

POPULATION RESEARCH CENTRE (PRC) DELHI

ANNUAL REPORT

April 2016 - March 2017



Institute of Economic Growth

University of Delhi, North Campus, Delhi - 110007

CONTENTS

I.	Individual Faculty and Research Interests	2
II.	Abbreviations	3
III.	Population Research Centre (IEG): Brief History and Highlights of the Current Annual Report	4
IV.	Projects/Studies Undertaken by the PRC Faculty	9
	(a) Ministry-sponsored Projects	9
	(b) Completed Studies (MoHFW)	9
V.	Books, Research Papers and Reports	15
	(a) Books	15
	(b) Research Papers (Published)	15
VI.	Participation in Seminars, Workshops and Meetings	15
VII.	Other Activities	16
	(a) Membership of the Committees/Editorial Boards and Working Groups	16
	(b) Ph.D. Supervision	16
	(c) Organization of Seminars and Participation in Teaching/Training Activities	17
	(d) Other Professional Positions	17
	(e) Unpublished Reports on Monitoring and Evaluation of NHM 2016-17 PIP Districts	17
VIII.	Financial Report: Copy of Audited Account	19

I. PRC FACULTY AND RESEARCH STAFF

Faculty Name	Current Position	Research Interests and Specialization
Dr. Suresh Sharma	Associate Professor and Acting Head, PRC	Demography, Reproductive & Child Health and Public Health
Dr. William Joe	Assistant Professor	Health Economics and Demography
Dr. Ruby Alambusha Singh	Assistant Professor	Reproductive & Sexual Health, Maternal & Human Rights, Tribal and Gender Issues

Research Staff	Designation
Dr. Niranjana Rout	Research Investigator
Ms. Manisha Bothra	Research Investigator
Ms. Surbhi Bhalla	Research Investigator
Ms. Jyoti Chaudhary	Research Investigator
Ms. Anupama Liz George	Field Investigator
Ms. Devanshi Kulshrestha	Field Investigator
Mr. Ramashish Yadav	Research Analyst
Ms. Aditi Singh	Field Investigator
Ms. Sangam Singh	Research Fellow
Ms. Renu Sain	Research Fellow

II. ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
BPL	Below Poverty Line
CDMO	Chief District Medical Officer
CDS	Centre for Developing Societies
CHC	Community Health Centres
DHS	Demographic Health Survey
DLHS	District Level Household Survey
DRC	Demographic Research Centres
HMIS	Health Management Information System
IASP	Indian Association for Study of Population
ICSSR	Indian Council of the Social Science Research
IEG	Institute of Economic Growth
IES	Indian Economic Service
IHEPA	Indian Health Economics and Policy Association
ISEC	Institute for Social and Economic Change
IUSSP	International Union for Scientific Study of Population
JNU	Jawaharlal Nehru University
JMI	Jamia Millia Islamia
JPHE	Journal of Public Health and Epidemiology
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MDGs	Millennium Development Goals
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
NCR	National Capital Region
NCT	National Capital Territory
NFHS	National Family Health Survey
NIHFW	National Institute of Health and Family Welfare
NHM	National Health Mission
PHC	Primary Health Centres
PRC	Population Research Centre
RGNIYD	Rajiv Gandhi National Institute of Youth Development
RoP	Report of Proceeding
SHQs	State Head Quarters

III. POPULATION RESEARCH CENTRE (IEG): BRIEF HISTORY AND HIGHLIGHTS OF THE REPORT

POPULATION RESEARCH CENTRE INSTITUTE OF ECONOMIC GROWTH, DELHI

Brief History

The Population Research Centre (PRC) at the Institute of Economic Growth (IEG), one of the earliest of its kind in the country, was set up by the Government of India in 1957 on the recommendation of a Research Advisory Committee (RAC) constituted earlier by the Planning Commission. The RAC was headed by Professor VKRV Rao, a highly respected economist, institution builder and one of the key figures in designing India's national income statistics. Two other centres were also established around the same time in Calcutta and Trivandrum. Originally all these Centres were known as Demographic Research Centre. Prof. Rao, interacted on several occasions with Pandit Jawaharlal Nehru, the then Prime Minister of India, and pleaded for demographic research on an institutional basis and the committee of which he was a member recommended establishment of four Demographic Research Centres (DRCs) one each in the North, East, South and West India. They became Population Research Centres to enlarge the scope of their work and bring population, instead of only demographics, into their ambit.

The DRC Delhi was set up in 1957 as a part of Delhi School of Economics. It became one of the foremost sections of the Institute of Economic Growth (IEG), initially named as Institute for Research in Economic and Social Growth. It was renamed as IEG on 16th November 1959.

The DRC was renamed as Population Research Centre (PRC) in the mid 1970s. The research perspectives for the Population Research Centre, Delhi were designed under the guidance and direction of Professors V.K.R.V. Rao and B.N. Ganguli, who took keen interest in developing the PRC.

In the early consolidation years, the PRC was headed by Dr. S.N. Agarwala, Professor P.B. Desai and Professor Ashish Bose, followed by Prof. D.B. Gupta, Prof. Bina Aggarwal, Prof.

Mari Bhatt, Prof. S.C. Gulati, Prof. Moneer Alam to name some and currently headed by Dr. Suresh Sharma.

