

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
Deonar, Mumbai – 400088.



AGENDA OF THE MEETING OF THE ACADEMIC COUNCIL

JUNE 21, 2021 - 11.00 A.M.

AGENDA ITEMS FOR THE ACADEMIC COUNCIL MEETING

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Agenda Item No.1**To confirm the minutes of Academic Council Meeting held on November 16, 2021.****Minutes of the meeting of the Academic Council of the International Institute for Population Sciences held on November 16, 2020.**

The online meeting of the Academic Council was held on November 16, 2020 at 11.30 A.M. The meeting was chaired by Prof. K.S. James, Director and Senior Professor, IIPS. The virtual meeting was joined by the following members:

Prof. K.S. James	-	Chairman
Prof. R.B. Bhagat	-	Member Secretary
Ms. Nivedita Gupta	-	Member
Dr. Deepak Raut	-	Member
Prof. Sayeed Unisa	-	Member
Prof. S.K. Singh	-	Member
Prof. H. Lungdim	-	Member
Prof. D.A. Nagdeve	-	Member
Prof. K.C. Das	-	Member
Prof. T.V. Sekher	-	Member
Prof. Chander Shekhar	-	Member
Prof. Sanjay K. Mohanty	-	Member
Prof. R. Nagarajan	-	Member
Prof. Usha Ram	-	Member
Prof. Abhishek Singh	-	Member
Prof. Murali Dhar	-	Member
Prof. Archana Roy	-	Member
Dr. Harshad Thakur	-	Member
Prof. Surinder Jaswal	-	Member
Prof. Sanghmitra S. Acharya	-	Member
Prof. Udaya S. Mishra	-	Member
Prof. Dhananjay Bansod	-	Member
Dr. Aparajita Chattopadhyay	-	Member
Dr. Kaushalendra Kumar	-	Member
Dr. D.M. Thorat	-	Invitee
Dr. Laxmi Kant Dwivedi	-	Invitee
Dr. Suryakant Yadav	-	Invitee
Dr. Preeti Dhillon	-	Invitee

Agenda Item No.1: To confirm minutes of the Academic Council meeting held on December 03, 2019.

The members confirmed the minutes of the Academic Council meeting held on December 3, 2019 as circulated in the agenda paper.

Agenda Item No.2: To confirm minutes of Academic Council meeting by circulation dated 14/05/2020 and 19/05/2020, in respect with the results for various academic programmes for the Academic Year 2019-2020.

The members confirmed the minutes of the Academic Council held by circulation dated 14/05/2020 and 19/05/2020, in respect with the results and awards for various academic

Agenda Item No.11: .New Project Proposal.**(Internally Funded)**

Sr No	Name of Project	Co-ordinators	Start Date	Completion Date
1.	Cost of treating gastrointestinal cancer and the burden of treatment on patient's household	Dr T R Dilip, Dr Shailesh Shrikhande, & Dr Manish Bhandare	(Tentative) Sept'21	Aug'23
2.	Demography of Polygyny in India	Dr. Harihar Sahoo, Dr. R. Nagarajan)	Aug'21	July'23
3	Small area estimates of COVID-19 disease in India: what we missed	Dr. Suryakant Yadav, Dr. Dilip T.R.	June'21	May'22

Externally Funded

1`	NCD Screening and Treatment Inequalities among Older People in India: A Quantitative Study	Dr. Dilip T.R., Dr. T.V. Sekher, Dr. Aravinda Guntupalli, Dr. Sara Mac Lennan	Apr'21	Dec'21
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1. Cost of treating gastrointestinal cancer and the burden of treatment on patient's household

Principal Investigators: Dr T R Dilip, Dr Shailesh Shrikhande & Dr Manish Bhandare

Introduction and background for the study

Health care systems are increasingly being burdened with the rising prevalence of cancer and high costs associated with the treatment of this chronic condition. At the global level, 14 million people diagnosed with cancer disease, in which 8 million people die with cancer disease (Jamal et al 2016) and the number of deaths from cancer is projected to increase by 80 percent by 2030 (Siegel et al 2011). The burden is expected to increase exponentially in most low and middle income countries. Cancer accounts for 7 percent of total deaths and 5 percent of DALYS in India in 2016 (Dhillon et al 2018). The doubling in overall contribution of cancer to disease burden in India between 1990 & 2016 raises the importance of engaging in generating evidence base to reduce this burden at the population level across the country. The fact that stomach cancer (9 per cent) and colon and rectum (6 per cent) is responsible for the substantial proportion of cancer DALYs in India in 2016 supports the need to focus on gastrointestinal cancers, which often receives lesser attention when compared to other common forms of cancer with lesser estimated disease burden.

The path towards universal level access to cancer care is real challenge in India's health sector where the cost of health care in India is predominantly shared through out of pocket expenditure by the ailing person's household (59 percent) and expenditure on health is equivalent to only 1.2 percent of India's GDP (MOHFW 2019). Constrains in providing affordable and equitable cancer care in India health system characterized by uneven geographical distribution of health care infrastructure and manpower and limited financial resources is well documented (Pramesh et al 2014).

As noted in the case of general health care services (NSSO 2020), the for profit private health care sector plays a sizeable role in provisioning of cancer care treatment in India. National data shows 60 percent of cancer related inpatient treatment and 58 percent of cancer outpatient treatment was availed from private health sector (Rajpal et al 2018). The out of pocket expenses on treatment on cancer was noted to 3 times higher private hospitals, but not much is known about the quality of cancer services in this unregulated sector. A large part of such variations within and across public/private hospitals could be due to variations in adherence to standard treatment protocols and pricing of cancer care services. Hence there is a need to have more evidence base on costs associated with following standard treatment protocols for treatment of cancer in the country.

Existing evidence in India shows the cancer affected household were at a risk of economic distress both out of financing of cancer care and due to wage loss arising out of less work participation, when compared other households (Mahal et al 2013). Incidence of catastrophic health expenditure (79 percent) and distress financing involving debt/ sale of household assets (43%) too is highest in the case of cancer (Kistor and Mohanty 2018). Limited evidence is there to understand how households cope up with financing of cancer care and time taken to recover from economic distress arising incidence of this disease in a population with limited health security cover

Other is the emergence of health insurance sector including publicly funded health security schemes as source for financing inpatient care schemes. There is an existing need to investigate the potential of these schemes in contributing to financing cancer (Mahal 2013, Pramesh et al 2014, Dhillon et al 2018). Estimates of cost of head and neck cancer treatment available for India shows that this can potentially be used by regulator in setting bench marks for coverage/reimbursement medical expenses under various health insurance schemes (Chauhan et al 2018). Need for such precise estimates of actual cost of providing standard treatment for gastrointestinal cancer is the other major motivation factor for engaging in this study.

The TMH-IIPS research collaboration

There is an agreement for collaboration between Tata Memorial Hospital (TMH), Mumbai and International Institute for Population Sciences (IIPS), Mumbai to take up joint research on issues relating to gastrointestinal. As per this agreement signed in 2020, the Department of Gastro Intestinal Cancer, TMH and IIPS will explore avenues for joint research on collaboration on incidence of cancer, cancer related risk behaviours and psycho-social and economic aspects of cancer treatment. The agreement enables faculties and researchers from TMH and IIPS to come together undertake research to generate key evidence base on areas of joint interests. The above research is proposed as an activity under this research collaboration.

TMH is the leading provider of cancer care among Indian hospitals with 81,260 new cases of treatment between 2012 and 2014 (NCDIR 2020). It caters to cancer patients from various parts of the country, where major part of the treatment is free or subsidized based on socio-economic status of the patient. In addition there are certain special wards for patients to choose based on their capacity to pay. The fact that TMH is providing cancer care equivalent to a comprehensive cancer care centre in United States, makes it as an ideal setting for arriving at the cost of cancer care in India. Here the researchers from TMH& IIPS aims to utilize locally available resources to evidence base to support planners and policy makers at state and national level in designing and implementing strategies for cancer care and treatment.

Research Objectives

The following are the objectives of the proposed study:

1. To estimate the standard cost of providing treatment for various types of gastrointestinal cancers in India
2. To study the effect of early diagnosis and treatment on total duration of treatment and costs of cancer treatment for gastrointestinal cancer
3. The potential of existing risk pooling mechanisms in covering the cost of gastrointestinal cancer
4. To assess the financial onslaught of cancer of families of cancer patients

Data

This study will be hospital based study, where financial data on will be collected from TMH's accounting system and patient data will be collected from caretakers/patients during their visit to TMH for treatment and telephone based follow up interviews. Data will be collected on all expenditures incurred by the TMH in financial year, including in-kind supplied and donations. In addition data will be collected on number of cases reporting for treatment, type of gastrointestinal cancer, stage of detection and on various treatment procedures performed in the same year. The tentative plan is to obtain the costs (direct and indirect) for a minimum of 500 patients reporting for treatment at the department.

Methodology

Estimates of costs of treating various types of gastro intestinal cancers to the health system (Tata memorial Hospital) and to the cancer patients and their households will be prepared separately. This when added up will provide the cost of treating various types of gastrointestinal cancer. The proposal is to adapt the WHO methods (Admas 2003) to arrive at the TMH level costs by type of cancer. Cost incurred by patient and their family will collected during each patient visit and repeated follow up surveys after completion of cancer care therapy. Another uniqueness of study is the attempt disaggregated the cost by type of cancer (Stomach, Colon, Colorectal, Liver, Pancreas, Gall bladder and Biliary tract etc..) and by type of treatment (surgery, radiotherapy, systematic therapy) type of hospital visit (hospitalized / day visit) and the clinical extent of disease (Localized, locoregional and distant metasis)

Research Team

The research initiative will be taken forward under the leadership of Dr Shailesh Shrikhande, Deputy Director, TMH and Dr KS James, Director IIPS. The following researchers from TMH and IIPS will part of the initiation phase of the research collaboration.

TMH: Dr Shailesh Shrikhande and Dr Manish Bhandare

IIPS: Dr KS James, Dr T R Dilip, and 2 PhD Students (Mr Mohit Kumar Pandey & and one more to be identified)

The IIPS-PhD Students will be working will be part of the study and their areas of PhD research will be integrated into the research broad agenda under this initiative.

Budget

There is a need to hire two research investigators for 15 months to support patient level collection activities in this proposal. In addition we need to cover expenses related to cost of data collection devices and its programming, and a dissemination meeting at the end of the project.

The details of the amount of INR 8,90,000/- budgeted for this study is provided below.

Srl No	Item	Total Expenses (INR)
1	2 Research Assistants (15 months @ 20,000 per month)	6,00,000
2	3 Hand held devices for data collection	30,000
3	Support for programming data collection form in hand held devices	60,000
4	Conveyance of IIPS researchers to the TMH (1-2 trips in a month)	20,000
5	Printing & Stationary requirements	30,000
6	End of the project dissemination meeting	1,50,000
	Total	8,90,000

Ethical Considerations:

Informed consent will be obtained from all study participants and their individual identity will not revealed at any stage of study. All research under this programme will be carried out after obtaining clearance from research ethics committee at the Tata Memorial Hospital.

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2. Demography of Polygyny in India (Harihar Sahoo and R. Nagarajan)

Background

Polygamy is a system of marriage whereby a person has more than one spouse, at the same time while polygyny is a form of polygamy where the practice of one man being married to multiple wives at the same time (Smith-Greenaway & Trinitapoli, 2014). Though conceptually polygamy and polygyny are different, previous literature used the term polygamy more often. Polygamy was banned in Thailand in 1935, in China in 1953, among the Hindus in India in 1955, and in Nepal in 1963. Contrary to these trends, the practice of polygyny is still practiced in Sub-Saharan Africa and Middle East (Amo-Adjei & Tuoyire, 2016; Uthman, Lawoko, & Moradi, 2010). Though India has banned the polygyny among Hindus, such practice still exists in some sections of the Hindus and personal law of Muslims allows such practice.

Several reasons are attributed for polygyny among different cultures such as: (a) excess mortality of men than women leading to deficit of men and surplus of women; (b) desire to have children to continue the family line or expand family's resources/wealth; (c) the cultural practices of lengthy periods of sexual abstinence after child birth driving the men to seek another partner; and (d) desire for multiple sex partners built into the basic instinct of men. The desire to increase the number of children is one of the major reasons reported for forming polygamous marriages. Indeed, childless wives are more likely to be in polygamous marriages than are other wives (Gage-Brandon, 1992; Sichona, 1993). Thus, the importance of children and the pressure for women to bear children encourage polygyny because "infertility in society is seen as the woman's problem" (Rice 2000, p. 217). If a couple is unable to produce children, especially a son, then "the husband is encouraged to take a second wife" (Rice 2000, p. 20). This is because the husband's family and clan see her as unable to produce children to carry the clan name into the future. More often than not, this lowers the first wife's status. Besides, potentially beneficial characteristics of polygynous households are reported in studies, such as higher levels of household wealth, longer durations of breastfeeding and birth intervals, or the potential assistance of co-wives in maternal and child health (Aaby et al. 1983; Omariba & Boyle, 2007).

In some societies, polygyny is discouraged as it oppresses both women and children (Moore-Emmett, 2004). Studies found that mothers from polygamous families have lower levels of education than do those from monogamous families suggesting that a cycle of low educational attainment may prevail in polygamous families (Elbedour et al., 2002). It is also reported that, not only polygamy is encouraged for procreation, but also helps to eliminate prostitution (White & White, 2005).

The effects of polygamy on demography have been studied extensively (Ezeh 1997; Kiros & Kertzer 2000; Josephson 2002; Lardoux & van de Walle 2003). Polygamy is generally accepted to raise fertility at the population level (Pison 1986; Fulton & Randall 1988; Pebley & Mbugua 1989). Other demographic consequences of polygamy include increased spousal age difference and reduced coital frequency (Brainard 1991; Lardoux & van de Walle 2003); high frequency of widowhood (Lesthaeghe et al., 1989; Timaeus and Reynar 1998); and, the promotion of prolonged breastfeeding and sexual post-partum abstinence (Timaeus and Reynar 1998). The study on polygamy and poor child survival (Arthi & Fenske, 2018) suggests that polygamist selectivity based both on observable characteristics and behaviours (e.g., poverty, poor maternal education, failure to seek adequate prenatal and early-life medical care).

