Education and health are now at the centre of significance and debate, whole study revolves round the analysis and explanation of regional trends and patterns of educational and health status. After going through the detailed analysis of the present work the following conclusion has been drawn. The literacy rates i.e. general, male, female, rural and urban registered an increasing trend throughout the selected decades. The crude literacy rate in 1901, in undivided India was 9.83% of males, 0.60% of females and 5.35% of total population. In 1951 India, UP and WUP registered 18.38%, 10.8% and 11% general literacy rate respectively. In 2011 74% literacy rate is recorded in India, 69.7% in UP and 70.2% in WUP which depicted an improvement over the census year 2001 as it was found to be an increase of 9.2, 13.4 and 11.9% points respectively in India, UP and WUP. In 1951 the male literacy rate recorded to be 27.2% in India, 17.4% in UP and 16.9% in WUP. Further we can see that in 2011 at the state and study regional level male literacy rate increased respectively from 68.8% to 79.2% and 69.9% to 79.2% which highlight sharp increase of 10.4% and 9.3% points respectively. Almost same trends of female literacy rates were observed during fifty years since 1951.

The general trends of rural literacy rates shows that during 1951-61 it increased from 12.1 to 22.5% in India while from 7.5 to 17.1% in WUP. The rate rose to more than 4% in 1971 and 9% points in 1981 (WUP). An accelerating rate of rural literacy was recorded during the three decades (1981-2011), it was 32.9% points in the country as a whole, 38.5% in UP and 38.1% points in WUP. It may be noted that during the last sixty years (1951-2011) rural male literacy rates increased from 13.7% to 78.5% in UP and 12.4% to 79.6% in WUP and 19 to 78.6% in India. The region witnessed handsome improvement during the succeeding census years as the rates reached to 68.9% in 2001 and 79.6% in 2011. The trends of rural female literacy were almost similar to that of rural male literacy rate. Almost same patterns of urban literacy rates- general and by sex with different magnitude were observed.

Educational facilities per 1000 sq. Km. and per 100 thousand of population depict an increasing trend from 1971 to 2011 for both UP and WUP. In 1971 there were 252 and 247 schools per 1000 sq. Km. UP and WUP respectively which reaches to 907 and 1158 schools in UP and WUP respectively in 2011. The number of schools per 100 thousand of population increases from 84 to 109 in UP while 64 to 123 in WUP (1971-2011). For Colleges and universities though insignificant but increasing
trend is depicted. The number of colleges increases from 1 to 16 per 1000 sq. Km. and 1 to 2 colleges per 100 thousand of population in UP (1971-2011) while from 1 to 9 colleges per 1000 sq. Km. and about one college per 100 thousand of population in WUP (1971-2011). Increase in number of universities is found to be insignificant in both UP and WUP. In case of Vocational Education Centre in 2011, only one vocational education centre per 1000 sq. Km. is registered in UP and 4 in WUP whereas per 100 thousand population availability of vocational educational centre is found to be insignificant for both UP and WUP.

The regional trends and patterns of distribution of educational status i.e. primary, middle, high school & intermediate, technical & non-technical and graduates & above are quite notable. In 1971 percentage of primary education varies from 18.9% in Meerut to 65.40% in Etawah with an average of 38.67% for the region. The education at middle level is considerably different. WUP is marked with notable regional variation which runs from 23.39% in Bulandshahar to 9.17% in Badaun and giving an average of 17.65% for the study region. Percentage of high school and intermediate education ranges from 8.22% in Mainpuri to 18% in Ghaziabad district. A very meagre proportion of share in the educational status is obtained by technical and non-technical education. The percentage of graduates and above by districts varies from 4.0 to 0.9% with a maximum of 3.31% in Bareilly and a minimum of 0.89% in Etah giving an average of 2.10% for WUP. It may be noted that with few exception primary education tends to increase from north-west to south-west. In the south-east low proportion of middle education, high school and intermediate, technical and graduates & above are observed but it tends to increase north ward and westward in WUP.

