

# SOCIAL SECTOR DEVELOPMENT IN INDIA: WITH SPECIAL REFERENCE TO HEALTH AND EDUCATION SERVICES

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**Abstract:** *Social sector development is extremely significant for just and equitable economic development of the country and is essential for acceleration economic growth & human capital formation. Appropriate provision of social services viz. education, public health, family welfare, water supply, sanitation, art and culture, medical and housing & urban development, welfare, social security, welfare are essential for inclusive and sustained growth. Social sector development has positively affected the development processes in India. Both the central and state governments have increased allocations to social services to address the prevailing socio-economic problems in India, but the sector needs more reforms to fight the situations like ongoing pandemic.*

**Keywords:** - *Social Sector Development, Health & Education*

## INTRODUCTION

All economists and development strategists have unanimous view that satisfactory and balanced social sector development is extremely significant for just and equitable economic development of the country, especially in least developed (LDC)/underdeveloped and developing nations. The physical capital and capital accumulation/capital formation are supportive for accelerating the growth of any economy but more important is to attain maximum human welfare or overall development through Social Sector Development. It is recognized by all that the suggested level of improvement in health and education would generate positive impact on human welfare and create environment for rapid economic development. The major socio-economic indicators of development i.e., literacy rate, growth rate of economy, birth rate, maternal mortality rate, infant mortality rate and women literacy all are inter connected with the initial level of schooling (Singh U., 2009).

Social sector may be defined as all those sectors which contribute to an enhancement of human capital and 'the development of human capital refers to the investment in human beings through health, education, on job training and nutrition' (Schultz, 1961), so as to raise their life expectancy through lifetime learning and these investments increase the rates of return to higher level of economic growth. The broad view of economic development and have focused on human well-being and 'social opportunity' rather than the standard indicators of economic growth. In their study they have suggested proper provision of basic education, health care and social security to eliminate basic deprivations of Indian economy (Dreze & Sen, 1999). The development of India's vast human resource potential is the core of the social sector development strategy being followed in the country (Govt. of India, 2002).

The social sector development has been mentioned as a crucial prerequisite for sustained human resource development and economic growth of any country. The process of the social sector development leads to the processes of human capital formation and which can only be achieved by the promotion of health and education, which leads to the enhancement workers productivity and ultimately the whole process helps in attainment of stable, sustained, faster and inclusive economic development. This is the reason that the interconnection between health education and human welfare through development has become important. 'Social sector development is not merely a societal necessity, but also an economic essentially, and above all, a political compulsion (Singh, J. K. 2006).' There is a positive impact of social sector development on inclusive growth in India. The expenditure related to 'social security and welfare' have contributed significantly towards inclusive growth in India (Chadha and Chadha, 2020).

Social sector development enhances the level of health and enhanced level of health significantly influence on the overall economic development processes. The direct economic benefits of the improved status of health affects the capacity and productivity of existing manpower and generate employment opportunities, better family welfare services contribute in faster growth of national and per capita income and controls maternal and child mortality rates. Improved health status and available health services also support in the extension of international trade and tourism in any economy (Singh U., 2011). In India social sector is considered as 'Social Services' in union budgets and major focus has given to health and education, as these are the two key components and have wider positive externalities for other sectors/sections of the economy and society as a whole (Mishra & Rout, 2016). Social sectors contain social and economic services. Under 'Social services' education, public health, family welfare, water supply and sanitation, art and culture, medical and housing & urban development, welfare of the underprivileged classes, social security and welfare and other social services are included. On the other hand, 'economic services' relate to rural development and food storage and warehousing. All social sector expenditures are mostly related to the accomplishment of social indicators of education, health and nutritional status of the public (Dev & Mooij, 2004).

Many studies related to social sector have concluded that economic growth and social sector development are closely inter-related to each other i.e., Streeten (1981), Prabhu K. Seeta (1998), Sen, A. (2000), Bhat & Jain (2004), Halder & Mallik (2006), Hooda, (2013), Mohapatra (2013), Mittal P. (2016) have found that social sector development has positive impact on economic growth. Many studies suggest that investing in education include the socio-economic returns, decline in acute poverty and exclusion

of inequalities, fertility rates, demographic and health indicators; political and economic stability; dynamic positive externalities connected with public expenditure on education and better quality of life for everyone (Gupta R., 2020).

The present study highlights the status of social sector development in India and the trends of public expenditure in India with among the three major categories of social services – Health, Education and other services.

### OBJECTIVE OF THE STUDY

- To examine the status of social sector development in India.
- To analyze the recent trends of government expenditure (Combined Centre and States) for social services in India.

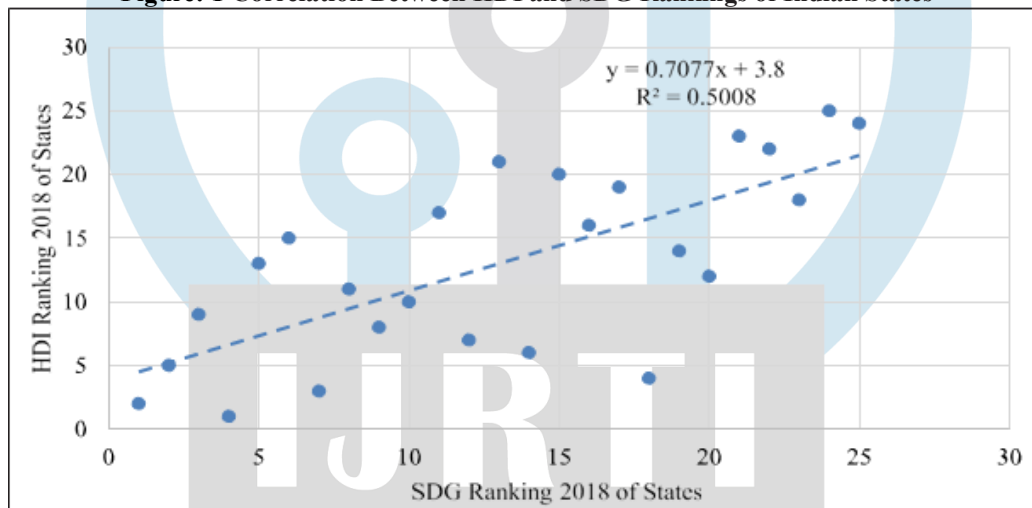
### METHOD

The present study is based upon the analysis of secondary data and secondary data have been mainly collected from the Ministry of Health and Family Welfare, Ministry of Education, Ministry of Finance Government of India. Simple statistical tools such as graphical analysis, trends and average have used to examine financing of social sector in India by government. To examine the status of social sector development in India limited indicators related to infrastructure and vital statistics of health, literacy, school education and higher education are selected. Under the analysis of the financing of social sector in India, allocation to social services as compare to total budgetary allocation, Expenditure on Social Services as percentage of GDP, as percentage to total expenditure, as percentage to social services with the separate categorization of health & education, have been used.

