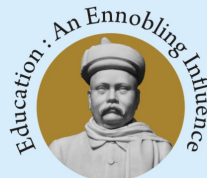


POPULATION RESEARCH CENTRE

GOKHALE INSTITUTE OF POLITICS AND ECONOMICS

(Deemed to be University u/s 3 of the UGC Act, 1956)

PUNE - 411 004.

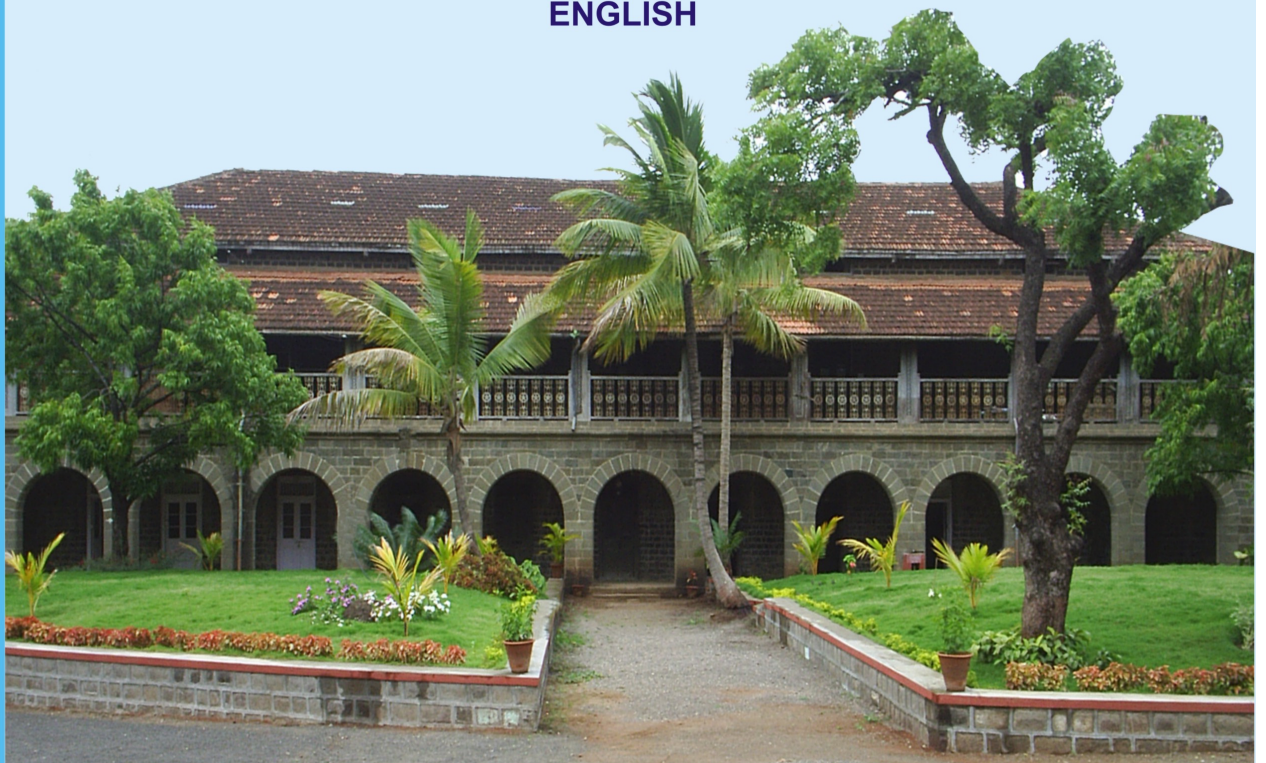


Gopal Krishna Gokhale

ANNUAL REPORT AND ACCOUNTS

2011-2012

ENGLISH



Population Research Centre
Gokhale Institute of Politics and Economics
(Deemed University)
Pune – 411 004

Gokhale Institute of Politics and Economics

Gokhale Institute of Politics and Economics (GIPE) is perhaps the oldest research and teaching institution in economics in India. Established in 1930, it still remains a leading centre for learning. GIPE, under the guidance of its first Director D.R. Gadgil, emerged as major 'think-tank' on policy issues soon after India's independence. Scholars who have worked in this Institute include some of the leading names in Indian economic studies. The Institute is located in the premises of the Servants of India Society (Trustees of the Institute), established in 1906 by the great Indian nationalist leader Gopal Krishna Gokhale (1866-1915).

The Institute conducts research on economic development and policy in India. It offers a Master of Arts (M.A.) programme in Economics that is considered among the best in the country. GIPE also offers from the start, a Ph.D. programme in Economics. To date, the Institute has presented doctoral degrees to nearly 200 students. In 1993, the University Grants Commission declared GIPE a 'deemed-university'. In recognition of the quality of teaching and research undertaken, the National Assessment and Accreditation Council awarded GIPE A+ Grade in 2003.

GIPE is noted for empirical research, particularly field-based research in agricultural economics, poverty, and population studies. Some of the products of this Institute, such as the 1971 study *Poverty in India*, by V.M. Dandekar and Nilakantha Rath, are classics in their field. Combination of teaching and research is one of the unique features of GIPE.

The library of the Institute, founded in 1905, is one of the foremost among specialised libraries in India in the fields of economics and other social sciences. It is the depository library for all United Nations publications, as well as publications of other leading international development and financial organisations. In 2005, the library completed its centenary. The library originally belonged to the Servants of India Society. Today, the library collection includes 273,000 books, and 373 journals including almost all the leading English-language journals in Economics.

Since 1959, the Institute has been bringing out a quarterly journal in English, *ArthaVijnana* (Economic Science), which is regarded as one of the best academic journals in India. In its 49-year history, the journal has published articles on a wide range of subjects oriented to problems of economic growth and development in the Indian context.

Population Research Centre

The research activities in 'Population Studies' in the Institute pre-date the formulation of population policy, the establishment of the family planning programme by the Government of India and the founding of Population Research Centres and other specialised institutions for carrying out research in population and family planning in the country. The Institute had played a pioneering role in conducting demographic surveys in India. The interest into the study of India's regional demography can be considered to have commenced with the survey undertaken by the Institute in 1945 on a sample of 2000 women in the city of Kolhapur. This survey has made a lasting contribution towards evolving and establishing a standardized methodology of demographic surveys. This was followed by a series of demographic surveys undertaken by the Institute during the late 1940s and early 1950s in Pune, Nasik, Kolaba and North Satara districts of the Maharashtra State. These demographic surveys were found to be extremely useful because they were carried out at a time when the demographic knowledge for the country as well as the extent of its use in planning exercises was, indeed limited. Other studies were taken up with funding from national and international agencies. These studies provided empirical database for studying India's regional demographic problems.