Over the years, the PRC (IEG) has produced a wide variety of literature covering various aspects of population and health in the country. Some of the more recent works produced by the PRC faculty cover an array of cross-cutting themes, including fertility-mortality differentials by different social groups, private spending on health and consumption catastrophe, reproductive and child health, programme evaluation, morbidity, demographic ageing in India and South Asia, functional disabilities, migration, urbanisation, political economy of gender, and study on marginalised groups like tribes etc. Clearly, these studies not only comply with the mandated roles of the PRC/DRC, they also bear considerable significance at the policy level. In addition, Delhi PRC (along with its sister institutions) was also involved in most of the large scale surveys conducted by the Health Ministry over the past decades including the three rounds of National Family Health Survey and District Level Health Survey.

Highlights of Past Year's Works

During the past twelve months, i.e. April 2016 to March 2017, PRC faculty has initiated several interesting studies, published papers, delivered lectures to Indian Statistical Services (ISS) officers/probationers, supervised doctoral research, participated in national and international conferences, organised seminars and workshops and also attended other professional meetings. In addition to its assigned responsibility of monitoring and performance evaluation of NHM's Programme Implementation Plans (PIPs) in different states and districts, the faculty worked on a variety of issues with merits drawn on policy considerations. Some studies conducted by the faculty during this period have already been published as a book namely "Reproductive Health of Adolescents in Delhi Slums" by Synergy Books, New Delhi. Most of the studies, as already mentioned, conform closely to the issues considered significant in the National Population Policy or other such important national and international documents. The PRC faculty has presented three papers titled "Health expenditure and its Repercussion on Health Status: An analysis of South-Asian countries", "Gender disparities in morbidities and healthcare use among older adults in India" and "Utilization and Financing of health care

services for treatment of Tuberculosis in India: Challenges and Policy Implications for the RNTCP Programme” in the first Dissemination workshop organised by MoHFW, Govt. of India at Triuvandaram, Kerala. Apart from the studies regularly sponsored by the MoHFW, PRC faculty has also been engaged in research projects sponsored by major national and international agencies including Planning Commission, Indian Council of the Social Science Research (ICSSR) and the United Nations Population Fund (UNFPA). Presently PRC faculty is coordinating large scale survey named “Longitudinal Ageing Study in India” (LASI) project in Delhi and Haryana sponsored by Harvard School of Public Health, University of California, IIPS and MoHFW, GoI. PRC faculty has received and actively imparted trainings to the field investigators, health investigators and supervisors on multiple modules and use of new survey tools like CAPI, Biomarkers, DBS, Spirometry etc.

The studies assigned by the MoHFW to PRC (IEG) during the preceding 12 months are largely focused on rapid assessments of the NHM’s Programme Implementation Plans in multiple districts of selected states including Delhi, Uttar Pradesh, Rajasthan, and Haryana.

Faculty members conduct a range of studies on their own without any support from donor organizations. Some of them are already at various stages of publication as papers in refereed journals or books. Some PRC research is based on field-based surveys and some others are on secondary data analyses. The details of these studies are reported in the sections to follow and organized as below:

- Studies sponsored by the MoHFW
- Studies sponsored by other donor agencies
- Self-initiated studies

The abstracts of these studies have also been given to provide objectives, a brief methodology, data sources, major findings and policy implications. Whether the study is completed or in progress is also mentioned.

The PRC faculty covered the following thematic areas in their studies.

- Studies assigned by the MoHFW to evaluate NHM (PIP monitoring) and HMIS-related programmes
- Mortality studies
- Reproductive and child health
- Demographic ageing and health
- Population and development linkages
- Migration, labour market vulnerability and health outcomes
- Health and Nutrition Aspects

In addition, from past three years, PRC has been continually organizing seminar on the occasion of World's Population day under various themes and this year the theme was "Investing in Teenage Girls", where the keynote address was delivered by Former Health Secretary Shri. A.R. Nanda. The International Conference on Population and Sustainable Development was organized by Dr. Suresh Sharma, Head, Population Research Centre at Institute of Economic Growth (IEG), Delhi from 7th to 9th Dec. 2016. The Conference was attended by about 150 participants and representatives from UNICEF, UNFPA, USAID, MoHFW, RGI, Pop Council, ABT associates, Helpage India, Save the children, TERI, IDS, Kolkata, Plan International, WISH Foundation, Sight Savers, and the academic Institution: IEG, TISS, ISEC, JNU, Anamali University, Delhi University, Amity University, SV.University, ISI, AIMS, PGIMS, ICMR and IIPS. The Conference had 8 plenary sessions and 12 technical sessions. One of the sessions was chaired by Smt. Navanita Gogoi, Director (Stats) MoHFW.

The key note address was given by Mr. Diego, Representative, UNFPA. He emphasized on SDG goals and was of the opinion that some of states have shown improvements in the demographic, social and economic indicators. However, there is need to do lot more by some states who are yet to catch with change in the demographic, social and economic well-being of the country as whole.