### SUSTAINABLE DEVELOPMENT GOALS AND SOCIAL SECTOR DEVELOPMENT

The Agenda 2030/ Sustainable Development Goals was adopted by United Nations in September 2015 with 17 Sustainable Development Goals (SDGs). All goals are integrated to each other and can be classified in to the three major dimensions of sustainable development viz. the economic, social and environmental. The inter-linkage and integrated nature of the SDGs are directly and indirectly affected by the health and education/social development (United Nations, 2015). All dimensions of SDG targets are closely related to the different aspects of health and education and provide a strong base to achieve better HDI ranking. Figure 1 provides the relationship between HDI and SDG.

**Figure: 1 Correlation Between HDI and SDG Rankings of Indian States**



Source: Economic Survey, 2018-19, Ministry of Finance, Govt. of India

It is evident from the figure 1 that there is positive correlation between HDI and SDG rankings of Indian States. Therefore, it is essential to invest more in health and education by governments to achieve equitable and inclusive development of the society.

### STATUS OF SOCIAL SECTOR DEVELOPMENT IN INDIA

Under the present study an attempt has been made to examine the current status of social sector development in India with special reference to health and education sectors and this section of the study is sub-divided in to three sections- (i) Development of Health Sector in India, (ii) Development of Education Sector (Literacy and School Education) in India and (iii) Financing Trends of Social Services in India.

#### (i) Development of Health Sector in India

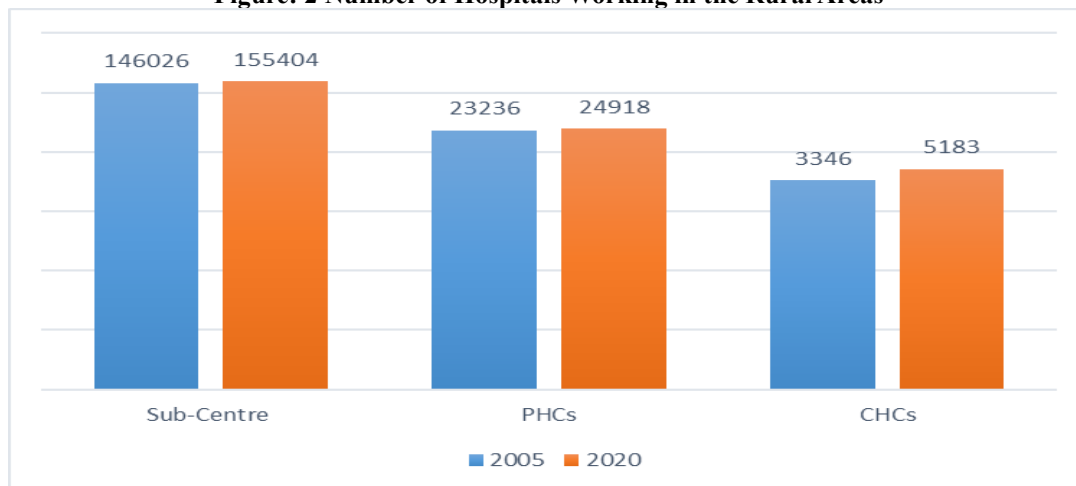
The development of health sector in India is classified in to three sections in which first section deals with number of hospitals functioning at national level, second- current scenario of manpower engaged in health sector and the third section examine the status of vital health statistics in India.

**Table: 1 Number of Hospitals Functioning in India**

| Hospitals    | Year          |               |
|--------------|---------------|---------------|
|              | 2005          | 2020          |
| Sub-Centre   | 146026        | 155404        |
| PHCs         | 23236         | 24918         |
| CHCs         | 3346          | 5183          |
| <b>Total</b> | <b>172608</b> | <b>185505</b> |

Source: Rural Health Statistics 2019-20, Ministry of Health and Family Welfare Statistics Division

**Figure: 2 Number of Hospitals Working in the Rural Areas**



Source: Rural Health Statistics 2019-20, Ministry of Health and Family Welfare Statistics Division

Table 1 and figure 2 provide the information of current status of health infrastructure in terms of working hospitals in India. Presently 185505 hospitals (SCs-155404, PHCs- 24918 and CHCs-5183) are functioning under the category of Sub-Centre, PHC and CHC in 2019-20. The above-mentioned details also proved the information about the established hospitals in 2005. From year 2005 to 2020 only 7.20% increase is reported in total number of hospitals in rural India. When we compare the growth of population to the growth of the total hospitals, the reported increase is very low to fight the pandemic like Covid-19.