A research centre in demography was set up at the Institute in 1949. This was the first of its kind. The Union Ministry of Health and Family Welfare gave grants to the institute for conducting specific studies during 1954-57. In 1964, the Ministry decided to strengthen and extend the research work on population by establishing a **Demographic Research Centre** as a part of the Institute. In 1978-79, in pursuance of the recommendations of the Demography Advisory Committee, the Centre was re-designated as **Population Research Centre (PRC)** for the state of Maharashtra. It has earned the distinction of being in the category of 'fully developed centre' according to the norms of the Ministry of Health and Family Welfare.

Since the fifties, the Centre started its work by conducting demographic surveys and thus contributed in a large way to the area of survey methodology. After the launch of the family planning programme at the official level, the Centre had contributed by actively participating in the implementation of the sterilisation programme and through communication-cum-action studies. Studies on after-effects of vasectomy camps, studies on acceptance of loop as an IUD gave valuable input about the methods of family planning.

Various dimensions of the family planning programme at its various stages starting with the communication methods, compulsion during emergency, the adoption of the spacing methods, the maternal and child health, the withdrawal of the targets, the RCH approach of the programme, RTI/STI, client satisfaction, unwanted pregnancies have been studied by the Centre. The work of NGOs in the field of family welfare has also been evaluated. In recent years the evaluation of sterilisation bed reservation scheme, evaluation of family welfare training institutions, functioning of ultrasound sonography centres, functioning of urban health posts and rapid appraisal of National Rural Health Mission have also been carried out.

In the area of data collection on a wider scale, the Institute has carried out/participated in major surveys in the 1980s and 1990s (NFMS, 1980; NFHS, 1992-93; and RCH Baseline Survey, 1998). Apart from evaluative and fact-finding surveys, many analytical studies were carried out in the PRC. Recently, a study on cost of health care in the public hospitals in Maharashtra has been completed at the Centre. The Centre has recently completed two rounds of World Bank-sponsored research study on quality of health care (client and provider satisfaction). The centre has also acted as a Monitoring Agency for the District Level Household Survey (DLHS-3) carried out by the Ministry. The demography of India's tribal population is another recently completed research project at the Centre. Currently, the Centre is involved in the activities related to (a) strengthening of the Health Management Information System (HMIS), the new initiative of the Ministry of Health and Family Welfare to provide the district and facility level health data on a monthly basis, and (b) monitoring of the State Programme Implementation Plan under National Rural Health Mission (NRHM).

PRC at Gokhale Institute of Politics and Economics

Year	Chronology of birth of PRC at Gokhale Institute
1945	First Demographic Survey in the Country was undertaken by the Institute
1949	First Research Centre in Demography was set up at the Institute
1954-57	Union Ministry of Health and Family Welfare sanctioned grants to the Institute for conducting specific research studies in Demography
1964	Ministry of Health Family Welfare established a Demographic Research Centre at the Institute
1978-79	Ministry of Health Family Welfare has re-designated the Demographic Research Centre as Population Research Centre

A summary of activities of the Population Research Centre during 2011-2012, research studies in-progress during 2012-2013, other activities of PRC during 2011-2012 and audited statements of the expenditure for the year ending 31st March, 2012 of the Population Research Centre are presented in this Annual Report.

1. Report on Activities Related to HMIS during 2011-2012

(a) Monthly HMIS Core Committee Meetings

Ministry of Health and Family Welfare, Government of India has constituted a HMIS Core Committee for each state to strengthen the HMIS in the states. As per the guidelines of the Ministry, the examination of the issues related to the quality of HMIS data and the efforts to strengthen the same were the priority issues to the Population Research Centres during 2011-2012. HMIS data for the state of Maharashtra and its districts were scrutinized very closely by the PRC and the analyses were presented at the monthly Core Committee meetings for Maharashtra. Regular and close interactions with the state government officials were maintained to facilitate the improvement of quality of HMIS data. The monthly Core Committee meetings were convened by the Regional Director, Ministry of Health & Family Welfare and organized by Dr. R. Nagarajan, Associate Professor, PRC. In the monthly meetings, officials from following offices have participated: (a) Regional Director, Ministry of Health & Family Welfare, (b) Directorate of Health Services, Mumbai, (c) State NRHM Office, Mumbai, (d) MIS Cell, DHS, Mumbai, (e) State Health Systems Resource Centre, Pune, (f) concerned district officials, and (g) Population Research Centre, Pune.

Sl. No.	Date of the HMIS Meeting	Venue of the Meeting
1	April 27, 2011	Population Research Centre, Pune
2	May 26, 2011	Population Research Centre, Pune
3	June 24, 2011	Population Research Centre, Pune
4	July 28, 2011	Population Research Centre, Pune
5	August 26, 2011	State Health Systems Resource Centre, Pune
6	October 04, 2011	Directorate of Health Services, Mumbai
7	December 02, 2011	State Health Systems Resource Centre, Pune
8	January 09, 2012	Population Research Centre, Pune
9	February 17, 2012	Population Research Centre, Pune

In the monthly meetings, the following issues were given priority: status of monthly consolidated data uploaded in HMIS web-portal, commitment of HMIS data by the districts and state, quality of HMIS data, triangulation of HMIS data, validation issues in the data, observations from the field visit to the districts, steps taken by the state government to improve the quality of data and for training and capacity building activities, online verification of HMIS data by PRC, and status of facility based reporting. The NRHM Office and MIS Cell also made presentations on their field visits, analysis of data and action taken report on the decision made in the previous HMIS meeting. The minutes of the monthly meetings were prepared and circulated with the officials attended the meetings. Minutes were also communicated to the Directorate of Health Service (Mumbai), MIS Cell and NRHM Office (DHS, Mumbai), and Ministry of Health and Family Welfare, New Delhi for the necessary information and action. Though these monthly meetings played an important role in improving the quality of HMIS data in the state, the facility based HMIS reporting could not be started by the state till March 31, 2012.

(b) Monthly Field Visits to the Districts in Connection with HMIS, by *ViniSivanandan, VandanaShivnekar, ArunPisal, Akram Khan, R.S. Pol and A.P. Prashik.*

One of the tasks assigned by the Ministry of Health and Family Welfare to the PRC during 2011-2012 is the field visits to the districts to understand the implementation of HMIS and to share the analysis of quality of HMIS data carried out by the staff of the PRC with the concerned district officials. Accordingly, PRC staffs have made field trips to 8 districts (Akola, Aurangabad, Kolhapur, Nagpur, Pune, Raigad, Solapur, Yavatmal) during 2011-2012 to understand the issues related to HMIS data and to highlight the quality of data to district officials.

