401</td>
<td>1,59,480</td>
<td>175.01</td>
<td>53.17</td>
<td>64.82</td>
</tr>
</tbody>
</table>

Sources: own compilation from Sankhkiya Patrika of decennial years, Arth Avam Sankhya Vibhag, District Meerut.

The above table reveals that there has been a substantial increase in literacy rates over the years. It has been the endeavour of the U.P. Government to develop education facilities in every nook and corner. On the other hand, the private sector has opened a number of standarised educational institutions which cater a world class education right from primary to higher level.

Free And Compulsory Education

U.P. Government provides free education opportunities to all children in the age group of 6-14 year under the free and compulsory education scheme. The steps taken under this initiative include efforts to increase the retention of students in classes, increase enrolment rates, improving existing infrastructure and providing it wherever required,
promoting innovative approaches in schools and introducing decentralized planning in education and government must ensure that all communities get access to and take advantages of educational facilities.

As part of its strategy to improve primary education, the initiative and steps taken by education department that mobilizing community support in rural / urban areas where a large percentage of the illiterate population resides, is imperative. Scheduled castes and economically backward population have been identified. In these pockets incentives such as free residential schools for day-scholars, non-formal education, stipends and scholarships, free books and mid-day meals for children are provided with the hope that this will improve attendance and boost overall literacy of these areas.

**Total Literacy Campaigns**

National literacy mission was set up in May 1988 after an objective assessment of the strengths and weaknesses of the earlier programmes to accord a new sense of urgency, seriousness and emphasis with fixed goals, clear time frame and age specific target groups. Emphasis is laid not on mere enrolment of learners but on attainment of certain pre-determined norms and parameters of literacy, innumeracy, functionality and awareness along with institutionalization of post literacy and continuing education in a big way.

In improving the literacy levels, the large backlog of adults who had not enjoyed the benefits of education in their early years must also be considered. U.P. Government has been running literacy programmes for these un-lettered adults, primarily though the total literacy scheme, which
includes total literacy campaigns, post literacy campaign and continuing education for neo-literate adults.

**Sarva Shiksha Abhiyan And Jan Sampark Abhiyan**

The scheme of sarva shiksha Abhiyan evolved from the recommendations of the state education minister’s conference held in October 1998 to pursue universal elementary education in a mission mode. The scheme of Sarva Shiksha Abhiyan was approved by the cabinet in its meeting held on 16th November 2000. This programme selects educationally backward areas, involves local communities and tries to reach out to educationally deprived children by providing them with a teacher and a school.

The aim of Sarva Shiksha Abhiya is to ensure that no child aged 6-14 years remains out of school, SSA provides grants or construction and repair of school buildings, setting up education Guarantee scheme centers, free books to schedule caste male and female students, training to teachers and training to parent-teacher associations etc.

Goals of Sarva Shiksha Abhiyan: -

- All 6-14 age children in school / EGS center/bridge course by 2003
- All 6-14 age children complete five year primary education by 2007
- All 6-14 age children complete eight years of schooling by 2010
- Focus on elementary education of satisfactory quality with emphasis on education for life
- Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010
- Universal retention by 2010.
SSA has a holistic and convergent cafeteria approach. All the existing centrally sponsored programmes like operation black board, teacher education, non-formal education, programme for nutrition support, integrated education for disabled children, shiksha karmi scheme and free education for girls have to be incorporated under this new framework of SSA. In addition to this efforts a programme of all related departments have also to be dovetailed.

Practical decision and decision for the amount to be spent are taken by village education development committees who are responsible for giving contracts to families or social service agencies in all villages to prepare mid-day meals and distribute to all primary school children.

The U.P. state government has adopted the concept of Jan Sampark Abhiyan. In this programme, officials have fanned out to all educational blocks to monitor the implementation of the Sarva Shiksha Abhiyan and other programmes. The Jan Sampark Abhiyan tries to ensure that there is genuine community participation.