Some studies revealed that polygamy creates inequality amongst co-wives since the husband cannot care for and cater to the needs of more than one wife, and that polygamy gives men boundless power and authority. The odds of Intimate Partner Violence (IPV) is higher among women with co-wives compared to those in monogamous marriages (Heath et al., 2020; Jansen & Agadjanian, 2020; Jansen & Agadjarian, 2016). Literature also suggests that the women practicing polygyny are susceptible to sexually transmitted diseases, infertility and mental health complications (Ashby & Gupta, 2013; Shepard, 2013).

In India, marriage is practiced mainly for progeny and having a son is considered essential. In this context, the role of childlessness and son preference may lead to polygynous marriages. As there are a very few studies on polygyny in India, this study will certainly fill the gap in literature. The present study will address four research questions. Firstly, how the polygynous marriage varies across the states of India? Secondly, what are the cultural and regional correlates of such marriages? Thirdly, what are the demographic effects of polygynous marriages in India? Finally, how the polygyny is associated with child health and marital relation in India?

Objectives

1. To study the trends and differentials of polygynous marriage in India and by states.
2. To understand the cultural and regional correlates of such marriages.
3. To understand the demographic aspects of polygyny in India.
4. To examine the association of polygyny with child health and marital relation in India.

Data and Methods

Data for the study would be drawn from National Family Health Survey (NFHS). There have been five rounds of NFHS carried out during 1992-93, 1998-99, 2005-06, 2015-16 and 2018-20 that provide an enormous amount of information on the demographic, health and social indicators. More specifically these rounds provide information on fertility, contraception, reproductive health and so on.

To study and understand the polygynous marriage practices, data for the first time was collected as part of the National Family Health Survey 3 (2005-06) and the same information is also collected in NFHS 4 and 5. Therefore, this study will make use of data from NFHS 3, 4 and 5 to meet the study objectives. The NFHS 3 collected information from a nationally representative sample of 109,041 households and 124,385 women aged 15–49 (IIPS and Macro International, 2007). The fourth round of National Family Health Survey (NFHS 4) covered a representative sample of 601,509 households and interviewed 699,686 women aged 15–49 years across India. The latest round of the series is under way which would also be used in due course of time once the data is available. In these rounds, data was collected from both women and men – women were asked a direct question whether besides herself, her husband had other wives and men were asked if they currently have one wife or more than one wife.

This variable has been defined in the DHS as the number of other wives that the partner of currently married women (women who are either legally or formally married or who are living in a consensual union) has (Anjorin et al., 2020; Smith-Greenaway & Trinitapoli, 2014). Therefore, in this study, only currently married women will be considered. The women who state that their partners had no other wives will be considered as being in *monogamous marriages* whiles those who indicate that their partners had 1 or more other wives will be considered as those in

polygynous marriages. Hence, a dichotomous outcome variable will be constructed as 0 = monogamy and 1 = polygyny.

To find out how the polygynous marriages varies across the background characteristics, a set of background characteristics will be considered. These are caste, religion, place of residence, economic status of the household, type of family, age of the women, marriage cohort, age at marriage, educational level, exposure to mass media, number of children ever born and number of sons. For this, bi-variate analysis would be used. Multivariate analysis would be used to find out the explanatory factors for the extent of polygynous marriage.

For understanding the demographic impact/aspects of polygyny, a set of variables would be considered i.e., age at marriage, remarriage, spousal age gap, children ever born, number of living sons, infertility, utilization of maternal and child health, birth interval, coital frequency, duration of breastfeeding, post-partum abstinence, and current contraceptive use. For understanding the child health, nutritional status and survival status of the children will be considered. Further, to find out the association of polygyny with marital relation, violence and control related indicators, namely those reflecting the nature of marital relations, the control exerted by the husband over the respondent, and the severity of the violence experienced would be examined. The study is expected to fill the research gap on various aspects of polygyny (demographic, child health and marital relations) in Indian context.

Timeline for the Project - 24 Months (August 2021 to July 2023)

Activities	Months																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Literature review																								
Collection of secondary data																								
Secondary data analysis																								
Analysis and interpretation of findings																								
Preliminary findings																								
Submission for IIPS Research Brief																								
Submission of report																								
Paper Writing																								

Budget

Budget Particulars	August 2021 – March 2022 (8 months)	April 2022-March 2023 (12 months)	April 2023 – July 2023 (4 months)

Research Officer (one)	40,000*10=4,00,000	45,000*12=5,55,000	50,000*4=2,00,000
Equipment/stationery	5,000	5,000	5,000
Miscellaneous	10,000	10,000	10,000
Total	4,15,000	5,55,000	2,15,000
Grand Total	11,85,000		

Note: The budget will vary as per the change in salary structure of project staff according to rules of the institute.

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3. Small area estimates of COVID-19 disease in India: what we missed

Proposal on COVID-19 disease in India

Small area estimates of COVID-19 disease in India: What we missed

Project Title	Small area estimates of COVID-19 disease in India: What we missed
Geographical Coverage	India/states/districts
Organization	International Institute for Population Sciences
Address	Govandi Station Road, Deonar, Mumbai-88
Contact Person	Dr Suryakant Yadav
Primary Investigator (PI)	Dr Suryakant Yadav (IIPS)
Co-PI	Dr Dilip T. R. (IIPS)
Phone and Email	+91-9650246933; suryakant11@gmail.com , suryakantyadav@iipsindia.ac.in
Time Frame	One year

1 Introduction

In late December 2019, the first case of COVID-19 was reported in China (Wuhan City) (WHO, 2020). COVID-19 has spread across the world, and it has caused a significant number of deaths and socio-economic losses worldwide (Lenzen et al., 2020). The first case of COVID-19 is reported on 30th Jan 2020 in India, and now in march 2021, India has more than 11 million confirmed cases and 1.6 lakh deaths due to the COVID-19 pandemic (COVID-19 India API, 2020).

The case fatality rate (CFR) of COVID-19 disease in India has shown variation across the regions while it has more or less remained in a narrow range over time. The COVID-19 deaths have impacted the distribution of deaths and it is no surprise given a racial disparity has been estimated in favor of the whites versus some studies have shown larger disparity among the blacks in the USA (Goldstein & Atherwood, 2020).

The spatial distribution of mortality caused by COVID-19 disease is not similar across the regions or states or districts of India (Macharia, Joseph, & Okiro, 2020; Sarkar & Chouhan, 2021). It may be larger during initial virus outbreaks compared to later stages of the pandemic. During initial stage, it was metropolitan cities, and in later stage, it spread to other mega cities and other states during the first wave of pandemic. During the second wave, the spread of infectious disease is into rural area and into the remote areas. At the same time, role of demographics is equally important. The cities and urban areas, in general, have higher life expectancy and so more persons in 60+ years compared to rural areas. The health infrastructure is much better in urban than rural areas, despite health infrastructure

has negative impact in urban areas, as apparent from the real-time data. So, there is no fix scientific rule to justify the variation in CFR.

The disparity in fatality of COVID-19 disease is attributed by wide regional variation in socio-economic indicators such as income, health etc. The variation in CFR is manifestation of variation in background compositional effects. Quantifying excess deaths and their impact on mortality provide a more comprehensive picture of the burden of COVID-19 on mortality. This study proposes district level estimates using Small Area Estimates (SAE) and machine learning (ML) methods (Assuncao, Schmertmann, Potter, & Cavenaghi, 2005; Congdon, 2010; Longford, 2010; Williamson & Norman, 2011) to comprehend the effects of compositional backgrounds on the variation of mortality.

2 Objectives

The objectives of the study are to:

- 1) examine the spatial distribution of case fatality rate at state/district level,
- 2) evaluate the demographic and socio-economic risk factors for the mortality of COVID-19 disease at state/district level,
- 3) estimate the case fatality rate at district level using small area estimation (SAE) and machine learning (ML) methods,
- 4) examine the deviation between estimate and real-time CFR at state/district level.

3 Data

We retrieve data from JHU CSSE or COVID19-India application programming interface (API) an open access and publicly available database of COVID-19 disease cases (COVID-19 India API, 2020; JHU CSSE, 2020). Data on COVID-19 cases on this API portal is updated from state bulletins, official handles, Press Bureau of India (PBI), Press Trust of India (PTI), and Asian News International (ANI) reports. This study uses data from the COVID19-India API because of the two advantages. The first is that it provides time-series data in a portable '*.csv' files, and the second is that it provides data up to India's district level in the same format.

This COVID19-India API provides data on confirmed, active, recovered, and deceased cases of COVID-19 disease, on a daily basis, from 30 January 2020, the first case of COVID-19 disease in India. It also provides data on number of persons tested since 17 April 2020. Recently, data on vaccination is available since 16 Jan 21. We retrieved these data from its availability to until a latest date. Initially, we consider a period of one-and-a-half years between 30 Jan 2020 to 30 July 2021, which includes the first and second wave, for the analytical purpose of daily COVID-19 cases.

The data can be easily shared and processed with statistical software such as Excel, STATA and R.

4 Methods

4.1 Infection ratio, case fatality rate, test positivity ratio

We intend to calculate basic measures such as infection ratio, case fatality rate and test positivity ratio to do a comparison across the states/districts of India.

Infection ratio = COVID-19 cases/population

Case fatality rate = number of deaths/ COVID-19 cases

Test positivity ratio = COVID-19 cases/number of persons tested

4.2 Exponential model, parameter estimation, and doubling time

The exponential model can take the form of a growth and decay model depending upon a growth rate greater than zero and smaller than zero, respectively. The exponential growth (decay) model is preferred for the following two reasons. First of all, the COVID-19 cases show an upward and downward slope for a peak given the trends of cases into consideration, and second, the acceleration or deceleration of the growth of COVID-19 cases is to determine in real-time.

The exponential model is expressed as

$$y_t = C * B^t \quad (1)$$

where t is time or date, y_t is the number of daily COVID-19 cases at time t , C is constant, B is the acceleration or deceleration of the fit of the daily COVID-19 cases, and $B=e^r$ with r as the growth rate of daily COVID-19 cases.

The doubling time (T_d) (Galvani, Lei, & Jewell, 2003) of COVID-19 cases using the growth rate of daily COVID-19 cases is expressed as

$$T_d = \frac{\ln(2)}{r} \quad (2).$$

4.2 Effective reproduction rate

The Lotka-Euler equation (Wallinga & Lipsitch, 2007) would be applied to estimate the effective reproduction rate based on the growth rate of daily COVID-19 cases obtained from exponential model. The Lotka-Euler equation is expressed as

$$R(t) = 1 / \int_{a=0}^{\infty} e^{-ra} g(a) da \quad (3)$$

where, $R(t)$ is the basic reproduction rate, denoted by R_0 , in the initial period ~5 to ~14 days of the spread of infectious disease, and is the effective reproduction rate, denoted by $R(t)$, at a time ' t ' of the outbreak of the disease; r is the growth rate of daily COVID-19 cases; $g(a)$ is the probability density function of generation (serial) interval (Du et al., 2020), which is the time-span from a primary infectious person to generate secondary infectious persons in the time interval $[a, a+ \Delta a]$ (Ma, 2020).

4.3 Time series analysis

- 1) Trend analysis,
- 2) ARIMA/SARIMA,
- 3) Autocorrelation analysis,
- 4) Decomposing time series,
- 5) Regression and ARIMA errors,
- 6) Rank normalization methods,
- 7) Vector autoregressive methods,

4.4 Spatial Analysis

- 1) GIS mapping of district development indicators and indices
- 2) Moran's I index
- 3) Spatial regression analysis

4.5 District estimates

There are two kind of approaches of small area estimation. One type of approach is based on some auxiliary information is available only for the area and another kind of approach is based on the auxiliary information available for the elements of population.

4.5.1 Small area estimates

We apply **regression model approach** for a closed and constant population, that is, the sampling is the sources of variations and the mean of synthetic or local estimates shrinks to overall mean, say at state or national level.

4.5.1.1 OLS regression model approach

Let district 'd' be lower geographical areas nested under a set of aggregated higher geographical level which are the states 'S' of India

$$y_d = X_d\beta + Z_d\delta_d + \varepsilon_d \dots\dots\dots (1)$$

where, y_d is the outcome variable; X_d is regression matrix; Z_d is the district level variation matrix for $d = 1, 2, \dots, D$; β is a vector of regression coefficient; δ_d (indicator) is random sample/cluster from a known distribution, preferably, normal distribution; ε_d and δ_d are mutually independent.

The mean square error (MSE) is defined as

$$MSE(\hat{\theta}_d) = E\{(\hat{\theta}_d - \theta_d)^2 | \theta_d\} \dots\dots\dots (2)$$

For estimation of variance for similar districts with a common variance σ_W^2 , from the model, the mean estimators is given by

$$\hat{\theta}_d = (1 - \bar{b}_d)\hat{\theta}_d + \bar{b}_d\hat{\theta} \dots\dots\dots (3)$$

where,

$$\bar{b}_d = 1/(1 + n_d\hat{\omega}) \dots\dots\dots (4)$$

4.5.1.2 Poisson regression model approach

Let district 'd' be lower geographical areas nested under a set of aggregated higher geographical level which are the states 'S' of India.

Let y_i^d be the number of total deaths at district level and Y_j^S is the number of total deaths or total confirmed cases at state level. Given these set of information on deaths, we intend to estimate z_i^d , that is, estimated number of total deaths at district level.

$$y_i^d \sim P(\mu_i) \dots\dots\dots (5)$$

where, μ_i is the proxy mortality rate of a higher level of geography.