During the field visits to the above districts, the PRC staffs have: (a) interacted with the concerned district officials on various aspects related to HMIS data, (b) shared the analysis of HMIS data with the officials pertaining to the district, (c) highlighted the issues related to quality of data for the district, (d) pointed out the validation issues in the data for the district, (e) visited selected facilities to understand the flow of data, (f) observed the reporting and recording mechanism followed in the district, and (g) gave orientation on HMIS portal and its features to the officials. The observations from these field trips to the individual districts were presented by the PRC staff in the subsequent monthly HMIS Core Committee meetings in the presence of state officials. The state officials have also communicated the field visit observations of the PRC to the concerned districts for the necessary action.

(c) Analysis of Quality of HMIS Data at the State and District Level for Maharashtra for the Year 2010-2011 and 2011-2012, by *R. Nagarajan, ViniSivanandan, VandanaShivnekar, ArunPisal, Akram Khan, R.S. Pol and A.P. Prashik.*

HMIS data for the districts of Maharashtra for the year 2010-2011 and 2011-2012 were analysed and presented in the monthly HMIS Core Committee meetings. Every month the data for three/four districts were analysed and presented before the Committee in the form of power point presentations. During the year, the HMIS data for 29 districts were analysed and presented before the Committee.

The quality related aspects of HMIS data were deliberated in the meetings in the presence of state government officials. Every month, the PPTs were also shared with the concerned district level officials through emails. For the analysis of quality of data, the validation criteria developed by the Ministry was used along with triangulation of HMIS indicators with the comparable indicators available in DLHS-3 and NFHS-3. In every meeting, the District Fact Sheets uploaded by the Ministry in the web portal were also taken up for the discussion. From the District Fact Sheets the PRC has highlighted the issues related to Data Coverage/Quality of HMIS data. This activity of PRC has sensitized the state and district level officials to understand the quality aspects of the HMIS data pertaining to their districts.

(d) Monthly On-line Verification of HMIS Data for the Districts of Maharashtra, by ViniSivanandan, ArunPisal, Akram Khan, R.S. Pol, A.P. Prashik and VandanaShivnekar.

This is a continuous web based online activity assigned to the PRC by the Ministry of Health and Family Welfare starting from December 2010. As and when the monthly HMIS data are uploaded by the districts, the staff of the PRC accessed the online HMIS data for all the districts of Maharashtra from the HMIS web-portal and provided their comment/remark in the portal (i.e., on line verification of data) on the quality of data. These online PRC verification details are available in the HMIS portal for every district. The district officials can read the online comments/remarks given by the PRC in the web portal. The state and district level officials involved in uploading of HMIS data are expected to access the online verification reports of the PRC and rectify the errors/problems in data indicated by the PRC. PRC has completed the online verification of monthly data for all the districts of Maharashtra for the year 2011-2012.

2. Report on Studies Completed during 2011-2012

(a) Underlying Causes for Data Error in HMIS in Maharashtra: A Case Study of Aurangabad District, by R. Nagarajan, ViniSivanandan, Akram Khan and A.P. Prashik.

Objectives of the Study: The study was undertaken with the objectives of identifying the most frequent errors in the HMIS data reported by Aurangabad district and to understand the mechanism of data collection and reporting and trace the underlying causes of data error. The field visit for the district was made during the first and second week of July 2011. In the district, two Rural Hospitals/CHCs, two PHCs and six Sub-Centres were visited.

Most Frequent Errors in HMIS Data: The analysis of monthly HMIS data for the years 2010-11 and 2011-12 (April & May) for the district revealed the occurrence of following errors more frequently in HMIS data: (a) live births & total deliveries; (b) newborns visited within 24 hrs of home delivery & total home deliveries; (c) BCG & live birth; (d) measles & full immunization of infants; and (e) OPVO & live births.

Reporting Mechanism: SCs submit the hard copy of the data to PHCs in old PHD formats of state government every month. PHCs consolidate the data from SCs and upload the data by using DHIS-2 format. Though the new DHIS-2 formats have been provided to the facilities, some SCs and PHCs were reporting the data in old PHD formats. This creates confusion while entering data. The new DHIS-2 format has not reached all the SCs and PHCs at the time of field visit. Discrepancies were found between the monthly data reported by the facilities (CHCs, PHCs and SCs) visited and the records maintained at the facilities. Deliveries and pregnancy outcomes from other public and private facilities were reported by the ANM in SC data leading to duplication of data on deliveries and live birth. The district was capturing the facility level data up to PHC level in DHIS-2 software starting from April 2011 but the facility level data were not made available online in GoI's HMIS portal.

Application of Validation Checks: Once the facilities upload the data for the month, district M&E Officer and Statistical Officer run the validation check in DHIS-2 software for the individual facilities and generate the validation reports for the facilities. This is being done starting from April 2011. M&E Officer and SO screen the validation report of each facility. After screening the validation checks, the M&E Officer and SO contact the facilities over phone (sometimes by a visit) to rectify the validation errors, if any. The facilities rectify the validation errors and upload the data again in the portal and inform the M&E/SO accordingly.

SC Data on Deliveries, Live Birth and Immunization: It is observed that the concepts in DHIS-2 formats are not clear to ANMs in the SCs. The ANMs have confusion regarding reporting of deliveries and live births. Though the 'Service Providers' Manual' gives the clear guidelines, some ANMs reported the deliveries taken place in private facilities in her area in the SC data. Some ANMs reported the live births taken place in other public facilities (PHCs, CHCs & DHs) and in private facilities in the SC data. Live Births of Private Institutions in the catchment area of SCs are also reported by ANM for SCs. This is mainly due to the lack of understanding and/or training. This results in duplication of live births captured and reflected in the HMIS data i.e., live births are much more than the expected number of deliveries. Some ANMs obtained the live birth from private accredited facilities over telephone. Sex distribution of live births of private facilities and weight of the new born babies are given by the ANM by using her own judgment.

Recommendations: All the PHCs and SCs in the district should be provided with the Service Providers' Manual in Marathi language. Another round of training is necessary on DHIS-2 format for the health workers involved in reporting and uploading the data as there is lack of understanding of the concepts and confusion regarding capturing the data. The M&E Officers and SOs should be trained for the analysis of online data from HMIS portal for better understanding of the validation issues. As the Accredited Private Health Facilities are not directly uploading the data, the system should be put in place to capture the data from them.

(b) Underlying Causes for Data Error in HMIS in Maharashtra: A Case Study of Kolhapur District,
by R. Nagarajan, ArunPisal and R.S. Pol.

Objectives of the Study: The study was undertaken with the objectives of identifying the most frequent errors in the HMIS data reported by Kolhapur district and to understand the mechanism of data collection and reporting and trace the underlying causes of data error. The field visit for the district was made in the first and second week of July 2011. In the district, two Rural Hospitals/CHCs, two PHCs and six Sub-Centres were visited.

