Life Expectancy at 60 & Beyond: 2006-2010

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td>16.5</td>
<td>18.6</td>
</tr>
<tr>
<td>13.4</td>
<td>15.0</td>
</tr>
<tr>
<td>10.7</td>
<td>12.0</td>
</tr>
<tr>
<td>8.5</td>
<td>9.5</td>
</tr>
<tr>
<td>6.9</td>
<td>7.5</td>
</tr>
<tr>
<td>5.5</td>
<td>5.9</td>
</tr>
</tbody>
</table>

States with Low TFR (SRS, 2012)

- Punjab: 1.7
- Tamil Nadu: 1.7
- West Bengal: 1.7
- Kerala: 1.8
- Maharashtra: 1.8
- Andhra Pradesh: 1.8
- J&K: 1.9
- Karnataka: 1.9
- Odisha: 2.1
- Gujarat: 2.3
- Haryana: 2.4
- India: 2.4

Source: SRS, 2011

Note: Higher life expectancy at later ages (i.e., e60, e65... e85) and below replacement level fertility in several major states are the perfect blend for societal ageing in the country and its attendant issues, including fast growing demand for health care services by the elderly.
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<tr>
<th>Faculty Name</th>
<th>Current Position</th>
<th>Research Interests and Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moneer Alam, PhD</td>
<td>Professor and Head, PRC</td>
<td>Manpower Planning and Forecasting Economic Demography Health Planning and Policy Ageing, Income Security, and Old Age Health</td>
</tr>
<tr>
<td>Bina Agarwal, PhD</td>
<td>Professor (on academic leave)</td>
<td>Environment and Development Political Economy of Gender Poverty and Inequality Land, Law, Livelihood and Property Rights Agriculture and Technology Change</td>
</tr>
<tr>
<td>R.S. Bora, PhD</td>
<td>Associate Professor</td>
<td>Migration Population and Development Urban Slums Family Planning and Fertility Regional Development</td>
</tr>
<tr>
<td>Suresh Sharma, PhD</td>
<td>Associate Professor</td>
<td>Reproductive and Child Health Public Health Demography</td>
</tr>
<tr>
<td>William Joe, PhD</td>
<td>Assistant Professor</td>
<td>Health Economics and Demography</td>
</tr>
<tr>
<td>Zakir Husain, PhD</td>
<td>Associate Professor (left IEG December 2013)</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>Nandita Saikia, PhD</td>
<td>Assistant Professor (left IEG December 2013)</td>
<td>Child and Adult Mortality</td>
</tr>
</tbody>
</table>
## II. ABBREVIATIONS

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

The Population Research Centre (PRC) at the Institute of Economic Growth (IEG), one of the earliest centres of its kind in the country, was set up in 1957 on the recommendation of a Research Advisory Committee constituted by the Planning Commission (Government of India). The Committee was headed by Professor VKRV Rao, a highly respected economist and institution builder and one of the key figures in the development of India’s national income statistics. Two other centres in Kolkata (then Calcutta) and Thiruvananthapuram (earlier Trivandrum) came into existence around the same time. Originally, these centres were known as Demographic Research Centres but were later renamed Population Research Centres (PRC) to widen their research concerns from the narrow and technical underpinnings of demography to issues relating to population and its behavioural shifts.

An overriding objective for the Government and the Planning Commission while setting up these Centres was to examine high population growth as an important demographic deterrent to the country’s planned growth. The terms of reference of these Centres had therefore been to ‘promote investigations on high fertility and mortality rates and economic and social factors associated with them’. Ever since its inception, the PRC (IEG) has had the distinction of changing with time and producing a variety of research that focuses on issues arising from contemporary changes in the country. More recently, the PRC (IEG) has begun working extensively on the health implications of fast growing changes in the age composition of the country’s population and rapid societal ageing. The PRC (Delhi) has also tried to expand the contours of its health research and moved to work on various forms of age-related disabilities—functional, locomotor, psychological, mental, etc.—to underline issues affecting the later life wellbeing of a significant proportion of older adults. These are all in addition to the NRHM and its programmatic evaluation in many districts assigned by the Ministry of Health and Family Welfare (MoHFW).