The log-link application for Poisson model is given by

$$\log(\mu_j) = X'_j \beta \dots \dots \dots (6)$$

4.5.1.3 Neighbourhood model approach

Another approach is the **neighbourhood approach** accounting for a spatial variation with sources of variation from the distances between the districts (d_1, d_2, \dots). The covariance between possible distances is given by

$$\gamma_h = COV_D\{\theta_{d_1}, \theta_{d_2} | \xi(d_1, d_2) = h\} \dots \dots \dots (7)$$

Variance of distances (σ_h^2) is given by

$$\sigma_h^2 = 2(\sigma_0^2 - \gamma_h)$$

where, γ_h is the covariance between districts which are at a distance apart, ξ is the distance between two districts d_i and d_j which is generalized as ' h '.

The unbiased estimator with subject mean is given by

$$\theta_d^{(h)} = \frac{1}{N_d^{(h)}} \sum_{d' \in d^{(h)}} N_{d'} \theta_{d'} \dots \dots \dots (8)$$

$$\vartheta_d^{(h)} = \frac{1}{N_d^{(h)2}} \sum_{d' \in d^{(h)}} N_{d'}^2 \vartheta_{d'} \dots \dots \dots (9)$$

4.5.1.4 Classification model approach

Classification model is used for identifying districts with uniquely different distributions across the variables or indicators. We intend to use decision trees, neural network or any other classification methods to group districts based on the set of variables available at district level. These are iterative process based on gradient descent algorithm and works on the functional form of variance reduction method.

5 Analysis Plan

5.1 Data warehouse and data curation

We intend to extract and collate the data of COVID-19 cases at national/state/districts levels on weekly/monthly basis from JHU CSSE or COVID19-India API. The variables to be extracted are confirmed, recovered, and deceased cases of COVID-19 disease, number of tests performed and vaccinated persons for each date in the studied period.

5.2 Tracking pattern and sequential patterns of COVID-19 in the matrices of districts

We intend to apply a time-series methodology which can extract the pattern and sequential pattern of COVID-19 cases. As more and more data are plugged into the stacked data and more socio-economic and environmental variables are curated overtime, analysing pattern of these data will be a critical part of analysis.

5.3 Socio-economic, demographic and environmental variables

Head of the household characteristics: rural/urban, NIC and NCO households, household type: casual labors, salaried households, agricultural labourers, and self-employed households, access to latrine, source of drinking water, garbage disposal, source of cooking, percent of one-member households, principal status, level of education, living arrangement

of 60 years and above persons, ever received immunisation, the rich and poor households (NSSO),

Demographic characteristics: old and adult population, urban population, households with soap, water and latrine facility, IMR, U5MR, and adult and old mortality, stunting, breakup of immunisation, institutional births, persons sleeping per room, marital status, social composition, sex ratio (NFHS),

Assets: availability of TV/mobile/two or four wheelers (Census),

Environment: NO₂, PM_{2.5}, PM₁₀, SO₂ (Central Pollution Controlled Board),

Financial inclusion: access to banking services, MGNAREGA job card, *Prosperity:* District GDP, Income or per-capita expenditure, health expenditure (%GDP), health programs and scheme (MoHFW),

Epidemiological characteristics: chronic ailments (multimorbidity): hypertension, diabetes, cancer, CVD, obesity, smoking (NSSO),

Health services: access to nearest (distance) health facility, hospitals (public versus private), hospital beds, OOPe, health workforce, medical/health insurance (NSSO), other details from other ministry websites,

Health infrastructure: number of active PHCs and CHCs, District hospital is counted in each district, number of private hospitals (MoHFW), other infrastructure from MoHFW and Other ministry websites,

Health workforce: Number of ASHA/ANM, number of Doctors and nurses (Ministry websites), number of other workers from ministry websites.

6 Deliverables

- 1) Estimated case fatality rate at district level,
- 2) The contribution of state and district variation to overall variation in estimated CFR,
- 3) The deviance in real-time CFR and estimated CFR.

7 Data visualization

For data visualization, we intend to use R or Tableau software for creating scatter plot, regression plots, bubble cloud, dot distribution map, treemap chart, wedge stack graph and infographics.

Timeline for the Project

Year 1: June, 2021- Dec, 2021 (7 months)	<i>data collection from various secondary data sources (Various Ministry websites, Census, NFHS, NSSO, COVID19-India API, JHU CSSE)</i>
Year 2: Jan, 2022- May, 2022 (5 months)	<i>Data Analysis of secondary data, report writing, other project closing requirements</i>

Budget

Serial No.	Budget particulars	June 2021- May 2022
1.	Senior Research officer Salary @ Rs. 60000 per month	1*60000*12 =720000
2.	Research officer Salary @40000 per month	1*40000*12 =480,000
3.	Equipment/stationery (2 external hard drives, microphone, laptop accessories)	10000
4.	Miscellaneous	10000
	Total (12,20,000)	12,20,000/-

Note: The budget will vary as the Salary structure changes according to the rules of the institute.

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28	UGC Representative	Member

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	Shri Sudarshan Bhadra Assistant Registrar (Academic) IIPS, Deonar Mumbai – 400088.	Invitee

**MINUTES OF THE MEETING OF THE ACADEMIC COUNCIL OF THE
INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
HELD ON JUNE 21, 2021.**

The meeting of the Academic Council was held through virtual mode on June 21, 2021 at 11.00 AM and was chaired by Prof K.S. James, Director and Senior Professor, IIPS. At the outset, the chairman extended warm welcome to all members and external experts to the meeting of the Academic Council. **The list of members attended the meeting is given in Annexure I.**

Prof. K.S James, Chairperson of Academic Council requested Prof. R.B Bhagat, Member-Secretary to proceed with the agenda.

Agenda no.1: To confirm the minutes of Academic Council Meeting held on November 16, 2021.

The members of Academic Council confirmed the minutes of Academic Council held on November 16, 2021.

Agenda no 2: Action taken on the Minutes of Academic Council Meeting held on November 16, 2021.

Action taken report on the minutes of Academic council meeting held on November 16, 2021 was noted by the members.

Agenda no 3: To approve results of final year courses - Academic Year 2020-2021.

The respective courses coordinators presented the results of the following courses for the Academic Year 2020-2021:

Sr. No.	Name of the Course	Appeared	Qualified
i.	Master of Arts/Science in Population Studies (MA/MSc) -2019-2021	22	22
Ii	Master of Science in Biostatistics & Demography (MBD) -2019-2021	34	34
Iiii	Master of Population Studies (MPS) - 2020-2021	42	41
Iv	Master of Philosophy in Population Studies/Biostatistics & Demography (M.Phil) 2020-2021	74	74
V	Master of Population Studies (Distance Education)	-	18
Vi	Master of Arts in Population Studies (Distance Education)	-	22
Vii	Diploma in Health Promotion Education (2020-2021)	27	27
Viii	Post Graduate Diploma in Community Health Care (2020-2021)	11	10
Ix	Doctor of Philosophy in Population Studies (2020-2021)	17	

Agenda no 4: To approve Gold and Silver Medals for the final year courses – Academic Year 2020-2021.

GOLD MEDALS		
I	Dr. Asha A. Bhende Gold Medal to the best student of MA/MSC in Population Studies for securing first rank (2019-2021)	Ms. Aditi B. Prasad
Ii	Dr. C. Chandrasekaran Gold Medal to the best student of MPS programme for securing first rank (2020-2021)	Ms. Piyasa Mal
Iii	Dr. K. Srinivasan Gold Medal to the best student of MA in Population Studies (Distance Learning) for securing first rank.	Dr. William Joe
Iv	Prof. Sukumar Mukherji Gold Medal to the best student of MSc in Biostatistics & Demography for securing first rank (2019-2021)	Ms. Navya Vardhan
V	Prof. Tara Kanitkar Gold Medal to the best student in M.Phil Programme for securing first rank (2020-2021)	Ms. Shriya Bajaj
Vi	IIPS Gold Medal to student of DHPE programme for securing first rank.	Ms. Rajlaxmi Sahoo
Vii	IIPS Gold Medal to student of PGDCHC for securing first rank.	Mrs. Tarannum Parveen
SILVER MEDALS		
Viii	IIPS Silver Medal for MA/MSC in Population Studies for securing second rank (2019-2021)	Ms. Anjali Sharma
Ix	IIPS Silver Medal for MPS programme for securing second rank (2020-2021)	Ms. Minnu Malieckal
X	IIPS Silver Medal for MA in Population Studies (Distance Learning) for securing second rank	Dr. Nimra Shireen
Xi	IIPS Silver Medal for MSc in Biostatistics & Demography for securing second rank (2019-2021)	Mr. Somnath Jana
Xii	IIPS Silver Medal for M.Phil Programme for securing second rank (2020-2021).	Mr. Mihir Adhikary
Xiii	IIPS Silver Medal to student of DHPE programme for securing second rank.	Mrs. Vandana Patle
Xiv	IIPS Silver Medal to student of PGDCHC for securing second rank.	Ms. Pranita Omprakash Shirpuriya
Xv	Minutes of the committee for “Dr. P.N. Mari Bhat Award” for best Ph.D Thesis.	The committee’s report will be approved by the Chairperson, Academic Council.
Xvi	Minutes of the committee for “Dr. P.N. Mari Bhat Award” for best M.Phil dissertation.	
Xvii	Minutes of the committee for “Dr. J.R. Rele Award” for best MPS term paper.	

Agenda no 5: To approve revision of Ph.D Rules and Regulations.

The Ph.D coordinator presented the proposal of the revised guidelines. In addition, Director & Sr. Professor has constituted a committee to restructure the course work of the pre-PhD programme at IIPS. The chairman of the committee Prof. T.V. Sekher had presented the recommendations of the committee in brief. He has presented the structure of the course work, papers to be offered and the period of course work. **The report is attached as Annexure II.**

The Academic Council approved the recommendation of the committee.

Agenda no 6: To approve inclusion of fees under Miscellaneous Fee Structure for various categories for all courses.

The proposal was placed in the meeting of BOSR held on June 14,2021, and it was recommended to be placed before the Academic Council for final approval.

OTHER FEES (MISCELLANEOUS)	Proposed in Rs.
1. Duplicate Marksheet Fee	400.00
2. Transcript Postal Charges (within India) per address	150.00
3. Transcript Postal Charges (Abroad) per address	2000.00
3. Verification of Degree/Grade Card of alumni by private agency	2000.00

The Academic Council approved the above miscellaneous fees with immediate effect.

Agenda no 7: To approve proposal to provide consolidated mark-sheet, transcript and transfer-cum-migration-conduct-certificate along with degree certificate for the qualifying students of PG & M.Phil from the Academic Year 2020-21 onwards.

Academic council approved the proposal, and also approved the existing migration certificate fee i.e Rs.110 which will be applicable for those students who have passed out prior to Academic Year 2020-21 or will be cancelling the admission in the subsequent years.

Agenda no 8: To approve admission cancellation procedure for the academic courses.

Academic council approved the admission cancellation procedure from the academic year 2021-22 which is provided in **Annexure III.**

Agenda no 9: To approve proposal regarding enhancement in fees for MA (Population Studies) Distance Learning Course.

As recommended by the BOSR in its meeting held on June 14,2021, the proposal for enhancement in fees for MA (Population Studies) Distance Learning Course was approved by the Academic Council. This will come into effect from the next admission cycle.

Recommended Revised Fee structure of MA Distance Learning Course

Indian students	Present (₹)	Recommended (₹)
Processing Fee	500	600
Tuition Fee (Course Fee)*	15000	22000
Contact Programme Fee	600	1000
Examination Fee (per paper)	200	300
Degree Certificate Fee	200	300
Convocation Charges	500	600
Course Extension Fee	7500	11000
Re-examination Fee	500	600
Viva-Voce Examination Fee	Nil	300
Re-evaluation Fee (per paper)	500	600
Provisional Certificate Fee	100	200
Transcript Fee	500	600
Duplicate Certificate	800	1000
Duplicate ID Card	100	200
Library Remote Access Fee (Non-Refundable)	Nil	1000
Library use deposit (Refundable)	Nil	2000
Term Paper Submission Fee	Nil	600
Bonafide certificate	Nil	300
Record Verification fee	Nil	300

Foreign students	Present (US \$)	Recommended (US \$)
Processing Fee	25	25
Tuition Fee (Course Fee)*	2000	2500
Contact Programme Fee	100	100
Examination Fee	100(for all papers)	10Per paper
Degree Certificate Fee	Nil	50
Convocation Charges	Nil	50
Course Extension Fee	1000	1250
Re-examination Fee	50	10Per paper
Viva-Voce Examination Fee	Nil	20
Re-evaluation Fee (per paper)	Nil	20
Provisional Certificate Fee	Nil	50
Transcript Fee	Nil	25
Duplicate Certificate	Nil	25
Duplicate ID Card	25	25
Library Remote Access Fees (Non-Refundable)	Nil	100
Library use deposit (Refundable)#	Nil	100
Term Paper Submission Fee	Nil	50
Bonafide certificate	Nil	50
Records verification fee	Nil	50

* Includes Tuition fee & cost of study materials

50%Concession on Tuition fees to the distance learners from SAARC Countries.

#This facility only for those who come at IIPS physically to avail library facility and borrow the books

Agenda no 10: Review the progress of internally and externally funded research projects of the Institute.

The Academic Council reviewed and approved the progress of the following projects along with their timelines.