Primary education has sharply gone down to 10.77% points during 1971-81. This heavy and noticeable decline was due to the change in the definition during the census enumeration. The rate for 1971 census relates to the population in the five years plus category, those for 1981, 1991 and 2001 it relates to the population above seven years. The middle education was about 17.65% in 1971, whereas for the year 1981 it was about 17.21% it had gone down -0.44 points during 1971-81. High school and intermediate level of education observed an increase of 3.35 points during 1971-1981. During 1971-81, WUP registered a negative shift of 0.7% point’s population in technical and non-technical education. Rampur recorded relatively high positive
change of 2.25% points. During this decade only eight districts (Saharanpur, Moradabad, Rampur, JPN, Meerut, Baghpat, Etawah and Auraiya) lost their proportion of share in technical and non-technical education its distribution over the study region run from 0.06% in Badaun to 0.38% in Rampur giving an average of 0.20% in 1981. The percentage of graduates and above has sharply risen from 2.10% in 1917 to 4.99% in 1981, it accounts for 2.89% points gain. It may be pointed out high proportion of primary education is observed in eastern and south eastern parts but it tends to decline north ward and further westward in the study region.

Percentage of primary education was declined to 2.73% due to frequent change in the definition. However the percentage distribution of primary education among the districts of WUP was uneven as it ranged from 20.03% in Firozabad to 30.81% in Shahjahanpur with the WUP’s average of 25.17% WUP gained 6.02% points in the percentage of population under middle education during 1981-91. About 3.99% point’s addition had been recorded under high school and intermediate recorded 10% variations under high school and intermediate education among the districts. It ranged from a maximum of 25.14% in Mathura and a minimum of 17.66% in Pilibhit. A very slight improvement (0.19%) in technical and non-technical education was recorded during 1981-91. It ranged from 0.84% to 0.18% among the districts while in WUP with an increase of 1.43% points it became 6.42% in 1991. The percentage distribution of graduates by districts varied between 4 and 11%. Primary and middle education is observed to be high in eastern and central districts which gradually decrease towards west. In contrast the gradual picture relatively higher education is emerged as it shows relatively high rate in the western part and it tends to decline eastward.

During the decade 1991-2001, WUP lost its share of primary education by -0.83% points. It was at a cost of increasing higher education and drop out of children. WUP shared 20.12 per cent of middle education in 2001. It had a negative shift of 3.06% points during 1991-01 with the exception of Baghpat (+0.95 percent points) all the districts had been placed in the negative side of the scale in terms of percentage shift in middle education during 1991-01. The negative change in percentage of high school and intermediate education was observed in WUP during 1991-2001 with 1.40% points. Baghpat recorded a gain of 3.67% points, whereas loss was observed in Badaun (5.80% points). Similarly pattern may be seen in technical and non-technical
education. The portion of graduates has slightly declined in WUP (0.17% points) during the decade 1991-01 with the exception of Meerut having percentage addition of 2.21% points. One-third districts of western zone were reported to be in the same direction. Regional pattern of distribution of primary education is marked by high rates in the majority of the eastern and central districts. High school & intermediate are characterized by a sharp increase from east to west.

In 2011 total literacy rate in WUP is 70.20%, male literacy rate is 79.20%, female literacy rate is 59.90%, rural Literacy rate is 68.90% and urban literacy rate is 72.80%. Western and southern districts registered high and medium literacy rates respectively where as low literacy rates are registered in eastern districts of study area.