Over the years, the PRC (IEG) has produced a wide variety of literature on multiple aspects of population and health in the country. Recent work by PRC faculty covers 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, environment, demographic ageing in India and South Asia, functional disabilities, migration, urbanization, political economy of gender, etc. Clearly, these studies not only complied with the mandated roles of the PRC/DRC, they also bore significance at the policy level—as also reflected in this year’s Annual Report. In addition, PRCs in general, and the Delhi PRC in particular, was involved in most big surveys conducted by the MoHFW, including all three NFHSs.
B: Highlights of the Report

During the past twelve months, i.e., April 2013 and March 2014, PRC faculty has initiated several interesting studies, published papers, delivered lectures to Indian Economic Service (IES) officers/probationers, supervised doctoral research, participated in national and international conferences, organized seminars and workshops, and also attended other professional meetings. In addition to its assigned responsibility of monitoring and performance evaluation of NRHM’s Programme Implementation Plan (PIP) 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 books by international publishers like Springer and Cambridge University Press, and a few others are already taking shape. Most of these studies, as already mentioned, conform closely to the issues considered significant in the National Population Policy (2000) or such other important national and international documents. To illustrate, 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 the IDRC, Planning Commission, Indian Council of the Social Science Research (ICSSR) and the United Nations Population Fund (UNFPA). The Institute of Economic Growth and all its research units are now considered a think tank with contributions in policy building.

The studies assigned by the MoHFW to PRC (IEG) during the preceding 12 months were largely focused on rapid assessments of the NRHM’s Programme Implementation Plans in multiple districts of selected states including Delhi and Uttarakhand. Under its flagship NRHM programme, the MoHFW (Government of India) has introduced a Health Management Information System (HMIS). Recently, the PRC faculty was also engaged in working on a series of reports sent to the MoHFW on the HMIS. In addition, PRC (Delhi) also organized a two-day workshop on health economics in July 2013 followed by a major three-day national seminar in August 2013 to objectively assess the performance of the National Rural Health Mission since its inception. The seminar was considered timely because it would help to draw important lessons for the Government before it moves further to cover the urban population as well. Beside others, the NRHM seminar was also attended by the Member, Planning Commission (in-charge, Health) and the Health Secretary.

Research studies sponsored by some other donor agencies also covered significant policy concerns. These studies include 'Migrant Workers in the Unorganised Sector: A Study of Conditions of Work, Health Status and Social Security' (sponsored by ICSSR) and 'Building a Knowledge Base on Population Ageing in India’, sponsored by UNFPA. Several publications, including an edited volume ‘Population Ageing in India’ (Cambridge University Press, 2014) has been brought out under this project.

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 given.

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

- Studies assigned by the MoHFW to evaluate NRHM (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

During this period, the PRC faculty published 9 research papers (another six papers have been accepted for publication), most of them in peer-reviewed journals, and two books: ‘Paying Out-of-Pocket for Drugs, Diagnostics and Medical Services’ (Springer, 2013) and ‘Population Ageing in India’ (edited volume, Cambridge University Press, 2014). Besides, there were two comprehensive reports on elderly populations in West Bengal and Punjab, published by UNFPA India, and a third, for Himachal Pradesh, is in press.

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 are on prestigious committees and editorial boards. Some supervise doctoral students. Some faculty members are invited regularly by important TV channels. One of our senior faculty is on academic leave to teach couple of courses at the University of Manchester (UK). These activities are indeed a testament to the faculty’s substantial professional engagement and growing reputation, both within and outside the country.

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Professor of Economics and Head
Population Research Centre (Delhi)
moneer@iegindia.org
IV. Projects/Studies Undertaken by the PRC Faculty

IV (a): MINISTRY-SPONSORED PROJECTS

(i) Ongoing Studies (MoHFW)

1) Dr. Suresh Sharma, Dr. William Joe and Prof. Moneer Alam

Title: NRHM State Programme Implementation Plans (PIPs): Monitoring and Evaluation

Abstract: The PRC Delhi is involved in monitoring the quality of state NRHM PIPs in a set of high-focused districts of four states: Delhi, Rajasthan, Uttar Pradesh and Uttarakhand. In that connection, research teams of PRC Delhi comprising faculty and members of supporting research staff have visited a number of districts assigned by the MoHFW, Government of India. Research teams have used a structured interview schedule to study the progress based on key conditionality, incentives and a road map for priority action as suggested in the RoPs. The report writing is in progress.

Date of initiation: March 2013
Date of completion: Regular study as assigned by MoHFW

2) Dr. Suresh Sharma, Dr. William Joe and Prof. Moneer Alam

Title: Health Management Information Scheme (HIMS) in Delhi State

Abstract: This project requires an examination of the reporting level of the maternal and child health (MCH) services provided by public and private health institutions in the East and Central districts of Delhi. The project also requires looking into the missing data by identifying the erring health centres and hospitals in selected districts of the state and helping to improve the level of data uploading on the HMIS portals. Some of these institutions may also be given training in data maintenance, uploading and management systems.