The George Simmons memorial lecture, an integral part of the annual conference, was delivered by Dr. Ravi K Verma. The topic of the lecture was on "Should Gender Equality be an Overarching Frame work for Family Planning from rhetoric to reality". His view was that gender equality can help woman and man make informed, rational with sustainable choices. The

family planning programme should have addressed gender equality but that is missing. Dr. Suresh Sharma gave the vote of thanks and a brief note on the topic “Population and Sustainable Development”. During the conference a panel discussion was organized on HMIS and its Utility. The speaker was Dr. Alia Kauser. The panelist for the discussion were Dr. Vishnu Kant Srivastava Chief Director Statistics, Ms. Neeta Rao USAID and Dr. A. Jayachandran

The conference had eighteen themes namely NCD, Morbidity Patterns, Population and Environment, Employment and sustainable Development, Programmes and Policies, Population and Sustainable Development, Gender Issues, Evidence from Large Scale Surveys, Fertility and Family Planning, Analytical Approach, Health nutrition and Development, Issues of Adolescents and Youth, Ageing and Issues, Maternal and Child Health, Health Financing, Migration and Urbanisation, Other Emerging Issues and Monitoring Progress. The participants ranged from faculty, Ph.D. scholars, M.Phil., and post- graduate students, in all there were 86 participants presented their papers. It should be highlighted that research papers on aging were on a rise in this conference. There were three sessions on aging and participants had also presented papers on aging in other sessions as well.

During this period, the PRC faculty published one book, 11 research papers (another 5 papers have been accepted for publication), most of them in peer-reviewed journals. In addition, PRC faculty members have participated in a number of national and international events, including seminars, workshops, and professional meetings and delivered keynote or plenary addresses. Many faculty members are part of prestigious committees and editorial boards. Some of the faculty members supervise doctoral students. A few faculty members have been invited regularly by important TV channels. These activities are indeed a testament to the faculty’s substantial professional engagement and growing reputation, both within and outside the country.

Dr. Suresh Sharma
Associate Professor and Acting Head
Population Research Centre (Delhi)
suresh@iegindia.org

IV. Projects/Studies Undertaken by the PRC Faculty

IV (a): MINISTRY-SPONSORED PROJECTS

(i) Ongoing Studies (MoHFW)

1. NHM States Programme Implementation Plans (PIPs):2017-18 Monitoring and Evaluation

PRC Delhi will visit quality monitoring of assigned states NHM PIPs for the monthly report. The assigned districts for Delhi are Central, East, New Delhi, North, Shahdra, South, South-East, South-West and West, for Haryana Fatehabad, Faridabad, Sonipat, for Rajasthan Bhilwara, Dausa, Sawai Madhavpur, Tonk, Pali and for Uttar Pradesh Mathura, Sonbadhra, Merrut, Kanpur Nagar, Kanpur Dehat, Balrampur and Ghaziabaad. In this context, the PRC Delhi teams will visit respective districts of the assigned states for review and analysis of suitable quality parameters. The study uses structured interview schedule to study the progress on the basis of key conditionality's and incentive and roadmap for priority action as suggested in the RoPs.

(ii) Completed Studies (MoHFW)

1. NHM Delhi, Haryana, Rajasthan and Uttar Pradesh States Programme Implementation Plans (PIPs):2016-17 Monitoring and Evaluation

Abstract: PRC Delhi will visit quality monitoring of Delhi, Haryana, Rajasthan and Uttar Pradesh States NHM PIPs for the monthly report. In this context, the PRC Delhi teams will be visiting North East Delh and North West distracts of Delhi, Bhiwani, Jhajjar, Mahendragarh, Mewat, Palwal, Panipat of Haryan, Bikaner, Bundi, Churu, Dhaulpur, Hanumangarh, Jaipur, Jalor, Jhunjhunun, Nagaur, and Sikar distracts of Rajasthan, Bagpat, Gautam Buddha Nagar, Ghazipur, Hapur, Muzaffarnagar, and Shahjahanpur disrcts of Uttar Padresh States for review and analysis of suitable quality parameters. The study uses structured interview schedule to study the progress on the basis of key conditionality's and incentive and roadmap for priority action as suggested in the RoPs.

2. Missing Girls and the Facts about Gender Equity in Education

Abstract:

This study provided an account of gender equity in schooling structures of India, with a particular emphasis on equal access to education. After seven decades of independence we are still not able to achieve equality in the basic indicator of literacy. General human right such as right to education is still not availed by a major chunk of the female population. The study attempted to examine the educational access issues affecting both girls and boys in India. Total sample of 250 children aged 6 – 14 years was studied. The study was based upon primary survey in the slums of Delhi. The probability proportionate to size (PPS) was used for the selection of

slums from the eight districts of Delhi. Systematic random sampling was used for selecting household having children aged 6-14 years. Both quantitative and qualitative data collection techniques were used. Some case studies were also incorporated. Quantitative data was collected with the help of semi structured Interview Schedules and analysed using SPSS. Data generated through in-depth interviews was analyzed manually. Information collected through observation technique was presented in the text form. In this study we tried to focus on the girl's enrolment, attendance and reasons of dropout, the extent of educational policies have been able to provide solution toward education for all especially females. This study tried to bring out the possible policy recommendation for eliminating gender biasness in education.