The regional trends and patterns of distribution of educational facilities i.e. total per 1000 sq. Km. and total educational facilities per 100 thousand of population are quite notable. Total educational facilities per 1000 sq. Km. registered an increasing trend since 1971 to 2011. In 1971 WUP registered 249 educational facilities per 1000 sq. Km. with a minimum number of educational facilities in Etawah and Auraiya i.e., 88 each and maximum number in Baghpat and Meerut i.e. 323 each. Number of educational facilities per 1000 sq. Km. increases in each decade and reaches up to 1178 education facilities in 2011. Minimum number of educational facilities per 1000 sq. Km. in 2011 is registered in Pilibhit i.e. 451 and maximum number is registered in Ghaziabad i.e. 3692. Further we can conclude that availability of educational facilities per 100 thousand of population also shows an increasing trend. In 1971; 64 educational facilities per 100 thousand of population are registered in WUP in which minimum number is registered in Etawah and Auraiya i.e. 26 each and maximum number is recorded in Shahjahanpur i.e. 83. Since then in WUP educational facilities registered an increasing trend in each decade and reach up to 125 educational facilities per 100 thousand of population in 2011; with a minimum number of educational facilities in Moradabad i.e., 69 and maximum number in Auraiya i.e. 206.

So in the last we can conclude that, high grade scores of educational status are registered mainly in those districts where availability and accessibility of educational facilities are also high and vice-versa thus we can say that availability and accessibility of educational facilities with an easy access and within the reach of one’s
pocket works as a positive factor in the propagation of literacy rate and education status of that region.

In case of health, on an average if we see than mortality and morbidity rates both have shown a declining trend in UP as well as in WUP. But individually if we see then mortality rates have shown a declining trend whereas morbidity rates have shown a fluctuating trend. In 1971 Mortality due to diseases in UP was 2011 persons per 100 thousand of population which decreased to 889 persons per 100 thousand of population in 2011 whereas in WUP decrease is registered from 1105 persons per 100 thousand of population in 2011. Infant mortality rate has also decreased from 167 infant death in 1971 to 60 infant death in 2011 per thousand of live births in UP and 148 to 65 infant deaths per thousand of live births in WUP. Maternal mortality ratio has also decreased from 789 maternal deaths in 1971 to 345 maternal deaths in 2011 per 100 thousand of live births in UP and from 401 in 1971 maternal deaths to 324 2011 maternal deaths in WUP. In acute diseases; dysentery/diarrhoea and malaria/dengue both registered a decreasing trend in UP i.e. 2271 persons per 100 thousand of population in 1971 to 1899 persons in 2011 and 13279 persons in 1971 to 6873 persons in 2011 respectively for dysentery/diarrhoea and malaria/dengue. Whereas in WUP dysentery/diarrhoea has shown an increasing trend i.e. 531 persons in 1971 to 1511 persons in 2011 but malaria/dengue registered a fluctuating trend. Fever has shown an increasing trend in both UP and WUP i.e. 8716 persons in 1971 to 12868 persons in 2011 in UP and 4998 persons in 1971 to 12268 persons in 2011 in WUP but other acute diseases has shown a decreasing trend i.e. 7786 persons in 1971 to 1026 persons in 2011 in UP and 3663 persons in 1971 to 887 persons in 2011 in WUP. In chronic diseases; diabetes, hypertension and Asthma registered an increasing trend since 1971 to 2011 in both UP and WUP i.e. from 78 diabetic persons to 192 diabetic persons, 115 hyper persons to 312 hyper persons and 492 asthmatic persons to 616 asthmatic persons in UP and from 89 diabetic persons to 200 diabetic persons, 105 hyper persons to 293 hyper persons and 102 asthmatic persons to 517 asthmatic persons in WUP. In other chronic diseases both UP and WUP registered a decreasing trend i.e. from 12213 persons in 1971 to 10121 persons in 2011 in UP and 10285 persons in 1971 to 9933 persons in 2011 in WUP.
Healthcare facilities per 1000 sq. Km. have shown an increasing trend with the increasing time (decade) whereas availability of healthcare facilities per 100 thousand of population has shown the fluctuating trend in both UP and WUP. Except special hospitals rest of the healthcare facilities registered fluctuating trends i.e. first three decades registered an increasing trend and last two decades i.e. 1991-2001 and 2001-2011 registered the decreasing trend.