**Table: 2 Status of Manpower in Health Sector in Inada**

| Building Type                                     | 2005       |             | 2020       |             |
|---|------------|-------------|------------|-------------|
|   | Sanctioned | In Position | Sanctioned | In Position |
| Health Worker [Female]/ANM                        | 139798     | 133194      | 239096     |             |
| Doctors at PHCs                                   | 24476      | 20308       | 35890      | 28516       |
| Surgeons, OB & GY,<br>Physicians & Paediatricians | 7582       | 3550        | 13266      | 4957        |
| Radiographer                                      | 1669       | 1337        | 4019       | 2434        |
| Pharmacist  | 21072      | 17708       | 30306      | 25792       |
| Lab Technician                                    | 14571      | 12284       | 25722      | 19903       |
| Nursing Staff                                     | 34061      | 28930       | 81684      | 71847       |

Source: Rural Health Statistics 2019-20, Ministry of Health and Family Welfare Statistics Division

The above mentioned table- 2 provides the details of engaged manpower in health sector of India; in both considerable years of 2005 and 2020 a common indication which is remarkable that all the manpower viz. health workers, doctors, surgeons, technical staff and nursing staff all working less that the sanctioned numbers. In other words, it may be quoted that even out of the sanctioned posts, an important percentage of posts are vacant at all the levels of required manpower in the country.

**Table: 3 Status of Selected Vital Health Statistics in India**

| Indicators                       | Rural                            | Urban | Total |
|----------------------------------|----------------------------------|-------|-------|
| Birth Rate                       | 21.6                             | 16.7  | 20    |
| Death Rate                       | 6.7                              | 5.1   | 6.2   |
| IMR                              | 36                               | 23    | 32    |
| MMR (2016-18)                    |                                  |       | 113   |
| Under-5 Mortality Rate (2016-20) |                                  |       | 50.9  |
| TFR                              | 2.4                              | 1.7   | 2.2   |
| Life Expectancy (2012-16)        | 68.7 (Male- 67.4 & Female- 70.2) |       |       |

Source: Health and Family Welfare Statistics in India 2019-20, Govt. of India

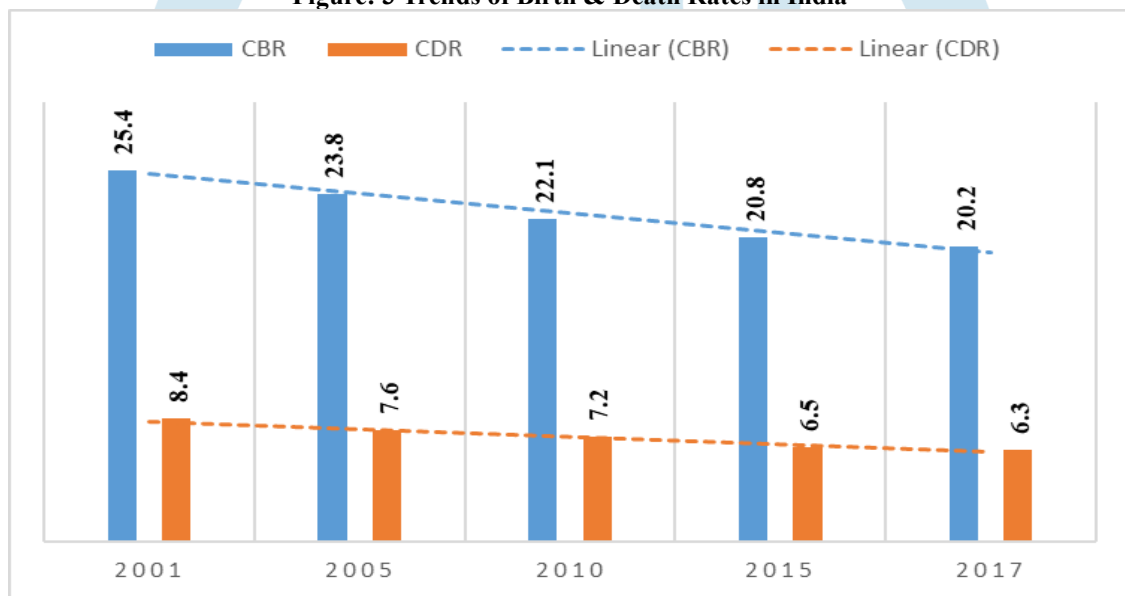
As per the statistics of Health and Family 2019-20, Government of India the current status of vital health statistics is presented in the table 3. It is visible from the table that in terms of each indicator there is rural-urban gap; the rural birth rate (21.6) is higher than the urban (16.7) while the death rate in rural areas are higher than the urban areas. There is a huge gap in case of infant mortality rate among rural and urban areas of the country. Under-5 Mortality Rate in India is a matter of concern for the government as well as for the policymakers due to high number of 50.9 till December, 2020. (Table: 3)

**Table: 4 Trends of Vital Health Indicators in India**

| Parameter  | 2001                          | 2005                         | 2010                         | 2015                         | 2017          |
|--|-------------------------------|------------------------------|------------------------------|------------------------------|---------------|
| Crude Birth Rate (Per 1000 Population)                   | 25.4                          | 23.8                         | 22.1                         | 20.8                         | 20.2          |
| Crude Death Rate (Per 1000 Population)                   | 8.4                           | 7.6                          | 7.2                          | 6.5                          | 6.3           |
| Total Fertility Rate (Per women)                         | 3.1                           | 2.9                          | 2.5                          | 2.3                          | 2.2           |
| Maternal Mortality Ratio (Per 100,000 live births) - SRS | 301 (2001-03)                 | 254 (2004-06)                | 178 (2010-12)                | 130 (2014-16)                | 122 (2015-17) |
| Infant Mortality Rate (Per 1000 live births)             | 66                            | 58                           | 47                           | 37                           | 33            |
| Life Expectancy at Birth                                 | 63.4 (1999- 03) Mid-year-2001 | 65.0 (2003-07) Mid-year-2005 | 67.0 (2008-12) Mid-year-2010 | 69.0 (2013-17) Mid-year 2015 |               |