Date of initiation

1 April, 2016

Date of completion

31 January, 2017

3. Health Expenditure and Its Repercussions on Health Status- A Cross-Country Analysis

Abstract:

Government has an essential role in shaping the health of its population and the stress of this role has risen substantially in today's scenario. The equity dimension of provision of health related goods, infrastructure to support its provision, the required number of doctors, nurses and midwives-all are or to say, can be ensured by government financing if provided efficiently. This scenario is unlike that of private sector where the prices are high and affordability is the biggest challenge, thus, it becomes a priority to study the causality between public health expenditure and health status. The prime objective of this study was to figure out the impact of per capita public health expenditure on health status of the population across different countries using infant mortality rate, maternal mortality rate, and under-5 mortality rate as proxies for cross-sectional data from countries stratified into high income, middle income and low income group. Dataset was prepared from World Bank website and other secondary sources. We adopted a robust Ordinary Least Squares (ROLS) model as the baseline specification and provided results from robust OLS. This study will unveil that health expenditure incurred by the government is an important factor but other social factors such as education, poverty, strong governance, community involvement at all the levels and health infrastructure and private expenditure do have a strong impact on health status of a country.

Date of initiation

1 May, 2016

Date of completion

28 February, 2017

4. Utilization and Financing of health care services for treatment of Tuberculosis in India: Challenges and Policy Implications for the RNTCP Programme

Abstract:

Following the United Nations (UN) declaration on sustainable development goals (SDGs), India is committed to achieve zero prevalence and incidence of Tuberculosis (TB) by 2030. However, TB prevalence per lakh population continues to be high and was estimated to be around 211 in 2013. Besides, in 2013, out of the estimated global annual incidence of 9 million TB cases, 2.1 million were estimated to have occurred in India. Given such programmatic challenges, this study aimed to examine the utilization and financing of health care services for treatment of TB in India. The study focused on existing trends and patterns as well as issues related to levels of out of pocket expenditure in public and private sectors and its key determinants. The findings

are expected to provide policy insights for strengthening of IEC activities as well as for envisaging role and scope of the private sector.

Date of initiation

1 April 2016

Date of completion

31 January, 2017

5. Neonatal Mortality Rate Projection: Will Indian States Achieve Sustainable Development Goal 3?

Abstract

Neonatal mortality has not received much attention in past years despite it constituting a high proportion of child mortality. Almost 27% of neonatal deaths in the world occur in India. State like Madhya Pradesh, Orissa and Rajasthan show almost 30 per cent more neonatal mortality rate in comparison to the national average. Apart from this, although the National Health Mission (NHM) is in line with the Millennium Development Goal 4, with its focus on reduction of child mortality to two thirds by 2015 has been helpful in bringing down child mortality numbers in India, but this falling trend cannot be associated with neonatal mortality. This can be seen with the high proportion of neonatal mortality in both Under 5 mortality and Infant Mortality, at 56% and 69% respectively, which is indicative of the dismal state of neonatal health in India. Also, despite a large increase in institutional deliveries seen in the post NHM period yet insignificant decreases in neonatal deaths can be noted.

With the Sustainable Development Goal 3, focussing particularly on reducing neonatal mortality to not more than 12 per 1,000 live births by 2030, it therefore becomes imperative to know whether and also how quickly the Indian states with currently high levels of neonatal mortality (especially the Empowered Action Group (EAG) and Assam) will be able to achieve this goal. Therefore the objective of this study is to project the neonatal mortality rates for fifteen Indian states (major states with neonatal mortality above 20 per 1,000 live births) for the year 2030 using the Lives Saved Tool (LiST) of the Spectrum Software. Secondly, the trend of neonatal mortality rate was also studied for the pre and post NHM periods to understand the impact of this intervention and lastly this study discussed bottlenecks prevalent in the current programme implementation and suggested the way forward in reducing neonatal mortality.

Date of initiation 1May, 2016

Date of completion 31st December, 2016

6. Gender disparities in morbidities and healthcare use among older adults in India

Abstract:

The present research study aimed to shed light on the changing pattern of Gender disparities in morbidities and healthcare use among older adults in India. The main source of data was National Sample Survey Office unit level data for the 71st (2014) and 66th (2009-10) rounds. In addition, data from the 60th round (2004) survey on “Morbidity and Health Care” was also used. This research study attempted to examine the gender disparity in morbidities and health care expenditure, with that of males being higher than that of their female counterparts; the gap, however, is narrowing with time. The earlier reports of NSSO (52nd, 58th and 60th round) reveals about different types of morbidity, and health care use among elderly population. The 60th round

of NSSO provides information on health care utilization which included the curative aspect of gender healthcare with the expenditure incurred for services. In this study it was examined the prevalence along with major differentials and determinants of morbidity patterns, health seeking behaviour and expenditure pattern rates across age-sex groups in different regions of India using appropriate bivariate and multivariate analytical techniques.