Regional trends and patterns of distribution of health status i.e. mortality rate (mortality due to diseases, infant mortality rate and maternal mortality ratio) and morbidity rate (dysentery/diarrhoea, Malaria/dengue, hypertension, Tuberculosis, asthma and other chronic diseases) per 100 thousand of population are quite notable. In 1971 mortality due to diseases, infant deaths and maternal mortality ratio is recorded to be 1105, 148 and 401 respectively in study area. If we see the spatial pattern of mortality rates then high grade score is registered in the eastern districts while low grade score is registered mainly in western districts. Among the acute diseases dysentery/diarrhoea, malaria/dengue, fever all types and other acute diseases recorded 531, 11189, 4998 and 3663 persons respectively in WUP. Spatial pattern of these diseases is uneven except other acute diseases as in this even a single district is not registered with low grade score. In chronic diseases; diabetes, hypertension, tuberculosis, asthma and other chronic diseases registered 89, 105, 1687, 102 and 10285 persons for WUP. Spatial pattern of diabetes, tuberculosis and asthma is somewhat same as high grade score districts are registered in eastern region and low grade score districts in north and western region. On the other hand hypertension and other chronic diseases recorded almost same pattern with high grade score districts in western and southern region and low grade score districts in eastern region.

In 1981 mortality rates registered a decrease of 59, 27 and 16 points in mortality due to diseases per 100 thousand of population, infant mortality rate per 1000 of live births and maternal mortality ratio per 100 thousand of live births respectively. In infant mortality rate and maternal mortality ratio, high grade districts are registered in eastern and south-eastern region and low grade score in western and southern region while in mortality due to diseases high grade score is registered in eastern and northern districts and low grade score is recorded mainly in southern districts. Except malaria/dengue and tuberculosis rest of the acute and chronic diseases registered an increase in the study region. In acute diseases
dysentery/diarrhoea, fever and other acute diseases registered an increase of 216, 3819 and 64 persons per 100 thousand of population respectively in the study region whereas malaria/dengue registered a decrease of 3678 persons per 100 thousand of population. Fever and malaria/dengue registered high and medium grade score in northern, eastern and south-eastern districts and low in north-eastern, western and southern districts while in dysentery/diarrhoea high grade score is registered in eastern, south-eastern, central and western districts and low grades score in northern districts whereas in other acute diseases except eastern districts rest of the districts of study region are having low grade score. In chronic diseases except tuberculosis rest of the diseases registered increase in their spread in the study area. Diabetes, hypertension, asthma and other chronic diseases registered an increase of 32, 19, 29 and 208 persons per 100 thousand of population respectively while tuberculosis registered the decrease of 616 persons per 100 thousand of population. Asthma and tuberculosis registered the same pattern of distribution as high and medium grade score is recorded in western, southern, south-eastern and northern districts and low grade score in southern and eastern districts while diabetes and hypertension are almost same in their distributional pattern as high and medium grade score is registered in western, eastern and south-eastern districts and low grade score is registered in northern and north-eastern districts where as in case of other chronic diseases high grade is recorded in northern, western and south-eastern districts and low grade score in eastern and north-eastern districts. Decrease in malaria/dengue and tuberculosis is because of large scale vaccination.

In 1991 mortality rates again registered a decrease i.e., 79, 29 and 32 points in mortality due to diseases, infant mortality rate and maternal mortality ratio respectively. High and medium grade score is registered in the eastern and south-eastern districts and low grade is recorded in the north-western and south-western districts of study area. In acute diseases dysentery/diarrhoea and other acute diseases registered an increase of 108 and 1242 points respectively while malaria/dengue and fever registered a decrease of 2046 and 68 points. High and medium grade score is registered in eastern and southern districts where as low and medium grade districts are recorded in northern, north-eastern and southern districts of WUP. In chronic diseases diabetes, hypertension, asthma and other chronic diseases again registered an increase of 10, 8, 139 and 244 points respectively. In diabetes high and medium grade
districts are registered in eastern, southern and western region while low grade districts in northern and north-eastern region. In hypertension high and medium grade districts are registered in western and southern region and low grade districts are registered in northern and eastern region. In asthma high and medium grade districts are registered in north-western region. In tuberculosis high and medium grade districts are registered in south-western and eastern region while low grade districts are mainly found in north-eastern and southern region. In other chronic diseases leaving certain districts of north-eastern, eastern and southern region rest of the districts are coming under high and medium grade scores.