Date of initiation: March 2013
Date of completion: Regular study as assigned by MoHFW
(ii) Completed Studies (MoHFW)

1) Prof. Moneer Alam, Ms. Neelam Jena and Ms. Jyoti Saini

Title: Monitoring of Important Components of NRHM: A Report on Balrampur, Uttar Pradesh

Abstract: The PRC Delhi is involved in monthly monitoring of important components of state NRHM programme implementation plans. The study aims to assess the performance of major NRHM programmes; understand the challenges and constraints to the health system in the study district; ascertain beneficiaries’ opinions regarding the efficacy of activities; and verify the performance of various district health facilities. For this purpose, structured questionnaires were prepared for collection of required information and used. This study was conducted in Balrampur district of Uttar Pradesh. The study team visited the District Hospital, a Community Health Centre, a Primary Health Centre and two Sub-Centres in the district and verified the performance of key components of the NRHM. The report is prepared and submitted to the MoHFW.

Date of Initiation: 10 November, 2013
Date of Completion: 15 December, 2013

2) Dr. Suresh Sharma, Ms. Neeti Goutam, Ms. Neelam Jena, Ms. Jyoti Saini

Title: Monitoring of Important Components of NRHM: A Report on Budaun District, Uttar Pradesh

Abstract: A similar pattern has been followed as described in the abstract given at serial number 1 above.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

3) Dr. Suresh Sharma, Ms. Neeti Goutam, Ms. Neelam Jena, Ms. Jyoti Saini

Title: Monitoring of Important Components of NRHM: A Report on Dhaulpur District, Rajasthan

Abstract: As in 1 above.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013
4) Dr. Suresh Sharma, Ms. Jyoti Saini and Ms. Neeti Goutam

Title: Monitoring of Important Components of NRHM: A Report on Tehri Garhwal District, Uttarakhand

Abstract: As in 1 above.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

5) Dr. Suresh Sharma, Ms. Neeti Goutam

Title: Monitoring of Important Components of NRHM: A Report on Sonbhadra, Uttar Pradesh

Abstract: As in 1 above.

Date of Initiation: 10 November, 2013
Date of Completion: 15 December, 2013

6) Dr. William Joe, Ms. Jyotsna Sharma, Ms. Deepti Sikri, Ms. Shruti Pandey

Title: Monitoring of Important Components of NRHM: A Report on Pauri Garhwal District, Uttarakhand

Abstract: As in 1 above.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

7) Dr. William Joe, Ms. Jyotsna Sharma, Ms. Deepti Sikri

Title: Monitoring of Important Components of NRHM: A Report on Shravasti, Uttar Pradesh

Abstract: As in 1 above.

Date of Initiation: 10 November, 2013
Date of Completion: 15 December, 2013
8) Dr. William Joe, Dr. R.S. Bora, Ms. Jyotsna Sharma

Title: Monitoring of Important Components of NRHM: A Report on Jalore District, Rajasthan

Abstract: The study discusses the monitoring and evaluation (M&E) findings and observations of the health facilities visited in Jalore, one of the desert districts of Rajasthan. The health facilities visited are DH Jalore, CHC Ahore, PHC Bhadrajune, SC Mohiwada and SC Kamba. The available demographic and socio-economic indicators for the districts are very poor; particularly, indicators like IMR, MMR and TFR are very high, and literacy among women is very low. All these are serious matters of concern for the state, and challenge the NRHM’s past performance. Record maintenance was notably poor at both sub-centres and district hospitals. There was no common format for submitting the financial report. Thus, strict and immediate action is required to improve record maintenance and systematic updating. The HMIS data maintenance is required at the facility level. It was found that the data on ANCs, immunization and referral cases were different in the HMIS format when compared with the registers. This problem can be solved if there are BPMs and data entry operators to keep a proper check on the system. No proper training for ASHAs and ANMs was given; their role needs to be strengthened through proper training and making them more involved. Low budgeting is consistently the major problem of Jalore. It was realized that the funds utilized were more than the funds allotted in many NHRM activities. Out-of-pocket expenditure was made on drugs, transport and diet when these benefits must be provided free. There is a need to scrutinize the reasons for such expenses and the JSSK scheme needs to be made more efficient.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

