



SOCIAL INFRASTRUCTURE AND HUMAN DEVELOPMENT IN SOUTH ASIA: STATUS AND SCOPE

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Social sector development in terms of poverty reduction, education and healthcare has seen significant progress in South Asia. Most of the South Asian countries have policies on free and compulsory primary education and basic healthcare services. Besides the government initiatives, necessary policy measures have been undertaken to encourage private sector investment in social infrastructure. However, much remains to be done to improve in the quality of life and human development through enhanced availability of public services and better social and economic opportunities. There is an urgent need for decisive actions to expedite the implementation process with overall strategic focus on attainment of the Millennium Development Goals (MDGs) by the year 2015.

Against this background, this paper examines the present status of social infrastructure in South Asia with regard to health and education. First section analyses the region's progress made in poverty reduction, health and education towards achievement of MDG targets. Finally, the paper examines the scope for regional cooperation in social infrastructure in the region.

SOCIAL SECTORS IN SOUTH ASIA

Social sector development in terms of poverty reduction, education and healthcare has seen significant progress in South Asia. Most of the South Asian countries have policies on free and compulsory primary education and basic healthcare services. Besides the government initiatives, necessary policy measures have been undertaken to encourage private sector investment in social infrastructure. However, much remains to be done to improve in the quality of life and human development through enhanced availability of public services and better social and economic opportunities. There is an urgent need for decisive actions to expedite the implementation process with overall strategic focus on attainment of the Millennium Development Goals (MDGs) by the year 2015. Provision of better health services and improved education in a country is considered crucial for attaining higher levels of human development that can lead to more effective economic and social empowerment of the people. There exists considerable evidence to show that improved healthcare, nutrition, and education make the workforce more productive and strongly empowered.

Poverty In South Asia

South Asia, being home to over one-fifth of the global population, has the largest concentration of poor people in absolute terms. Except Sri Lanka, the poverty ratios defined in terms of population below \$ 1 and \$ 2 a day still remain high in South Asian countries. Despite high growth rates in some of the South Asian countries in last few years, the prevalence of extreme poverty and human deprivation indicate the extent of income inequality and vulnerability in the region.

It makes South Asia as a biggest concentration of the poor in the world accounting for more than 40 per cent of world's poor.

Health Indicators

In South Asia, the health conditions are as diverse as its culture, religion, and language. Life expectancy at birth is considered to be the best indicator of general health, most of the countries and regions have shown significant improvement in the overall life expectancy, which has gone up by two to four years. Despite the improvement in the last few decades, the average life expectancy at birth in South Asia is about 64 years. It is the highest in Sri Lanka (75 years in 2006) followed by Maldives (68 years in 2006). In the remaining countries, it ranges between 63 and 65 years.

Access to safe drinking water and equate sanitation can make difference between life and death.¹ Clean water and sanitation are among the most powerful drivers for human development that extend opportunity, enhance dignity, and help to create a virtuous cycle of improving health and rising income.² Not having access to water and sanitation reflects deprivation of basic human needs. Almost all the South Asian countries have succeeded in improving access to sanitation during 2000-4. Sri Lanka has succeeded in providing access to sanitation to 91 per cent of its population. India and Nepal are lagging behind Bhutan and Pakistan in providing access to improved sanitation. On the whole, about 37 per cent of South Asian population has gained access to improved sanitation. Even though South Asia improved the extent of access during 2000-4 it is far from the world average and the EAP level. It is quite alarming that India has lagged behind all the countries in the region since access to sanitation remains unreached to majority of the population. However, it may be mentioned that in terms of numbers, the challenge that India faces is unique.

In case of access to safe drinking water, the South Asian countries, with the exception of Bangladesh and Maldives, have shown marginal improvement in 2004, compared to 2000. It is worth highlighting that on an average, South Asia's performance is better than the EAP as also the world average. The access to improved water resources in 2004 ranged between 62 per cent in Bhutan to 91 per cent in Pakistan, whereas the accessibility in Bangladesh reduced drastically from 97 per cent in 2000 to 74 per cent in 2004. Further, in Maldives, the substantial decline in access to sustainable improved water resources from 100 per cent in 2000 to 83 per cent in 2004 is a matter of serious concern.