In 2001 mortality rates again registered a decrease of 38, 13 and 17 points in mortality due to diseases, infant mortality rate and maternal mortality ratio respectively high and medium grade districts are registered in northern, north-eastern, eastern, southern and south-eastern region whereas low grade districts are registered in western and south-western region. In 2001 morbidity rates records the sharp and notable changes in their spread and sprawl towards eastern region, malaria/dengue and other acute diseases registered a sharp decrease of 1448 and 488 points respectively and on the other hand dysentery/diarrhoea and fever registered sharp increase of 434 and 2780 points, except fever rest of the acute diseases recorded high and medium grade score in eastern and southern region and low grade score in western region. In chronic diseases diabetes, hypertension and asthma registered an increase of 24, 81, and 117 points respectively and on the other hand tuberculosis and other chronic diseases registered a sharp decrease of 451 and 2421 points respectively. Pattern of chronic diseases is though sporadic and uneven i.e. scattered throughout the study area but one unique thing which is noticed is that, year 2001 also registered the spread towards the eastern and southern districts of study area.

In 2011 again mortality rate shows a decrease of 88, 14 and 12 points in mortality due to diseases, infant mortality rate and maternal mortality ratio respectively and reached to 841 persons per 100 thousand of population, 65 infant deaths per 1000 of live births and 324 maternal deaths per 100 thousand of live births. Pattern shows that high and medium grade districts are recorded in eastern region while low grade districts are found in western region. In 2011 increase in morbidity rates is also registered in study area. In acute diseases except other acute diseases rest of the diseases registered the sharp increase in number of sufferers i.e. 222, 776, 739
points in dysentery/diarrhoea, malaria/dengue and fever respectively and reached to 1511, 4793 and 12268 persons per 100 thousand of population respectively. In other acute diseases with the sharp decrease of 1110 points, the sufferer reaches up to 887 persons per 100 thousand of population. If we see the pattern of dysentery/diarrhoea then high and medium grade score is registered in southern and eastern districts. In fever, high and medium grade score is registered in southern districts, other acute diseases in western, eastern and south-eastern border districts but if we see the pattern of malaria/dengue than except Bijnor and Moradabad in the north and Firozabad in the south rest of the other districts are the worst hit districts from malaria/dengue. In case of chronic diseases except tuberculosis rest of the diseases registered an increase in number of sufferers i.e. 45, 80, 130 and 1617 points increase in diabetes, hypertension, asthma and other chronic diseases respectively and reaches up to 200, 293, 517 and 9933 persons per 100 thousand of population. High number of sufferers from hypertension, asthma, and other chronic diseases are recorded in eastern districts where as diabetes is recorded mainly in western districts and for tuberculosis uneven distribution is registered.

In the last we can say that mortality rates are decreasing throughout the decades while morbidity rates are fluctuating. In mortality rates compact regions of grade scores are more distinct where as graded regions of morbidity rates are less distinct in the study area. High mortality rates are registered in the districts of eastern region and opposite of that high morbidity rates are registered in the districts of western region and in the last decades i.e. 2011, spread of chronic diseases is also registered towards eastern and southern districts. Although availability and accessibility of healthcare facilities is increasing but because of increasing pollution and changing life style of the people in the western, southern and eastern districts of WUP, the number of persons suffering from Chronic diseases (diabetes, hypertension and asthma) are also increasing towards western, southern and eastern region.