9) Dr. R.S. Bora, Dr. William Joe, Ms. Shruti Pandey

Title: Monitoring of Important Components of NRHM: A Report on Banswara District, Rajasthan

Abstract: The purpose of the study is to monitor the progress made under the NRHM by the Government of Rajasthan at the district level. Accordingly, specific focus has been given to physical health infrastructure, availability of human resource and training, flow of budget and expenditure and functioning of service delivery and its quality parameters in the facilities. In the remote and high-focused district like Banswara, deployment of human resource (HR) personnel is top priority, due to the shortage of medical staff in the district and in the facilities below district level, i.e., upgraded CHCs into FRUs remain non-functional. High maternal deaths in district hospitals are reported mainly because of very high delivery pressure, since in the district other facilities (such gynecologists and C-section personnel) are lacking. These facilities lack in proper management of neonates and infant care, and cause very high infant mortality in the district. The
The NRHM activities in the district are not focused, financial management appears to be poor and a huge difference has been reported between allotted and actual utilization of budget. All this is seemingly because of improper planning of resource allocation. Overall, the findings reveal that along with NRHM initiatives, an effective integration of health concerns with other determinants in the tribal setting may turn out to be more result oriented.

**Date of Initiation:** 18 September, 2013
**Date of Completion:** 31 October, 2013

10) Dr. R.S. Bora, Dr. William Joe, Ms. Deepti Sikri

**Title:** Monitoring of Important Components of NRHM: A Report on Dungarpur District, Rajasthan

**Abstract:** The purpose of the study is to monitor the progress made under the NRHM by the Government of Rajasthan at the district level. Accordingly, specific focus has been given to physical health infrastructure, availability of human resource and training, flow of budget and expenditure and functioning of service delivery and its quality parameters in the facilities. While considering the district level situation, it is revealed that lower-level health institutions did not have essential facilities, i.e. power backup, water supply, functional labour room and a newborn care corner. Facilities closer to the public should have essentials like equipment and health personnel that fulfill the immediate needs of the population. Regarding maintenance of the quality of services and records, the NRHM needs to follow administrative change through government initiative. Regarding the allocation of NRHM funds to various facilities, their absorptive capacity was not properly considered. The release of funds was delayed, and there was a mismatch between allocation and utilization. Realistic allocation (matching amounts) and budget utilization are top priority for the success of NRHM activities. The district is categorized as a high focused tribal district; the tribal population constitutes 65.2 per cent of its total population.

**Date of Initiation:** 18 September, 2013
**Date of Completion:** 31 October, 2013

11) Dr. Nandita Saikia, Ms. Neelam Jena, Ms. Tarannum Khan

**Title:** Monitoring of Important Components of NRHM: A Report on North-East Delhi

**Abstract:** The PRC Delhi is involved in the monthly monitoring of important components of state NRHM programme implementation plans. The objective of the study is to assess the performance of the major programmes under the Mission and to understand the challenges and constraints affecting the health system in the study district. The study also ascertains the opinions of the
beneficiaries regarding efficacy of the activities and to verify the performance of various health facilities in the district. For this purpose, structured questionnaires are prepared and used. This study was conducted in North-East Delhi. North-east Delhi has a poor health infrastructure. The study team visited the District Hospital, a Sub-District Hospital, a Community Health Centre, a Primary Health Centre and two Sub-Centres in the district and verified the performance of key components of NRHM. Currently, the report is being prepared for submission to the MoHFW.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

12) Dr. Nandita Saikia, Ms. Tarannum Khan

Title: Monitoring of Important Components of NRHM: A Report on Haridwar, Uttarakhand

Abstract: It follows almost similar objectives and procedure as described at serial number 11 above.

Date of Initiation: 18 September, 2013
Date of Completion: 31 October, 2013

13) Dr. William Joe, Dr. Suresh Sharma and Prof. Moneer Alam

Title: NRHM in Uttarakhand: Study of Haridwar and Pithoragarh

Abstract: This study examines the reporting level of MCH services provided by public and private health institutions in Haridwar and Pithoragarh districts of Uttarakhand, and assesses the reasons for missing data and non-reporting. A structured set of questionnaires is used for interviewing health personnel at the facilities and the attributes of the data quality are recorded from the facilities using the observation schedules.

