

Ashish Bose*

Demographic Data for Decentralised Planning: Urgent Need for New Initiatives**

GEORGE SIMMONS was a good scholar and good human being. His untimely demise was a great loss to Demography. I had the privilege of interacting with him on several occasions in India and in the USA. I knew his heart was in India. I am grateful to IASP for inviting me to give this memorial lecture.

After the 73rd and 74th Amendments to the Constitution and the introduction of Panchayati Raj Institutions (PRIs), the need for local level statistics on population, gender issues, poverty, employment, environment and related matters is indeed urgent. It is high time demographers took up this question seriously. Dr. K. Srinivasan, President, IASP, and a member of the National Statistical Commission in a recent contribution has made several useful recommendations in this regard. In particular, we may refer to the following (Srinivasan, 2001):

- "(a) There is a need to integrate data available from different sources to provide basic data on population and its characteristics, such as by major relevant age groups and sex and vital events geographically at the lowest possible aggregation, viz., village or Panchayat in the rural areas and urban blocks in towns and cities. As a first step, a copy of the house-list and notional map currently under preparation for 2001 census may be left with each Panchayat or urban block. A frame of list of house/households will be useful for sample surveys in the future,
- (b) There is an increasing demand for timely and reliable data on socio-economic sector at Local Area Levels. It is necessary to integrate them uniformly and publish the same at the Local Level.

* Honorary Professor, Institute of Economic Growth, Delhi University Enclave, Delhi-110007.

** Abridged and updated version of George Simmons Memorial Lecture delivered at IASP Conference, Andhra University, Vishakhapatnam, 22 February, 2001

- (c) Village level digitised maps can be produced with the presently available satellite image based mapping procedures. Geo-codes should be developed on the basis of these base maps."

We hope the National Statistical Commission will make concrete recommendations for generating local area statistics on a sound basis and introduce a new statistical system to take full note of the emergence of PRIs. We propose to put forward a three sector model for MIS (Management Information System) which we consider vital for monitoring ongoing programmes, and in particular, health and family welfare programmes.

A Three Sector Decentralised MIS Model

Our model involves effective cooperation of panchayats, panchayat samitis and zila parishads with technical backup from NGOs and in collaboration with district level government functionaries.

This model is based on partnership between panchayats, NGOs and the government at the grassroots level. The acronym is GOPIN where GO stands for government (e.g. chief medical officer, Block Development officer, District Magistrate), PI stands for panchayati raj institutions (gram sabhas, panchayats, panchayat samitis, zila parishads) and N stands for non-governmental organizations.

Genesis: In spite of well-formulated policies (including the National Population Policy), it is well known that the implementation of these policies is weak, ineffective and corruption ridden. Now that we have introduced an elaborate mechanism of decentralized democracy through amendments (73rd and 74th) to the constitution, it is necessary to enable and empower PRIs to monitor all ongoing programmes at the grassroots level. An innovative model should

- (a) Inform the panchayat members about grassroots reality based on facts and not perceptions. This information will be the starting point in empowering PRIs;
- (b) Collect meaningful data (not *khanapuri* as the villagers call the filling of government schedules and supplying fraudulent data), particularly in the month of March every year about so called 'progress', which is measured by 'the progress of expenditure'. These data, collected routinely will help in monitoring all on-going programmes, particularly anti-poverty programmes; and
- (c) Analyze the data to make an input to policy making and planning at the district/ block level.

In this context, it must be noted that census data, no matter how valuable these are, relate to a whole decade whereas our requirement is yearly data. The yearly data on births

and deaths collected through SRS by the Registrar General *do not* give district wise figures. Similarly, the much-publicized NFHS data are *not* available at the district level. The Department of Family Welfare, of late, has been collecting useful district level data through selected NGOs at a fairly high cost but it is a centralised activity (initiated by the GOI) and does *not* involve the PRIs.

Objectives

1. Keeping in mind the ultimate objective of population stabilization which seems quite distant in several states of India, (and in particular, the BIMARU states), it is necessary to monitor health and family welfare programmes and introduce mid-course correction, wherever necessary.
2. To introduce a *two-way* process of information. Contrary to the present system of MIS which feeds information to higher level authorities culminating in New Delhi (in the concerned Ministry/Planning Commission, etc.), information collected at the grassroots level will be processed and meaningfully conveyed (by NGOs) to the panchayat members and other decision makers at the grassroots level so that policies and programmes are based on scientific data.
3. To introduce exercises in capacity building (through workshops etc.) to empower members of PRIs to *collect* data and *utilize* these data for improving the quality of life of the people in the knowledge-based society of the 21st century.