Total healthcare facilities per 1000 sq. Km. registered an increasing trend from 1971 to 2011 but total healthcare facilities per 100 thousand of population registered the fluctuating trend. Beds and doctors per 100 thousand of population have registered an increasing trend in first three decades i.e. 1961-71, 1971-81 and 1981-91 but last two decades i.e. 1991-01 and 200-11 registered a decreasing trend. In 1971 WUP registered 19 healthcare facilities per 1000 sq. Km., with a minimum 12
healthcare facilities in Badaun in the east and Etawah and Auraiya in the south and a maximum of 35 healthcare facilities in Mathura in the south. In 2011 availability of healthcare facilities per 1000 sq. Km. increases to 148 with a minimum of 91 healthcare facilities in Pilibhit in the east and maximum of 426 healthcare facilities in Ghaziabad in the west. In 1971 WUP registered 5 healthcare facilities per 100 thousand of population with a minimum of 2 healthcare facilities in Baghpat and Meerut in the west and maximum of 10 healthcare facilities in Mathura in the south. In 2011 per 100 thousand availability of healthcare facilities increases up to 15 healthcare facilities with a minimum of 5 healthcare facilities in Bareilly in the east to a maximum of 26 healthcare facilities in GBN in the west. Further we can see that in 1971 WUP registered 37 beds per 100 thousand of population with a minimum of 9 beds in Mainpuri in the south and a maximum of 120 in Firozabad ad Agra again in the south. Per 100 thousand availability of beds increases up to 37 beds per 100 thousand of population in 2011 with a minimum of 17 beds in GBN in the west and a maximum of 85 beds in Meerut again in the west. In per 100 thousand availability of doctors, WUP registered 5 doctors in 1971 with a minimum of 4 doctors and a maximum of 9 doctors in Agra and Firozabad in the south. In 2011 although increase is registered but only of one point i.e. 6 doctors per 100 thousand of population with a minimum of 3 doctors in Ghaziabad and Moradabad and a maximum of 10 doctors in GBN.

Further we can conclude that low morbidity and mortality rates are registered in those districts where availability and accessibility of healthcare facilities is high and vice-versa. Thus we can say that the devastating potency of diseases can be reduced to some extent by the help of better and good quality of healthcare facilities. But because of increasing pollution and changing life style of the people, in certain western districts of WUP instead of better availability and accessibility of healthcare facilities the diseases still prevail in those districts.

The overall assessment of educational development vis-a-vis health disparity region based on composite z-score reveals that, majority of the districts which records the high level of education with high level of health status, are located in the western part. Medium level of education with medium level of health status is mainly observed in the northern, south-western and south-eastern districts and low level of education with low level of health status are mainly observed in eastern districts.
Similar is the situation of education and healthcare facilities vis-a-vis education and health status disparity regions, as they reveals that high educational and healthcare facilities districts are registered mainly in western and southern region and so is the high grade score education and health status districts. Low grade score education and healthcare facilities and education and health status districts are mainly observed in eastern districts of study area.

The study is also based on investigation with scientific reasoning about four hypotheses formulated in the present study have been tested and proved their validity as the analysis of t-test reveals that there is negative and significant correlation between education and health status which means that where educational status is high there mortality and morbidity rates are low and thus health status is high. Further we can see that there is positive and significant correlation between educational facilities and education status, which means that where educational facilities are adequate in number there educational status is also high. Further we can see that there is positive and significant correlation between educational facilities and education status and the third hypotheses states that there is negative and significant correlation between healthcare facilities and health status which means that where healthcare facilities are better there mortality and morbidity rates are low and thus health status of that region is high. The last hypotheses states that inverse relationship exists between female literacy rate and mortality & morbidity rate which proves its validity as female literacy rate is negatively and significantly correlated with mortality and morbidity rate which means that where female literacy rate is high there the mortality and morbidity rates are also low and vice-versa.