There has been an overall decline in the infant mortality rate (IMR), under five mortality rates (U5MR), and maternal mortality rates (MMR) over the period 2000-6 in South Asia. U5MR declined in other South Asian countries, it continued to be high, necessitating urgent action to increase the efforts to reduce these mortality rates.

MMR, being a crucial indicator of social progress, remained high in South Asia compared to other regions indicating potential vulnerability of women in the region. However, the adult mortality rates for females were lower than their male counterparts for most of the countries in South Asia which can be considered as a sign of success.

Respective governments in the region in the last few years have been gearing up the public, private and NGOs in delivering well-targeted health services for the benefits of the poor, particularly in rural areas. Several programmes have been initiated with specific time-bound and measurable goals and targets that are likely to be achieved in the coming years. For instance, the programmes for one-year old children against tuberculosis (TB) and measles have shown remarkable improvement in most countries in the region.

Regarding the availability of human capital for healthcare services South Asia was far below the EAP average in 2005. The physicians available for 1000 people in South Asian countries ranged

from 0.2 in Nepal to 0.8 in Pakistan whereas the EAP average was 1.5 per 1000 people during 2000-6.

Prevalence of under-nourishment is equally endemic as poverty in the world. In spite of the increase in world food production, the extent of malnutrition has worsened the health problem faced by women and children, which subsequently increased their susceptibility to health risks. However, the proportion of undernourished population in South Asia has been slowly declining over the years.

The quality of health care in a country is critical in achieving the MDGs, as it reflects the extent to which investments to national healthcare systems are able to raise both human capital and individual welfare. Well qualified doctors and birth attendants can make a dramatic difference in improving healthcare, but absenteeism of health workers is both chronic and pervasive in many South Asian countries. In India, the rate of absenteeism among primary health workers and teachers in rural areas are around 40 per cent.

The possible reasons behind such absenteeism can be attributed to the weakness of government framework, as there are issues of governance which include incentives, oversight, and accountability. In India, due to lack of incentives and accountability among health workers, it resulted into frequent absence from their work area.

Public expenditure on health in South Asia remained low at around one percent of GDP. Except Maldives and Bhutan, public expenditure on health is substantially low in South Asian countries as compared to other regions and the world average, the South Asian region's performance is abysmal on this count.

Education

Education expands choices and opportunities, and plays an important role in economic and social development of the country. Besides formal education, adult education also contributes to empowerment of those who missed the school education in relevant age groups and help emancipation of a vast majority of workforce in the informal sector. Both the spread and quality of education matter for overall social and economic upliftment of the masses especially in South Asia where a large section of the population lacks access to the emerging opportunities. Against this backdrop, there should be proactive government as well as private sector interventions to streamline policy formulation and effective implementation. Public expenditure on education in South Asia has remained low at 2.2 per cent of GDP (2006), with the exception of Maldives which is much below the averages in other regions and the world. India, the largest economy in the region, spends a meagre 3.8 per cent of its GDP on education which may seriously affect the supply of educated workforce in the future. However, male adult literacy rates registered consistent improvements in recent years in most of the South Asian countries.

Despite positive initiatives for widespread primary education and targeted programmes for secondary education in South Asian countries, there are wide gaps across countries in enrolment ratios between females and males.

The region faces enormous challenges with respect to providing tertiary education. As regards the tertiary enrolment ratios, India's comparative advantage lies in the strong technical base of higher education in the form of world class Indian Institutes of Technology (IITs) and regional engineering colleges. These technical institutes are offering wide range of courses in the field of engineering and manufacturing including those catering to the demands for the white-collar jobs in the information technology sector (IT) and IT-enabled services (ITES). Apart from this, English

medium education system and preferences for technical subjects like mathematics and various streams of science at school and college levels have been the added advantage for India. However, there were only 22 per cent students enrolled in tertiary education in India, against Bangladesh's 20 per cent and Pakistan's 24 per cent during 1999-2005.