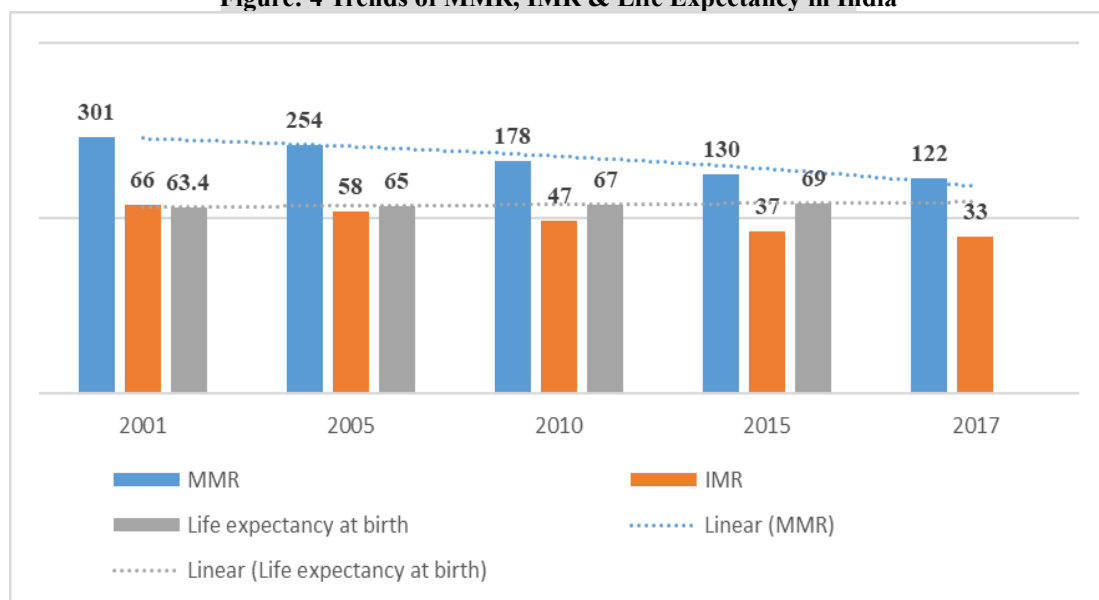
Source: Health and Family Welfare Statistics in India 2019-20, Govt. of India

**Figure: 3 Trends of Birth & Death Rates in India**



Source: Table 4

**Figure: 4 Trends of MMR, IMR & Life Expectancy in India**



Source: Health and Family Welfare Statistics 2019-20

Table 4 along with the figures 3 & 4 examine and highlight the impact of government policies and programmes on health sector in India. Major vital health indicators- Crude Birth Rate, Crude Death Rate, Total Fertility Rate, Maternal Mortality Ratio, Infant Mortality Rate and Life Expectancy at Birth have reported improvement since the year 2001 to 2017 in India. The Crude Birth Rate which was 25.4 in 2001 has shifted to the level of 20.2 in 2017. Crude death rate has reduced by 2.1% during the period of 2001 to 2017. The MMR and IMR have decreased by more than half of the total number from 2001 to 2017, but are still high; Life expectancy at the time of birth have seen positive improvement over the years.

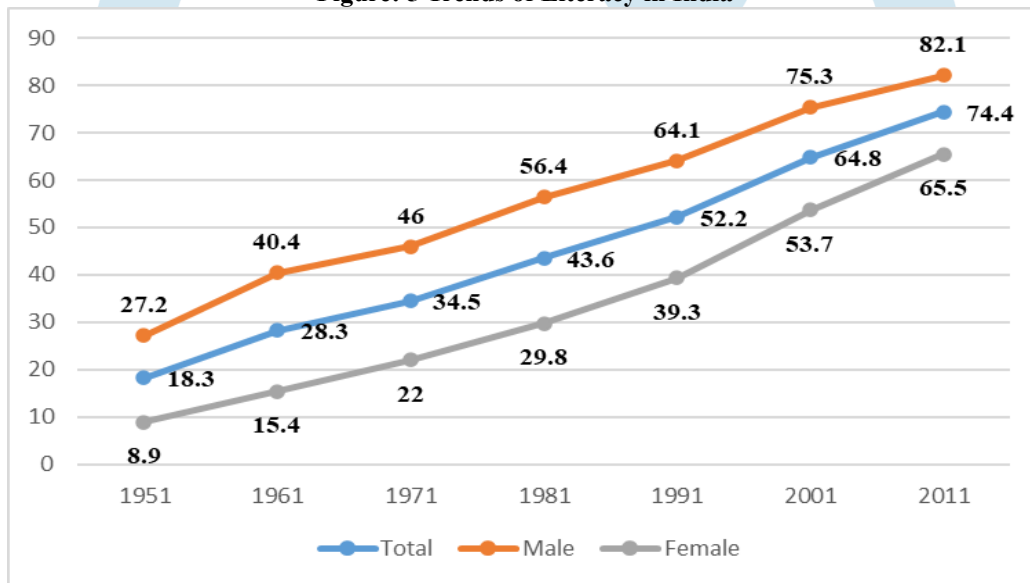
## (ii) Development of Education Sector in India

The global agenda-2030 or Sustainable Development Goal (SDG)- 4 seeks 'to provide guarantee for inclusive and equitable quality education & promote lifelong learning opportunities for all' by the year 2030 among all the members countries. Keeping the targets of MDGs and SDGs government of India has initiated various programmes, schemes and policies to boost the level of literacy and quality education at primary, secondary and higher education levels. For the universalization of education in India, free and compulsory education begins at the age of 6 and completes at the age of 14 years under the provision of the Right to Education (RTE), 2009.

### Scenario of Literacy in India

Higher level of literacy is essential for the prosperity and growth of a country and is considered as most significant, traditional, conclusive and crucial factor for social sector development. The state with high level of literacy rate and educational development are performing well in terms of socio-economic indicators than the poor performing states (Singh U., 2013). Our country has achieved a lot in respect to literacy since 1951; at that time only 18.3% population was literate. Till 1991 52.2% population with 64.1% male and 53.7% female were literate in India, in 2011 it has reached to the level of 74.4% with 82.1% male and 65.5% female. (Figure 5)