Date of initiation 1 June 2016

Date of completion 31 January, 2017

7. Slow Pace of Fertility Decline in Bihar: An Examination of Unmet Need

Abstract:

Bihar is one of the poverty driven states of India which is lagging behind in various socio-economic and demographic parameters among other states. Population growth rate is still high (25.07 percent 2001-11 Census) and TFR is highest (4.0 NFHS-3, 2005-06, 3.4 SRS, 2013) among all states and UTs. Contraceptive prevalence rate is far behind in Bihar (34.1 percent NFHS-3, 41.2 percent AHS-2012-13) in comparison to national average (56.3 percent NFHS-3). Unmet need of family planning is high in Bihar (22.8 percent NFHS-3, 31.5 percent AHS-2012-13) against national average 12.8 percent (NFHS-3). The mean ideal number of children is still more than three in Bihar (NFHS-3). Population control in a situation of low prevalence of contraceptive use and high unmet need is the biggest challenge for Bihar. The two broad objectives of the study were; to examine the socio-economic, demographic and cultural factors affecting unmet need of family planning and; to evaluate the government policies and institutions role in relation to unmet need in Bihar. Secondary sources data from AHS (2012-13), DLHS-4 (2012-13) NFHS-2 and 3, SRS were used. Quantitative methods like cross tabulation, correlation, percentage and logistic regression and some cartographic methods were used.

Date of initiation 1 July, 2016

Date of completion 28 Feb., 2017

8. Children Deprived of Childhood: A study of child labour in Delhi

Abstract:

Census data shows there were 4.35 million labourers aged between 5 and 14 in 2011 against 12.66 million a decade ago. One of the goals of Sustainable Development Goals (SDGs) is to improve the lives of the poorest. Global leaders took a pledge to end child labour by 2050 but central government plans to allow children under 14 to work for their families. This paper aimed to study nature and dimensions of child labour in South Delhi District; to understand socio-economic and health situation of working children aged 10-14 years; to analyze the impact of working conditions on the children. Total sample was 200 working children aged 10 – 14 years. Study area for the present study was South Delhi District's restaurants, construction sites, daily vendors, street workers. For the study South Delhi was selected purposively. Simple random sampling was used for selecting working children aged 10-14 years. Both quantitative and qualitative data collection techniques were used. Some case studies were also incorporated. Quantitative data was collected with the help of semi structured Interview Schedules and analysed in SPSS. Information collected through observation technique was presented in the text form. This study tried to evaluate the government programs and policies related to child labour

and their limitations. The study recommended that the income disparity among the participant groups can be removed by providing better employment opportunities to the lower stratum of the society through creation of more jobs. It was also felt that the families must be provided some incentives so that they can meet their necessities without forcing their children to work.

Date of initiation 1 June, 2016

Date of completion 28 February, 2017

9. OPEN DEFECATION IN INDIA: DIMENSIONS AND DETERMINANTS

Abstract:

Open defecation in India is tenaciously higher with a reduction of only 31% from 1990 to 2015. Till date, 595 million people in India do not use toilets. India failed to achieve its MDG target of providing improved sanitation facility (Goal 7). Open defecation has been targeted again in SDGs with an aim to eliminate it worldwide by 2030. Indian government aims to achieve an open defecation free country by 2019. The objective of the paper was to: analyse the trends in open defecation and assess factors associated with latrine use; examine the preferences for open defecation and the basic constraint for it; regional and spatial dimensions of Latrine use in the backdrop of government incentives and discuss policy implications for government campaign of Swachh Bharat Mission. Data was referred from NSS, Census, NFHS and other publication. It was found that the level of education achieved by the household members especially the female education had a strong impact on latrine availability and also, electricity availability impacted the probability of usage. It was also found that water availability was not a cause of concern but the source of water supply was, as when it moved from within the premises to outside premises a declining probability of latrine availability was observed.

Date of initiation 1st July 2016

Date of completion 28th February 2017

10. Increasing Prevalence of C-Section Deliveries in the Districts of Delhi Metropolitan City

Abstract:

Caesarean section is one of such medical intervention. It is the procedure of delivering the baby through open surgery. Caesarean section rates around the India have been increasing. As the rate of caesarean section continues to rise in metropolitan city. This study aimed to investigate and tried to throw light on the current trends in c-section delivery in Delhi Metropolitan city. The main objective of this study was to examine the level and trend of the C-section delivery in Delhi and its Districts. It also tried to identify various factors associated with caesarean delivery and also understand the possible reason of very high rate CS in some parts of Delhi. For the study, data was collected via primary survey in the districts of Delhi and involved stratified random sampling procedure for data collection. Collected data was tabulated and analysed based on DLHS and HMIS. Both bivariate and multivariate analyses were carried out. It was found that with regard to socioeconomic factors, the women with higher education and permanent jobs were found to be more in the category of C-section than normal delivery. It was also found that C-section delivery was not very common among Muslims and Sikhs possibly because of social customs and social dogmas followed by them.

Date of initiation 1 August , 2016
Date of completion 31 March, 2017

11. NHM implementation and performance of Maternal and Child health care in Tribal districts of India: A comparative analysis across the high focus districts

Abstract:

After the implementation of National Health Mission, general improvement has been seen in maternal and child health indicators. But when it comes to tribal areas the situation has not changed much. Inter district disparities among tribal and high focused regions are still high. This paper examined the relation between performance of tribal districts in terms of MCH indicators with focus on explaining the changes using both programmatic variables and development outcomes. This study will tried to find out the difference in policy approach in tribal districts, high focus areas and non-high focus areas. It was found that the causes of slow progress in districts with higher concentration of marginalized population was that marginalized groups often reside in disadvantaged areas and have been isolated from mainstream developmental process. Another major factor noticed was that the efficacy of programme implementation and management.