INTERNAL FUNDED PROJECTS

Sr No	Name of Project	Co-ordinators	Start Date	Completion Date	Remarks
1	Geo-Spatial Mapping at Village and Ward Level in Uttar Pradesh	Dr. L.K. Dwivedi, Dr. S. Unisa and Mr. Anjani Kumar Mishra	Oct-18	Sep -21	Approved extension upto March 2022
2	Estimation of Internal Migration in India and its States, 1971-2011	Dr. Reshmi, Dr. R. B. Bhagat	Apr-20	Sep-21	Approved extension upto June 2022
3	Health expenditure on breast cancer treatment in women. A study from sector tertiary Cancer Center	Prof S. K Mohanty	July-19	Jun-21	Approved extension upto June 2022
4	Projection of district level annual population by quinquennial age group and sex from 2011 to 2031 in India" for the month of Jan 2021	Dr. Murali Dhar	Oct-18	Mar-21	Approved extension upto September 2021
5	Coping Mechanism during Covid-19 Pandemic in Unorganized Sector: A Qualitative Investigation in Mumbai Metropolitan	Dr. Dhananjay Bansod, Dr. Prakash Fulpagare, Dr. Suresh Jugari	Mar-21	Dec-21	--
6	Longitudinal Survey of Maternal and Infant Nutrition in Maharashtra	Dr. S. Unisa, L.K Dwivedi, Mr. Sarang P, Dr. Preeti Dhillion	Jan-21	Mar-24	Proposed change in the title was noted and approved.
7	Assessment of Quality of Mortality Data from Large Sample Surveys in India	Prof. Usha Ram, Dr. Manas Pradhan	Apr-19	Mar-22	--
8	Estimation of child mortality and immunization coverage at district level in India	Prof. K.S.James , Dr. L.K. Dwivedi	Apr-21	Mar-23	--

9	Health and Burden Associated with Arsenic Contamination of water in West Bengal	Prof K C Das and Md Illias Sheikh			Academic Council noted the remarks about the difficulty in starting the project.
10	Projection of Annual Cancer Incidence at District Level by quinquennial age group and sex from 2021 to 2031 in Maharashtra	Dr. Murali Dhar; Co-PI, Dr. Atul Budukh, Professor Epidemiology, Centre of Cancer Epidemiology, TMC, Navi Mumbai	18 months		Project commenced considering the suggestions of the last A.C. meeting.
11	Access to Utilization of RCH Services during Covid 19 Pandemic: A MultiCenter Study	Prof.Usha Ram and Manas Pradhan	July 2020	March 2021	Completed
12	Causes and Consequences of out-Migration from Middle Ganga Plain	Archana roy, R.B Bhagat, K.C.Das, Sunil Sarode, R.S.Rashmi	Oct-18	Mar-21	Completed

EXTERNAL PROJECTS

Sr No	Name of Project	Co-ordinators	Start Date	Completion Date	Progress Submitted/Remark
1	NATIONAL FAMILY HEALTH SURVEY - 5 NFHS	K.S.James, B. Paswan, S.K.Singh, H.Lhungdim, Chander Shekhar, L.K. Dwivedi and Sarang P.	Jan-19	May-21	Ongoing
2	Longitudinal Ageing Study in India (LASI)	P. Arokiasamy, D.A.Nagdeve, T.V.Sekhar, S.K.Mohanty, A.Chattopadhyay, Diptil Govil and Sarang P.	2016	-	Ongoing
3	Global Youth Tobacco Survey - 4	B.Paswan, H.Lhungdim, R. Nagrajan, Murali Dhar and Pralip k. Narzary	Apr-18	Jun-21	Ongoing
4	Study of Global Aging and Adult Health (SAGE) India,	P. Arokiasamy, H.Lhungdim, T.V. Sekhar, Murali Dhar, Archana Roy	Jun-16	-	Ongoing
5	Midline Rapid Assessment of SWABHIMAAN women's Nutrition Demonstration in Phase 3 States (Bihar, Chhatisgarh and Odisha)	Sayeed Unisa, Laxmikant Dwivedi, Dipti Govil, Saran P, R.S. Reshmi	Jan-21	-	Ongoing

6	Gender Equity and Health (GEH) Project	Prof K.S James, Prof. Abhishek Singh, Dr. Kaushalendra Kumar	Nov-18	Jun-21	Ongoing
7	Longitudinal Ageing Study in India- Vision Intervention Study (LASI-VIS)	P. Arokiasamy, S.K.Mohanty, and Sarang P.	Feb-21	Jan-22	Ongoing
8	Protection of children affected by seasonal migration : A study in Jalna disreict of Maharashtra	K.C.Das, R.B Bhagat and A.K Roy	Jan-20	Sep-21	Ongoing
9	Demographic and Health Surveys and it's Quality in India: A Programme to Develop Survey Research" (Population Council)	Prof. L. K Dwicedi	Apr-20	Mar-21	Ongoing
10	Exemplars in maternal and newborn mortality reduction in India	Prof. Usha Ram, Manoj Alagarajan, Prof. K.S. James	Dec-20	Mar-22	Ongoing
11	Comprehensive Report on Sexual and Reproductive Aspects of Youth in India based on Data from NFHS- UNFPA	K.S.James, L.K Dwivedi, P.Dhillon	Mar-20	Dec-20	Completed
12	Integrating Aging Reserch with Policy and Programmes in India-UNFPA	K.S.James, D. Govil,H Sahoo	Mar-20	Dec-20	Completed
13	CNNS Knowledge Network Project	Pro. Sayeed Unisa, Dr. Harihar Sahoo, Dr. Preeti D.	Oct-19	Dec-20	Completed
14	Tribal Health: District Factsheet Project	Prof. Usha Ram, Dr. Manas Pradhan, Prof, K S James	Nov-19	Sep-20	Completed
15	Immunization Coverage Study in Maharashtra (ICM) Lessons learned and way Forward	Dr. Dhananjay Bansod, Shri Prakash Phulpagare, Prof. S.K Singh, Prof. K.S James	Apr-16	Apr-20	Completed
16	Reproductive Health Indicators for Selected Districts from NFHS-4	K.S. James and Manoj Alagarajan	Oct-19		Completed
17	Child Marriage in Maharashtra: Pattern, Trend and Consequences	K.C. Das	Aug-19		Completed

18	The Harmonized Diagnostic Assessment of Dementia for the Longitudinal Aging Study in India (LASI-DAD Study) (2016-2021) in collaboration with University of Southern California and All India Institute of Medical Sciences	P. Arokiasamy T.V. Sekher and Sarang Pedgaonkar	2016 2020	2020 2021	Wave-1 Completed
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Agenda Item No.11:

New Project Proposal.

(Internally Funded)

Sr No	Name of Project	Co-ordinators	Start Date	Completion Date	Remarks
1.	Cost of treating gastrointestinal cancer and the burden of treatment on patient's household	Dr T R Dilip, Dr Shailesh Shrikhande, & Dr Manish Bhandare	(Tentative) Sept'21	Aug'23	Approved by the Academic Council
2.	Demography of Polygyny in India	Dr. Harihar Sahoo, Dr. R. Nagarajan	Aug'21	July'23	Approved by the Academic Council
3	Small area estimates of COVID-19 disease in India: what we missed	Dr. Suryakant Yadav, Dr. Dilip T.R.	June'21	May'22	Suggested to look into the data carefully, and patients mobility

Externally Funded

1	NCD Screening and Treatment Inequalities among Older People in India: A Quantitative Study	Dr. Dilip T.R., Dr. T.V. Sekher, Dr. Aravinda Guntupalli, Dr. Sara Mac Lennan	Apr'21	Dec'21	Noted and approved.
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Agenda No. 12: To approve increase in number of seats for DHPE and PGDCHC courses at NIPHTR, Mumbai.

The Academic council was briefed by Dr.D.M Thorat on the above proposal. It was discussed that there is a need to increase number of seats for DHPE and PGDCHC courses at NIPHTR due to the increased demand. The infrastructure of the NIPHTR has enhanced with a new campus.

The Academic Council approved to increase the number of existing seats from 30 to 60 for both DHPE and PGDCHC courses from the academic year 2021-22.

Agenda no 13: Report of the Committee to Restructure the Academic Department.

The Chairman, Academic Council informed that the Executive Committee of IIPS in its 105th meeting held on January 22, 2019 decided to set up a Committee to “Restructure the Academic Department and Suggest Improvement in Research/Teaching/Training Quality”. The Committee has submitted its report which was placed in the Executive Committee meeting held on January 20, 2021.

As per recommendations of Executive Council, the Director & Senior Professor has constituted different committees to work out guidelines for (1) appointment of honorary positions such as Distinguished Visiting Faculty and Visiting Faculty, (2) Student Exchange Programme and (3) Faculty Exchange Programme.

The Chairperson of different committees has presented the recommendation of the committee in brief. The members also made several suggestions while appreciating the work of the committee.

The members suggested that both Distinguished Visiting Faculty and Visiting Faculty may be by invitation. It was also suggested to include the meritorious students i.e. CGPA more than 9 for financial assistance under student exchange programme in addition to socially and economically weaker sections of the society. This may be placed in the next Standing Finance Committee.

The Academic Council approved the recommendation of the various committee with suggestive change to be placed before the next Executive Council meeting.

Agenda no 14: To discuss and suggest on virtual convocation for the Academic Year 2021-21.

A committee was constituted by Director & Senior Professor to examine the possibility of holding a virtual convocation for the graduating batches of the Academic Year 2020-21. Academic council considered the recommendations of the committee as follows:

- (i) In view of the ongoing pandemic situation and lockdown measures, 62nd convocation of IIPS may be organized on a virtual mode for the graduating batches of 2020-2021,
- (ii) the convocation may be conducted in a hybrid mode,
- (iii) the virtual convocation programme may contain the pre-recorded videos
- (iv) an external professional agency may be hired by IIPS to maintain a standard and quality of the virtual convocation video.

The committee's report will be forwarded to the Ministry for obtaining the concurrence of the Hon'ble Minister of Health and Family Welfare, and President, General Council.

Agenda no 15: Reporting of matters regarding measures adopted during the COVID period for the academic programmes of IIPS.

Academic council noted the reporting of matter as adopted during COVID period.

Agenda no 16: Any other matter with the permission of Chair.

As there were no other points for discussion the meeting ended with a vote of thanks to the Chair.



(Prof. R.B. Bhagat)
Professor, and
Member-Secretary, IIPS



(Prof. K.S. James)
Director & Sr. Professor, and
Chairperson, Academic Council, IIPS

Annexure I

List of Members Attended

1.	Prof. K.S. James	-	Chairperson
2.	Dr. R. B. Bhagat	-	Member-Secretary
3.	Ms. Nivedita Gupta	-	Member
4.	Dr. Sayeed Unisa	-	Member
5.	Dr. S.K. Singh	-	Member
6.	Dr. Hemkhothang Lhungdim	-	Member
7.	Dr. D.A. Nagdeve	-	Member
8.	Dr. Kailash Chandra Das	-	Member
9.	Dr. T.V. Sekher	-	Member
10.	Dr. Chander Shekhar	-	Member
11.	Dr. Sanjay Kumar Mohanty	-	Member
12.	Dr. R. Nagarajan	-	Member
13.	Dr. Usha Ram	-	Member
14.	Dr. Abhishek Singh	-	Member
15.	Dr. Murali Dhar	-	Member
16.	Dr. Archana Roy	-	Member
17.	Dr. Dhananjay Bansod	-	Member
18.	Dr. Aparajita Chattopadhyay	-	Member
19.	Prof. Surinder Jaswal	-	Member
20.	Prof. Sanghamitra S. Acharya	-	Member
21.	Prof. S. Chandrasekhar	-	Member
22.	Prof. Anjali Radkar	-	Member
23.	Dr. Harshad P. Thakur	-	Member
24.	Dr. Manoj Alagarajan	-	Member
25.	Dr. Laxmi Kant Dwivedi	-	Member
26.	Shri Sunil Sarode	-	Member
27.	Dr. D.M. Thorat	-	Invitee
28.	Dr Sudhir Wanje	-	Invitee
29.	Dr. Preeti Dhillon	-	Invitee
30.	Shri Sudarshan Bhadra	-	Invitee

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
Deonar, Mumbai – 400088.



AGENDA OF THE MEETING OF THE ACADEMIC COUNCIL
December 17, 2021 at 11.00AM
in the Seminar Hall, IIPS

AGENDA ITEMS FOR THE ACADEMIC COUNCIL MEETING

SR. NO.	AGENDA ITEMS	PAGE NO.
1	To confirm the minutes of Academic Council Meeting held on June 21, 2021	3
2	To consider the action taken report of the Minutes of Academic Council Meeting held on June 21, 2021	14
3	To consider the Ph.D. programme with collaboration with Population Research Centre of the country.	16
4	To review the progress of internally and externally funded research projects of the Institute.	19
5	Approval of New Projects Proposals.	42
6	To report the matters regarding measures adopted during the COVID period for the academic programmes of IIPS.	51
7	To report admission for the Academic Year 2021-22	52
8	To report award for best thesis, dissertation, term paper for Ph.D. M.Phil & MPS respectively	53
9	To report on virtual 62 nd Convocation for the academic year 2020-2021	54
10	Any other matter with permission of Chair.	56

Agenda No. 5: Approval of New Projects Proposals.**New Internal Project**

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date
1	Violence against women (Domestic and spousal) among the tribes in Northeast India: Complementing qualitative information with NFHS data	Prof. C.J. Sonowal	January 2022	April 2022
2	A study on marriage and dissolution pattern in India	D.V Nagdeve, C. Shekhar, M. Alagrajan, H.Sahoo, M R Pradhan	May 2022	Dec 2024

New External Projects

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date	Remark
1	To Study Nutritional Status of Children under five (05) and functioning and utilization of ICDS in the Union Territory of Ladakh in India	K.S. James, Prof. Abhishek singh, Dr. Kushalendra Kumar, Dr. Suresh Jungari	Dec-21	-	MOU signed with Union Territory of Ladakh.
2	South Asia Centre for Labour Mobility and Migrants (SALAM) Funded by ILO, IOM And UN Women	R.B.Bhagat, K.C.Das and Reshmi, R.S.	October 11, 2021	July 10, 2023	MOU signed with ILO ; Inauguration held on 24 th Nov, 2021. Centre likely to continue.
3	National Family Health Survey-6	K.S. James, S.K. Singh, Abhishek Singh, Dhananjay Bansod, Laxmi Kant Dwivedi, Sarang Pedgaonkar, Preeti Dhillon, Reshmi R. S.	July 2021	-	TAC formed. MoFHW Funded.
4	Global Adult Tobacco Survey-3	R. Nagarajan, Murali Dhar, Nandita Saikia, Dilip TR, Manas Pradhan, & Pradeep Salve	Nov. 2021	-	TAC formed. MoFHW Funded.
5	Baseline of Tele-SWABHIMAAN Women's Nutrition Demonstration Programme in TELANGANA	Sayeed Unisa, L.K. Dwivedi, William Joe, Sarang Pedgaonkar, Preeti Dhillon, Reshmi R.S.	Dec'2021	July'2022	UNICEF Funded.

