

Development of Education and Health Facilities in Bhojpur District

Dr. Purnima Roy*

Education plays an important role in development of human resources and it makes them capable to deliver more productivity and it helps to tap the employment opportunity created in the economy. Education is also a medium of creating empowerment of the poor people. It becomes more important for state like Bihar where there are a few industries, no mineral resources to develop industrial sector and thus there remains less scope for employment generation. Education seems the only way to establish IT industries and other education and skill based firms. In addition to this, agriculture based industries mainly food processing units based on agricultural commodities can be established to generate income and employment. The government of Bihar has taken some initiatives to establish some high profile educational institutions of national repute like Chankya Law University, Chandragupt Institute of Management, Nalanda International University, A few medical and Engineering colleges. In the field of primary and upper primary education, The Bihar government has constructed the buildings of the schools and nearly 2.5 lacs teachers have been recruited but there is more need to improve the quality of education. Different schemes launched by the Bihar government have also improved the education scenario of the state. The literacy rate has improved to a great extent from 47% in 2001 to 68.17% in the year 2011. It means that there has been an increase of 14.8% in the literacy ratio. On the basis of 2011 census report the literacy rate in male has been recorded to 71.2% and 51.5% in females. The increase in the literacy rate district wise can be shown from the table given below -

Table - 1 Gender Based Literacy Rate in a Few Selected Districts of Bihar (2001 and 2011)

District	2001			2011			Decadle Growth		
	Person	Male	Female	Person	Male	Female	Person	Male	Female
Patna	62.9	73.3	58.8	70.7	78.5	62.0	7.8	5.2	11.2
Bhojpur	59.0	74.3	41.8	70.5	81.7	58.0	11.5	7.4	16.2
Rohtas	61.3	75.3	45.7	73.4	82.9	63.0	12.1	7.6	17.3
Munger	59.5	69.9	47.4	70.5	77.7	62.1	11.0	7.8	14.7

Source : Census 2001 to 2011, Published in Economic Survey Report of Government of Bihar, 2013-14, Pg. 251

*C/o Dr. R.R. Sharma, 'Kids Care', K.G. Road, Ara-802301, Dist. - Bhojpur (Bihar)

The above table reveals that Bhojpur district has fared well so far increase in literacy rate is concerned. It has recorded an increase from 59% in 2001 to 70.5% in the year 2011. Its literacy rate in males was recorded as 81.7% which was highest in Bihar but increase of female literacy rate it has recorded 58% which is less than female literacy rate of Munger. The government of India has launched the drive for skill formation for which there is need to open more institutions of skill formation - Bihar, which suffers from high magnitude of unemployment and this problem can be solved by skill formation and with such education which make persons employable for wage employment and self employment. Bihar also suffers from the problem of over population and no effective check is in place to control the population. Education acts as an effective tool to control it which has been learnt from the experience of Kerala and Mizoram. Thus education is really an important device to solve many of the problems of Bihar as well as Bhojpur. For this, government has adopted several measures like Poshak Yojana, Cycle Yojana, Scholarship Yojana for those girl students who pass matriculation with first division and scheme for girls of free education upto Post Graduate level and Mid Day Meal Programme (MDM) for school going children enhance the enrolment of poor children and also provide them balanced diet for their proper physical growth. However child labour is still a concern though enrolment has increased substantially among the girls.

Improvement in Health :

Access to health facilities is an important indicator of economic improvement. There has been remarkable improvement in the health facilities in urban centres of Bihar, but the rural areas are still deprived of improved health facilities. A few referral hospitals and Primary Health Centres (PHC) have been established in rural areas but they are not equipped with modern facilities required for pathological test as well as modern equipment for X-ray, MRI, City Scan and ventilators and so on.

As a result if a person suffers from any disease like heart attack, stroke and emergency cases of delivery and causality like road accident, he does not get any emergency medical aid or treatment and in most of the cases he loses his life in want of proper treatment. Even proper emergency medicines are not available in these hospitals. The doctors, nurses and support staff are not in sufficient number to cope with the demand of large medical need. The number of sick people are high in

rural areas because of the low level of literacy, lack of hygienic living condition, lack of proper sanitation inadequate awareness for adopting preventive measures to save from different kind of diseases etc. The incidence of health requirement is felt more in rural areas than the urban counter parts.