Date of initiation 1st July, 2016
Date of completion 30th November, 2016

12. Nutritional Status of School Aged Children and Adolescents (5-18 years) across the EAG States and Assam: Prevalence, Patterns and Policy Options

Abstract:

Nutritional status of school aged children and adolescents have been a neglected aspect of policy research in India. This is a critical phase as nutritional improvements in this age can significantly influence educational and health outcomes in adulthood. Against this backdrop, this study aimed to examine the prevalence of under nutrition and over nutrition among school-aged children and adolescents across EAG states and Assam. The study also presented an ecological analysis to describe the patterns associated with key developmental and policy variables. The study was based on the Clinical, Anthropometric and Biochemical survey (CAB) of Annual Health Survey 2014. Viewing the importance of this age group on the grounds of better learning and skill development, the study focused on policy options to achieve faster nutritional improvement in this age group. The results showed that literacy rate and agricultural labourers are the most determining factors as the prevalence of low BMI significantly vary with these factors.

Date of initiation 1st September, 2016
Date of completion 31st March, 2017

V. BOOKS, RESEARCH PAPERS AND REPORTS

(a) Book

Suresh Sharma, Yamini Gupt & Gagandeep Kaur: 2017 “Reproductive Health of Adolescents in Delhi Slums” by Synergy Books, New Delhi

(b) Research Papers (Published)

1. Ruby A. Singh, “Gender disparities in morbidities and healthcare use among older adults in India - A violation of Human Rights”, International Journal of Human Resource & Industrial research, , Vol.4, Issue 1, Jan 2017 /Arseam
2. Suresh Sharma, Manisha Bothra, Health Expenditure and its Repercussions on Health Status: An Analysis of South-Asian countries, Accepted for publication by International Journal of Social Science and Economic Research.

(VI): Faculty Participation in Seminars, Workshops and Meetings

Dr. Suresh Sharma

1. First Dissemination work for Publication in PRC Compendium MoHFW at Trivandrum Kerala
2. Longitudinal Ageing Study in India meeting at Lonavala and Bombay
3. Guest Lecture delivered to Indian Statistical Service (ISS) students in Noida

Ms. Manisha Bothra

1. First Dissemination work for Publication in PRC Compendium MoHFW at Trivandrum Kerala
2. Winner of Prof. C. Chandra Shekhran Award at International Conference on Population and Sustainable Development

Dr. William Joe

1. Participation in the main Training of trainers (ToT) for Longitudinal Ageing Study in India at Lonavala.

Dr. Ruby Alambusha Singh

1. Participation in the main Training of trainers (ToT) for Longitudinal Ageing Study in India at Lonavala.
2. “Situational analysis of Maternal Health post NHM in U.P and Delhi” in National seminar on ‘Strategies for Women and Child Survival’ held during 8-10 March, 2016 at National Institute of Rural Development & Panchayati Raj, Rajendranagar, Hyderabad.
3. "Gender disparities in Suicidal deaths in India: A trend and factors analysis." & “Gender Equity in Education: A Review of Trend and Factors”, National Seminar on “Population and Development: Issues and Challenges in 21st Century” held during 18-19 March 2016” at Nagpur.
4. “Gender disparities in morbidities and healthcare use among older adults in India - A violation of Human Rights.” National Conference of IASSH on “Health, Gender and Development: Emerging Issues and Challenges” held during 23-25 September 2016 at the Gokhale Institute of Politics and Economics, Pune, Maharashtra.
5. Imparted training to Field Investigators, Health Investigators and Supervisors for the LAS Project at IEG

(VII) Any Other Activities

(a) Membership of Committees/Universities Bodies and Working Groups

1. Dr. Suresh Sharma Treasurer of Indian Association for the Studies of Population (**IASP**)
2. Dr. Niranjana Rout, Member of Indian Association for the Studies of Population (**IASP**)

(b) Ph. D Supervision

S.No.	Name of Scholar	Topic for Research	University	Supervisor/s
1.	Ms. Manisha Bothra	“Economics of Ageing and Health: A Sustainability Approach”	Department of Economics, University of Jhunjhunu	Dr. Suresh Sharma
2.	Ms. Gagandeep Kaur	'Health Reproduction and Contraception Usage Amongst Adolescent Women: A Study of Delhi Slums'	Department of Business Economics, University of Delhi, South Campus, New	Dr. Suresh Sharma & Dr. Yamini Gupt

			Delhi	
3.	Mr. Saroj Kumar	Inequalities in access to maternal health care services in Uttar Pradesh	Central University of Gujarat	Dr. William Joe & Dr. Kshamanidhi Adabar
4.	Mr. Sunil Rajpal	Demographic transition and aging: Implications for health and health care across Indian States	Central University of Gujarat	Dr. Tulika Tripathi & Dr. William Joe

(c) Organization of Seminars and participation by Faculty in Teaching/Training Programmes

1. National Seminar on “Investing in Teenage Girls” On the occasion of World Population Day 11th July, 2016 at INSTITUTE OF ECONOMIC GROWTH, DELHI BY Dr. Suresh Sharma
2. International Conference on “Population and Sustainable Development” from 7-9 Dec, 2016 at Institute of Economic Growth, Delhi by Dr. Suresh Sharma
3. Imparted training for Listing and Mapping to Field staff in LASI Project
4. Imparted training to Field Investigators, Health Investigators and Supervisors for the LASI Project at IEG