Methodology

The methodology we propose is simple and practical. Every effort will be made to *minimize* data collection but *maximize* its utilization. There are 5 modules in our MIS as follows.

Module 1: DEMOGRAPHIC DATA

- 1.1 Births (by sex) during the last one year
- 1.2 Age of mothers at the time of birth of the child
- 1.3 Assistance during delivery: relatives/dais/TBA/PHC/Govt Hospital/Private Hospital/
Nursing Home
- 1.4 Deaths (by *age* and sex) during the last one year
- 1.5 Cause of death. If the death is below one year, record the age at death by weeks or even days, if death took place within the first week
- 1.6 Number of elderly (60 plus) persons in the village by sex and age

Who will collect the data?

Two village investigators (one male, one female) with technical training from a suitable NGO will record the data independently. Investigators could be school teachers, senior students, retired persons and so on, depending on the local situation. Two registers will be given and the investigators who will be asked to fill up the panchayat register every month, after matching their data.

Output: These data, if accurately collected, will yield birth, death and infant mortality rates and also age-specific fertility and mortality rates at the village/block/district level. This will help in monitoring the implementation and impact of population policy at the decentralized level and will be a check on Census, SRS and other data.

Morbidity

Morbidity data are notoriously inadequate and unreliable in India. In view of the return of malaria, kalaazar and the high incidence of TB, gastro-enteritis, etc. it is very important to collect data on the morbidity pattern regularly. NSS and NCAER data on morbidity are far from satisfactory. The data to be collected at the *village level* are as follows:

Module 2: MORBIDITY DATA

- 2.1 Outbreak of epidemic, if any, during the last one year. Any other major illness in the village?
- 2.2 Number of people affected and the type of treatment
- 2.3 How effective are the PHC and sub-centres covering the village in giving health and family planning service?
- 2.4 Number of children immunized (by age and sex) in the village
- 2.5 Number of male and female sterilizations during the last one year (with *age* and parity—number of children) in the village

Who will collect the data?

A higher level of expertise in collecting such data will be called for. Senior students of medical colleges, rural health workers trained by NGOs in community health, retired ANMs and similar persons may be entrusted with this work.

Environment

Our worsening physical environment and lack of adequate investment and infrastructure is largely responsible for high morbidity rates as well as high death rates. Data on environment will be collected as follows:

Module 3: ENVIRONMENT

- 3.1 Sources of drinking water, adequacy and quality of water
- 3.2 Method of garbage (solid and liquid) disposal
- 3.3 Availability of latrines
- 3.4 Drainage facilities

- 3.5 Availability and type of fuel used for cooking

Who will collect the data?

The panchayat functionaries should be able to collect such data.

Education

It is very important to monitor the progress of schooling because in the ultimate analysis, human resource development will depend on the years spent in school and the quality of education and skill formation.

Module 4: EDUCATION

- 4.1 Number of schools in the village and schools in nearby areas with the level of education and distance from the village
- 4.2 number of boys and girls going to school (give details)
- 4.3 number of boys and girls *not* going to school in the age group (6-14 years)
- 4.4 reasons for not going to school (house to house survey)
- 4.5 number of persons (by sex) who are class X pass, class XII pass, graduate, M.A.s and so on including diplomas etc. for skills like engineering.

Economic Condition of Vulnerable Population**Module 5: ECONOMIC DATA**

- 5.1 Number of households which have taken loans from any source and details thereof
- 5.2 Number of unemployed persons by sex and age
- 5.3 Number of child workers by age and sex
- 5.4 Number of landless workers by sex and age
- 5.5 Number of elderly workers (65 plus) by sex and age

Who will collect the data ?

The panchayats should employ a few regular investigators to collect data under modules 4 and 5.

GRIP data bank

Each Panchayat should set up a data bank called *GRIP Data Bank* (grassroots implementation of programmes/projects). It will :

- (i) make an inventory of all ongoing programmes run by Central and State Governments, Panchayats, NGOs and Voluntary bodies, individual donors.
- (ii) feed the data collected under modules 1 to 5.
- (iii) prepare an yearly report on the village dealing with health, environment, education, social and economic condition, etc.
- (iv) monitor the success or otherwise of ongoing programmes/projects.