1)Violence against women (Domestic and spousal) among the tribes in Northeast India: Complementing qualitative information with NFHS data

Defining violence against women:

The Declaration on Elimination of Violence Against Women adopted by the UN General Assembly in 1993 defines Violence Against Women as "*any act of gender-based violence against women that results in or are likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private spaces.*" It also says that "**Violence** against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and the prevention of the full advancement of women..." Understanding this wide human rights concern from the perspective of power relations between men and women is very interesting. This quest for authority and power makes man the overriding one and woman the oppressed and powerless.

The context of the proposed study:

A research study was conducted¹ in four North-East Indian states, namely, Assam, Arunachal Pradesh, Manipur and Meghalaya sponsored by the ICSSR, Delhi, under its Research Programme grants, between 2014-17. The study included six tribal communities from these states; Khasi tribe from Meghalaya, Paite tribe from Manipur, Nyishi and Monpa tribes from Arunachal Pradesh and Mising and Sonowal Kachari tribe from Assam.

The study's objective was to understand how violence against women among the tribes could be understood by deliberating various aspects of gender relationship --- gender ideology, gender learning (Engenderment process), gender subordination and the structural arrangements within and outside the tribal societies. Thus, the study was mostly focused on qualitative aspects of violence against women.

The study reveals that:

- i) Violence against women is prevalent among the tribal societies, and the life of tribal women is not much different from many other non-tribal societies. Thus, the status of tribal women is not high compared to the women of other societies, a myth very often found in perception and literature.
- ii) The study also tries to answer why some tribal women feel that certain acts of the husband (or his relatives), otherwise recognised as violence, are normal and legitimate acts. Subsequently, the study also tries to find out why some tribal male people justify that they have the right or duty to control their wives/women by resorting to certain acts that otherwise are recognised as violence.
- iii) The study finds that gender subordination is one of the key causes of the acceptance and justification of violence against women in tribal society.
- iv) However, the causes leading to gender subordination are complex phenomena in tribal society.

¹Situating violence against women within the Gender system among the tribes of Northeast India—Assam, Arunachal Pradesh, Manipur and Meghalaya. Sponsored by ICSSR, Delhi, under Research Programme.

- v) While gender ideology is present in society and the gender learning process inherent in the society determines the nature and extent of gender subordination, these two aspects do not emerge from a vacuum.
- vi) The study finds that the ethnohistory of the tribal community, the geophysical condition the people live in, the political economy and the structural arrangement under which the tribal community is situated, in combination, shape the gender ideology inherent in that society.
- vii) Thus, gender ideology, gender learning and gender subordination are the parts of a cyclical process and fluid and always keep changing along with the changes in its components as mentioned above.

The rationale of the proposed study

While the study explains these aspects with examples and inferences, it lacks substantive quantitative data to generalise the findings from all respects. The report submitted to the ICSSR met with the reviewer's harsh comments, denying any significant incidence of violence against women in northeast states, even though the report referred to some NFHS 3 and NCRB data findings. It is known that the NFHS data and NCRB data reveal a substantial number of incidences of violence in these states, even among the tribal communities.

Thus, the researcher proposes to incorporate data from NFHS-3 onwards to compliment the already reported qualitative findings.

The objective of the study:

The study's primary objective is to complement the findings based primarily on qualitative data with the help of NFHS qualitative data.

Research methodology:

The study will encompass a statistical procedure to filter the NFHS raw data for tribes at the national and state levels. The filtered raw data will be further filtered through certain variables primarily including:

- i. Education of women and their spouses
- ii. Economic background of women and their spouses
- iii. Resource possession and economic activities
- iv. Autonomy of women like:
 - a. Decision making in
 - i. Household matters and extra-familial domain
 - ii. Economic domain
 - iii. Health
 - iv. Education
 - v. Mobility
- v. Perception about Violence:
 - a. Accepting or agreeing to violent acts as normal in certain circumstances
 - b. Justifying certain acts as normal or legitimate by men or the husband, which otherwise, are recognised as violent
- vi. Experiencing violence by women
- vii. Consequence of Violence
- viii. Help-seeking behaviour of women

Analysing the data:

Women's autonomy, perception of violence and experience of violence etc., will be cross-tabulated to see how these are related to certain background characters like education, wealth possession, income generation of women and their spouses.

A simple percentage-based analysis will explain and relate the findings with the already analysed qualitative data for the respective states under the study.

The help of a research assistant will be taken to process and analyse the quantitative data from the NFHS data pool.

Time Frame:

The time frame for the study is estimated as three months.

Financial budget:

Sl. No	Head of Expenditure	Quantity	Rate Rs.	duration	Total Cost Rs.
Project staff:					
1	Principal Investigator	1	Honorary	3 months	0.00
2	Research Assistant	1	60,000/- pm	3 months	1,80,000.00
Other expenses					
3	Expenditure on stationary and documentation etc				20,000.00
Total cost estimated					2,00,000.00

(Rupees two lakh only)

2)A study on marriage and dissolution pattern in India

Principal Investigators: DA Nagdeve, C.Shekhar, M. Alagrajan, H. Sahoo, M R Pradhan

Background

Marriage is one of the important social institution found in all societies although the types, rules of mate selection, and aims varies. Marriage sanctions the union of male and female for purpose of establishing a household, procreating and providing care for the offspring (Majumder, 1977). It is also a major source of nurturance, emotional bonding and socialization and a link between continuity and change (Desai, 1995). Assessing the change in marriages in rural India over time, Banerjee (1998) found that the peasant marriage regime was regulated more by social and demographic factors, while subsequent changes reflected the growing importance of economics and considerable regional diversity. Another study analysing Indian census data reveals that the changes in marriage pattern have occurred in both southern and northern region of the country but the transition in northern region is rapid compared with the south (Yadav & Vishwakarma, 2017). The prevalence of child marriage is undoubtedly declining, although the decline is not uniform, and the pace of decline in some states not as per the economic development and modernization witnessed in these states (Srinivasan et al. 2015). Literature also suggest change in perspective towards marriage and associated rule of mate selection (Sinha, 1984). Khatri (1970) points out, there is an emergent trend of selection of the marriage partner by the person concerned, based on love, and with or without the consent of the family elders. The use of technology in matchmaking through matrimonial websites, seems to have re-entrenched traditional values in spouse selection (Kaur and Dhanda 2013). Meanwhile, evidence suggest a rising trend of divorce and separation starting in India (Domaraju, 2016). Moreover, the factors that might have led to an increasing divorce rate include a decline in arranged marriages, the changing role of women, ideational shifts, greater access to the legal system, economic growth accompanied by insecurity, the communication revolution, and new possibilities for meeting and (re)partnering (Domaraju, 2016).

There have been several new emerging issues reported in the literature that may have potential implications on union formation and dissolution in the near future. Marriage squeeze (Kashayap et al., 2015; Kaur et al., 2016), educational hyper/hypo-gamy (Lin et al. 2020), changing age at marriage (Raj et al. 2009; Kumar, 2020), inter-faith and inter-caste marriages (Goli et al., 2013) etc. There is possibility of intergenerational variation in the age at marriage of women. The study would explore the variations within each survey period using various rounds of NFHS. Further, the study would use the pooled data set of various rounds of NFHS to study the variations (if any) in age at marriage. There may also be differences in the age at marriage for each of the states. However, some of these areas have not been studied with appropriate tools and techniques and some are untouched due to several reasons including data limitations and least futuristic.

Therefore, this study will attempt to find the emerging questions-

1. Which are those districts/states and sociodemographic pockets where age at marriage have been stalled or in slow progress?
2. To what extent women's enrolment in the secondary and higher education contributed to change in age at marriage in Indian states in the last three recent decades.
3. Do inter-faith/caste marriages or remarriages are limited to a few selected classes/castes/religions? What is their prevalence rate?
4. Does marriage squeeze among educated women differ by region, class, caste/tribe and religion?
5. Do women educated upto the secondary and above level have more say than their counterparts in mate selection?
6. Do the conditional cash transfer schemes matter in enhancing age at marriage among female?

Objectives:

The main objective of the proposed study the changing marriage and dissolution pattern and its correlates in India. Specifically, the study proposes to assess the followings.

- To analyse the levels, trends, and spatial and sociodemographic patterns of age at marriage and dissolution
- To assess the correlates of age at marriage specifically the role of education, employment and governments' policies in raising female enrolment in secondary and higher education
- To analyse trends and patterns of inter-faith, inter-caste marriages and re-marriages
- To study marriage squeeze phenomenon by region, religion and caste/tribe
- To examine the pattern in mate selection
- To find the association of conditional cash transfer schemes by selected state governments for enhancing age at marriage

Data & Methods:

The study proposes to use data from all five rounds of National Family Health Survey, India Human Development Survey, District Level Household Survey (DLHS) and Census 2011 to meet the objectives. Specifically, we intend to carryout survival analysis, cohort analysis and meta-analysis to address the objectives. The outcome variables which would be used for the study are as follows:

- Age at marriage
- Mate selection process
- Inter-caste marriages
- Marriage squeeze
- Marital dissolution

Dealing with the association between the outcome and predictor variables, we would like to use following tools:

- Estimation of Singulate Mean Age at Marriage (SMAM) for states, socio-economic groups
- Cohort analysis for examining the changes in the age at marriage by background characteristics
- Application of Survival analysis to estimate hazard risk of first marriage and dissolution
- Since schooling and marriage have endogenous relationship (Wooldridge, 2002; Domaraju, 2010), we would be using two-stage least square regression model
- Panel Data analysis using fixed and random effect models
- Shoen (1983) method would be used to generate the indices of marriage squeeze

Time Line

Total duration of the project will be 20 months starting during May 2022 to Dec 2024.

First three months:

- Recruitment of SPO
- Each PI would select interested area/theme and team for the article
- Literature review and data setting

4th-9th month:

- First workshop for the finalization of concepts and methods
- Data analysis
- Drafting article
- Second workshop for progress and presenting article within the study team
- Revision based on the second workshop

10th-15th month:

- Presentation of results in national/international/ IIPS faculty student seminar
- Preparation of the manuscripts after incorporating comments and suggestions

16th -20th month:

- Submission of article to the IIPS language edit service (expected feedback from language editor within six weeks)
- Submission of the report to IIPS
- Submission of the articles/chapters to the selected journals/book

Budget:

Items	Cost (Rs.)
One SPO for a total of 11 months @ 60,000/- pm* (in financial year 2022-23)	6,60,000.00
Miscellaneous (in financial year 2022-23)	20,000.00
One SPO for a total of 9 months @ 60,000/- pm* (in financial year 2023-24)	

	5,40,000.00
Miscellaneous (in financial year 2023-24)	20,000.00
Total	12,40,000.00
Per faculty member per financial year cost	1,03,333.00

* As per the IIPS salary

Expected outcome:

A report containing drafted 4-5 articles on issues covering the objectives of this study for the publication in the international and national level peer reviewed journals and book chapters

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MEMBER OF THE ACADEMIC COUNCIL, IIPS

1.Prof. K.S. James, Director & Sr. Professor , Chairperson
2. Representative of MoHFW, Member
3. Dr. Sunil Vilasrao Gitte, Director, NIPHTR, Mumbai, Member
4.Prof. R.B. Bhagat, Dept. of Migration & Urban Studies, Member-Secretary
5.Prof. Sayeed Unisa, Dept.of Bio-Statistics and Epidemiology, Member
6.Prof. S.K. Singh, Dept. of Survey Research & Data Analytics, Member
7.Prof. Hemkhothang Lhungdim, Dept. of Public Health and Mortality Studies, Member
8.Prof. D.A. Nagdeve, Dept. of Fertility & Social Demography, Member
9.Prof. Kailash Chandra Das, Dept. of Migration & Urban Studies, Member
10.Prof. T.V. Sekher, Dept. of Family & Generations, Member
11.Prof. Chander Shekhar , Dept. of Fertility & Social Demography, Member
12.Prof. Sanjay Kumar Mohanty, Dept. of Population & Development. Member
13.Prof. R. Nagarajan, Dept. of Population & Development. Member
14.Prof. Usha Ram, Dept.of Bio-Statistics and Epidemiology, Member
15.Prof. Abhishek Singh, Dept. of Public Health & Mortality Studies, Member
16.Prof. Murali Dhar, Dept.of Bio-Statistics and Epidemiology, Member
17.Prof. Archana Roy, Dept. of Migration & Urban Studies, Member
18.Prof. Dhananjay Bansod, Dept. of Public Health & Mortality Studies, Member
19.Prof. Aparajita Chattopahdya, Dept. of Population & Development, Member
20.Prof. Laxmikant Dwivedi, Dept. of Survey Research & Data Analytics, Member
21.Prof. Chandra Jyoti Sonawal, Dept. of Family & Generations , Member
22.Prof. William Joe, Dept. of Population & Development, Member
23.Prof. Nandita Saikia, Dept. of Public Health & Mortality Studies, Member
24.Prof. Udaya Shankar Mishra, Dept.of Bio-Statistics and Epidemiology, Member
25.Prof. Surinder Jaswal, Deputy Director (Research) TISS, Mumbai, Member
26.Prof. Sanghamitra S. Acharya, JNU, New Delhi, Member
27.Prof. S. Chandrasekhar, IGIDR, Mumbai, Member
28.Prof. Anjali Radkar, GIPE, Pune, Member

29.Dr. Harshad P. Thakur, Director, NIFHW, New Delhi, Member
30.Dr. Manoj Alagarajan, Associate Professor, Dept. of Fertility & Social Demography, Member
31.Dr. Harihar Sahoo, Associate Professor, Dept. of Family & Generations Statistics, Member
32.Dr. Dipti Govil, Assistant Professor, Dept. of Family & Generations Statistics, Member
33. Representative of UGC, Member
34. Mr. Sudarshan Bhadra, Assistant Registrar (Acad.), Invitee-Member

**MINUTES OF THE MEETING OF THE ACADEMIC COUNCIL OF THE
INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
HELD ON DECEMBER 17, 2021..**

The meeting of the Academic Council was held on December 17, 2021 at 11.00 AM in hybrid mode, and was chaired by Prof K.S.James, Director and Senior Professor, IIPS. At the outset, the Chairperson extended warm welcome to all members and external experts to the meeting of Academic Council. **The list of members attended the meeting is given in Annexure I**

Prof. K.S James, Chairperson of Academic Council requested Prof. R.B Bhagat, Member-Secretary to proceed with the agenda.