(d) Other Professional Positions

1) Dr. Suresh Sharma

1. Treasurer, Indian Association for the Study of Population, 2016–18

(e) Unpublished Reports on Monitoring and Evaluation of NHM 2016-17 PIP Districts

S.No.	Title
1.	Monitoring of important components of NHM A report on North-East District - Dr. Suresh Sharma and Ms. Manisha Bothra
2.	Monitoring of important components of NHM A report on North-West District - Dr. William Joe and Ms. Shailaja Jaitiani

3.	Monitoring of important components of NHM A report on Baghpat District - Dr. Suresh Sharma, Ms. Chavi Jain
4.	Monitoring of important components of NHM A report on Gautam Budha Nagar District of Delhi - Dr. Ruby A. Singh, Ms. Anupama Liza George
5.	Monitoring of important components of NHM A report on Hapur District - Dr. Ruby A. Singh, Ms. Anupama Liza George and Dr. Vidyasagar Trigun
6.	Monitoring of important components of NHM A report on Muzzafarnagar District - Dr. William Joe and Dr. Niranjn Rout
7.	Monitoring of important components of NHM A report on Ghazipur District. Dr. Suresh Sharma and Dr. Vidyasagar Trigun
8.	Monitoring of important components of NHM A report on Shahjampur District - Dr. Ruby A. Singh, Ms. Shailaja Jaitiani and Ms. Renu Sain
9.	Monitoring of important components of NHM A report on Dhaulpur District - Dr. William Joe, Dr. Niranjn Rout and Ms. Renu Sain
10.	Monitoring of important components of NHM A report on Bikaner District. - Dr. Ruby A. Singh, Ms. Anupama Liza George
11.	Monitoring of important components of NHM A report on Jaipur District - Dr. William Joe, Ms. Shailaja Jaitiani, Ms. Shailaja Jaitiani
12.	Monitoring of important components of NHM A report on Sikar District. - Dr. William Joe, Ms. Shailaja Jaitiani, Ms. Shailaja Jaitiani
13.	Monitoring of important components of NHM A report on Nagaur District. - Dr. William Joe and Chavi Jain
14.	Monitoring of important components of NHM A report on Jalor District. - Dr. Suresh Sharma Ms. Shailaja Jaitiani and Dr. Vidyasagar Trigun
15.	Monitoring of important components of NHM A report on Bundi District – Dr. Niranjn Rout, Ms. Bhawna
16.	Monitoring of important components of NHM A report on Churu District. - Dr. Suresh Sharma and Ms. Manisha Bothra
17.	Monitoring of important components of NHM A report on Jhunjhunu District. - Dr. Suresh Sharma and Ms. Manisha Bothra
18.	Monitoring of important components of NHM A report on Hanumangarh. - Dr. Suresh Sharma and Ms. Anupama Liza George
19.	Monitoring of important components of NHM A report on Palwal District. - Dr. Ruby A. Singh and Ms. Chavi Jain
20.	Monitoring of important components of NHM A report on Panipat District - Dr. Suresh Sharma, Ms. Shailja Jatiani
21.	Monitoring of important components of NHM A report on Jhajjar District - Dr. William Joe and Ms. Manisha Bothra
22.	Monitoring of important components of NHM A report on Mahendragarh District - Dr. William Joe and Ms. Chavi Jain
23.	Monitoring of important components of NHM A report on Mewat District – Dr Niranjn Rout and Dr. Vidyasagar Trigun
24.	Monitoring of important components of NHM A report on Bhiwani District - Dr. Suresh Sharma and Ms. Chavi Jain

INSTITUTE OF ECONOMIC GROWTH, DELHI

GFR 12 - A
(See Rule 238(1))

UTILISATION CERTIFICATE FOR THE YEAR 2016-17

1. Name of the Scheme: **Population Research Centre**
 2. Whether recurring or no recurring grants: **Recurring**
 3. Grants position at the beginning of the Financial year
 (i) Cash at Bank **2,937,164**
 (ii) Unadjusted advances **-**
 (iii) Total **2,937,164**

4. Details of grants received, expenditure incurred and closing balances: (Actuals) Rs.

Unspent Balances of grants received years (Figure as at Sl. no 3(iii))	Interest earned thereon	Interest deposited back to the Government	Grant received during the year			Total available Fund (1+2-3+4)	Expenditure incurred	Closing Balances (5-6)	
			Sanction No. (i)	Date (ii)	Amount (iii)				
1	2	3	4			5	6	7	
2,937,164	91,973	-	G.20011/7/2015	04/07/2016	4,651,000	-			
				15/01/2017	7,111,000				
			Total			11,762,000	14,791,137	15,248,981	(457,844)

Component wise utilisation of grants Rs.