Recommendations in the National Context

- (1) The Ministry of Programme Implementation should sponsor a high powered Workshop involving all the states, selected NGOs and academic experts to formulate a concrete plan to introduce a new statistical system at the grassroots level with the objective of monitoring effectively all developmental programmes sponsored by the Central Government, the State Government, Donor Agencies, NGOs and other voluntary bodies. Apart from routine monitoring, the new statistical system should enable the panchayats to minimise corruption (including fudging of data which is a form of corruption) and see that the beneficiaries mentioned in annual reports and progress reports are indeed the beneficiaries.
- (2) The Ministry of Programme Implementation should commission a suitable NGO or research institution, fully conversant with grassroots reality in rural areas, to conduct a series of pilot surveys to test the questionnaire and develop the methodology, including concepts, definitions, classifications, etc.
- (3) In the light of the pilot survey findings, the questionnaires and the methodology should be finalised and the material translated into vernacular languages and distributed to panchayats in all the states of India.
- (4) At the district level, a separate computer unit linked to NIC should be established for collating and publishing panchayat level data periodically in the form of newsletters and more importantly, these newsletters should be sent to all panchayat members. *In short, the present system of sending official statistics to higher authorities and ultimately to New Delhi, without any reverse feedback to panchayats must be abandoned in favour of statistical system which not only collates data at the state and all India level but also disseminates the data to the people for whom the development plans and projects are meant.*
- (5) The detailed data on reproductive and child health and allied topics collected through large scale sample surveys like the Rapid Household Surveys initiated

by the Department of Family Welfare, Government of India, with World Bank assistance, should be made available in published form (or diskettes) to all concerned persons, including researchers.

- (6) New initiatives must be taken by the Central and State governments to enforce the Civil Registration Act and all births and deaths must be registered and the results published on an annual basis. It must be remembered that Sample Registration System (SRS) was introduced by the Registrar General, India as a stop-gap arrangement.
- (7) A Marriage Registration Act must be passed and all marriages must be registered. Flimsy excuses on so-called religious and other grounds must be over-ruled.
- (8) The office of Registrar General should be provided with an enhanced budget to ensure that all tables for Census of 2001 are available at the *block level* in each district (on diskettes) on a priority basis. At present, only limited data are available at the block level. In short, there should be maximum utilisation of Census data for planning, policy making and programme implementation.
- (9) Finally, such an enlarged statistical system to succeed, must have a strong training and research component. There should also be a Standing Committee for Research and Development (R & D) to give the necessary backup for ensuring reliability and *timeliness* in the collection and dissemination of data. Academic experts conversant with field work should be encouraged to do basic research on methodology of data collection, given the enormity and bewildering diversity of India's population.

Recent Efforts to Collate District Level Data

Before we conclude, we would like to refer to two recent Government publications:

1. *Data Base for EAG States*, compiled by Dr. Almas Ali, published by Department of Family Welfare, Government of India (June 2001);
2. *Districtwise Indicators*, National Commission on Population (July 2001).

It may be mentioned that EAG refers to Empowered Action Group and the report presents districtwise data for the following 8 states: Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, Jharkhand, Uttaranchal and Chattisgarh.

The indicators considered by EAG for presenting district level data are as follows. General Information, (Census Provisional 2001), Population, Total, Males, Females, Population in the age group, 0-6 years, Total, Males, Females, % age of 0-6 population to total population, Decadal growth rate, Sex-ratio, (Females per 1000 males), 1991, 2001, Literate population, Persons, Males, Females, Literacy rate (%), Combined, Males, Females, Health Infrastructure/Health, Person Power, Number of Sub-Centres,

Number of PHCs, Number of CHCs, Number of Doctors, Number of ANMs, Number of LHV's, Number of HW(M), Number of HA(M), Number of Lab Technicians, Number of Pharmacists, Number of BEE, Health Programmes : Area Projects, Key Indicators From District Rapid, Household Survey (RHS-RCH), 1998-99, % of girls marrying below 18 years, and of Births of order 3 and above, CPR, and of pregnant women with any ANC, and of pregnant woman with full ANC, and of Institutional Delivery, % of Safe Delivery, % of Children with complete immunization, % of Children with no immunization, % of females with symptoms of RTI/STI, % of males with symptoms of RTI/STI, % of females aware of HIV/AIDS, % of males aware of HIV/AIDS, Vital Demographic Indicators, (Census, 1991), MR (ql), CBR, TFR, Family Welfare Programme, Category of district (Under RCH), Area Projects and new initiatives, Nutrition Data, ICDS.