Date of Initiation: 10 March, 2013
Date of Completion: 30 June, 2013

14) Dr. Suresh Sharma, Dr. William Joe and Prof. Moneer Alam

Title: Health Management Information System (HMIS) in Delhi (East and Central Districts)

Abstract: This project requires examining the reporting level of MCH services provided by public and private health institutions in East and Central districts of Delhi. The project also needs to look into the missing data by identifying the erring health centers and hospitals in selected districts of the state and helping to improve the level of data uploading on the HMIS portals. Some of these institutions may also be given training in data maintenance, uploading and management systems.

Date of Initiation: 10 March, 2013
Date of Completion: 30 June, 2013
15) Dr. Zakir Husain

Title: HMIS Study of Uttarakhand: 2011-13

Abstract: The study was an attempt to examine HMIS data in Uttarakhand for 20011-12 and 2012-13 (first three quarters). An important focus of the study was to explore the defects of the HMIS data reporting, identify possible causes and suggest a few possible remedies.

Date of Initiation: 10 May, 2013
Date of Completion: 30 June, 2013

16) Dr. R.S. Bora

Title: Health Care Expenditure among the Vulnerable Section of Population: A Study of Migrants and Non-migrants in Delhi

Abstract: The vulnerable groups—women, children, migrants and their dependents—continued to suffer from limited access to state and other healthcare services. The government has taken a series of steps to improve basic healthcare facilities. This study assesses the gains of these measures to the vulnerable groups. The study largely relied on the beneficiary survey data and covers mainly the issues relating to NRHM and HMIS.

Initiation date: April 2013
Completion dates: November 2013

IV (b): STUDIES SPONSORED BY OTHER AGENCIES

(i) Ongoing Studies

1) Professor Moneer Alam and Pratima Yadav

Title: Building a Knowledge Base on Ageing in India: A Series of Programmatic and Research Studies

Abstract: The purpose of this UNFPA (India) sponsored major research project is to generate data and prepare evidence based research papers/reports on socio-economic and health conditions of rapidly growing population aged 60 and over. Under the current phase of this research programme, attempts have been made to prepare three state based reports and a few comprehensive papers on health conditions of the elderly in the country. Necessary details are provided below.

State Reports on status of Ageing in Punjab, Himachal Pradesh and West Bengal

Abstract: This comprehensive and multi-partnered research-cum-advocacy Project was sponsored
to IEG by the UNFPA (India) in second half of 2009 to examine changes in the age composition of population in the country and accelerating growth in societal ageing as in many other developed and developing countries of Asia, Europe and Latin America. Overtime, the study was expanded further to look into the complex issues of elderly health, living arrangements, economic insecurities, etc., in seven demographically better performing states including Orissa, West Bengal, Punjab, Himachal Pradesh, Maharashtra, Tamil Nadu and Kerala. As a part of the project, the following three studies are finalized by the PRC Delhi faculty during the past one year: (i) Punjab – December, 2013 (ii) West Bengal – February, 2014 (iii) Growing Life Span, Ageing and Income Challenges at Later Years: Exploring of Older Indians – October, 2013. Work on a separate ageing report for Himachal Pradesh is in progress.

Another study proposed in the Annual Action Plan “Health and Subjective Wellbeing of Older Adults in Major Graying States in India: Some Results Based on SUBI and GHQ Techniques” is in progress and is expected to be completed by the end of March, 2014. The title of study may be slightly modified as below:

**Modified Title: Exploring inequalities in Old Age Health and Wellbeing: Some Evidence from an Elderly Survey in India**

**Initiation Date: March 2010**

**Completion Dates: July 2014**

**Funding Agency: UNFPA (India)**

2) Professor Moneer Alam

**Original Title: Exploring Conditions of Old Age Homes and Their Residents: Some Evidence from Major Greying States in India**

**Revised Title: Exploring Patterns of Acute and Chronic Morbidities among Older Institutional Residents**

**Abstract:** This ongoing study is a part of the project ‘Building a Knowledge base on Population Ageing in India’ with financial support from the UNFPA, India. Recently, a survey of selected old age homes were conducted in seven fast-greying states of the country to examine their resources and other operational issues along with various facilities provided by old age homes to their elderly residents. The study is also designed to assess the underlying causal factors for pushing elderly home residents out of their familial living. Significantly, this study compares the health and other conditions of the elderly staying with their families with those living in institutions. Recently, on experts’ advice, the scope of the study has been extended to include a few case studies and focus group discussions, and therefore the study is likely to be extended beyond 2014.