In order to strengthen the study, nine villages i.e., Dadri, Chhur and Sakoti (Meerut), Kaithwari, Kasimpur Nagari and Pariyavali (Aligarh) and Bebhai, Badra Kasampur and Maini (Bareilly) have been selected to test the ground reality at village and household levels through primary survey. After going through the analysis of these nine sampled villages it was observed that education and health status is high in sampled villages of Meerut district while medium in sampled villages of Aligarh district and lowest in sampled villages of Bareilly district. Another observation was that, the villages where educational status is high their health status is also high and vice-versa. It was also observed that the education and health status of a village is
found to be positively or directly related with socio-economic conditions, infrastructure and availability and accessibility of education and healthcare facilities of that village. Finally we can say that there is positive relation between facilities and status of education and health of a village. To strengthen the study and to analyse the authenticity of secondary data, field survey of nine villages have been carved out in two ways which are as follows: First- Village Dadri, Chhur and Sakoti selected from district Meerut (high in education and health status) have also recorded the high educational and health status among the nine sampled villages whereas villages of Aligarh district (medium in education and health status) i.e. Kaithwari, Kasimpur Nagari and Pariyavali have also registered the medium score in education and health status and the villages of Bareilly district (lowest in education and health status) i.e. Bebhai, Badra Kasampur and Maini have also registered the lowest score in education and health status among the nine sampled villages. Second- census data on demographic structure have been taken for the nine sampled villages of 2011 then during the time of field survey demographic data is also collected from general survey (focus groups) and is cross checked with census data of nine villages but no significant deviation is found. The general survey data of nine sampled villages and the census data was almost same only with slight difference that may be because of difference in time period of data collection.

Suggestions

Present study depicts that although educational and health status have improved but regional disparities still prevail in the study area and health status of people is not fully tallying with that of education. Therefore it is suggested that the areas which are lagging behind in the proportion of share of the variables helpful to the development of the area, should be encouraged for the handsome share to be at par with relatively developed areas. This will minimize the regional imbalances in terms of educational development and health status.

It is further suggested that if this problem is attempted and the data generated at micro-level more meaningful results may be obtained which could provide the base for decision makers and the planners for augmenting balanced development of all areas intensively investigated.
Optimum distribution of Educational Facilities

Increase in the provision of the basic education in appropriate way and opening of new schools in proportion to population and area.

Adult Literacy

The large scale illiteracy among parents is also one of the major problem that retard the progress of education as uneducated people do not appreciate the value of education so Adult Literacy Scheme should be reoriented in order to remove the shortcomings of the scheme and plans of the government.

Improving Economic Access for Education

There is acute poverty especially in some eastern districts of WUP. These economic constraints do not allow poor people to send their children especially girls to school so there should be a provision of scholarship on the basis of parent’s income.

Optimum distribution of Healthcare Facilities

Expanding the provision of basic health so there is need of opening new primary health centers in proportion to population and area.

Enhancing Mother and Child health

Healthy mother give birth to a healthy child which are the future of a country so more child and mother welfare centers should be opened by the government.

Enhancement of Alternatives

Not only Allopathy but homeopathy, Unani and Ayurvedic medicinal system should be developed and funded properly.

Last but not least precautions are much better than preventions so yoga and physical education classes should be made compulsory in every school.

Social Mobilization

Intensive social mobilization like that of the UNICEF social mobilization network is needed to motivate people for education and health care. This is more important for minorities as they are found to have the lowest levels of education.
Awareness Campaign
Awareness campaign is to be launched for making people aware about Government schemes for their benefit.

Moreover, human resource planning, human resource development, performance appraisal system, work culture, rational transfer-policies, incentives and career development opportunities for education health manpower would ensure a motivated workforce. Therefore, this aspect would need adequate attention.

Disparities prevail not merely because of geographical or natural reasons, but planning process is also one of the important factors, so rational thinking should drive the policy maker and administration to make a proportional allocation of education facilities and healthcare facilities along with other socio-economic amenities. Thus a diagnostic planning should be prepared for quantitative and qualitative analysis towards the goal of attaining healthy environment for healthy generations.