Figure: 5 Trends of Literacy in India

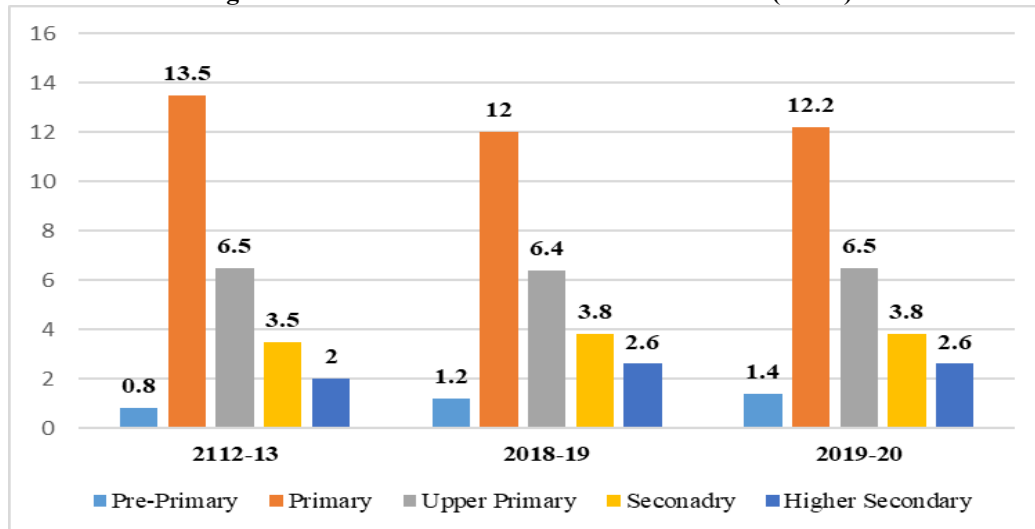


Source: Census of India

### Enrolment Statistics at School Level in India

Enrolment related statistics at school level in any country provide the information and effectiveness of the government programmes that are associated with the promotion of the universalization of school education among all the areas and sections of the society. As per the data presented in the figure: 6, 26.3 crores children were enrolled at Pre-primary, Primary, Upper Primary, Secondary and higher secondary level throughout the nations; height enrolment is reported at primary level with an average of 12.56 Cr. during 2012-13 to 2019-20. Enrolment at pre-primary level has continuously increased from 0.8 Cr. to 1.2 Cr. & 1.4 Cr. in the years of 2012-13, 2018-19 & 2019-20, respectively. (Figure:6)

**Figure: 6 Status of the Enrolment at School Level (in Cr.)**

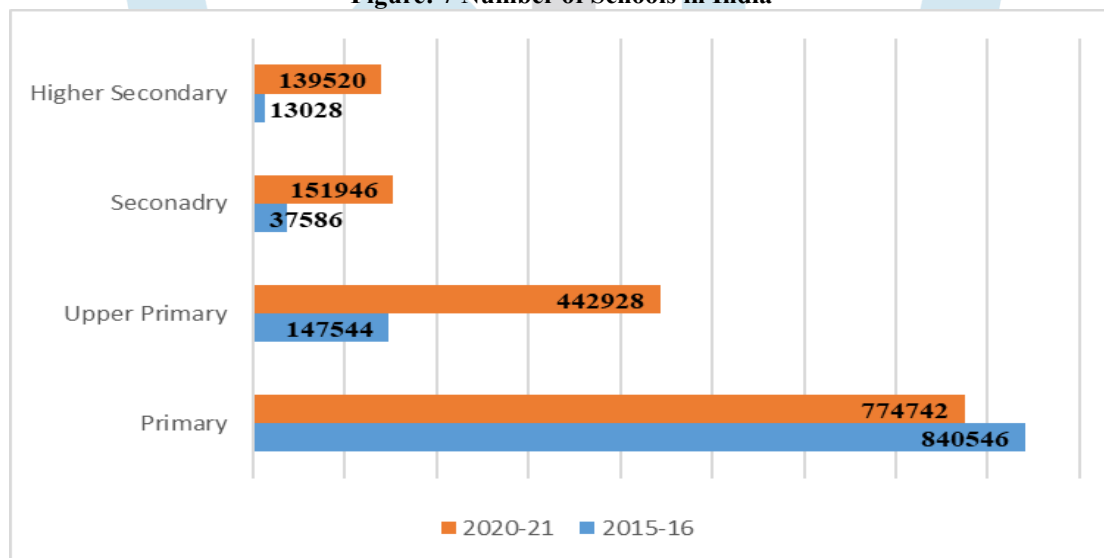


Source: UDISE+ 2019-20

**Number of Schools Imparting School Education**

School education provides base to formally organized education up to the higher education and it is one of the major steps that directly affects the processes of human capital formation in any economy. Since the independence it was a major problem to provide basic education to all as there were limited schools and distance of schools from villages were high. There is no doubt to quote that Sarva Shiksha Abhiyan (SSA) has positively affected the school education system in India in terms of increasing the number of schools, classrooms and teachers among both the rural & urban areas of our nation.

**Figure: 7 Number of Schools in India**



Source: U-DISE-School Education in India-2015-16 & 2020-21

It is evident from the Figure 7 that total 1509136 schools including Primary, Upper Primary, Secondary and Higher Secondary are imparting school education in India in 2020-21. The total number of schools are declined from the total number of 1522346 in 2015-16; but at upper primary level massive increase by 295384 schools, has been reported in 2020-21, due to the upgradation for primary to upper primary schools. As per the findings of the reports related to school infrastructure some of the schools are closed and merged to near by schools by government, this should be considered by the government so that the access of schools couldn't dropped.

**SCENARIO OF HIGHER EDUCATION IN INDIA**

To discuss the brief scenario of higher education in India two major indicator of the development of higher education services- Enrolment statistics and Number of higher educational institutes under the sub-categorization of Universities and Colleges are used.



### Enrolment Statistics at Higher Education

According to the AISHE report 2019-20, Gross Enrolment Ratio (GER) for the age group of 18-23 years at Higher education is reported 27.1% at national level. For Scheduled Castes (SCs) and Scheduled Tribes (STs) it is 23.4% and 18.0% respectively. Gender Parity Index (GPI) for All Groups, SCs and STs. The Female participation in Higher Education for all social groups have improved over the years and for Scheduled Casts (SCs) it is 101 per 100 male and for Scheduled Tribes (STs) it is 105 and 97 per 100 male for others (AISHE, 2019-20).