**Initiation Date: April 2012**

**Completion Dates: End of 2014**

**Funding Agency: UNFPA (India)**
3) Dr. Suresh Sharma and Dr. William Joe

Title: Proposal for an edited book based on the national conference on the NRHM

Abstract: The NRHM Conference organized by PRC-IEG gave all the participants an insight of the difference that the NRHM has brought to health care services. After its implementation, there has been an accelerated progress in achievement of key health outcomes, notably in child survival and population stabilization. In maternal mortality, too, there has been an immense reduction. The package of health care services offered in non-high focus states has expanded and include a wider range of communicable and non-communicable diseases. There has even been considerable increase in attention to the quality of care across all states, but also considerable fragmentation. The edited book proposed here considers the key papers of acceptable standards for publication, and various publishers are being approached.

Initiation Date: 1 March, 2014
Completion Dates: 31 December, 2014
Funding Agency: ICSSR and MoHFW

(ii) Completed Studies (Sponsored by other Agencies)

1) Dr R S Bora

Title: Migrant Workers in the Unorganized Sector: A Study of Conditions of Work, Health Status and Social Security Dealing with Socioeconomic and Demographic Issues of the Rural-Urban Population

Abstracts: Most workers engaged in urban informal economic activities are migrants and have an appreciable role in achieving high GDP growth in the country. Within this perspective, this study plans to evaluate the benefits accruing to workers living in slums. Increasing in-migration is leading to a virtual collapse in urban services and the quality of life. Therefore, how to manage urban issues is a policy concern. Migrant workers belong mostly to vulnerable sections of the population; their living in slums is largely indicative of the residents’ status of health, poverty, education, and the quality of the work they do. They are forced to undertake work that does not provide security of employment, work, physical health, medical facilities, social security, or even security of their dwellings. Working close to growth centres of investment did not result in any benefits to workers, as 60 per cent of the slum households surveyed in Delhi were estimated to be BPL. Overall, there is a need to pursue a policy that significantly changes the terms and conditions of informal activity and alters the landscape of informal work that poor migrants do.

Date of initiation: 15 April, 2010
Date of completion: 20 September, 2013
Funding Agency: Indian of Social Science Research (ICSSR), GoI,
IV (c): SELF-INITIATED STUDIES

(i) Ongoing Studies

1) Dr. R.S. Bora

Title: Working and Living Conditions of Migrants Informal Workers after Liberalization: A Study of Slum Dwellers in Three States

Abstract: In view of increasing rural urban-migration, urbanization and informalization of the economy, workers’ working and living conditions in the context of the inclusive growth and poverty removal is a matter of concern. The analysis of the study reveals that migrant workers are not only engaged in low-productivity insecure jobs with low incomes and wages, but are denied access to medical, health and social security provisions. This makes them a particularly vulnerable section of the workforce. In spite of their working in the most developed parts of the country, workers’ working and living conditions are reported to be deplorable and their status of living in slum clusters is visible widely. The positive spillover of economic growth during the past decade in the NCT and NCR could not percolate downwards in the context of improving the socio-economic conditions of migrants in urban centres. The quality of economic growth in post-liberalization India has not been inclusive. Policy planners need to generate enough jobs in the country’s urban areas so that young migrants can get decent employment opportunities for their sustainability and poverty removal. Informal migrant workers need higher wages and better working conditions. The draft of this study is being edited.

Date of Initiation: January 2012
Date of Completion: July 2014
Funding Agency: IDRC/IEG

2) Dr. Zakir Husain

Title: Work-health dynamics among elderly in India

Abstract: Given the failure of the state to provide security to the growing elderly population in India, the labour market emerges as a potential source for economic security of the aged. The proposed study examines trends in workforce participation and the nature and quality of work undertaken by the elderly in India to see to what extent the market compensates for the state. The study period is 1999-2009. National Sample Survey Organization data will be used.

Initiation date: 1 April, 2013
Completion dates: 31 March, 2015.
Funder: Self-initiated
(ii) Completed Studies (Self-Initiated)

1) Dr. Suresh Sharma, Dr. William Joe and Prof. Moneer Alam

Title: Beneficiary Assessment of Health care facilities in Delhi

Abstract: The purpose of the study is to assess and determine how beneficiaries assess the performance of the public health system in Delhi. This information will be useful in the decision-making process in health care facilities of Delhi. The study attempted to identify factors affecting the quality of services and utilization at District and health facility with focus on institutional deliveries. It also analyzed and utilized the available data which seem to be significant challenge for the progress of the system at all levels. It is equally important to improve the understanding from a beneficiary perspective regarding the improvisation of immunization and institutional delivery services.