National and Regional Initiatives for Social Infrastructure

National Initiatives

For the systematic all round social and economic development, and to integrate people into the development process, Five-Year Plans were initiated by most of the South Asian countries within a few years of attaining Independence. Since 2000, improvement in economic performance in the region has provided a solid foundation for progress in advancing the MDGs.

Bangladesh has made significant progress in improving the social infrastructure, and is among the few developing countries that are on target for achieving most of the MDGs.

Likewise, Bhutan has made remarkable progress in improving the levels of human development through significant investments in the social sector.

India has taken several policy initiatives to spread literacy and bridge gender disparities in education in the country. The National Policy on Education (1986) and Programme of Action (1992) gave an impetus to universalization of elementary education in India. Sarva Shiksha Abhiyan (SSA) (see Box 9.2) launched in 2000 is the national initiative to spearhead the universalization of elementary education for children. It targets the most educationally backward areas with low female literacy rate and launched the National Programme for Education of Girls at Elementary Level for retention of girl's education. The Mid Day Meal Scheme was initiated in 1995 to increase enrolment, attendance, and retention, and improve the nutritional status of children in primary schools.

Further in India, following the National Rural Employment Guarantee Act of 2005, the National Rural Employment Guarantee Scheme (NREGS) was implemented in 2006, in the first phase in 200 identified districts of the country with the objective of providing 100 days of guaranteed unskilled wage employment to each rural household within a 5 km radius on a casual basis. It has also the provision to provide unemployment allowance to the worker, in the absence of providing work within 15 days from the date of application submitted. Similarly, for generating large-scale employment opportunities on a sustainable basis, particularly in rural areas, India has set up National Commission for Enterprises in the Unorganized Sector (NCEUS) to protect labours in the unorganized sector.

Sri Lanka has creditable achievements in terms of primary enrolment ratios, literacy, and gender equity as compared to other countries in the region.

Regional Cooperation in Social Infrastructure

Since its inception in 1985, the significance of human resource development at the regional level has been well recognized by SAARC. At the Ninth SAARC Summit held at Male in 1997, illiteracy was identified as one of the major causes of hindrance to the social and economic development of the region and a major factor contributing to region's economic backwardness and social imbalances. Further, since reorganization of SAARC's Integrated Programme of Action (SIPA) in 1999, education was included as an area of cooperation under the purview of the Technical Committee on Human Resources Development. In this context, a SAARC Chair, Fellowship and

Scholarship Schemes are in operation in the region.

Role of NGOs in South Asia

South Asia has a vibrant network of civil society organizations and NGOs, but their activities vary across countries. Various NGOs, private trusts and societies are being promoted in the region to take initiatives in the fields of education, health, awareness generation regarding diseases like HIV/AIDS, gender equity, and environment sustainability. Many health and education related programmes have been initiated in these countries and jointly shouldered by NGOs, local authorities, communities, corporates, international agencies, organizations, and governments.

Role of community partnerships have a positive impact on access to primary healthcare for mothers, infants, and young children for their well-being. The success of the community partnerships are generally based on cohesive and inclusive community organization and active participation of health workers in addressing health needs of the communities. Adequate supervision of the programmes through community based treatments, counselling, and regular home visits are the integral part of the community-based programmes.

The Governments in these countries the existing NGOs and civil societies have to play a very effective role in order to bring significant improvement in the socioeconomic conditions of the poor people. Further, the NGOs, who play the complementary role to the Government in implementing social and economic policies, have to actively and effectively impart training and provide relevant information regarding the successful experiences in the field of health and education for their wider replicability within the region and in other regions. This could be very well undertaken through information manuals in local language, mobile training modules through audio-visual mediums, and teleconferencing. Constant monitoring and regular review would be essential to accomplish the desired results.

Concerted efforts are needed to organize open forums where people can exchange their views and knowledge freely in a congenial atmosphere. Similarly, efforts should also be made by governmental and non-governmental bodies to raise general awareness and sensitize the other regions about the positive and meaningful purpose of emulating best practices for their benefit.

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