**Teacher's Training State Council Of Education**

**Research & Training. (scert)**

National Council for Teachers Training was established in August 1995 under the National Council for Teachers Education Act 1993 as a national level statutory body for achieving planned and coordinated development of teachers education system throughout the country for regulation and proper maintenance of norms and standards of teachers education. The matter was again reviewed relating to availability of trained teachers to meet the requirement under SSA. In this connection a meeting of SCERT Directors were held on 17th September 2003 at NCTE
head quarters to discuss modalities for implementation of various decisions taken by NCTE and in this meeting state representatives presented requirement of trained teachers availability of teacher training institutions to meet the demand and action being taken by their governments to expand facilities for elementary teacher education. To impart training in the latest / advanced educational technology cell, SCERT organize seminars for teachers through their educational technology cell. SCERT also stores comparative data in their Data Processing Unit to assess rates of success. The valuation unit of the SCERT is also working on examination reforms. The educational and vocational guidance bureau motivates students and teachers to appreciate dignity of labour and self-employment, try and prevent frustration resulting from unemployment.

**District Primary Education Programme**

The District Primary Education Programme is centrally sponsored for holistic development of primary education covering classes I to V. The three major objectives of the DPEP are to reduce dropout rates to less than 10%, reduce disparities among gender and social groups in the areas of enrolment, learning achievement etc., to less than 5% and improve the level of learning achievement compared to the baseline surveys.

The programme components include construction of classrooms and new schools, opening of alternative schooling centers, appointment of new teachers, setting up early childhood education centers, strengthening of state councils of educational research and training. District institutes of educational training, teachers training, development
of teaching learning material and distance education have also been incorporated in this scheme.

**Upgrading Infrastructure**

Indian Government's major achievement has been to provide a primary school in every remote area with a "minimum enrolment of 50 students." To ensure that children from schedule caste communities and those living in remote areas where a population of such school going children is not always available, schools have also been opened for less then 50 students. Since the aim is to improve accessibility to education, schools have been opened in every area. The state education administration is also trying to provide drinking water and toilets in all schools. All India Education survey shows that 11% of primary schools did not have drinking water facilities, 41% needed a urinal, while nearly 71% of schools needed a separate urinal for girls. Efforts are being made to rectify the situation. For example, the state annual plan for the previous year was Rs 5 Crore for toilets for boys and girls. It aims to provide this facility to each government primary school. Similarly Rs. 4.5 crore have been planned for hand pumps to schools without adequate drinking water facilities, at an average of Rs. 15000 per hand pump. The aim is to install 3000 hand pumps. The U.P. state government is also making constant efforts to improve school infrastructure.

Other efforts include providing "innovative imaginative and interesting teaching and learning equipment like books, blackboards, maps, colorful charts, models, globes etc." and promoting extra-curricular activities. Direct initiatives are being undertaken to ensure better school attendance by children of disadvantaged groups and increase retention
rates. The state pays attendance incentive scholarship to schedule caste female students if they manage 80% attendance. U.P. Government's education department also provides free textbooks to all schedule caste students up to high school level. The Mid-day meal scheme was formally launched on 15th August 1995 with the objective of giving boost to universalisation of primary education through improving the nutritional status of students in primary classes of government, local body and government-aided schools. The programme was extended to children studying in EGS and other alternative learning centers since October 2002.

**Achievements In Literacy And School Education**

The literacy rate in 2001 has been recorded at 65.38% as against 52.21% in 1991. The 13.17% increase in the literacy rate during the period is the highest in any decade. There has been significant decline in the absolute number of non-literates—from 328.88 million in 1991 to 296 million in 2001. The urban-rural literacy differential has also decreased during the period.

National literacy mission was set up in May 1988 after an objective of the strengths and weaknesses of the earlier programmes to accord a new sense of urgency, seriousness and emphasis with fixed goals, clear time frame and age specific target groups. The goal of National Literacy Mission is to attain a sustainable threshold level of 75% by 2007 by imparting functional literacy to non-literate in the age group of 15-35 years, which is the productive and reproductive age group and constitutes a major segment of the work force.
Higher Education

Independent India inherited a higher education system with strong colonial legacies. The planners of India were faced with the immediate challenge of bringing about a basic transformation in its educational system to fulfill the developmental needs of the country. The education planners had recognized the bi-directional linkage between education and development. The need for literate workforce was considered to be essential. In this context, education and training of an adequate pool of highly skilled manpower. Considerable emphasis was also given to meet the requirements of high-level capabilities in the realm of knowledge as well as skills.

Meerut has a long history of higher education whether formal or non-formal of a traditionally progressive and forward-looking educational system. The structure and system of higher education in the District has followed the national pattern, such as college and university education in general and professional degrees. The current position of higher education in Delhi although considered as the core sector for achieving the objective of employment for an individual is also oriented towards socio-economic environment and human resources development.

