

Policy options for Urban Health and Education

Insights from Rajasthan (2014-2024)

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The Project, The Paper, The Sites, The Methods

When and why did Rajasthan undertake new initiatives for urban elementary education and primary health during 2014-2024?

Study focus

- Drivers not outcomes
- All state-led, at-scale initiatives, not just successful ones

Methods

- Qualitative study- Policy document review, Key Informant Interviews (Bureaucrats, state-district-block facility, CSO leaders, journalists, researchers, academics, non-elites, engaged citizens)
- State – District - Facilities
- Two urban constituencies

Prominent improvements alongside shortfalls in access and outcomes (2014-2024)

Urban Primary Health

- Facilities

32% UPHC shortage (Rural Health Dynamics, 2023)

- Staff

Reduction in staff vacancies (>15%) but >50% remain (Rural Health Dynamics, 2023)

- Outcomes

Improvements but hovering at nat. average

MMR (SRS)- 186 (2015-17) | 86 (2023) | India-88 (2023)

IMR (SRS)- 46 (2013) | 29 (2023) | India- 25 (2023)

Urban Elementary Education

- Facilities

No shortage of schools (Effective availability of schools in urban areas lesser than data suggests!)

- Uptake- High privatisation

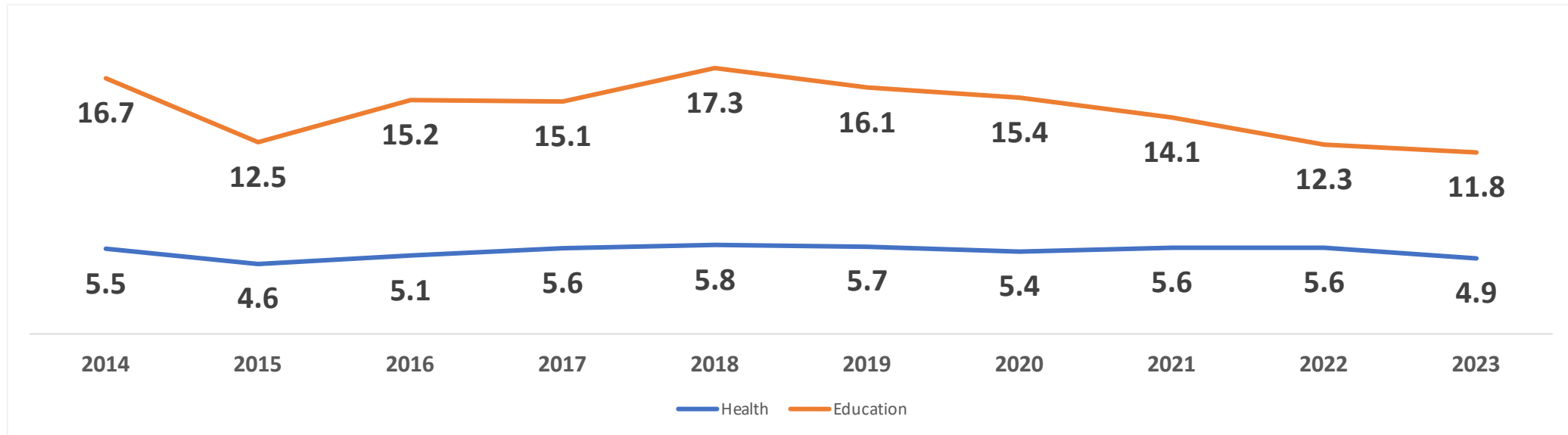
Enrolment in Class 1 in private schools (Old st. UDISE 2023)

Ajmer- 75% | Udaipur- 77%

- Outcomes

Top performing state in NAS 2021, ASER 2024 score marginally better than 2014

Policy Universe- Budgets and expenditures



** In %, Health and education department expenditures as a share of the total state expenditure (revenue and capital)*

- Higher allocations than average of other states **E-** 18% v. 15% **H-** 8% v. 6 % (PRS 2024)
- But declining expenditure from pre-Covid (2019-2020), stark in education

Policy universe: Initiatives & governance

Total Education initiatives- 13

- UEE- None
- EE focused- 3 (Free books, Free uniforms, State Initiative for Quality Education)
- EE impacting- 4 (Adarsh Schools, MG English Medium Schools, Shala Darpan, Gyan Sankalp)
- Governance- Recruitments but 25k+ elementary teacher shortages (2023, Rajya Sabha response)

Total Health Initiatives -11

- UPHC focused- 1 (Janta Clinic (UAAM), PPP for UPHC- *Discontinued*)
- PH impacting-2 (Free medicines and tests)
- Governance- Hiring 6 categories PHC HRH, infra upgrades

What are the initiatives trying to solve?