National Commission on Population (NCP)

The National Commission on Population has undertaken a similar exercise in respect of all the districts in India.

At a conference of District Magistrates convened by the NCP in April, 2001 in New Delhi, 15 indicators were suggested for monitoring the implementation population policy. However, due to data constraints at the district level the following 11 indicators were finally used for ranking the districts in India:

1. Percentage decadal population growth rate.
2. Percentage of births of order 3 and above (in place of Total Fertility Rate).
3. Percentage of current user of family planning methods.
4. Percentage of girls marrying below 18 years of Age.
5. Sex ratio.
6. Percentage of women receiving skilled attention during deliveries.
7. Percentage of children getting complete immunization.
8. Female literacy Rate.
9. Percentage of villages not connected with pucca road (estimated).
10. Percentage coverage of safe drinking water and sanitation (estimated).
- II(a). Percentage of birth registered (estimated).
- II(b). Percentage of death registered (estimated).

Apart from giving districtwise data for all these indicators, a composite index was worked out by NCP for 569 districts. The sources of data used by NCP were as follows:

- Data on birth order 3 and above, current user of family planning methods, girls marrying below 18 years of age, women receiving skilled attention during deliveries, and child immunization were taken from District Rapid Household Survey: Reproductive and Child Health Survey, 1998-99, UPS, Mumbai.

- Data on decadal population growth rate, sex ratio, and female literacy rate were obtained from Census 2001.
- Data on safe drinking water and villages not connected with pucca road were estimated using the state level data obtained from Planning Commission.
- Data on birth and death registration was obtained from the Civil Registration Department, R G Office, Delhi.

Conclusion

Family planning cannot succeed in isolation. Health is the best entry point for improving the wellbeing of people. But equally important is the income level of people. The focus of all developmental plans must be on the most vulnerable households. This is the concept of *antyodaya*. Macro statistics on BPL (below poverty line) population are full of statistical controversies and tend to be unreliable. Panchayats (if these are not biased) are best suited to know who the poor are. With technical help from NGOs and their associates, it should be possible to initiate a bold action project which really helps the poor through the efforts of panchayats and decision making at the grassroots level. This approach is quite different from the provider approach which is the basic philosophy of our planning efforts and which, it is sad to note, has failed to make a worthwhile dent on poverty. This is also true of our efforts to liquidate unemployment in the country. Generating massive employment opportunities still remains an unfulfilled election promise. Political parties must realise fully that their very survival depends on the employment scene in the country. Much more than population control, it is unemployment which is perceived by the people as the number one problem facing the country. Family planning will succeed to the extent our health and developmental programmes succeed. If this basic truth is not realised, the National Population Commission will be engulfed in fruitless debates on incentives and disincentives. The three sector model proposed by us involving the government, the NGOs and the panchayats deserves to be tried out at the grassroots level and lessons learnt about putting people centrestage.

What we are pleading for is a cost-effective, panchayat-oriented statistical system which will *empower* the people through information and monitoring at the grassroots level, with reference to population growth, morbidity pattern, environment, education and economic condition of the vulnerable population. Such a system will supplement in a big way the decennial census, national sample surveys and other large scale sample surveys.

References

- Bose, Ashish, 2001, *India's Billion Plus People*. B. R. Publishers, New Delhi.
- Department of Family Welfare (Government of India), 2001, *Data Base for EAG States*, Compiled by Dr. Almas Ali, New Delhi.
- National Commission on Population (Government of India), 2001, *District-wise Indicators*, New Delhi.
- Srinivasan, K. and Singh, Ravendra, 2001, *Statistics for Social Development—Suggestions for Improvement* (mimeo).

APPENDIX TABLE:
AVAILABILITY OF DISTRICT LEVEL
DATA

Availability of district level data

I	Census	Yes
II	SRS	No
III	NSS	No
IV	NFHS	No
V	RHS-RCH	Yes
VI	Facility Survey	Yes
VII	MICS	Yes