Universities

Four universities serve Meerut. Choudhary Charan Singh University, U.P. Technical University, Shobhit University and Subharti University which are well known for its contribution to education, research and extension services in the field of Science and Management. In quantitative terms, the increase in the number of
institutions of higher education in Meerut has been spread equally across universities imparting arts/Science/Commerce, technical and professional education. The facilities they provide appear to be inadequate to meet the present requirements especially for the population of rural areas, as these are all located in urban areas. In qualitative terms, standards of attainment of most of these universities are of low grade as compared with that of the universities in Delhi and other developed states. Nevertheless there is a need and scope for further improvement in respect of their goals and pursuit of excellence. Along with the growth in the number of universities, there has been a corresponding growth in the number of affiliated colleges. The number of colleges of general education increased as per the requirements of the students but this increase in numbers reveals unplanned and unbalanced institutional growth, imbalances have been observed even in the expansion of faculties with a greater number of arts, science and commerce colleges than other professional colleges. This imbalance in institutional growth requires attention.

**Technical And Professional Education**

The technical education system in the country covers courses and programmes in engineering, technology, management, architecture, town planning, pharmacy, applied arts and crafts. The ministry of Human Resource Development caters to programmes at the undergraduate, postgraduate and research level.

The department of Technical Education in industrial training looks after all engineering colleges, polytechnics, hotel management institutes and all Industrial Training Institutes. Every year a total number of about
1300 engineers 5300 diploma holders and 17000 craftsmen at the certificate level are being trained by these technical institutes.

Thus, U.P. Government has been playing a proactive role in the provision of educational facilities. Emphasis has to be laid down on removing regional disparities and ensuring quality education and gainful placement opportunities.

II. **Health And Nutrition**

Health is clearly started as a priority, in the first five year plan, nothing can be considered of higher importance than the health of the people which is a measure of their energy and capacity as well as of the potential of man-power for productive work in relation to the total number of persons maintained by the nation. For the efficiency of industry and of agriculture, the health of the worker is an essential consideration. The World Health Organization defines health as a state of complete, physical, mental and social-well being and not merely an absence of infirmity and disease.

**Health Planning In India**

Health planning in India started as early as in 1943, when the Bhore Committee was appointed to go into health and medical needs of India. The committee recommended the control of major communicable disease and development of health organization for providing health services to the people. Its recommendations were given due importance during the subsequent five year plans. At the time of independence, the health infrastructure was mainly urban and clinic-based, providing curative services. On 2\textsuperscript{nd} October 1952 rural health services were
launched through a primary health center in each area covering a population of 66000 along with the establishment of health center complexes. A number of disease control programmes were taken up with rural health services. They were malaria, filarial and goiter, in 1950 leprosy, tuberculosis, small pox in 1960, expanded immunization programme and national programme for control of Blindness in 1970. Thus by the end of third five-year plan India laid the foundation of basic health services originally defined by WHO as a network of coordinated, peripheral and intermediate health units with central administration, capable of performing effectively a selected group of functions essential for the health of a nation and assuring the availability of competent professional and auxiliary personnel to perform these functions.

Subsequent five-year plans focused on the need to integrate family planning with maternal, child health, nutrition services and to intensify control of communicable diseases, particularly malaria and smallpox, AIDS and also the training programmes. The sixth five-year plan (1980-85) adopted the goal of health for all and the net reproduction rate of unity by 2000 A.D. The plan provided for restructuring norms for rural health infrastructure, its vast expansion and development of primitive and preventive services along with curative facilities. In 1983 for the first time a National Health Policy was formulated. It laid stress on preventive, primitive, public health and rehabilitative aspects of health care and pointed to the need for establishing comprehensive primary health care services to reach the population in the remotest areas of the country.