Initiatives

Education

- Shala Darpan (2023)
- Free Uniform (2022)
- Free textbooks(2022)
- MG English Medium school (2019)
- Gyan Sankalp (2017)
- Utkrisht Schools (2016)
- Adarsh Schools (2015)
- State Initiative for Quality Education (2015)

Health

- Janta Clinic (Now-UAAM) (2019)
- Run a PHC –PPP(2015)
- Mukhyamantri Nishulk Dawa Yojana(2011)
- Mukhyamantri Nishulk Jaanch Yojana (2013)

Problems

Education

- Real-time online data for better monitoring
- Education related expenses
- Responding to demand for English language learning
- Streamlining CSR funds and donations
- Model schools as ‘Centres of Excellence’
- Access and infrastructure through school consolidation
- Improving learning outcomes

Health

- Improving health facility access
- Reduce OOPE

Policy Universe: Split b/w Health & Education

- **Health:** Initiatives are few but are somewhat systems strengthening, need to increase budgets but a sense of spending exists, aligned problem selection and policy ideas
- **Education:** More initiatives, low sense of spending and adverse problem selection and policy ideas
- **Shades of policy making:** Action, focus and prioritisation
 - PH and EE are not **PRIORITIES**
 - Health has policy focus- Policy activities which are making PH accessible (recruitment, infra, monitoring, access) but disjointed
 - Education has policy action- Policy activities which are not making EE accessible

The 'public school' in Urban areas is missing

- Land and location challenges
 - *Rented old-buildings, many with court stay orders*
 - *School location at odds with the needs of the people*
- Inadequate resources (Unless you are a polling booth!)
 - *Chairs, tables, blackboards, playgrounds*
 - *Textbooks, computers, meals*
- Teachers and staff
 - *Inadequate- Subject specialists, computer operators, accountants, peons*
 - *Disproportionate- Deputation led crowding, non-school duties*
- Negative signalling- The state has abandoned the school system
 - *Raise local resources, enrolment led funding, select/model school approach*
- Low and falling enrolments but **demand for public education present, unmet**
 - *Mahatma Gandhi English medium schools in phase-1, cannot expand*

The Urban-PHC: A rising 'public' facility

- Land and location
 - *New buildings, adequate spaces and upgraded infra*
- Doctors and staff
 - *Strong recruitment drives*
 - *Senior, seasoned doctors, 2 in some UPHCs*
 - *Easy supply of medicines and equipment*
 - *ASHAs and ANMs shortage but temp hiring*
- Initiatives are solving ground level problems facing facilities
- **Strong uptake of facilities alongside private ones**
 - *OPD- 100+*
 - *Public demand for more doctors and field staff*

Drivers of policy universe- Centralised, limited set of actors and path dependent orientation

- Coalition of senior bureaucracy + political leaders
 - *Interested senior bureaucracy- Professional pressures*
 - *Engaged state-political leadership- Branding (non-electoral), visibility (electoral)*
- Central government policy push
 - *15th FC- UAAM*
 - *Sarva Shiksha Abhiyan- Free Textbooks and Uniforms*
- Historical policy and political priority to health and Covid 19
 - *Expenses, visibility, high load on PHI*
 - *Admission surge didn't create greater legitimacy*
 - *Legitimacy of the public system and people's health needs*

Limited impact of social movements or bureaucratic feedback, election focused mobilisation

When and why did Rajasthan undertake new initiatives in primary health and elementary education in the last decade?

When bureaucrats and political leaders have wanted it as part of their career goals.

Priority, Focus and Drivers are a part of serendipity!

Select Recommendations

Need for a defined policy agenda for urban areas

- *Government appointed commission on Urban Health and Education with clear, implementable outputs*

Need to enhance legitimacy of UPHCs and elementary schools beyond urban poor

- *Consistent advertising of UPHCs and their services within catchment area*
- *Emphasis on audit, quality, and performance*
- *Highlight the cost savings and quality of care*
- *Remove fundraising requirement for school principals*
- *Use local media to publicise a phase wise school strengthening action plan*
- *State machinery is as the key implementation pathway*

Link political leaders with health and education outcomes in their areas

- *Create profiles of assembly and parliamentary constituencies with data on health and education facilities and outcomes*

Thank You