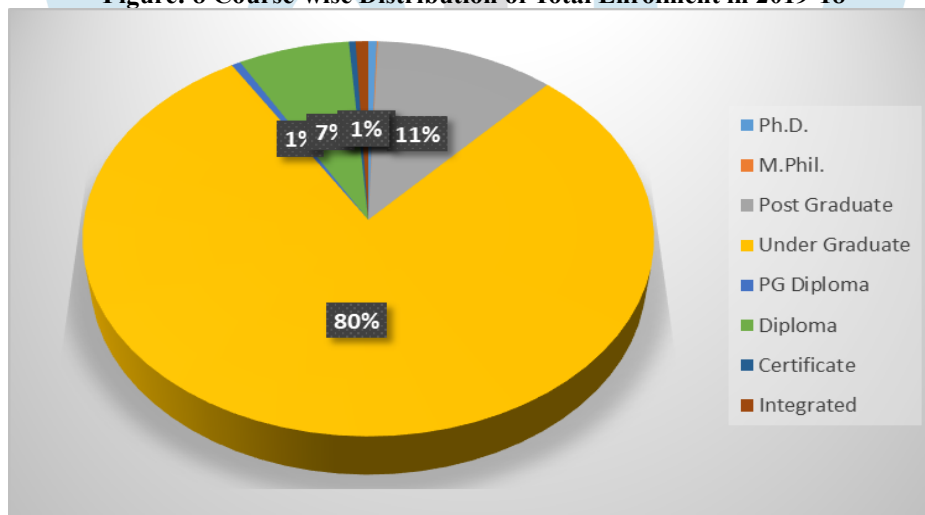
**Table: 5 Course-wise Enrolment Status at Higher Education Level in India**

| Year               | 2015-16         | 2019-20         | CAGR<br>2015-16 to 2019-20 |
|--------------------|-----------------|-----------------|----------------------------|
| Ph.D.              | 126451          | 202550          | 8.5                        |
| M.Phil.            | 42523           | 23934           | -8.1                       |
| Post Graduate      | 3917156         | 4312535         | 12.2                       |
| Under Graduate     | 27420450        | 30647287        | -7.6                       |
| PG Diploma         | 229559          | 217249          | 9.4                        |
| Diploma            | 2549160         | 2672562         | 5.9                        |
| Certificate        | 144060          | 159869          | 9.8                        |
| Integrated         | 155422          | 300373          | 19.9                       |
| <b>Grand Total</b> | <b>34584781</b> | <b>38536359</b> | <b>11.42% increase</b>     |

Source: All India Survey on Higher Education, 2019-20

It is clearly apparent from the table 5 that the enrolment at higher education is increased by 11.42% from the total enrolment of 34584781 students in 2015-16 to 38536359 students in 2019-20 among the different courses of Ph.D., M.Phil., Post Graduate, Under Graduate, PG Diploma, Diploma Certificate and Integrated courses. Integrated courses have attracted the higher number of students as the its increased with the highest CAGR of 19.9% from 2015-16 to 2019-20. During the last four years M.Phil. and Under Graduate courses have reported negative CAGR, while in terms of absolute numbers still highest 80% students are enrolled in Under Graduate courses and least in M.Phil. course. (Figure 8)

**Figure: 8 Course-wise Distribution of Total Enrolment in 2019-18**

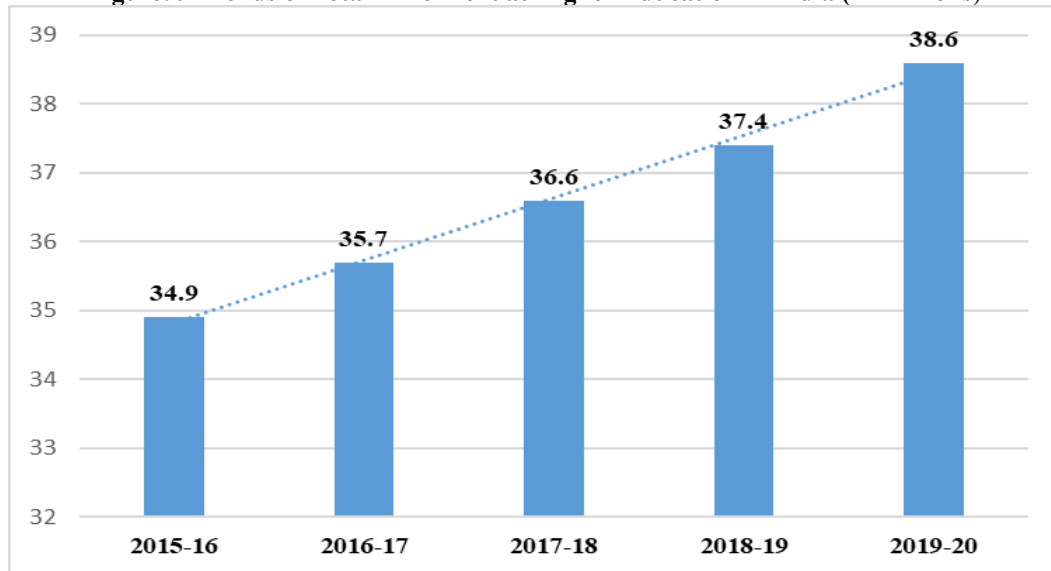


Source: Table 5

### Trends of Total Enrolment in Higher Education

Rashtriya Uchchatar Shiksha Abhiyan (RUSA) is one of the most important initiatives launched by government of India in 2013. The key objective of Abhiyan is to improve access, equity, excellence and quality related issues in higher education. The scheme aims to transform the State Higher Education System by facilitating institutional structure among higher education institutions and to raise the gross enrollment ratio (GER). The time series statistics of the total enrolment in higher education in India is presented in the figure 9, and it is evident from the figure that 34.9 million youth were enrolled among various courses of higher education in 2015-16 and the total enrolment reached to 35.6, 37.4 and 38.6 million in 2017-18, 2018-19 and 2019-20 correspondingly. The growth of the enrolment is reflected by the positive trend line in the figure-9.