Most Frequent Errors in HMIS Data: The analysis of monthly HMIS data for the years 2010-11 and 2011-12 (April & May) for the district revealed the occurrence of following errors more frequently in HMIS data: (a) BCG & live birth; (b) measles & full immunization of infants; (c) OPV0 & live births; (d) live births + still birth & total deliveries conducted at home, public and accredited

private institutions; (e) MTPs conducted at public institutions & spontaneous and induced abortions; and (f) new-borns visited within 24 hours of home delivery & total home deliveries.

Reporting Mechanism: Observations from the field visit are given below: SCs in the district submit the hard copy of the data to PHCs in DHIS-2 format every month. PHCs consolidate the hard copy of the data submitted by the SCs and upload the data by adding its own data in DHIS-2 format. CHCs and DH upload the data in DHIS-2 format from the facility itself. In the office of the DHO, the M&E Officer and SA check the online data uploaded by the facilities (PHCs, CHCs, DH and Corporation Hospitals). List of Accredited Private Institutions were not available with M&E and SO/SA who are responsible for the data entry for their district. Data from Private Accredited Hospitals are not captured as there is no system put in place in the district to collect the data from Accredited Private Hospitals. The district was capturing the facility level data up to PHC level in DHIS-2 software starting from April 2011 but the facility level data were not made available online in GoI's HMIS portal.

Validation errors are found in the data for the CHC, PHCs and Sub-Centres (DHIS-2 format) visited for the following indicators: Deliveries and Live Birth, BCG and Live Birth, OPV-0 and Live Birth, and Measles and Full Immunization. There is no consistency in the following indicators in the facilities visited: deliveries, live births, new-born weighed, BCG, OPV 0 etc. There exists confusion among health workers regarding reporting of deliveries and live births. In some indicators, discrepancy was found between the reported data for the facility and data recorded in the Register maintained at the facilities. Before uploading the data by the PHCs and CHCs, there is no mechanism/system in place to crosscheck the data for validation errors. The data reported by the SCs were uploaded by PHCs without verifying the data for possible errors.

Application of Validation Checks: M&E Officer and SA applied the validation checks to the data uploaded by the facilities. Validation check was done by using the DHIS-2 software. After generating the validation check, M&E and SA contact the individual facilities if they find the validation errors in the data. Facilities were asked to rectify the validation errors and upload the corrected data. The validation errors remain in the data even after the rectification of errors by the facilities. This is due to the lack clarity about the concepts and definitions.

Recommendations: All the PHCs and SCs in the district should be provided with the Service Providers' Manual in Marathi language. Another round of training is necessary on DHIS-2 format for the health workers involved in reporting and uploading the data as there is lack of understanding of the concepts and confusion regarding capturing the data. The M&E Officers and SOs should be trained for the analysis of online data from HMIS portal for better understanding of the validation issues. As the Private Health Facilities in the district are not uploading the data, the system should be put in place to capture the data from them.

(c) Underlying Causes for Data Error in HMIS in Maharashtra: A Case Study of Yavatmal District,
by R. Nagarajan, ViniSivanandan, ArunPisal, R.S. Pol, Akram Khan and A.P. Prashik.

Objectives of the Study: The study was undertaken with the following objectives: to identify the errors in in HMIS data, to classify the errors theme wise, to make field-visits to understand the mechanism of data collection and reporting and trace the source/reason for data error, to check whether the district applies validation checks before uploading the data on HMIS portal, and to suggest measures to improve quality of HMIS including suggestions for training inputs. The field visit for the district was made in the first and second week of December 2011. In the district, two Rural Hospitals/CHCs, two PHCs and six Sub-Centres were visited.

Most Frequent Errors in HMIS Data: The analysis of monthly HMIS data for the district for the year 2011-12 revealed the occurrence of following errors in HMIS data: (a) number of women receiving post-partum checkup within 48 hours and total deliveries; (b) number of infants immunised for BCG & number of live births; (c) number of infants immunised for measles & number of infants fully full immunised; and (d) newborns visited within 24 hrs of home delivery & total home deliveries.

Reporting Mechanism: Observations from the field visit to the district are given below: SCs submit the hard copy of the data to PHC in DHIS-2 format every month. PHCs consolidate the hard copy of the data submitted by the SCs and upload the data by adding its own data in DHIS-2 format. All the facilities in the district are uploading the data by 25th of every month instead of 5th of the following month. CHCs and DH upload the data in DHIS-2 format from the facility itself. All the facilities in the district are uploading the data by using DHIS-2 software. There are no defaulter facilities in the district from April to September 2011 in uploading the data. The district also captures selected indicators (ANC Registration, delivery immunization, abortion, family planning) from accredited private facilities and the data are added to the district Civil Hospital figures. The list of Accredited Private Facilities in the district is available with the DHO and M&E. In the office of the DHO, the M&E Officer checks the online data uploaded by the facilities (PHCs, CHCs, DH and Civil Hospital). M&E officer uploads the district consolidated data in HMIS portal every month. ADHO and M&E together verify the data before uploading the data in the web-portal. The discrepancies in the data are also discussed in the monthly review meeting. The Marathi language manual for DHIS-2 Format is not available with staff at the district headquarters and also at the facilities.

Application of Validation Check: M&E Officer applies the validation checks to the data uploaded by the facilities. Validation check is done by using the DHIS-2 software. After generating the validation check, M&E Officer contact the individual facilities if he finds validation errors in the data. Facilities are asked to rectify the validation errors and upload the corrected data. Schedule of reporting is not being followed by the district and the facilities as per the schedule given by the Ministry (the facilities are uploading the data by 25th of every month). The facilities are still uploading the data in PHD software in addition to DHIS-2. This leads to work pressure and duplication of work. The officials involved in the data entry for DHIS-2 at different levels are trained for the same in DHO's office. However, none of them have received the manual in Marathi. As the Marathi manual is not provided to the staff at the facility level, we observed that

the staffs have the conceptual problems in understanding the variables/indicators. The Statistical Officer is given an additional charge of Administrative Officer. Due to this, he is not getting time to look into HMIS activities.

It is observed that the source of information for 'initiation of breast-feeding within one hour' is not available in the records maintained at the facilities. The figures for the indicators 'Number of live births' and 'initiation of breast-feeding within one hour' are reported as same. The SCs are reporting the data which are not supposed to be reported by them. For example, the number of women discharged under 48 hours after delivery, initiation of breast feeding within one hour of birth, postpartum services given within 48 hours of delivery, and number of infants given 0 Polio are reported by the SCs even though the delivery happened in the PHC or elsewhere. The number 'oral pill cycles distributed' are interpreted and reported as number of beneficiaries given oral pill.