Agenda Item No.1: To confirm the minutes of Academic Council held on June 21, 2021.

The members confirmed and approved the minutes of the meeting of Academic Council held on June 21 , 2021.

Agenda Item No.2: To consider the action taken report on the Minutes of Academic Council Meeting held on June 21, 2021

Action taken were noted.

Agenda Item No.3: To consider the Ph.D. programme in collaboration with Population Research Centre of the country.

Prof. R.B. Bhagat presented the recommendations of the committee constituted by the Director & Sr. Professor to look into the scope for initiating the Ph.D. programme in selected PRCs (Population Research Centre) and to explore the possibilities of opening centres of IIPS in these PRCs. The report presented on the possibility of starting the Ph.D programme in collaboration with selected PRCs. The collaboration will be in terms of recognising eligible faculty from PRC Guides to supervise IIPS Ph.D students. However, as co-guide from IIPS will be mandatory in such cases. The report of the committee is given in Annexure-II

The members of the AC gave their views and opinions on the report. Academic Council approved the recommendation of the committee.

Agenda Item No.4: To review the progress of internally and externally funded research projects of the Institute.

The Academic Council reviewed the progress of the following ongoing projects and their timelines:

Internally Funded Projects

Sr. No.	Project Name	Co-ordinators	Start Date	Completion Date	Remarks
1	Geo-Spatial Mapping at Village and Ward Level in Uttar Pradesh	Dr.L.K. Dwivedi, Dr. S. Unisa Mr. Anjani K.	Oct-18	Mar-22	Noted.
2	Estimation of Internal Migration in India and its States, 1971-2011	Dr. Rashmi, Dr.R.B.Bhagat	Apr-20	June-22	Noted
3	Health expenditure on breast cancer treatment in women. A study from sector tertiary Cancer Center	Prof S. K Mohanty	July-19	June-22	Approved extension upto December'2022.

4	Projection of district level annual population by quinquennial age group and sex from 2011 to 2031 in India" for the month of Jan 2021	Dr. Murali Dhar,	Oct-18	Sep-21	Noted.
5	Coping Mechanism during Covid-19 Pandemic in Unorganized Sector: A Qualitative Investigation in Mumbai Metropolitan	Dr. Dhananjay Bansod, Dr. Prakash Fulpagare, Dr. Suresh Jugari	Mar-21	Dec-21	Noted.
6	Longitudinal Survey of Maternal and Infant Nutrition in Maharashtra (LoSMINM)	Dr. S. Unisa, Dr. L.K Dwivedi, Dr. Dilip T.R Dr. Sarang P, Dr. Preeti Dhillion Dr. R.S. Reshmi. Dr. Suresh Jungari Mr. Anjani Kr. Mishra	Jan-21	Mar-24	Approved the DHO of Raigarh District as Co-PI.
7	Assessment of Quality of Mortality Data from Large Sample Surveys in India	Prof. Usha Ram, Dr. Manas Pradhan	Apr-19	Mar-22	Noted
8	Estimation of child mortality and immunization coverage at district level in India, An application of small area estimation techniques	Dr. K.S. James Dr. L.K. Dwivedi	April-21	Mar-23	Noted
9	Projection of Annual cancer Incidence at district level by quinquennial age group and sex from 2021 to 2031 in Maharashtra	Dr. Murali Dhar, Dr. Atul Budukh.	18 months		Project has not started yet due to COVID-19.
10	Cost of treating Gastrointestinal cancer and the burden of treatment on patient's household	Dr. Dilip T.R. Dr. Shailesh Shrikhande & Dr. Manish Bhandare.	Sep-21	Aug-23	Noted.
11	Small estimates of Covid-19 disease in India: What we missed	Dr. Suryakant Yadav Dr. Dilip T.R	June-21	May-22	Noted
12	Demography of Polygyny in India	Dr. Harihar Sahoo and Prof. R. Nagarjan	Aug-21	July 2023	Noted

External Projects

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date	Progress Submitted /Remark
1	National Family Health Survey-5	Dr. K.S. James, Dr. S.K. Singh, Dr. H. Lungdim, Dr. Chander Shekhar, Dr. L.K. Dwivedi & Dr. Sarang Pedgaonkar	Jan-19	-----	Noted
2	Longitudinal Ageing Study in India (LASI) Main Wave 1 and 2 (2016-21)	Dr. K.S. James, Dr. T.V. Sekher, Dr. Chander Shekhar, Dr. R. Nagarajan, Dr. Aparajita Chattopadhyay, Dr. Dipti Govil & Dr. Sarang Pedgaonkar	Jan-16	—	Noted
3	Global Youth Tobacco Survey-4	Dr. H. Lungdim, Dr. R. Nagarajan & Dr. Murali Dhar	Apr-18	Mar-22	Noted
4	Study of Global Ageing and Adult Health (SAGE)- India, Wave-3, 2019-22	Dr. T.V. Sekher, Dr. Murali Dhar & Dr. Archana K. Roy	Jun-19	2022	Noted
5	End line survey of SWABHIMAAN Nutrition Demonstration programme in Phase I States (Bihar, Chhattisgarh and Odisha)	Dr. Sayeed Unisa, Dr. L.K. Dwivedi, Dr. Sarang Pedgaonkar and Dr. R.S. Reshmi.	Jan-21	Mar-22	Noted
6	Gender Equity and Health (GEH) (Project (2017-20)	Dr. K.S. James, Dr. Abhishek Singh & Dr. Kaushalendra Kumar	Nov-18	Nov-22	Noted
7	R4D India (LASI-VIS Study)* Project name changed	Dr. SK. Mohanty, Dr. Sarang Pedgaonkar	Feb-21	July-22	Noted
8	Protection of children affected by seasonal migration: A study in Jalna district of Maharashtra	Dr. K. C. Das, Dr. R. B. Bhagat & Dr. Archana K. Roy	Jan-20	Jan-22	Noted

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date	Progress Submitted /Remark
9	Demographic and Health Surveys and it's Quality in India: A Programme to Develop Survey Research" (Population Council)	Dr. S K Singh, Dr. D.A Nagdeve, Dr. S K Mohanty, Dr. L. K. Dwivedi	Apr-20	Dec-21	Noted
10	Exemplars in Maternal & New born Mortality Reduction in India.	Dr. Usha Ram, Dr. Manoj Alagarajan, Dr. K.S. James	May-21	Mar-22	Noted
11	Integrating Ageing Research with Policy and Programmes in India	Dr. K. S. James, Dr. Dipti Govil, & Dr Harihar Sahoo	Aug-21	—	Noted
12	NCD Screening and Treatment Inequalities among Older People in India: A Quantitative Study	Dr. Dilip T.R, Dr. T.V.Sekher	Apr-21	Dec-21	Noted
13	The Harmonised Diagnostic Assessment of Dementia for the Longitudinal Aging Study in India (LASI- DAD Study) (2016-2021) in collaboration with University of Southern California and All India Institute of Medical Sciences.	Dr. T.V.Sekher & Dr. Sarang Pedgaonkar	Jan-19	July-22	Noted

* previous name of the project was "Longitudinal Ageing Study in India-Vision Intervention Study (LASI-VIS)"

Agenda Item No.5: Approval of New Project Proposal.

The following new projects were presented and discussed in the Academic Council meeting

New Internal Project

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date	Discussion /Remarks
1	Violence against women (Domestic and spousal) among the tribes in Northeast India: Complementing qualitative information with NFHS data	Prof. C.J. Sonowal	January 2022	April 2022	Dr.C.J.Sonowal made presentation of the project proposal. The suggestions and opinions raised by the members were noted. Academic Council approved the project proposal.
2	A study on marriage and dissolution pattern in India	Dr. D.A Nagdeve, Dr. Chander Shekhar, Dr. Manoj Alagrajan, Dr. Harihar Sahoo, Dr. M R Pradhan	May 2022	Dec 2024	Dr.M.R Pradhan made presentation of the project proposal. The suggestions and opinions raised by the members were noted. Academic Council approved the project proposal .

New External Projects

Sr. No.	Title of Research Project	Project Coordinators	Start Date	Completion Date	Remark
1	To Study Nutritional Status of Children under five (05) and functioning and utilization of ICDS in the Union Territory of Ladakh in India	Dr. K.S. James, Dr. Abhishek singh, Dr. Kushalendra Kumar, Dr. Suresh Jungari	Dec-21	-	Noted & Academic Council
2	South Asia Centre for Labour Mobility and Migrants (SALAM) Funded by ILO, IOM And UN Women	Dr. R.B.Bhagat, Dr. K.C.Das Dr. Reshmi, R.S.	October 11, 2021	July 10, 2023	

3	National Family Health Survey-6	Dr. K.S. James, Dr. S.K. Singh, Dr. Abhishek Singh, Dr. Dhananjay Bansod, Dr. Laxmi Kant Dwivedi, Dr. Sarang Pedgaonkar, Dr. Preeti Dhillon, Dr. Reshmi R. S.	July 2021	-	approved the project proposal.
4	Global Adult Tobacco Survey-3	Dr. R. Nagarajan, Dr. Murali Dhar, Dr. Nandita Saikia, Dr. Dilip TR, Dr. Manas Pradhan, Dr. Pradeep Salve	Nov. 2021	-	
5	Baseline of Tele-SWABHIMAAN Women's Nutrition Demonstration Programme in TELANGANA	Dr. Sayeed Unisa, Dr. L.K. Dwivedi, Dr. William Joe, Dr. Sarang Pedgaonkar, Dr. Preeti Dhillon, Dr. Reshmi R.S.	Dec'2021	July'2022	

Agenda Item No.6: To report the matters regarding measures adopted during the COVID period for the academic programmes of IIPS.

Academic council noted the reporting of matters as adopted during COVID period.

Agenda Item No.7: To report the admission for the Academic Year 2021-22.

Assistant Registrar (Academic), informed that the admission process began in the month of February'2021 with announcement of the admission notification for the academic year 2021-22. The last date of online registration was 18th March'2021. The Institute has conducted online entrance examination for MA/MSc/MPS/Ph.D on 25th July ,2021 across 18 states 20 cities. During the academic year 1339 application were received (including PDF) & 205 no. of students were admitted to the various course of IIPS. Academic Council noted the same.

Agenda Item No. 8: To report award for best thesis, dissertation, term paper for Ph.D. M.Phil & MPS respectively.

Sr. No.	Name of the award	Name of the student
1	Dr. P.N. Mari Bhat award for best Ph.D. thesis for the year 2016-2017, 2017-18 & 2018-19	Dr.Kakoli Borkotoky
2	Dr. P.N. Mari Bhat award for best M.Phil dissertation for the academic year 2020-2021	Mr.Akif Mustafa
3	Dr. J. R. Rele award for best MPS term paper Academic Year 2020-21	Ms.Minnu Malieckal

Academic Council noted the same.

Agenda Item No. 9: To report on virtual 62nd Convocation for the academic year 2020-2021

Assistant Registrar (Academic), informed that the 62nd Convocation for the academic year 2020-21 was conducted on virtual mode on 04-12-2021. Dr. Mansukh Mandaviya Hon'ble Union Minister Ministry of Health & Family Welfare, Govt. of India, and Dr.V.K Paul Member of NITI Aayog, New Delhi delivered presidential & Convocation address in virtual mode respectively. Total 265 students from various

courses were conferred the degrees in virtual mode. The entire footage of the virtual convocation ceremony is available on YouTube.

Academic council noted the same.

Agenda Item No.10: Any other item with the permission of the Chair.

Prof. R. Nagarajan, Chairman NAAC committee informed the Academic Council that institute is pre-qualified for NAAC accreditation and NAAC Peer team will visit the Institute for verification in the month of February or March 2022.

Academic council noted the same.