Initiation date: December 2012
Completion dates: September 2013

2) Dr. William Joe, Dr. Suresh Sharma, & Prof. Moneer Alam

Title: Out-of-pocket expenditure on institutional delivery in Uttarakhand

Abstract: This study examines the magnitude of out of pocket expenditure on institutional delivery care in Uttarakhand. Data for the analysis is collected from a beneficiary survey conducted in Nainital district of the state. This case study specifically focuses on slum areas in Haldwani and the components of out of pocket expenditure incurred by these house holds. It is found that JSSK and JSY improved institutional delivery in the district.

Initiation date: December 2012
Completion dates: September 2013

3) Dr. Suresh Sharma

Title: Factors Influencing Quality of Health Management Information System (HMIS) in Private Sector, Delhi

Abstract: In India, introduction of HMIS aimed at ensuring the availability of accurate, timely and relevant data for the purpose of decision making and health planning in the parasitical facilities. The study has assessed the quality of data collection through HMIS in private sector and has investigated the possible associated factors. A set of structured questionnaires were used for interviewing the Health personnel’s at the private sector facilities and the attributes for the data
quality was recorded from the facilities using observation schedules. The report writing has been submitted to MoHFW.

**Funding:** Self-Initiated  
**Date of Initiation:** 10 September, 2012.  
**Date of Completion:** 25 June, 2013.

4) Dr. Suresh Sharma  

**Title:** Role of ASHAs in Urban Health: Case of Delhi  

**Abstract:** One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist Accredited Social Health Activist or ASHA. They are empowered to truly integrate the multiple roles of community mobilize, activist and provider of first contact care at the community level is the immediate challenge for the programme the beneficiaries there is confidence in her ability to provide support and services to them, newborn and child, she is both functional and effective. The attention of the officials is now directed towards issues of training quality and systems, support, timely payment and supplies. It can be said that the ASHAs are a key resource in ensuring improvements in maternal and child survival.

**Funding:** Self-Initiated  
**Date of Initiation:** 10 January, 2013.  
**Date of Completion:** 30 December, 2013.

5) Dr. Nandita Saikia  

**Title:** Sub-National Variation in Neonatal Mortality in India  

**Abstract:** In India, numerous studies are available to examine variations in infant and child mortality rate by socio-economic characteristics and geographical regions. However, an examination of the sub national neonatal mortality rate (NMR) since the early 1970s has not been attempted so far. We use Sample Registration System data to construct maps for neonatal mortality rates by place of residence for major states of India during 1971-2010. Inequality measures viz. dispersion measures of mortality and Gini coefficients are calculated to measure absolute and relative inequality in neo-natal mortality during the study period.

**Date of Initiation:** January 2013  
**Date of Completion:** December 2013

6) Dr. Nandita Saikia  

**Title:** Gender Gap in Life Expectancy in India and Bigger States during 1970-2006: The Role of Causes of Death in Explaining the Female-Male Mortality Gap
Abstract: Most research on mortality differentials by gender in India have focused on disparities in children under five. In this paper, we assess the changing age and cause pattern of mortality by sex in India and bigger states using survey data from India and including mortality over all life span. Since the 1980s, health advantage of the Indian females against males has been growing. This occurred despite persisting female disadvantage below age 5. The biggest contribution to the life expectancy gap between females and males in the second half of the 1990s came from non-communicable diseases and external causes of death. While more advanced states showed female longevity advantages already in the 1970s, the lagging states displayed similar mortality levels for males and females even during the most recent periods. In order to better understand the path and timing of health transition and its determinants in India, it is necessary to consider the changing sex-specific mortality patterns.

Date of Initiation: December 2012
Date of Completion: August 2013

7) Dr. Nandita Saikia
Title: Does Class or Caste still matter in India?

Abstract: The detrimental impact of caste or class on many social indicators in India is well documented in demographic literature although the pathways of influence of the same focusing urban and rural India separately remains scarce. Does caste still matter in rural and urban India? This question will addressed on five different domains using three rounds of NFHS data viz. 1) infant and child mortality 2) maternal and child nutrition 3) health care utilization including vaccinations, institutional delivery, modern contraceptive use 4) Educational attainment such as women literacy, young literacy, enrollment ratio 5) household amenities etc.