Discrepancies between reported data and data observed in Registers: Discrepancies are observed between the reported monthly data of CHCs, PHCs and SCs visited and the data recorded in the registers at the facilities. It is observed that either the reported figures are not exactly reflected in the Registers or the figures in the Registers are not reflected in the reported figures. Most of the SCs visited do not maintain proper record of the data. The cases of complicated pregnancies, MTP etc. are referred to District Hospital but the required data on such variables are left blank. There are conceptual problems in understanding certain indicators, for example total number discharged under 48 hours of delivery is misinterpreted as number of women discharged after 48 hours of delivery. Live Births in the catchment area of SCs are also reported by ANM for SCs. This results in duplication of live births in the HMIS data. This further leads to validation errors related to live births (such as live births and immunization, live births and new born weighed).

Recommendations: All the PHCs and SCs in the state should be provided with the Service Providers' Manual in Marathi language. The state should start the facility level reporting up to SC level to avoid duplication of reporting of live births. It will help to reduce the validation errors in HMIS data. Another round of training is necessary on DHIS-2 format for the health workers involved in reporting and uploading the data as there is lack of understanding of the concepts and confusion regarding capturing the data. The M&E Officers and SOs should be trained for the analysis of online data from HMIS portal for better understanding of the validation issues pertaining to their districts and the performance of their district on RCH and other HMIS indicators. HMIS portal is used only for the limited purpose of uploading the data by the district level staff. The features in HMIS portal are not known to most of the officials in the state and hence data from the portal are not being used for monitoring, evaluation and local level planning. Currently, M&E is generating the validation report by using the DHIS-2 software. They should be also trained to generate the validation report by using the HMIS validation rules. All the public health facilities (CHCs, PHCs, SCs) should be given a clear guidelines regarding capturing the data from accredited private facilities. As per the Service Providers' manual, public health facilities should not report the deliveries and live births from private facilities. A system should be in place

to involve the senior health managers at the district level to monitor and approve the data every month before uploading the data in the portal.

(d) The Demography of Social Stratification in India, by Arup Maharatna.

Social stratification on caste/tribe lines has remained almost immutable feature of Indian society. Demography is one of the key levers of India's social stratification. This study, using secondary information, attempts at understanding interplays between demographic facts of social stratification and its sociological, religious, and cultural processes. The lower castes and tribals are found at distinct disadvantage in terms of accessibility and achievements in education, health facilities and human development and livelihood patterns, with the latter trailing at the worst end. Reality however entails several complexities arising from the fact that the demography of social stratification is partly shaped by politics revolving around caste, tribes, social identity and hence by its statistical and enumeration biases. Consequently, a stubborn obscurity as to whether relative acute deprivation among these marginalised groups is due to intrinsic social discriminations and injustices at grassroots level, or because of official, bureaucratic, and political muddles perpetuating, asserting, and managing them in a land proclaimed as 'casteless' but with protective discrimination, does not seem to die down soon.

(e) Differentials in Health Care Services, by ViniSivanandan.

The National Family Health Survey (2005-06) report shows regional and socio-economic divides in health outcomes, with the poor and low developed regions bearing the burden of mortality disproportionately. These inequities are also accompanied by wide gaps across gender and caste. The average annual rate of reduction in under five mortality between 1998-99 and 2005-06 among STs (3.9 percent) and SCs (4.2 percent) was lower than that among OBC's (48 percent) and the rest of the population (46 percent).

This study examines the inequities in availability and accessibility to health care by social economic groups and by regions. Over the last six decades, there has been an expansion of health facilities in the public and private sectors. However, by and large, this expansion has been inadequate to ensure universal coverage and access to quality care. Data from IHDS, 2005 shows the all-India average for full immunisation coverage was 44 percent. The rural-urban differential was significant, with a coverage rate of 39 percent among the rural and 58 percent in the urban populations. The overall full immunisation coverage for Kerala is 75.3 percent with a rural-urban differential of about 17 percent (69.4 and 87.5 respectively). While in the case of Uttar Pradesh, it is only 22.9 percent with a rural-urban differential of about 12 percent (20.5 and 32.6 respectively). The result implies that better ways to be found to deliver the health care in rural areas and in high focused regions.

(f) Comparative Analysis: Public and Private Education, by ViniSivanandan.

Quality education is considered to be an important aspect of human development. The training received at school level is a stepping stone in future education, employment and overall development of the mankind. India is a diverse country geographically and also by socio-economic and political differences. The education received at school level also varies significantly. The role of school plays an important role in the quality of education.

This study examines the differentials in scores in reading, writing and mathematical skills of students in government and private schools by using the data of India Human Development Survey 2005 carried out by National Council for Applied Economic Research and University of Maryland. Differentials in public-private and rural-urban was captured by using the decomposition property of *theil* index. The *theil* index examines the differentials in government-private schools within rural and urban regions. It also examines the difference in school education by rural and urban and public and private. First we assess the test scores of students in reading, writing and mathematical skills in government, private aided and recognized, private recognized and not aided, private unrecognized and others schools using *theil* index. Result shows that the government schools are lagging behind the private schools (all types) in reading, writing and maths skills. Whereas, within government schools, the reading skills were comparatively better in urban regions whereas there was hardly any difference between writing and maths skills between urban and rural regions in government schools. The analysis for private schools shows hardly any difference in reading, writing and mathematical skills. However, regional analysis shows that within private schools the private aided schools fared better in mathematical skills as compared to rural regions. Within mathematical skills, the test scores were largely concentrated in addition and subtraction skills as compared to division skills.

(g) Distributional Pattern of Social Groups in Higher Education: An Analysis of Census Data for Maharashtra, 1991-2001, by ViniSivanandan.

Although a complex relationship between demand and excess supply has been well established in higher education, almost no research considers carrying capacity of the population in higher education. We use the decadal data from Census of India for 1991 and 2001 (age structure of the population by educational level and population by social groups) to show that in a socio-economic setting, representation in higher education shows individuals whose social background is found to be poor are significantly more likely to remain in the lower strata in terms of achievement in higher education in the subsequent follow-up periods than their counterparts who come from relatively higher background. This result characterises for time periods, and remains after inclusion of measures of population growth both in higher education and rate of growth in population. Analysis showed carrying capacity along with rate of growth of population in higher education are strong predictors of representation in higher education, but neither of these indicators can be used to estimate in longer run.

The results reveal that if we use the average growth rate of past two censuses in estimating the future distribution of population in higher education by social group, the distributional pattern remained more or less same. Whereas, if we consider the growth rate taken into consideration the effect of carrying capacity of the population, the distribution pattern more or less remains same, but the gap widens between the caste SCs and STs with 'Others' caste affecting the distribution pattern in terms of achievement in higher education. However, with the application of the competing factor it was evident that the gap among the social groups further widened leading to a skewed distribution of population by social groups in higher education with larger percent of population concentrated in the 'Other' caste. However, due to the effect of the competing factor, there is an increase in the percent population of the 'Other' caste, thus negating the influence of change in growth rate. Therefore, it can be concluded that when we project the distribution of the population, we cannot exclude the influence of competitive factor between the social groups in terms of achievement in higher education. Analysis revealed the differences in distribution of higher education by age group and social groups. However, the difference in distribution is more evident in the age group 20-24 and 25-29 than in the age group 15-19.