**Figure: 9 Trends of Total Enrolment at Higher Education in India (in Millions)**

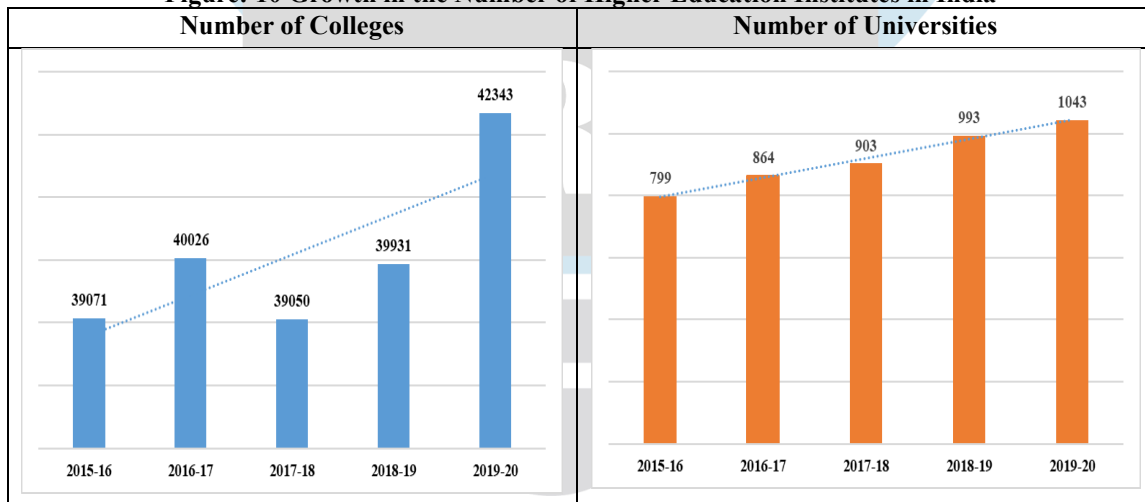


Source: All India Survey on Higher Education, 2019-20

**Number of Educational Institutions**

The appropriate number of educational institutes are required for the better accesses of quality education and to increase the gross enrolment ratio, especially in rural and backward areas. As it has already mentioned that the government of India and the state governments are implementing various programmes to boost the educational infrastructure at higher education level and as an achievement there has been a significant increase is reported in the total number of established colleges and Universities. At present 1043 Universities, 42343 Colleges and 11779 Stand Alone Institutions are registered on AISHE; in which 307 Universities are affiliating and 396 are private universities, out of 1043 universities 420 are situated in rural area. There are 17 Universities are exclusively for women, 3 in Rajasthan, 2 in Karnataka and Tamil Nadu & 1 each in Assam, Andhra Pradesh, Bihar, Delhi, Haryana, Himachal Pradesh, Maharashtra, Odisha, Uttarakhand & West Bengal; 522 General, 177 Technical, 63 Agriculture & Allied, 66 Medical, 23 Law, 12 Sanskrit and 11 Language Universities and rest 145 Universities are of other categories universities in India. The top 8 states that have highest number of colleges in are Uttar Pradesh, Maharashtra, Karnataka, Rajasthan, Andhra Pradesh, Tamil Nadu, Madhya Pradesh & Gujarat (AISHE 2019-20).

**Figure: 10 Growth in the Number of Higher Education Institutes in India**



Source: All India Survey on Higher Education, 2019-20

Figure 10 reveals that in 2015-16 total 39071 colleges were providing higher education and the number increased to 42343 in 2019-20, whereas during the same period total 799 universities including State Public University, State Private University, Deemed University-Private, Institute of National Importance, Central University, and Deemed University-Government were involved in higher education and touched the level of 1043 in 2019-20. From 2015-16 to 2019-20 total number of universities have increased by 30.58% and the number of colleges have amplified by 8.37% during the period.

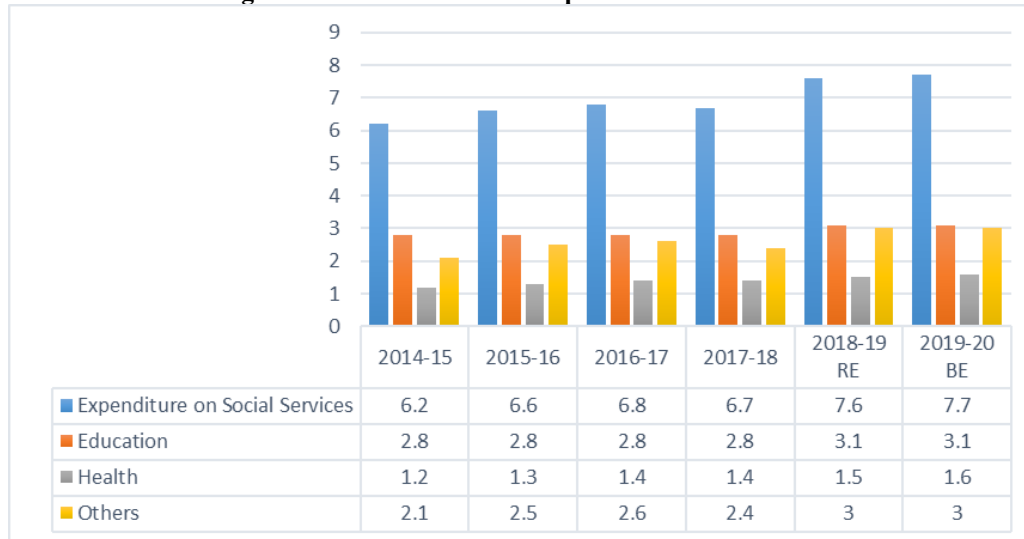
**(iii) Financing Trends of Social Services in India**

The increasing trends of public expenditure on social sector development or on social services affirm the commitment of the government towards the provisions of social services for the all sections of the society i.e., the relationship between the trends



of GDP, expenditure on education and elementary education provides positive trends and high degree of correlation (Singh Umendra, 2019). Many studies have found that there is multidimensional linkage between the sufficient public financing of social sector/social services lead the all development process to fill the developmental & social gaps in the society; the expenditure on social services ensure social well-being. The combine public health expenditure in India have seen continuous increase from the year 2005-06 to 2014-15; as it was Rs. 45,428 crores in year 2005-06 and reached to Rs. 154567 Cr. in 2014-15. The total public health expenditure has reported an increase of 13.13% CAGR during this period. The trends of public expenditure as percentage to total social services expenditure during the same period increased with an average of 19.11% (Singh Umendra, 2015).