However improvements have been made by the state government and Central government in the field of health facility. This has happened as a result of economic development. Health facilities are regarded as basic necessity of a human being. Every welfare state aims to improve these facilities and broaden its base to make it available to everybody and the state of Bihar has also made sincere efforts in this regard. The state has shown a very steady improvement in vaccination coverage, institutional deliveries and infant mortality between 1998-99 and 2004-05. However a status of anti-natal care (ANC) had shown a decline in the same period.

Table - 2 Selected Health Indicator for Bihar

Indicator	Urban				Rural				Total			
	Bihar		India		Bihar		India		Bihar		India	
	NF HS II	NF HS III										
Vaccination Coverage (%)	22	46	61	58	11	31	37	39	12	33	42	44
Infant Mortality (per 1000 live birth)	53	54	47	42	80	63	73	62	78	62	68	57
Any Antenatal Care	67	53	86	91	32	32	60	72	34	34	66	77
Institutional Deliveries	39	48	65	69	13	19	25	31	15	22	34	41

Source : National Family Health Survey, 1998-99 and 2004-05, Pg. 173

However, there has been a remarkable change in outcome indicators of antenatal and neonatal care since 2005-06.

- * The Infant Mortality Rate has declined from 61 in 2005 to 56 in 2009.
- * The Maternal Mortality Rate has fallen from 371 in 2001-03 to 312 in 2004-06.
- * The total Fertility Rate has declined from 4.3 (per 1000) in 2005 to 3.9 (per 1000) in 2009.
- * The rate of immunization increased from 20.7% in 2002-04 to 41.4% in 2007-08.

The requirement of health infrastructure has been constantly

on rise due to steady increase in population. The availability of health facilities lag behind its requirement. However the government has made its efforts to improve them. The status of health infrastructure in Bhojpur can be seen from the table given below -

Table - 3

Status of Health Infrastructure in Bhojpur in Year 2008 and 2009

Sl. No.		2008	2009
1	Population (in lacs)	22.33	25.9
2	No. of CHC		
	a. Rural	0	0
	b. Urban	0	0
3	No. of Referral Hospital		
	a. Rural	3	3
	b. Urban	0	0
4	Subdivisional Hospital	0	1
5	No. of PHC		
	a. Rural	13	14
	b. Urban	0	0
6	No. of Sub-Centre	284	284
7	Add PHC	10	20
8	Health Centre Coverage / Lac of Population	14	12

Source : Economic Survey, Govt. of Bihar in 2008-09

The number of sanctioned post of doctors in the district is 111 and only 84 doctors were working in the year 2009. Whereas 27 post of doctors are lying vacant. So, far the sanctioned post of contractual doctors are concerned, it is 60 against which 41 doctors are working and 19 post of contractual post of doctors are vacant. The total number of doctors serving per lac of population is only 5 which seems too small, the number of doctors should be increased and proper incentives should be provided to them so that they may remain in rural hospitals to serve the large chunk of rural population.

The number of sanctioned post for grade-S nurses was 29 against which 6 were posted and remaining 23 posts were vacant in Bhojpur

whereas no sanctioned posts of contractual grade-A nurse against which 16 were working, whereas 22 posts were vacant. The number of ANM staff was 370 against which 360 were working and only 10 posts were vacant in the district. The number of sanctioned post of contractual ANM staff was 284 and 183 posts were filled up where as 101 post were vacant. The availability of total number of ANM staff for per lac of population was 21.

The target for selection of ASHA worker in Bhojpur till 2009 was 2264 against which selection of 1728 ASHA workers were done. Out of the selected ASHA workers trained with module-I was only 1704 and the number of ASHA workers serving for per lac of population was 66.71 in 2009 in the district of Bhojpur. As a result of improvement of these facilities, the number of outdoor patients has largely improved. The medicines are also provided to the patients free of costs.

The number of institutional deliveries has increased very rapidly since 2007 the month wise progress since April, 2007 to March, 2009 has been shown in the table given below -

Table-4 Bhojpur District Institutional Deliveries (April 2007 to March 2009)

Month & Year	No. of Deliveries	Month & Year	No. of Deliveries
April, 2007	350	April, 2008	1858
May, 2007	254	May, 2008	1736
June, 2007	506	June, 2008	1835
July, 2007	1000	July, 2008	2089
August, 2007	1919	August, 2008	3019
September, 2007	2317	September, 2008	3445
October, 2007	2324	October, 2008	3381
November, 2007	2967	November, 2008	4603
December, 2007	2535	December, 2008	3221
January, 2008	2287	January, 2009	1048
February, 2008	1992	February, 2009	1571
March, 2008	2391	March, 2009	2670

Source : State Health Society

The table reveals that there has been a remarkable improvement in the number of institutional deliveries in Bhojpur district. This remarkable improvement has been achieved due to the important interventions by the state government in health service delivery which include -

1. Involving private sectors in support services for cleaning pathological and radiological services.
2. Free drug distribution for indoor treatment.
3. Speeding up appointments of medical and other staff in the health service.
4. Recruitment and training of ASHA workers.