3. Report on Studies in Progress during 2012-2013

(a) Quarterly Monitoring of Programme Implementation Plan (PIP) under NRHM, by R. Nagarajan, ViniSivanandan, ArunPisal, Akram Khan, R.S. Pol, and A.P. Prashik.

The Ministry of Health and Family Welfare, Government of India has assigned the task of quality monitoring of important components of the State Programme Implementation Plan (PIPs) under NRHM to the PRC for the year 2012-2013. For preparing qualitative reports, the PRC, in addition to getting information from the State HQ and other sources (like HMIS, recent survey etc) will also visit one better performing, one poor performing district and one urban slum in each quarter for seeing the functioning of the programmes at the ground level. PRC will also visit some facilities and also interact with health functionaries and with the sample beneficiaries and include all observations / comments in the quarterly reports.

The qualitative reports on PIP monitoring on quarterly basis will provide the status and observations/comments regarding the following mandatory disclosures on the State NRHM website: facility wise deployment of all contractual staff engaged under NRHM; MMUs; patient transport ambulances and emergency response ambulances; all procurements, including details of drugs and equipments procured; and buildings under construction/renovation. The report will also provide status and observations/comments regarding following key conditionalities applicable under PIP for the year 2012-13: rational and equitable deployment of human resources with the highest priority accorded to high focus districts and delivery points; facility wise performance audit and corrective action thereon; status of implementation of JSSK; and appointment of 2nd ANM.

The monitoring activity will also highlight the information about new innovation by state in the following areas: responsiveness, transparency and accountability; quality assurance; inter-sectoral convergence; recording of vital events including strengthening of civil registration of births and deaths; creation of a public health cadre; policy and systems to provide free generic medicines to all in public health facilities. The monitoring report will also provide information on the key strategic areas under the following six broad heads and the issues that need to be addressed urgently by state: public health planning & financing; human resources, strengthening services; community involvement; convergence, coordination & regulation; and monitoring & supervision.

(b) Activities Related to HMIS during 2012-2013, by R. Nagarajan, ViniSivanandan, ArunPisal, Akram Khan, R.S. Pol, A.P. Prashik and VandanaShivnekar.

As per the Ministry's requirements, the following activities related to HMIS are priority of the PRC for the current year 2012-2013: (a) Monthly HMIS Core Committee Meetings; (b) Analysis of Quality of HMIS Data at the District Level for the Year 2012-2013; (c) Field Visits to the Districts in Connection with Quality of HMIS Data; (d) Monthly On-line Verification of HMIS Data for the Districts; (e) Comparison of Facility Masters between HMIS and MCTS for selected districts; and (f) Studies on Underlying Causes for Data Error in HMIS.

(c) Monitoring of DLHS-4 in Maharashtra, by ViniSivanandan and A.P. Prashik.

The District Level Household Survey 4 (DLHS-4) in Maharashtra is assigned to the Field Agency, VIMARSH, by the Ministry of Health and Family Welfare and the monitoring of which is done by Population Research Centre (PRC) along with the Nodal Agency, i.e., International Institute for Population Sciences (IIPS), Mumbai. The mapping and listing work for DLHS-4 was started by the Field Agency in July 2012 with the training programme for the same in Nagpur. PRC representatives monitored the training programme in Nagpur and the report of the same was submitted to the IIPS. PRC also monitored the fieldwork for mapping and listing in Latur, Pune, Ahmednagar, Osmanabad and Thane districts. The detailed monitoring report on fieldwork was submitted to the Nodal Agency and wherever the feedback was needed it was given to the Field Agency. The monitoring of fieldwork for main survey will be carried out in 2012-13 and the report will be submitted to IIPS on the same.

(d) Health and Mortality Differentials by Socio-Economic Groups in India: Trends and Implications, by Arup Maharatna.

The proposed study examines the extent, patterns, and trends in which the age-sex composition of health and mortality indicators varies across diverse socio-economic groups, with a view to understanding their implications for the differential patterns of familial discrimination

and neglect towards children and females among these groups. This should throw useful light on the appropriateness or otherwise of programmes and policies designed under the National Rural Health Mission.

(e) Exploring the Major Forces behind Recent Trends in the Sex Ratio (f/m) at Birth in Maharashtra – A District-level Analysis, by Arup Maharatna.

A worsening of sex-ratio (f/m) at birth and in childhood years, especially when the techniques and facilities for prenatal sex determination as well as for abortion are getting widely accessible, has been a matter of serious concern in south Asian countries in general and India in particular. Even within India there are a few states that stand out on this count. Maharashtra is one among those. Our proposed study based on secondary, HMIS, and other official information seeks to explore the major driving force behind the outcome of worsening sex ratio at birth in Maharashtra and its variation across districts (e.g. relative importance of the felt pressure of fertility reduction in a socio-cultural context of son preference, supply/restrictions on supply of prenatal sex determination techniques and abortion methods, and rising income and relative affluence making these modern techniques more affordable). A district-level analysis would be particularly useful in Maharashtra which has become conspicuous both for wide regional disparity and for its rapidly growing deficit of female infants and children.

(f) Trends in the Quality of Education with special reference to India, by Arup Maharatna.

The proposed study examines and evaluates the various perspectives on the notion and measures of 'quality of education'; it also aims at capturing the temporal trends in the quality of education with special reference to India.

(g) Health of the Urban Poor in Pune City, by R. Nagarajan.

The urban poor are the fastest growing segment of urban populations, living mainly in slums and poor settlements. Nearly one-third of the urban population of India are living in slums or slum-like conditions characterized by overcrowding, poor hygiene, sanitation and civic services. The health of the urban poor is as bad as its rural population. This study is a part of the three city specific studies being carried out simultaneously in Bhubaneswar, Jaipur and Pune. The study covers different health-related issues of the urban people including the health status of the women and children, living condition, hygiene and sanitation, utilisation of health facilities by the people, the quality of health care services, prevalence of infectious diseases etc. The study also covers the selected health facilities (public & private) in the city to obtain information on human resources, infrastructure, diagnostic facilities and services provided. The information collected in the survey will help the government to assess health needs of the urban people and to plan better urban health services. The findings of the survey are expected to provide insights to the

proposed National Urban Health Mission by the Government of India. The study was sponsored by Population Foundation of India, New Delhi and coordinated by International Institute for Population Sciences, Mumbai. The field survey for the study and analysis of data are completed and the report is expected to be released soon.