In the seventh five-year plan the major thrust was laid down on the consolidation of the health infrastructure already developed. The objectives of the eighth five-year plan (1992-97) realized that the health
facilities must reach the entire population by the end of the plan period. The HFA paradigm must take into account not only high-risk vulnerable groups, i.e. mothers and children but also focus sharply on the underprivileged segments and therefore, within this strategy, "Health for Underprivileged" would be promoted consciously and consistently. The ninth five year plan (1997-2002) observed that inappropriate location, poor access, poor maintenance, gaps in critical manpower, mismatches between personnel and equipment, lack of essential drugs/diagnostics, poor referral linkages are some of the factors responsible for sub-optimal functioning of primary health care institutions. The plan in general aims to improve the health status of the population by optimizing coverage and quality of care by identifying and rectifying the critical gaps in infrastructure, manpower, equipment, essential diagnostic reagents and drugs. Most recently, the Ministry of Health, Government of India has prepared the National Health Policy 2002. The main objective of NHP-2002 is to achieve an acceptable standard of good health among the general population of the country.

**Nutrition And Health Planning**

Nutrition affects development as much as development affects nutrition. The Constitution of India, Article 47 states that the "State shall regard the rising of the level of nutrition and standard of living of its people and the improvement of public health among its primary duties". The NNP 1993, further advocates a comprehensive integrated and intersectoral strategy for alleviating the multi-faced problems of malnutrition and achieving the optimal state of nutrition for the people. The policy
includes short-term as well as long-term intervention. The direct short-term interventions includes:

- Expanding the nutrition intervention net (ICDS, ORT, UIP)
- Empowering mothers with nutrition and health education.
- Reaching adolescent girls.
- Ensuring better coverage of expectant women.
- Controlling micronutrient deficiencies.
- Fortifying essential foods with nutrition.
- Universal coverage of iron and folic acid tablets, vitamin A and iodine deficiency control programme.

Thanks to green revolution, the nutrition policy 1993 maintains that increase food production does not necessarily ensure nutrition for all. It is awareness about the right kind and amount of food intake, which determines the nutrition status of the people of a state are chronic energy deficiency and under nutrition, chronic energy excess and obesity, micronutrient deficiencies.

Government has initiated the ICDS to combine malnutrition and other health problems. This scheme provides supplementary nutrition to children below six years of age and expectant mothers. The food and nutrition board has been assigned the task of formulating cost-efficient recipes that could be sent to all the Anganwadi workers, who could disseminate these in the community at large.

The public distribution system in was initiated during the earlier plans to ensure food security and equitable distribution of essential goods at subsidized rates. Wheat and rice are being distributed to families below poverty level since 1997-98. The distribution of such
essential commodities as wheat, flour, rice and sugar through fair price shops decreased in 1999-2000 as compared to 1997-98 due to the narrowing of the price-difference gap between the PDS and the market. Meerut District has the total network of more then 904 fair price shops in March 2008.

Prophylaxis against nutrition deficiencies of iron and vitamin A is provided through the Directorate of Health and Family Welfare and the partly through the ICDS. Iodine deficiency is being monitored by the iodine deficiency cell and by making iodized salt.

Health programmes in Uttar Pradesh continued to pursue the policies of union government. Even though health is a state subject, the policies and programmes framed by the central government are top priorities as they are usually accompanied by a grant component, sometimes up to 100 percent.

Prior to the beginning of fourth five-year plan efforts had already been made to expand the health services to meet the requirements of the people Meerut District, according to the guidelines laid down by the central government. However, the problem of making these services adequate for the community was yet to be solved. In 2008 The population of Meerut district is served in by 2758 doctor, 8119 midwifes, 7797 nurse and 1384 dai, which were grossly inadequate. The total number of beds available 5809 in different development blocks. Moreover, there were large-scale disparities in the availability of beds. It was stated in the draft outlined of forth plan that there has been a study increase in the health facilities available in the state but unfortunately the gains made had been absorbed by the growing population. It was further felt that there should also be qualitative improvements in the services
rendered to the community. Whatever the deficiency in the registration of vital statistics, the high death rate as well as high quality of health services available to the population in general. It was felt that there is an urgent need to expand the health facilities at a faster rate than the rate of growth of population.

Based on the above few priorities listed in the forth plan, allocations were made to improve the quality of service, particularly in rural/semi urban areas and meet the need for special inducement and facilities provided to medical and paramedical personnel. Thus, during the forth five-year plan efforts were made to provide medical and health facilities to the people, both in urban as well as in rural areas of the state. Efforts were made to improve the hospitals in the matter of staff, equipment and physical facilities. The highest priority was assigned to the family planning programme to check the growth of population in Meerut district. A substantial amount was earmarked for Child Health Care Campaign in the last year of the Fourth Plan (1973-74) out of which, only a part of the amount were utilized.