(Prof. R.B. Bhagat)
Member-Secretary



(Prof. K.S. James)
Director & Sr. Professor, and
Chairperson, Academic Council, IIPS

ANNEXURE - I

The list of members attended the meeting

1) Prof. K.S. James	Chairman
2) Smt. Sandhya Krishnamurthy DG, MoHFW	Representative of MoHFW (virtual mode)
3) Prof. R.B. Bhagat,	Member Secretary
4) Prof. Sayeed Unisa,	Member
5) Prof. S.K. Singh,	Member (virtual mode)
6) Prof. D.A. Nagdeve,	Member
7) Prof. Hemkothang Lungdim,	Member (virtual mode)
8) Prof. Kailash Chandra Das,	Member
9) Prof. T.V. Sekher,	Member
10) Prof. Chander Shekhar ,	Member
11) Prof. Sanjay Kumar Mohanty,	Member (virtual mode)
12) Prof. R. Nagarajan,	Member
13) Prof. Usha Ram,	Member (virtual mode)
14) Prof. Abhishek Singh,	Member (virtual mode)
15) Prof. Murali Dhar,	Member
16) Prof. Archana Roy,	Member
17) Prof. Dhananjay Bansod,	Member
18) Prof. Aparajita Chattopahdya,	Member (virtual mode)
19) Prof. Laxmikant Dwivedi,	Member
20) Prof. Chandra Jyoti Sonawal,	Member (virtual mode)
21) Prof. William Joe,	Member (virtual mode)
22) Prof. Udaya Shankar Mishra,	Member
23) Dr. Manoj Alagarajan,	Member
24) Dr. Harihar Sahoo,	Member
25) Dr. Dipti Govil,	Member
26) Dr. Sunil V. Gittee, Director, NIPHTR, Mumbai	Member
27) Prof. S. Chandrasekhar, IGIDR, Mumbai	External Member (virtual mode)
28) Prof. Surinder Jaswal, TISS, Mumbai	External Member (virtual mode)
29) Prof. Sanghamitra S. Acharya, JNU, New Delhi	External Member (virtual mode)
30) Prof. Anjali Radkar, GIPE, Pune	External Member (virtual mode)
31) Mr. Sudarshan Bhadra	Invitee



INDEPENDENT AUDITORS' REPORT

To,
The Director,
The International Institute for Population Sciences

Report on the audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of '**The International Institute for Population Sciences (hereinafter referred to as 'IIPS')**', which comprise the balance sheet as at **March 31, 2022**, and the Statement of Receipt and Payments and Income and Expenditure for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, except for the effects of the matter described in the below mentioned paragraphs i to vi, the aforesaid financial statements subject to above observations give a true and fair view of the financial position of the entity as at March 31, 2022 in conformity with the accounting standards issued by the ICAI and accounting principles generally accepted in India:

- a) In the case of Balance Sheet, the state of affairs of the IIPS as at **31st March 2022**,
- b) In the case of Receipt and Payments account the balance as on **31st March 2022**,
- c) In the case of Income and Expenditure account the income for the year ended on that date.

- i. *The IIPS has given advances for services to be rendered by NIC (National Informatics Centre) and outstanding balance of such advance was Rs. 78,82,486.60 as on 31st March, 2022 and the same is shown under the heading Loans and Advances in the Balance Sheet as on 31st March, 2022. The said advances are subject to confirmation by the National Informatics Centre.*
- ii. *The IIPS has given advances to CPWD (Central Public Works Department of India) and the outstanding balance of the advances was Rs. 7,67,80,465 /- as on 31st March, 2022 which was given for carrying out Civil and Electrical work. The said advances outstanding are subject to confirmation by the said department.*
- iii. *There is a sum of Rs. 65,000/- which is outstanding as advance of contingency to staff and Rs. 60,600/- is shown as outstanding for advance Leave Travel Concession as on 31st March, 2022 are found unsettled within the permissible time limit set by the management.*



- iv. *The IIPS has received Rs. 4,00,152/- during the year the source of said amount could not be ascertained. The said amount was shown as liability under the heading current liabilities in the Balance sheet as on 31st March, 2022*
- v. *There is a sum of Rs. 41,802/- for the month of December 2021 and January 2022 payable on account of Employee Provident Fund of Dr. William Joe which has not been paid and provision for Interest and Penalty as per the Employers' Provident Funds and Miscellaneous Provisions Act, 1952 has not been made in the books of accounts.*
- vi. *There is a sum of Rs. 14,110/- for the month of December 2021, Rs. 11,000/- for the month of January 2022 and Rs. 11,000/- for the month of February 2022 payable on account General Provident Fund of Dr. Chandra Jyoti Sonowal which was not paid and provision for Interest and Penalty as per Provident Fund Act, 1925 has not been made in the books of accounts.*

Basis for opinion

We conducted our audit in accordance with the standards on auditing issued by ICAI. Our responsibilities under those Standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the entity in accordance with the code of ethics issued by the Institute of Chartered Accountants of India together with the ethical requirements that are relevant to our audit of the financial statements under the provisions of the Act and the rules thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the code of ethics.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

Responsibility of Management and Those Charged with Governance for the Financial Statements

The Management of the IIPS is responsible for the preparation and presentation of these financial statements that give a true and fair view of the financial position, financial performance of the IIPS in accordance with the accounting principles generally accepted in India. This responsibility includes design, implementation and maintenance of internal control relevant to the preparation and maintenance of adequate accounting records and safeguarding of the assets and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statement that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so. Those Charged with governance are also responsible for overseeing the entity's financial reporting process.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

For K.K. BHAGERIA & CO.
Chartered Accountants,
Firm Registration No. : 101106W



(CA K. K. BHAGERIA)
Partner
Membership No. 033505



UDIN: 22033505AOCCZZ5366

Date: 02 AUG 2022
Place: Mumbai

31 मार्च, 2022 को स्थिति विवरण/Statement of Affairs as on 31st March, 2022

(रुपये में)/(In Rs.)

विवरण /Particulars	अनुसूची /Schedule	31 मार्च को/As on 31st March	
		2,022	2,021
निधि का स्रोत/SOURCE OF FUNDS			
मूल/पूजी निधि /Corpus/ Capital Fund	1	1,07,82,97,913	73,13,92,509
आरक्षित तथा शेष/Reserves and Surplus	2	35,95,78,447	33,21,91,899
उद्दिष्ट/ धनोदा निधि/Earmarked/ Endowment Funds	3	14,25,83,553	12,62,71,328
चालू देयताएं तथा प्रावधान/Current Liabilities and Provisions	9	1,39,86,37,067	1,29,86,37,862
कुल/TOTAL		2,97,90,96,981	2,48,84,93,598
निधि का अनुप्रयोग /APPLICATION OF FUNDS			
अचल परिसंपत्तियां/Fixed Assets	4	82,15,14,152	52,64,45,099
निवेश /Investments	5	63,00,46,048	54,05,47,518
चालू आस्तियां, ऋण और अग्रिम/Current Assets, Loans and Advances			
नकदी तथा बैंक में शेष/Cash and Bank Balance	6	6,54,15,903	8,06,57,681
जमा तथा अग्रिम /Deposits and Advances	7	8,90,23,737	7,44,51,188
अन्य चालू आस्तियां/Other Current Assets	8	1,37,30,97,141	1,26,63,92,112
कुल/TOTAL		2,97,90,96,981	2,48,84,93,598

विशिष्ट लेखा नीतियां/SIGNIFICANT ACCOUNTING POLICIES

18

उक्त तारीख की संलग्न हमारी रिपोर्ट के अनुसार/In terms of our report of even date attached प्रमाणित किया जाता है कि राशियों का उपयोग उसी प्रयोजन के लिए किया जाता है, जिसके लिए वे अभिप्रेत थीं/Certified that the amounts have been utilized for the purpose for which they were intended

कृते के.के. भगरीया एण्ड कंपनी/For K.K.BHAGERIA & CO.

सनदी लेखाकार /Chartered Accountants

फर्म रजिस्ट्रेशन सं.: 101106W/Firm Registration No.:101106W

हस्ता /-
अनिकेत चट्टोपाध्याय/ Aniket Chatopaddhayay
सहायक वित्त अधिकारी/Asst. Finance Officer

AFO
I.I.P.S

हस्ता /-
डॉ. के.एस. जेम्स/ Dr.K.S. James
निदेशक एवं वरिष्ठ प्रोफेसर/Director & Sr. Professor

DIRECTOR
I.I.P.S

सीए. के.के. भगरीया/CA. K.K.BHAGERIA

भागीदार/Partner

सदस्यता सं.033505/Membership No.033505

यूडीआईएन/UDIN: 22033505A0LC2Z5366

स्थान: मुंबई/Place: Mumbai

दिनांक: /Date: 02 AUG 2022

हस्ता /-
लीफ्टनंट कर्नल प्रशांत बोर्ड/Lt. Col. Prashant Borde
सीएओ सह रजिस्ट्रार/CAO Cum Registrar

CAO
I.I.P.S



अन्तर्राष्ट्रीय जनसंख्या विज्ञान संस्थान/International Institute for Population Sciences
31 मार्च, 2022 समाप्त वर्ष का आय-व्यय लेखा/Income and Expenditure Account for Year ended 31 st March, 2022

(रुपये में)/(In Rs.)

विवरण /Particulars	अनुसूची/Sch	31 मार्च के समाप्त वर्ष के लिए /For Year Ended 31st March	
		2022	2021
आय /INCOME			
अनुदान /वित्तीय सहायता/Grants/Subsidies	10	32,04,00,000	31,00,74,000
शुल्क/ अभिदान /Fees/Subscriptions	11	72,71,069	78,51,825
अन्य आय/Other Income	12	34,44,482	59,13,118
अवक्षय /Reserve Fund Earnings	13	2,99,61,143	3,02,61,978
आरक्षित निधि उपाजन /Depreciation		-	-
कुल/TOTAL		36,10,76,694	35,41,00,921
व्यय/EXPENDITURE			
राजस्व व्यय/Revenue Expenditure:			
स्थापना व्यय /Establishment Expenses	14	22,82,32,119	19,80,57,745
अन्य प्रशासनिक व्यय/Other Administrative Expenses	15	2,86,80,471	1,81,65,629
अन्य राजस्व व्यय /Other Revenue Expenditure	16	6,25,84,299	6,49,96,098
अवक्षय (प्रतिपक्षी अनुसार)/Reserve Fund Payments	17	25,74,594	29,762
आरक्षित निधि भुगतान /Depreciation		-	-
योग /TOTAL		32,20,71,482	28,12,49,234
व्यय से आय की अधिकता /Excess of Income over Expenditure		3,90,05,212	7,28,51,687
विशेष आरक्षित में अंतरण /Transfer to Special Reserve			
संस्थान विकास निधि /Institute Development Fund		2,67,54,369	2,90,71,473
छात्रावास सुधार निधि/Hostel Improvement Fund		6,12,941	7,97,898
सामान्य पूल मानदेय/General Pool Honorarium		19,239	3,62,845
तुलन-पत्र निधि ब्याज में अंतरण/Transfer to B/S Fund Interest		-	-
भारत सरकार खाते से तुलन-पत्र अनुदान में लाया गया अधिशेष (घाटा) का शेष /Balance being Surplus /(Deficit) carried to B/S Grant from GOI A/c		1,16,18,663	4,26,19,472
		-	(0)

विशेष लेखा नीतियां/SIGNIFICANT ACCOUNTING POLICIES

उक्त तारीख की संलग्न हमारी रिपोर्ट के अनुसार /In terms of our report of even date attached प्रमाणित किया जाता है कि राशियों का उपयोग उसी प्रयोजन के लिए किया जाता है, जिसके लिए वे अभिप्रेत थीं/Certified that the amounts have been utilized for the purpose for which they were intended

कृते अन्तर्राष्ट्रीय संस्थान विज्ञान संस्थान/International Institute for Population Sciences

कृते के.के. भगरीया एण्ड कंपनी /For K.K.BHAGERIA & CO.
सनदी लेखाकार/Chartered Accountants
फर्म रजिस्ट्रेशन सं./Firm Registration No: 101106W

हस्ता/-
अनिकेत चट्टोपाध्याय/Aniket Chattopadhyay
सहायक वित्त अधिकारी/Asst. Finance Officer

सी.के.के. भगरीया/CA. K.K.BHAGERIA
भागीदार/Partner
सदस्यता सं.033505/Membership No.033505

यूडीआईएन:UDIN: No. 22033505A0CCZZ5366

DIRECTOR
I.I.P.S

हस्ता/-
डॉ. के.एस. जेम्स/Dr. K.S. James

निदेशक एवं वरिष्ठ प्रोफेसर/Director & Sr. Professor

AFO
I.I.P.S

स्थान: मुंबई/Place: Mumbai

दिनांक: /Date: 02 AUG 2022

हस्ता/-
लेफ्टिनेंट कर्नल प्रशांत बोर्डे/Lt. Col. Prashant Borge
सीएओ सह रजिस्ट्रार/CAO Cum Registrar

CAO
I.I.P.S



अन्तराष्ट्रीय जनसंख्या विज्ञान संस्थान/International Institute for Population Sciences

तुलन-पत्र तथा आय-व्यय के भाग को दर्शानेवाली अनुसूची /Schedules forming part of Balance Sheet and Income & Expenditure

(रुपये में)/(In Rs.)