(h) Factors Influencing Educational Achievement, by ViniSivanandan

Many children, excluded from education system are first generation learners as their parents are illiterate. Amongst many things, absence of adult literates in large number of households has considerable impact on the life and education of children. According to the 61st Round of NSS (2004-2005) data, although there has been considerable progress in alleviating extreme forms of educational deprivation over the years, the problem of illiteracy is still pervasive. In rural areas, 26 per cent of the households did not have even one literate member of age 15 years and above in 2004-05. The corresponding proportions were 14 per cent, 12 per cent and 8 per cent, respectively in urban areas for self-employed households, households with regular wage/salaried employees and other labourers. Further, the educational performance is adversely affected with health issues leading to morbidity and consequently performance in education. This study uses data from India Human Development Survey 2005 carried out by National Council for Applied Economic Research and Maryland University to understand the performance in education with completed level of education linked with the health status and generation learners.

4. Report on Other Activities during 2011-2012

(a) Arup Maharatna

Taught the part of the course on Political Economy of India's Development during July-December 2011 Semester (MA Economics) at the Institute;

Taught the part of the course on Economics of Development during January-May 2012 Semester (MA Economics) at the Institute;

Worked as Principal Guide for Seven Masters Theses in January-May 2012 Semester of Masters (Economics) Programme at the Institute;

Worked as Principal Supervisor of doctoral research pursued by five candidates at the Institute;

Presented my paper entitled 'The Rise and Advance of Neo-liberalism in Development Thinking' at the Second International Conference in Political Economy held at Istanbul University, Turkey organized by the International Initiative for Promoting Political Economy during 20-22 May, 2011;

Delivered, on invitation, a Guest Lecture for Symbiosis Bachelor of Business Administration students on 14 June 2011 organized by Symbiosis Centre for Management Studies, Pune.

Delivered an invited Lecture on 'In Appreciation of Tagore as a Social Activist and Social Reformer', at the UGC-Sponsored National Seminar held on 7-8 December 2011 at Derozio Memorial College, Rajarhat, Kolkata 700136.

Publications

'Development of What? On the Politics of Development Economics', *Economic and Political Weekly*, 46(48), 26 November – 02 December 2011.

Long Term Demographic Trends in North-East India and their Wider Significance, 1901-2001, *Occasional Paper 26, Institute of Development Studies Kolkata*, Kolkata, June 2011 (jointly with AninditaSinha).

'Researching British India's Population' In: *Four Essays on Writing Economic History of Colonial India*, Institute of Development Studies Kolkata, Progressive Publishers, 2011;

'North & South: A Demographic and Socio-Cultural Divide', *The Statesman*, 17 June 2011

(b) R. Nagarajan

Presented the "Annual Action Plan 2011-12" of the Population Research Centre in the meeting organised by the Ministry of Health and Family Welfare at NirmanBhawan, New Delhi on April 06, 2011.

Participated as a Resource person in the "UNFPA Sponsored Capacity Building Workshop for Mid Level Managers in Maharashtra", organised by the International Institute for Population Sciences, Mumbai and made presentations on 'Health Management Information System (HMIS)' on April 28, 2011 and May 05, 2011 at Aurangabad.

Attended the "Review Workshop on Progress of Facility based Reporting in HMIS, Data Quality of HMIS and Mother & Child Tracking System (MCTS)" organised by the Ministry of Health and Family Welfare at NIHF, New Delhi on August 1-2, 2011 and presented the findings of the study "Underlying Causes for Data Error in HMIS, Maharashtra".

Organised the Monthly HMIS Core Committee Meetings for the state of Maharashtra jointly with Regional Director (H&FW), Maharashtra, Ministry of Health and Family Welfare on the following dates 27.4.2011, 26.5.2011, 24.6.2011, 28.7.2011, 26.8.2011, 4.10.2011, 2.12.2011, 9.1.2012, 12.2.2012 and presented the quality of HMIS data for the state and districts of Maharashtra to the officials of the state Government.

Taught one third of the paper 'B10: Population Studies' for the MA (Economics) students of the Institute during the term August-December, 2011.

Conducted four sessions on SPSS for the post graduate students of Vaikunth Mehta National Institute of Co-operative Management, Pune on October 11 & 12, 2011.

Presented the analysis of the study "Underlying Causes for Data Error in HMIS, Maharashtra: Case Study of Yavatmal District" at the "Workshop on HMIS Data Quality, Facility Based Reporting, and Mother & Child Tracking System (MCTS)" organised by the Ministry of Health and Family Welfare at the National Institute of Health and Family Welfare, New Delhi on January 18, 2012.

Presented the Population Research Centre's "Progress of Work during 2011-12 and Annual Action Plan 2012-13" at the meeting organised by the Ministry of Health and Family Welfare at NirmanBhawan, New Delhi on January 19, 2012.

Participated as a Resource Person in the National Seminar on "Challenges and Opportunities before the Management Education in India: A Critical Review" organised by the Matrix Business School, Pune on February 18, 2012.

Attended the meeting at International Institute for Population Sciences, Mumbai on February 25, 2012 in connection with the finalisation of printing of the training materials used in the "UNFPA Sponsored Capacity Building Workshop for Mid Level Managers in Maharashtra".

Taught the module on SPSS for the Certificate Course on Computer Applications for Economic Analysis” for the post-graduate students of the Gokhale Institute of Politics and Economics during February & March 2012.

Taught the Statistical Package for Social Sciences (SPSS) to the M.A. Financial Economics students of the Institute on March 17 & 18, 2012 (six hours).

Organised jointly with the Directorate of Census Operations, Maharashtra, “Data Dissemination Workshop on “Houselisting and Housing Census Data, 2011” on March 29, 2012 at the Gokhale Institute of Politics and Economics, Pune

Reviewed the Ph.D. thesis of University of Madras, reviewed the articles for *ArthaVijnana* and reviewed the Working Paper of Institute for Social and Economic Change, Bangalore.

Continued to work as (a) the Officiating Registrar of the Institute; (b) Managing Editor of the Journal *ArthaVijnana*; (c) Co-ordinator for the Certificate Course in Computer Applications for Economic Analysis; and (d) Principal Guide for five Ph.D. students of the Institute and Co-guide for the thesis of four Masters students of the Institute.

Committee Work:(1) Nominated as a member of the Core Committee for the Health Management and Information System (HMIS) by the Ministry of Health and Family Welfare, Government of India and (b) Nodal Officer for the monitoring of the State Programme Implementation Plan of the National Rural Health Mission by the Ministry of Health and Family Welfare, Government of India.

(c) ViniSivanandan

Taught one third of the paper B10: Population Studies for MA Economics students of the Institute during the term August-December, 2011.

Submitted PhD thesis titled “Social and Demographic Disparities in Higher Education and Employment in India and Selected States” under the guidance of Prof. P. Arokiasamy, Department of Development Studies, at International Institute for Population Sciences, Mumbai, India on 31/01/2012.

Carried out the fieldwork in Raigad, Aurangabad and Sholapur districts for HIMS and attended monthly HMIS meeting. Co-guide to one student for MA dissertation.

