Q9

Professor Amartya Sen has advocated important reforms in the realms of primary education and primary health care. What are your suggestions to improve their status and performance?

UPSC Civil Services Mains 2016 · GS II · 12 marks · Health, Education and Human Resources

Issues relating to development and management of Social Sector / Services relating to Health, Education, Human Resources.

Core demand of the question

- Professor Amartya Sen has advocated important reforms in the realms of primary education and primary health care. What are your suggestions to improve their status and performance?
- Link Sen's capability approach to the right to education and to public health, then give workable Indian suggestions with statutes and schemes

Revision summary

Sen treats primary education and primary health as capabilities that must come from public action, not only from growth.

RTE, 2009, raised enrolment; the next reform is learning, teachers, ECCE and living School Management Committees.

NHM and ASHAs expanded reach; the next reform is Health and Wellness Centres, a paid frontline cadre, and public-health-not only hospital insurance.

ICDS, midday meals and school health should converge on the same child.

Finance and audit must follow outcomes, which is the practical reading of Sen in Indian schemes.

Introduction

Amartya Sen treats literacy and basic health as capabilities that make other freedoms usable, not as leftover welfare after growth. India's own data - high private spending on outpatient care, weak learning in government schools, and uneven primary health centres - show that enrolment and building counts are not enough. Suggestions must therefore change teaching, frontline health work, and public finance, using the laws and missions already on the books.

Body

Sen's reform direction

- Sen has argued, with Jean Drèze and others, that India under-invests in elementary education and in primary health relative to its income, and that this drags down both growth and democracy.
- The capability view asks whether a child can actually read, and whether a woman can reach a functioning sub-centre, not only whether a school or a clinic exists on paper.

• That view fits Article 21A and the Right of Children to Free and Compulsory Education Act, 2009, and it fits the Directive Principles in Articles 39, 42, 45 and 47, including the State's duty to improve nutrition and public health.

Primary education: status and suggestions

• The RTE Act, 2009, made eight years of schooling a right, with neighbourhood schools, pupil-teacher ratios, and 25 per cent seats in private unaided schools. Status is better on enrolment than on learning, as successive ASER-type findings have shown.

• **Suggestion one:** treat learning outcomes as the performance metric. Publish class-wise reading and arithmetic results at the cluster level, and use them in teacher support, not only in ranking States for political praise.

• **Suggestion two:** fill teacher vacancies and end multi-grade neglect in small schools; a right under the RTE Act is empty if one teacher covers several classes.

• **Suggestion three:** early childhood care under Article 45 and the National Early Childhood Care and Education Policy must join Class I, because primary failure often starts in an unprepared five-year-old. ICDS anganwadis need education-trained workers, not only supplementary nutrition.

• **Suggestion four:** Samagra Shiksha (which folded SSA and RMSA) should fund school libraries, special educators, and mother-tongue bridging in the first two years, instead of repeating civil-works saturation.

• **Suggestion five:** community monitoring through School Management Committees under the RTE Act must be real, with social audits of attendance and midday meals under the National Food Security Act, 2013, so the kitchen and the classroom both work.

Primary health care: status and suggestions

• National Rural Health Mission, later the National Health Mission, expanded ASHAs, Janani Suraksha Yojana, and public facilities, yet outpatient care is still heavily private and out-of-pocket.

• **Suggestion one:** make the Health and Wellness Centre under Ayushman Bharat a true first point of care with medicines, diagnostics, and a mid-level provider, so primary care is not a referral slip to a distant district hospital.

• **Suggestion two:** pay, train and legally protect ASHAs and ANMs as the permanent primary-care workforce; honorary volunteer status produces turnover and weak immunisation follow-up.

• **Suggestion three:** public health cadre and district epidemiology, not only insurance for hospitalisation. The National Health Policy, 2017, already points this way; hospital packages under PM-JAY cannot replace sub-centre work.

• **Suggestion four:** converge ICDS, NHM, and school health for nutrition, anaemia, and immunisation, because Sen's "primary health" is a child's growth chart as much as an adult's OPD.

• **Suggestion five:** ring-fence State primary-health spending and fill MBBS and specialist gaps with bonded rural service that is actually served, plus telemedicine as a supplement, not as a substitute for a nurse at the village.

Shared governance suggestions

• Raise the public spend path toward the NHP target share of GDP, with a larger fraction on primary levels, which is Sen's core fiscal point.

• Use outcome budgets and CAG performance audit of SSA/Samagra and NHM so implementation, not only allocation, is visible to the Public Accounts Committee.

• Do not privatise the first mile; use private providers where public capacity is absent, under publicly paid, quality-audited contracts, which keeps the capability in public responsibility.

Flow diagram

Sen capabilities -> Primary education

Sen capabilities -> Primary health

Primary education -> RTE Act and Samagra Shiksha Act and Samagra Shiksha

Primary health -> NHM ASHA HWC ASHA HWC

RTE Act and Samagra Shiksha -> Learning and survival outcomes

NHM ASHA HWC -> Learning and survival outcomes

Conclusion

Sen's case is that primary school and primary health are public capabilities, not residual charity. India has the RTE Act, ICDS, NHM and school-health missions; performance will rise when teachers teach, ASHAs are a real workforce, Health and Wellness Centres treat, and money is judged by learning and surviving children, not by buildings inaugurated.

Facts & figures

Article 21A and RTE Act, 2009

Constitutional right and statute for free and compulsory education of children aged 6-14, including neighbourhood schools and pupil-teacher norms.

Article 47

Directive Principle making improvement of public health and nutrition a primary duty of the State.

National Health Mission

Umbrella mission (NRHM plus NUHM) for public facilities, ASHAs, and reproductive-child health, the main primary-care programme architecture.

ICDS

Integrated Child Development Services, the nationwide anganwadi scheme for supplementary nutrition, preschool and health referral of young children and mothers.

National Health Policy, 2017

Policy that emphasises primary care, Health and Wellness Centres, and a higher public health spend, aligning with a Sen-type shift away from hospital-only focus.