Integrated Child Development Scheme (ICDS)

The ICDS is the most important creative intervention aiming at long term improvement in child care early stimulation and learning health and nutrition, water and environmental sanitation. It is a targeted programme for young children and expectant and nursing mothers. By 2008-09, 15 ICDS projects were operational in Bhojpur covering all development in all blocks.

The ICDS encompasses interventions in Health (Immunisation, Health Check-up, Referral Services and Treatment of Minor illness), Nutrition (Supplementary feeding, Growth monitoring and Promotion, Nutrition and Health Evaluation) and Education (Early Childhood Care and Pre-School Education) for children in the age group of 3-6 years. It is implemented through trained community based Anganwadi workers and helpers and supportive community structures. As it is mainly a human capital based programme, staffing is extremely crucial to the success of the programme.

As already noted, rural Bihar has hardly any sanitation facilities and open defecation is the norm. Ironically, a meager 6% of the households have availed subsidy for construction of toilets under the TSC. Another major sanitation concern is drainage with only 7% of the village hamlets having drainage, not with-standing the improvement over the year because of some public works programme in recent years. The conflicts over drainage are common in rural areas. The hand pumps have shown considerable expansion as a source of drinking water, both public and private (largely the latter). However, several villages face acute problems of quality in drinking water with high presence of iron than the specified limit.

Reference :

1. Census Report, 2001 & 2011, Published by Govt. of India.
2. Economic Survey Report, Govt. of Bihar, Published by Govt. of Bihar, Patna.
3. National Family Health Survey, 1998-99, Published by Health Dept., Govt. of India.
4. Economic Survey Report, 2008-09, Govt. of Bihar, Patna.
5. Report of State Health Society, 2007-08, Published by Health Dept. of Bihar.
6. Economic Survey Report, 2008-09, Govt. of Bihar, Patna.
7. Economic Survey Report, 2010-11, Govt. of Bihar, Patna.
8. Economic Survey Report, 2011-12, Govt. of Bihar, Patna.
9. The District Credit Plan, Bhojpur, 2007-08, 2008-09, 2009-10, 2010-11, 2011-12, 2012-13, 2013-14, Published by PNB, Lead Bank of Bhojpur District.
10. Nayyar Gopinath P.R., (1976), "Education and Socio-Economic Change in Kerala, 1973-74", CDS, Trivandrum.
11. Joshi, P.C., (1986), "Educating Rural Children in India", Indian Journal of Social Work, Vol. 22, No. 4.

Availability of Teacher for Better Education

Praveen Kumar Singh*

Summary:

What is the purpose of Education? As Swami Vivekananda says, "Is it book learning? No. Is it diverse knowledge, No, not even that. Education is that by which character is formed, strength of mind is increased, the intellect is expanded and by which one can stand on one's own feet." I will start with the problem of our current education system. The biggest problem is that it does not motivate our children. Millions of students do not know any rationale of going to school, except obligation. Today education fails to retain the knowledge, once students have completed their examinations. This lead to young minds being stifled and stunted at an age when they should be asking questions, learning and gaining knowledge, and developing a thirst for more knowledge.

As per the Draft NEP (2019), "Teachers truly shape the future of our children - and, therefore, the future of our nation. It is through teachers that our children are imparted with values, knowledge, empathy, creativity, ethics, life skills, and social responsibility. Teachers form the very heart of the education process, and represent an indispensable vehicle towards a progressive, just, educated, and prosperous society." From ancient times, teachers have been playing an important role in our society. A teacher's role in inculcating knowledge, kindling inspiration and encouraging creative thought in children cannot be understated.

KeyWords - Rationale, Motivate, Obligation, Knowledge, Ethics, Empathy, Creativity, Prosperious

While India has done well in terms of access and equity, and brought almost every child to school, the learning levels of children need considerable improvement. This is borne out by the National Achievement

Survey (NAS) and public studies such as Annual Status of Education Report (ASER). Provisioning of quality education to school children entails the use of multi pronged strategies and interventions at various levels. The key components of quality include: teachers, effective

*Sociology, Patna University, Patna