Publications

"Gender and Social differentials in Employment Situation in India", forthcoming in *Research Journal of Social Science and Management*.

"Between and Within Social Group Disparities in Higher Education: An Assessment for India and Major States", forthcoming in *International Journal of Educational Administration (IJEPA)*. Decision is Paper Code: 16764.

"Employment with Higher Education by Social Groups in India", forthcoming in *International Journal of Educational Administration (IJEPA)*.

POPULATION RESEARCH CENTRE
Gokhale Institute of Politics and Economics
(Deemed University)
PUNE - 411 004

AUDITED GRANT UTILIZATION CERTIFICATE

GFR 19-A

(See Rule 212 (1))

Form of Utilization Certificate

Sl. No.	Letter No. and date	Amount (Rs.)
1	G.20011/2/2011-Stats(PRC) dated 29-06-2011	21,82,690/-
2	G.20011/2/2011-Stats(PRC) Dated 02-01-2012	37,75,760/-
	Total Rs.	59,58,450/-

Certified that out of Rs. 59,58,450/- of Grants-in-aid sanctioned and received during the year 2011-2012, to the Population Research Centre of Gokhale Institute of Politics and Economics, Pune – 411 004 under this Ministry / Department letter No. given in the margin and brought balance of Rs. 17,09,179.98 on account of un-spent balances of the previous year, making the total balance available of Rs. 76,67,629.98 during the year. A sum of Rs. 69,84,730.60 has been utilized for the purpose of meeting recurring expenditure for which it was sanctioned and there remains the unspent balance of Rs. 6,82,899.38 as on 31.03.2012, which will be carried forward during the next year 2012-2013.

Certified that I have satisfied myself that the conditions of which the grants-in-aid was sanctioned, have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

1. Cash Book/Bank Book 2. Day Book 3. General Ledger 4. Vouchers 5. Certified Bills

Certified to be correct
C.V. Chitale and Co.
FRN No.: 126338W

Signature

Sd/-

ShriNiteenGhodke
Registrar

Sd/-
Chandrashekhar V. Chitale
Chartered Accountants
M. No.:- 035885

Date: 29.08.2012
Place: Pune

POPULATION RESEARCH CENTRE
Gokhale Institute of Politics and Economics
(Deemed University)
PUNE - 411 004

AUDITED GRANT UTILIZATION CERTIFICATE

Certified that an aggregate amount of grant of Rs. 59,58,450/- (Rs. Fifty Nine Lakhs Fifty Eight Thousand Four Hundred Fifty only) has been received during the year 2011-2012 from the Government of India, Ministry of Health and Family Welfare, New Delhi under the said Ministry's letter nos.:

Sanction letter No. of the Ministry	Dated	Grant received on Date	Amount Rs.
1. G.20011/2/2011-Stats (PRC)	29.06.2011	05.07.2011	21,82,690/-
2. G.20011/2/2011-Stats (PRC)	02.01.2012	10.01.2012	37,75,760/-
		Total	59,58,450/- =====

For implementing the project, an aggregate amount of Rs. 69,84,730.60 (Rs. Sixty Nine Lakhs Eighty Four Thousand Seven Hundred Thirty & Paise Sixty only) has been spent for the purpose for which the grant had been sanctioned as per conditions for release of the said grant. Salary and allowances paid to the employees were similar to those payable to the identical category of employees employed under the State Government.

As on 01.04.2011, the Institute had with it an unspent balance of Rs. 17,09,179.98 for the above purpose, during the year the Institute has received a grant of Rs. 59,58,450.00 for the purpose, which along-with unspent balance of Rs. 17,09,179.98 aggregates to Rs. 76,67,629.98 After adjusting an expenditure of Rs. 69,84,730.60 during the year 2011-12, there remains an **unspent balance of Rs. 6,82,899.38** with the Institute as on 31.03.2012.

Signature

Date: 29.08.2012
Place: Pune

sd/-
ShriNiteenGhodke
Registrar

Certified to be correct
C.V. Chitale and Co.
FRN No: 126338W

sd/-
Chandrashekhar V. Chitale
Chartered Accountants
M.No.: 035885

POPULATION RESEARCH CENTRE
Gokhale Institute of Politics and Economics
(Deemed University)
PUNE - 411 004

Statement showing Actual Expenditure during the Year 2011-2012

	Rs.	Ps.	Rs.	Ps.
MINISTRY OF HEALTH AND FAMILY WELFARE				
I. Recurring Expenditure :				
(a) Salaries and Allowances				
Professor	09,63,986.00			
Lectures	11,98,182.00			
Research Investigators	07,97,826.00			
Field Investigators	07,62,173.00			
Key-Punch Operators	07,34,242.00			
Library Assistant	04,68,011.00			
Office Establishment (OS/Steno/Typist/Accounts Assistant/Peons)	17,19,969.00		66,44,389.00	
<hr/>				
(b) Travelling Allowance and Daily Allowance			1,50,143.00	
* (c) Books and Journals			40,171.00	
* (d) Printing, Stationery and Contingencies, POL maintenance etc.			1,50,027.60	
Total			69,84,730.60	

(Rs. Sixty Nine Lakhs Eighty Four Thousand Seven Hundred Thirty & Paise Sixty only)

Signature

sd/-

Date: 29.08.2012

ShriNiteenGhodke

Place: Pune

Registrar

Certified to be correct
C.V. Chitale and Co.
FRN No: 126338W

sd/-
Chandrashekhar V. Chitale
Chartered Accountants
M.No.: 035885

POPULATION RESEARCH CENTRE
Gokhale Institute of Politics and Economics
(Deemed University)
PUNE - 411 004

Receipts and Payments account for the Population Research Centre for the year ended
on 31st March 2012.

Receipts	Rs. P.	Payments	Rs. P.
Unspent Balance with the Institute as on 01.04.2010	17,09,179.98		
Receipts during the year 2011-2012		Expenditure incurred for Population Research Centre during the year 2011-2012	69,84,730.60
1 st installment for the year 2011-2012 (Recurring)	21,82,690.00		
2 nd installment for the year 2011-2012 (Recurring)	37,75,760.00		
		Unspent Balance with the Institute as on 31.03.2012	6,82,899.38
Total Receipts	76,67,629.98	Total Payments	76,67,629.98

Signature

sd/-

ShriNiteenGhodke

Registrar

Date: 29.08.2012

Place: Pune

Certified to be correct

C.V. Chitale and Co.

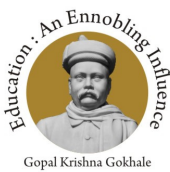
FRN No: 126338W

sd/-

Chandrashekhar V. Chitale

Chartered Accountants

M.No.: 035885



**Gokhale Institute
of Politics and
Economics**

(Deemed to be University)
Pune – 411 004

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Fax : 020-25652579 Website : www.gipe.ac.in