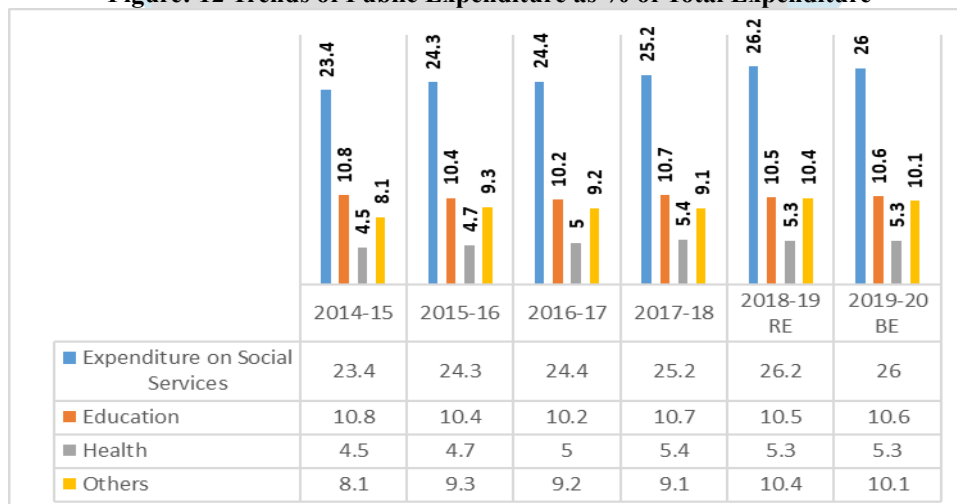
**Figure: 11 Trends of Public Expenditure as % of GDP**



Source: Economic Survey 2019-20, Ministry of Finance, Govt. of India

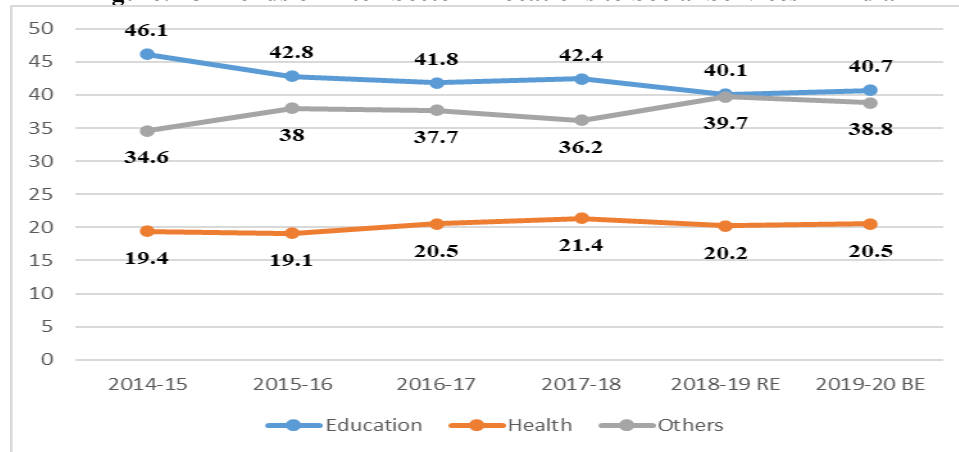
The combined centre & state government expenditure on social services including education, health and others services as a percentage of Gross Domestic Product (GDP) improved by 1.5 % points from 6.2 to 7.7%, from FY 2014-15 to 2019-20 (BE). An increase has been reported across all social sectors during this period. For education, it augmented from 2.8 % to 3.1 % in 2014-15 and 2019-20 respectively. For health sector it is showing 0.4% point increase from 1.2% to 1.6% in 2019-20; for other social services the general government expenditure as percentage of GDP has also increased from 2.1% to 3.0% in 2018-19 and 2019-20.

**Figure: 12 Trends of Public Expenditure as % of Total Expenditure**



Source: Economic Survey 2019-20, Ministry of Finance, Govt. of India

The share of combined public expenditure on social services out of total budgetary outlay of centre and states has increased by 2.6 percent points as compare to 2014-15 (23.4%) to 2019-20 (26%). Among the two major components of social services, health & education, Education sector is getting highest allocations with an average of 10.33% during last five years, whereas the health sector has received an average of 5.03% budgetary allocations. Education sector is showing the trend of constant allocation of around 10% in each considerable financial years, on the other hand health and other services have received more allocations than the previous financial years.

**Figure: 13 Trends of Inter-Sector Allocations to Social Services in India**

Source: Economic Survey 2019-20, Ministry of Finance, Govt. of India

Figure 13 provides the trends of inter-sectoral allocations to three major sub categories of social services in India. It is evident from the figure that education sector is one of the major sectors under social sector development in India as alone it is receiving more than 40% of total allocations to social services in India, from 2014-15 to 2019-20 the sector has received on an average of 42.32%. Among the inter-sector allocation, the health sector is maintaining the average of 20.23% in last five financial years.

**CONCLUSION:** On the basis of the selected indicators of social sector development study concludes that the health and educational infrastructure have improved, coverage of schools, colleges, universities and enrolment statistics have reported positive improvements. The access to social services (health and education) have improved over the years, the participation in education at all levels has improved in both the rural and urban areas. The analysis of the public financing indicators of social services indicates that the positive increase in allocations have witnessed over the years but, need more to address the all-prevailing socio-economic problems of Indian economy, especially the problems related to ongoing pandemic situation and to achieve the sustainable development goals within the due time frame.

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