अनुसूची सं./Schedule No.	विवरण /Particulars	31 मार्च को समाप्त वर्ष के लिए /For Year Ended 31st March	
		2022	2021
9	चालू देयताएं एवं प्रावधान/Current Liabilities & Provision		
	व्यय के लिए प्रावधान/Provision for Exepenses		
	वेतन/Salary	1,40,66,158	1,07,77,275
	निधि में संस्थान का अंशदान/Institutes Contribution to funds	8,31,186	3,42,401
	विद्युत/Electricity	-	10,860
	Petrol & Fuel Charges	17,848	-
	मरम्मत तथा रखरखाव - कम्प्यूटर /Repairs & Maintanance-Computer	-	1,35,043
	जनांकिकी में अध्वेतावृत्ति/Fellowship in Demography	29,07,742	28,40,554
	जलपान प्रभार/Refreshment Charges	23,713	4,580
	टेलीफोन/Telephone	66,489	17,205
	मासिक पेंशन एवं सेवानिवृत्ति लाभ/Monthly Pension & Retirement Benefits	40,70,236	35,25,027
	लेखन-सामग्री एवं मुद्रण/Stationery & Printing	35,203	3,297
	छुट्टी यात्रा एवं रियायत/Leave Travel & Concession	-	5,85,909
	शोध परियोजना/Research Project	5,95,158	4,02,743
	व्यावसायिक शुल्क/Professional Fees	66,167	83,500
	Bag Allowance	3,849	-
	बहिःस्रोतन सेवाएं/Outsourcing Services	14,58,080	7,98,834
	सुरक्षा प्रभार/Security Charges	5,85,986	4,74,876
	बच्चों का शिक्षा शुल्क /Children Education Fee	6,61,500	4,05,000
	चिकित्सा प्रभार/Medical Charges	5,93,816	4,12,670
	Maint of Hostel	1,75,766	-
	यात्रा भारत/Travel India	15,460	-
	विज्ञापन और प्रचार/Advertisement and Publicity	2,57,022	21,000
	पंजीकरण शुल्क व्यय/Registration Fee Expenses	-	29,512
	ऑडिट फीस/Audit Fee	-	53,100
	बाग का रख-रखाव/Maint of Garden	24,748	-
	गेस्ट हाउस का रखरखाव/Maint of Guest House	24,996	-
	Maint of Library	3,054	-
	Maint of Hostel Bldg.	24,997	-
		2,65,09,174	2,09,23,386
	अचल संपत्तियों के लिए प्रावधान/Provision for Fixed Assets		
	फर्नीचर फिटिंग/Furniture & Fittings	3,23,040	36,840
	कंप्यूटर सहायक उपकरण/Computer & Peripherals	-	50,46,150
	Library Books	7,020	-
		3,30,060	50,82,990
		2,68,39,234	2,60,06,376
	बीमांकिक दायित्व/Acturial Liability		
	उपदान/Gratuity	8,26,52,088	7,62,57,828
	छुट्टी नकदीकरण/Leave Encashment	7,85,42,326	6,67,45,681
	पेंशन/Pension	1,18,21,04,723	1,09,49,25,651
		1,34,32,99,137	1,23,79,29,160
	समेकित परियोजनाएं /Consolidating Projects		
	पॉपुलेशन एनविस्/Population Envis	-	56,124
	निवेश बाह्य अध्ययन/Extra Mural Studies	33,30,732	42,34,277
	आइआइपीएस सीडब्ल्यूडब्ल्यू परियोजना/IIPS CWW Project	2,26,755	2,26,755
		35,57,487	45,17,156
9	जमा राशि/Deposit		
	रमेश बुक बाइंडर/Ramesh Book Binder	5,000	5,000
	छात्र मैसे/डाइनिंग हॉल जमाराशी/Student Mess/Dining Hall Deposit	7,70,000	86,900
	ठेकेदार/Contractors	19,12,077	18,80,341
	पुस्तकालय की पुस्तकें जारी करने पर जमा/Deposit on issue of Library Book	17,82,899	14,27,934
	अमर बुक बाइंडर/Amar Book Binder	5,000	5,000
	ग्लोबल टोटल सोल्यूशन/Global Total Solution	-	-
	दृष्टि सुरक्षा और कार्मिक/Drushti Security & Personnel	2,35,200	1,74,700
		47,10,176	35,79,875
	निधि पर ब्याज/Fund Interest		
	सीपीएफ/जीपीएफ निवेश पर ब्याज(स्टाफ को देय)/CPF/GPF Investment Interest(Payable to Staff)	31,23,626	41,54,473
	छात्र पुरस्कार निधि पर ब्याज (पुरस्कार पर व्यय के लिए उपयोग किया जाना है)/Interest on Students awards fund (To be utilised for Expenses on awards)	5,77,564	5,66,760
	सरकारी प्रतिभूतियों पर प्राप्त ब्याज/Interest received on Government Securities	-	15,11,800
	एफसीआरए बचत बैंक ब्याज/FCRA Saving Bank Interest	27,42,981	24,91,741
	सीपीएफ/जीपीएफ बैंक ब्याज/CPF/GPF Bank Interest	9,93,202	6,87,682
	जीपीएफ देय ब्याज/GPF Interest Payable	-	-
	अन्य ब्याज निर्ध/Other Fund interest	-	-
		74,37,373	94,12,456



अन्तराष्ट्रीय जनसंख्या विज्ञान संस्थान/International Institute for Population Sciences

तुलन-पत्र तथा आय-व्यय के भाग को दर्शानेवाली अनुसूची /Schedules forming part of Balance Sheet and Income & Expenditure

(रुपये में)/(In Rs.)

अनुसूची सं./Schedule No.	विवरण /Particulars	31 मार्च को समाप्त वर्ष के लिए /For Year Ended 31st March	
		2022	2021
	कर्मचारियों का बीमा/कर्मिक सेवानिवृत्ति लाभ/Employees Actuarial Terminal Benefits	-	-
	संतान का शिक्षा शुल्क/Children Education Fees	15,25,500	13,05,000
	छुट्टी यात्रा रियायत/Leave Travel Concession	12,09,659	11,82,532
	डीसीआरजी/D.C.R.G.	38,75,579	53,19,040
	अतिरिक्त कार्य भत्ता (ओटी)/Extra Work Allowances (OT)	-	-
	मानदेय/Honorarium	1,38,000	-
	भविष्य निधि में अंशदान/Contribution to Provident Fund	68,280	66,240
	नई पेंशन निधि में अंशदान/Contribution to New Pension Fund	90,26,352	38,71,566
	चिकित्सा प्रभार/Medical Charges	42,64,784	29,09,313
	मासिक पेंशन/Monthly Pension	4,69,10,830	4,37,43,833
	पेंशन निधि का संराशीकरण/Pension Fund Commutation	34,15,915	61,00,973
	अन्य- सुरक्षा रक्षक व्यय/Others - Security Guard's Expenses	63,00,550	56,31,334
	अनुसूची 14 का योग/Total of schedule 14	22,82,32,119	19,80,57,745

15	अन्य प्रशासनिक व्यय/Other Administrative Expenses कार्यालय व्यय/Office Expenses		
	विज्ञापन तथा प्रचार/Advertisement and Publicity	7,66,345	8,37,272
	लेखा परीक्षा शुल्क/Audit Fees	3,20,360	1,73,460
	बैंक प्रभार/Bank Charges	6,775	8,853
	सवारी खर्च/Conveyance Expenses	21,943	6,802
	दीक्षा समारोह /संस्थापक दिवस पर व्यय/Convocation/Founders Day Expenses	5,38,067	97,542
	विद्युत व्यय/Electricity Expenses	37,55,456	23,45,632
	छात्रावास रखरखाव/Maint. Of Hostel	3,89,343	51,970
	हिंदी कार्यशाला व्यय/Hindi Workshop Expenses	16,985	2,360
	बीमा/Insurance	43,623	1,39,656
	इंटरनेट प्रभार/Internet Charges	4,000	-
	विवेक प्रभार/Legal Charges	-	-
	पेट्रोल एवं ईंधन प्रभार/Petrol & Fuel Charges	87,450	31,832
	डाक एवं कूरियर/Postage & Courier	1,05,277	64,296
	व्यावसायिक प्रभार/Professional Fees	11,79,118	8,63,882
	किराया, दर तथा कर/Rent, Rates and Taxes	98,90,811	59,33,123
	भर्ती व्यय/Recruitment Expenses	1,36,455	47,705
	अल्पाहार व्यय/Refreshment Expenses	3,89,191	50,705
	पंजीकरण शुल्क/Registration Fee	7,80,592	8,73,474
	कर्मचारी कल्याण/Staff Welfare	-	-
	लेखन-सामग्री एवं मुद्रण/Stationary and Printing	23,58,481	11,94,412
	विविध व्यय/Sundry Expenses	33,813	95,687
	टेलीफोन प्रभार/Telephone Charges	6,22,959	6,19,701
	जीएसटी टीडीएस पर ब्याज/Interest on GST TDS	310	5,371
	मरम्मत तथा रखरखाव/Repairs and Maintenance	48,65,087	44,96,852
	यात्रा भत्ता व्यय/Travelling Allowance Expenses	7,28,510	2,21,342
	टीडीएस पर ब्याज/Interest on TDS	-	3,700
	एन ए ए सी व्यय/NAAC Expenses	15,25,452	-
	कर्मचारियों के कपड़े/Staff Clothing	1,10,000	-
	कम्प्यूटर तथा सहायक उपकरण बट्टे खाते डाले गए/Computer & Peripheral Written Off	-	-
	टीडीएस पर ब्याज/Interest on TDS	2,968	-
	छात्र कल्याण कोष/Student Welfare Fund	1,100	-
	अनुसूची 15 का योग/Total of schedule 15	2,86,80,471	1,81,65,629

16	अन्य राजस्व व्यय/Other Revenue Expenditure		
	जनांकिकी में अध्धेतावृत्ति/Fellowship in Demography	3,42,43,449	3,80,23,405
	आइटी एवं सॉफ्टवेयर (राजस्व)/IT and Software (Revenue)	46,94,759	1,19,43,353
	बहिःस्रोतन सेवाएं/Outsourcing Services	1,45,51,647	1,09,89,332
	शोध परियोजना पर व्यय/Expenditure on Research Project	81,01,890	32,03,243
	जनांकिकी संगोष्ठी पर व्यय/Expenditure on Demographic Seminar	7,13,690	8,02,719
	अल्पकालिक पाठ्यक्रम/Short Term Courses	1,38,908	(17,818)
	अध्ययन दौरा/Study Tours	-	-
	विदेश यात्रा व्यय/Foreign Travelling Expenses	1,39,956	51,864
	अनुसूची 16 का योग/Total of schedule 16	6,25,84,299	6,49,96,098

17	आरक्षित निधि भुगतान/Reserve Fund Payments		
	लेखागत उपरि/एक तिहाई परामर्श कार्य प्रभार पर/On A/c Overhead/1/3rd Consultancy Charges	-	7,500
	संस्थान विकास निधि/Institute Development Fund		
	आईआईपीएस यूएनएफपीए परियोजना/IIPS UNFPA Project	-	-
	स्वाभिमान परियोजना/Swabhiman Project	-	-
	एएजी परियोजना/AAG Project	-	-
	लासी परियोजना/Lasi Vision Project	3,55,618	-



घटक वार अनुदान का उपयोग/Component wise utilisation of grants

घटक/Components	सहायता अनुदान समान्य/Grant-in-aid	सहायता अनुदान वेतन/Grant-in-aid	पूजीगत आस्तियों के सृजन के लिए सहायता अनुदान/Grant-in-aid creation of Capital Assets	योग/Total
1 वेतन तथा भत्ते/Salaries & Allowances				15,12,58,518
2 स्थापना व्यय (भत्ते, सेवानिवृत्ति लाभ)Est. Exp. (Allowances, Retirement Benefits)	7,26,16,159	15,12,58,518		7,26,16,159
3 यात्रा भारत/Travel India	7,13,050			7,13,050
4 कार्यालय व्यय/Office Expenses	2,55,05,843			2,55,05,843
5 कम्प्यूटर/कार्यालय मशीनों का रखरखाव/Maint. of Computer/office Machine	19,92,614			19,92,614
6 भवन मास्टर प्लान ड्रब्ल्यू आइ.पी./ Building Master Plan W.I.P.			30,00,00,000	30,00,00,000
7 मशीनरी तथा उपकरण/Machinery & Equipments			98,25,948	98,25,948
8 पुस्तकालय की पुस्तकें/Library Books			1,50,57,404	1,50,57,404
9 फर्नीचर एवं साज-सामान/Furniture & Fittings			40,39,306	40,39,306
10 सॉफ्टवेयर पैकेज/Software Packages			16,88,500	16,88,500
11 सूचना प्रौद्योगिकी (राजस्व)/Information Technology (Revenue)			78,33,405	78,33,405
12 अध्यापन/Research Project			3,41,76,261	3,41,76,261
13 राष्ट्रीय प्रौद्योगिकी/Research Project			79,69,475	79,69,475
14 जनोपयोगिक में संगोष्ठी/Seminar in Demography			7,13,690	7,13,690
15 टी.ए. विदेश/T.A. Foreign			1,39,956	1,39,956
16 अल्पकालिक पाठ्यक्रम (स्वास्थ्य एवं परीवार कल्याण मंत्रालय)/Short Term Courses(MOHFW)			1,34,708	1,34,708
17 आउटसोर्सिंग सेवाएं (वेतन)/Outsourcing Services (salary)			1,38,92,401	1,38,92,401
18 असमायोजित अग्रिम/Unadjusted Advances			1,28,58,138	1,28,58,138
	17,85,45,701	15,12,58,518	33,06,11,158	66,04,15,377

वित्तीय वर्ष के अंत में अनुदान की स्थिति का विवरण/Details Grants position at the end of the financial year

- हाथ/वैक में नकदी/Cash in Hand/Bank
- असमायोजित अग्रिम/Unadjusted advances
- योग/Total

5,94,04,750
-1,28,58,138
4,65,46,612

प्रमाणित किया जाता है कि राशियाँ का उपयोग उसी प्रयोजन के लिए किया जाता है, जिसके लिए वे अभिप्रेत थे। Certified that the amounts have been utilized for the purpose for which they were intended.

For K. K. BHAGERIA & CO.

Chartered Accountants
FIRM REGN. NO.101106W



Membership No. 033505

UDIN: 22033001SAQCQX4581

DATE: 02 AUG 2022

(K. K. BHAGERIA)

Partner

अनिकेत चट्टोपाध्याय /Aniket Chattopadhyay
सहायक वित्त अधिकारी/Asst. Finance Officer

(Signature)

कृत अन्तर्राष्ट्रीय संस्थान विज्ञान संस्थान/For International Institute for Population Sciences

डॉ. के.एस. जेम्स/Prof. K. S. James
निदेशक एवं वरिष्ठ प्रोफेसर/Director & Sr. Professor

DIRECTOR

I.I.P.S

डॉ. प्रशान्त बोर्डे/Dr. Prashant Borde
सी.ए.ओ. सह रजिस्ट्रार/CAO Cum Registrar

CAO

I.I.P.S