The Fifth Five Year plan laid emphasis on building the health infrastructure. It was proposed to establish health sub-centers at the rate of one each for a population of 20,000 people. Provisions were incorporated for up-gradation of 58 PHCS to 50-bedded rural hospitals. Proposals were made for opening 150 new dispensaries in rural areas and to establish dental clinics in each block. There were proposals to open new Ayurvedic / Unani dispensaries and to establish common medical facilities in rural areas, including diagnostic facilities such as X-ray, laboratory, operation theatre and library for doctors serving in these areas and completion and improvement of existing district hospitals.
In the sixth five-year plan, it was strongly felt that the existing number of medical institutions in the state was sufficient to meet the needs of the people. Simultaneously, it was also felt that the expansion of these institutions had not been bought to a reasonable norms of efficient functioning. A number of shortcomings such as shortages of Para medical staff, buildings, modern machinery and equipment in the working of public health system were noticed. As a result, it was considered appropriate to go slow with further expansion and concentrate on meeting existing deficiencies and improving operational efficiencies of medical institutions in Meerut district. Thus the sixth five-year plan focused on improvement of infrastructure and provision of quality health services. Under public health, the seventh five-year plan provided adequate outlays for the purchase of essential machinery and equipment, replacement of obsolete equipment and for the completion of spillover work so as to optimally utilize the investment already made. During this plan, 330 Subsidiary Health Centers more commonly known as rural dispensaries were upgraded to the level of Primary Health Centers. The eighth five-year plan aimed at strengthening the infrastructure provision of equipments and manpower development. Ninth plan of the country highlighted the need to strengthen the existing health infrastructure. It was felt that despite rapid expansion, the majority of the institutions were without proper building. The main role of the Ninth Plan envisaged consolidation and strengthening of existing medical institutions in U.P. by meeting the existing deficiencies in building, machinery and equipment and provision of basic minimum services in the health sector. A proposal was also made to establish new technique
with modern equipments and large hospital to meet the requirement of the common man.

Most recently the Tenth Five Year Plan indicates that a number of sub-centers, subsidiary health centers, primary health centers and community health centers are without proper buildings and clean atmospheres. Like the earlier plans the major thrust of the present plan would be to consolidate and strengthen the existing medical institutions. It has also emphasized mental health care, biomedical waste disposal and diagnostic services setting up an institute of Para-medical services, opening of new dispensaries in urban slum areas, provision of toilets and attendants, accommodations in medical institutions, establishment of new primary health centers, up gradation of existing subsidiary health centers to primary health centers and completion of the provision for new modern hospitals with ultra modern equipments.

From the above it is evident that during the formulation of all five-year plans the focus of the Government has largely remained on strengthening the health infrastructure in the form of building, machinery, equipment and manpower for primary health care. It did not realize the importance of having a proper health management information system, which would have helped in setting need-based properties. Moreover, the state has not made efforts to establish referral linkages, management of life style disease — diabetes, cancer and cardio vascular diseases, regulation of private health care services and involving the voluntary sector in different health programes.
Resources Allocation And Expenditure

The major industrial countries of the world spend a substantial portion of government expenditure on health. For example United Kingdom, Australia, Switzerland and United States spend between 14 to 20 percent of their total expenditure on health. The Asian countries, such as Bhutan, Maldives, Thailand, Sri Lanka and Malaysia spend six to ten percent while India spends a considerably low amount, which is around 1.5 percent of its total expenditure on health.

Health Infrastructure And Services

It is now clear that Meerut District has made significant improvements in bringing down the crude death rate, infant mortality rate and in bringing up the standard of living and expectancy of life at birth. Moreover, significant improvements in the control of various communicable and non-communicable diseases, such as diphtheria, poliomyelitis, tetanus, whooping cough, measles, leprosy, malaria, tuberculosis, goiter, blindness etc., are well known.

In Meerut District health services are provided through the Department of Health and Family welfare. The primary health care is the first and the nearest contact between the individual and health care services through a network of sub-centers, subsidiary health centers, Primary health centers and community health centers. To support these primary health care services, provisions have been made for secondary level health care facilities through sub divisional and district hospitals. All medical colleges have been provided for to support the secondary level health care services. These institutions, besides extending support to
secondary level health care system are expected to carry out research and manpower development for the health services of the state.