Date of Initiation: March 2013
Date of Completion: December 2013

8) Dr. Nandita Saikia
Title: Spatial Disparity in Mortality: Has inequality reduced in past four decades?

Abstract: In spite her impressive economic growth in past few decades, India, the most populous country in the South Asian region, is facing massive health inequality across population subgroups. During 2002-2006, the gap in life expectancy at birth, a measure of health and mortality, is about 21 years between the best and the worst performing states. Had India appropriate data to estimate life expectancy at birth at county level, magnitude of health inequality within India might have more than that of between countries. In order to assess progress towards Millennium Development Goals, measuring mortality by small geographic regions is extremely needed. This study aims to document trend of mortality inequality at small geographical units in India during 1991-2011 applying well
validated indirect demographic techniques on Census data. This study aims 1) To calculate and assess mortality by sex for small geographical units in India (administrative unit lower than state or province) and 2) To examine the trend of absolute and relative inequality in mortality for those geographical units in past four decades.

**Date of Initiation:** January 2013  
**Date of Completion:** December 2013

9) Dr. Zakir Husain

**Title:** Use of traditional contraception by urban educated women

**Abstract:** NFHS data reveals that certain classes have consistently rejected the use of modern contraceptives. The study examines the persistence of traditional contraception among urban educated women, and its consequences. The study comprises of three parts:

(a) Based on DHS data we critically examine the theory of ultramodern contraception and argue that contraceptive choice is largely guided by son preference. This phase has been completed and accepted in Asian Population Studies.

(b) Based on an ICSSR funded primary study we examine how contraceptive choice varies over the life cycle.

(c) In the third phase, we propose to examine the observed link between language and choice of traditional contraceptives.

**Initiation date:** (ongoing) 2012  
**Completion date:** 31 March, 2014

**BOOKS, RESEARCH PAPERS AND REPORTS**

**(a) Books**

1) Professor Moneer Alam


The book was reviewed in the *Journal of Economic Literature*, 52(2), 549–50 by David I. Levine of University of California, Berkeley
Review DOI: 10.1257/jel.52.2.535.r8
http://bit.ly/1vQhz2B


http://bit.ly/1lMFXfN

The book was released by Dr. T. Rajaiah, Deputy Chief Minister of Telangana, during the 12th Global Conference on Ageing at Hyderabad.


(b) Research Papers (Published)

1) Professor Moneer Alam


2) Dr. Suresh Sharma


3) Dr. William Joe


4. Dr. R.S. Bora

1. A paper entitled “Challenges of the HIMS in India: A Case Study of Udham Singh, Uttarakhand was published as a Policy Brief, No.1/2013,of the Institute of economic Growth(Dr. R. S. Bora, With Dr. Zakir Husain & Dr. Nandita Saikia)

(c) Papers Accepted for Publication

1)Dr. Bora, R.S.


2) Dr. William Joe


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

1. Professor Moneer Alam

1. Invited to participate in the 11th International Federation on Ageing (IFA) Conference in Istanbul (Turkey), WOW Convention Centre, 4-6 October 2013.


2. Dr. R S Bora


3. Dr. Suresh Sharma

1. Invited to participated and presented a paper on “India’s Progress towards Education MDGs ” in the National Institute of Rural Development (NIRD), Hyderabad, during 18-20 February 2013.

4. William Joe


(VII) Any Other Activities

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

1) Professor Moneer Alam

1. Member of the National Organizing Committee for the IFA’s 12th Global Conference on Ageing: Health, Security and Community, Hyderabad International Convention Centre, Hyderabad (India), 10-13 June 2014.

2. Nominated as Visitor’s Nominee by the President of India, Faculty of Social Sciences, Aligarh Muslim University, Aligarh, UP (India): April 2012 onwards

3. Nominated as a member of the Board of Governors, CRS Institute of Social and Economic Change, M.D. University at Rohtak, Haryana from April 2013 to March 2015.

2) Dr. R S Bora

1. Nominated as a member of the Kumaun University Examination Board.

2. Nominated as a PhD examiner by the Meerut University (UP) to examine PhD dissertation of Mr. D.S. Rawat.
(b) PhD Supervision

1) Dr. Suresh Sharma (1) Ms. Gagandeep Kaur and (2) Ms. Jaspreet Kaur

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

(1) Dr. William Joe


(d) Awards/Fellowship/ Other Professional Positions

1) Dr. Suresh Sharma

1. Vice-President, Indian Association for the Study of Population, 2013–15
(VIII) Financial Report