Grant in aid General	Grant in Aid -Salary	Grant in aid-creation of capital assets	Total
2,113,958	13,135,023	-	15,248,981

Details of Grant position at the end of the year

- (i) Cash at Bank **-**
 (ii) Recoverable Grant **(457,844)**
 (iia) Unadjusted advances **-**
 (iii) Total **(457,844)**

Certified that I have satisfied myself that the conditions on which grants were sanctioned have been duly fulfilled and that I have exercised following checks to see that the money has been actually utilized for the purpose for which it was sanctioned:

- (i) There exist internal controls for safeguarding public funds/assets, watching outcomes and achievements of physical targets against the financial inputs, insuring quality in asset creation etc. & the periodic evaluation of internal controls is exercised to ensure their effectiveness.
- (ii) There exist internal controls for safeguarding public funds/assets, watching outcomes and achievements of physical targets against the financial inputs, insuring quality in asset creation etc. & the periodic evaluation of internal controls is exercised to ensure their effectiveness.
- (iii) To the best of our knowledge and belief no transactions have been entered that are in violation of relevant Act/Rules/Standing instructions and scheme guidelines, agreements.
- (iv) The responsibilities among the key functionaries for execution of the scheme have been assigned in clear terms and are not general in nature.
- (v) The benefits were extended to the intended beneficiaries and only such areas/districts were covered where the scheme was intended to operate.

[Signature]

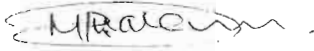


[Signature]

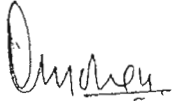
- (vi) The expenditure on various components of the scheme was in proportions authorized as per the scheme guidelines and terms and conditions of the grants-in-aid.
- (vii) It has been ensured that the physical and financial performance under "Population Research Centre" has been according to the requirements, as prescribed in the guidelines issued by Govt. of India and the performance /targets achieved statement for the year to which the utilization of the fund resulted in outcomes given at **Annexure-I** duly enclosed.

FOR THAKUR, VAIDYANATH AIYAR & CO.
CHARTERED ACCOUNTANTS
FRN 000038N

FOR INSTITUTE OF ECONOMIC GROWTH



(M.P. THAKUR)
PARTNER
M NO 052473



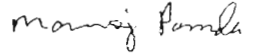
(V.M. BUDHIRAJA)
ACCOUNTS OFFICER



(D.D. KANDPAL)
FINANCE OFFICER



(SURESH SHARMA)
ACTING HEAD - PRC



(MANOJ PANDA)
DIRECTOR

Place: Delhi

Date: 18 August 2017



INSTITUTE OF ECONOMIC GROWTH

POPULATION RESEARCH CENTRE, IEG, DELHI

(UNDIVIDED DEPT. OF FAMILY WELFARE, MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA)

INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD FROM 01-04-2016 TO 31-03-2017

EXPENDITURE	CURRENT YEAR RS.	PREVIOUS YEAR RS.	INCOME YEAR RS.	CURRENT YEAR RS.	PREVIOUS YEAR RS.
ESTABLISHMENT CHARGES					
SALARIES	10,561,027	10,019,222	GRANT-IN-AID FROM GOVT. OF INDIA, MINISTRY OF H&FW RECEIVED DURING THE YEAR	11,762,000	16,119,000
BONUS	93,258	31,086			
CONT. TO PROVIDENT FUND	748,089	900,365	ADD: UNSPENT GRANT B/F AS PER LST B/SHEET	2,937,164	202,427
LEAVE ENCASHMENT (LTC)	22,295	15,748		14,699,164	16,351,427
CHILDREN EDUCATION ALLOWANCE	165,442	141,115		320	378
MEDICAL EXPENSES	139,918	259,837	INTEREST ACCRUED ON SB A/C	91,653	180,505
L.T.C. EXPENSES	108,593	85,024	INTEREST ON FLEXI A/C		
LIVERIES	5,117	4,033			
PRC FELLOWSHIP	264,000	218,552	NET RECOVERABLE GRANT FOR THE YEAR C/F TO NEXT YEAR	457,844	
GRATUITY TO EX-STAFF	12,107,739	11,674,982			
LEAVE ENCASHMENT TO EX-STAFF	364,205				
	663,079				
OTHER CHARGES	13,135,023	11,674,982			
BOOKS	10,300	36,570			
PERIODICALS, JOURNALS & SERIALS	29,059	3,100			
T.A. & CONVEYANCE	234,410	118,106			
PRINTING & STATIONERY	78,007				
DATA PROCESSING & COMPUTER EXP.	171,993	247,360			
CONTINGENCY EXPENSES	10,000	4,456			
OVERHEAD CHARGES	1,580,189	1,510,572			
(FOR POOLED SERVICES viz. ELECTRICITY, WATER, TELEPHONES, ETC.)	15,248,981	13,595,146			
NET UNSPENT GRANT FOR THE YEAR C/F TO NEXT YEAR		2,937,164			
TOTAL	15,248,981	16,532,310	TOTAL	15,248,981	16,532,310

FOR THAKUR, VAIDYANATH AIYAR & CO.
CHARTERED ACCOUNTANTS
FRN 000038N

(Signature)
(M.P. THAKUR)
PARTNER
M.NO. : 052473

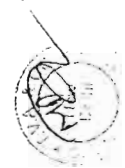
Place: Delhi
Dated: 18 August 2017

FOR INSTITUTE OF ECONOMIC GROWTH

(Signature)
(V.M. BUDHIRAJA)
ACCOUNTS OFFICER

(Signature)
(O.D. KANDPAL)
FINANCE OFFICER

(Signature)
(MANOJ PANDA)
DIRECTOR



Individual commitment to a group effort-that is what makes a team work

-- Vince Lombardi



Institute of Economic Growth

University of Delhi, North Campus, Delhi - 110007