**Government Health Services And Infrastructure**

Government has put in place an elaborate and extensive network of health facilities. Rural/Urban health facilities are based on nationally accepted norms based on the recommendation of the Bhole Committee report and modified from time to time. Health facilities are based on a four-tier system with sub-health centers at the base providing basic health services. The medical facility provided in Meerut District as on 30 March 2008 is appended below in table no. 6.2.

**Table 6.2**

<table>
<thead>
<tr>
<th>Block</th>
<th>Alopatic / Hospitals / PHC</th>
<th>Aurvedic Hospital</th>
<th>Unani Hospital</th>
<th>Homeopathic Hospital</th>
<th>Family Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarurpur Khurd</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Sardhana</td>
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<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Daurala</td>
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<td>0</td>
<td>19</td>
</tr>
<tr>
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<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hatinapur</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Parikshit Garh</td>
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<td>1</td>
</tr>
<tr>
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<td>14</td>
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<td>Rohta</td>
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<td>2</td>
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<td>1</td>
<td>8</td>
</tr>
<tr>
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<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Meerut</td>
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<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Rajpura</td>
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<td>1</td>
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<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Kharkhoda</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total District</strong></td>
<td><strong>34</strong></td>
<td><strong>13</strong></td>
<td><strong>3</strong></td>
<td><strong>7</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

Source: Own combination on the basis of information supplied by Chief Medical Officer Meerut District
The above table depicts that health institutions are satisfactory from the point of population. But the question arises that how efficiently these institutions are working. During the survey it has been observed that there is a lack of manpower, medicines and equipments. Most of the people have to rush to Meerut in any emergency.

**Private Health Services And Infrastructure**

Private medical care is the chief health service in the country. Covering over 90% of the cases of non-hospital care and over two third of the cases of hospitalized care, private health services dominate and direct curative health. There is very little information available on private medical services and thus it is not possible to make any definitive comments on the private medical system. The following are the certain features:

1. In many instances the private sector operates without adhering to regulations and is often a hindrance to making health care accessible to all. Further patient's rights are often not adequately served in the private health sector.

2. The anecdotal evidence on female feticide, dissuasions with doctors running small nursing homes where such facilities are available shows that in spite of regulations, private doctors do not hesitate to carry out sex determination tests on pregnant women. These hospital administrations may often be willing to terminate pregnancies in case the feticide is found to be female. In such cases, the profit motive drives out any adherence to ethics.

3. The greater demand for private medical services would certainly be welcome if it accommodates sections that can pay for private care.
However, the large numbers accessing private care shows that even the poor are turning to private health service providers.

4. The blame cannot rest entirely with the private sector. The fact that the poor have to pay large sums for treatment reveals the breakdown of the public health care system. “The hospitalized Indian spends more than half of his total annual expenditure on buying health care, more than 40% of hospitalized people borrow money or sell assets to cover expenses and 35% fall below the poverty line”.

5. Accountability is an important issue. This is not just applicable to the private sector but for the entire spectrum of health service providers. The techno-centered medical care and a system that is confusing, intimidating and expensive. Whatever is the legislation in medical care both in place and being contemplated, including issues such as consumer rights in health, there is an urgent need to change attitudes. Health providers, including doctors and specialists have to become more accountable to their patients. In turn, patients and the public have to demand and play the role of guardians of their own health care. Institutionally this can only occur when health administration providers for public representatives and people’s groups to play an active role in the management of health institutions.

Conclusively it can be said that Human Resource Development is an emerging concept today which no country, state or organization with long term objective can afford to ignore or take lightly in case it wants to achieve the standards of excellence toward industrial development in particular and stainable economic development in general. The first decade of 21st century is going to be the decade of extensive changes. The proverbial elements of change, namely the
political climate, the economic climate, the social climate and the industrial and technology climate are going to be far reaching. The effectiveness of an economic system would be determined by the extent to which it can respond to these changes successfully. The changes also affect the human beings and the system has to accept the responsibility of assisting the human beings to cope with these changes themselves and also to draw up plans and design strategies for optimum utilization of available human resources in productive manner. In the present era of liberalization and other economic reforms, development of human resources necessitates to develop professionalism among them so that they meet the changing requirement of coming up industries and our economy.