

ANNUAL REPORT

2013-2014



POPULATION RESEARCH CENTRE

DEPARTMENT OF ECONOMICS
THE UNIVERSITY OF KASHMIR
HAZRATBAL SRINAGAR
KASHMIR-190 006
<http://prcku.uok.edu.in>

INTRODUCTION

Population Research Centre, located in the University of Kashmir, Srinagar was established by the Ministry of Health and Family Welfare, Government of India in 1985. This Centre is one in the network of 18 Population Research Centres established by the Ministry in Universities and Institutions of national repute. The Centre is provided 100 percent financial assistance in the form of grant-in-aid by the Union Ministry of Health and Family Welfare and is a Type -2 (not fully developed) Centre. The Centre caters to the demographic research needs of Jammu and Kashmir and undertakes continuous research on demographic, health and population related issues of the state. Like other Centres in the country, it also conducts research based on the requirements under the National Population Policy. The main focus of the research conducted in the Centre is on applied aspect although theoretical research is also encouraged. Emphasis is also given on utilisation of research findings for policy formulation and implementation in population and development programmes.

OBJECTIVES

The objective of the PRC is to carry out demographic research in Jammu and Kashmir. It continuously provides an independent and objective assessment of the working of various policies and programmes initiated from time to time in the field of health and family welfare in the State. The PRC has completed more than 60 research projects during the last 23 years. The main areas of interest are Evaluation of Population Policies and Programmes, Reproductive Health, School Health, AIDS, RTI/STI, Nutrition, Women's Status and other socio-demographic aspects of the State. It also contributes in the teaching of population related courses in the Departments of Statistics, Economics and Geography. Besides, organizing seminars, workshops and training programs, the PRC also acts as a data bank for the faculty members, research scholars, students and the community in general. The senior faculty of the Centre also provides consultancy services to various agencies for the conduct of social, economic, demographic and health surveys in the State. Further, the PRC is actively involved in the dissemination of the survey findings to planners, policy makers and the academic community.

ORGANIZATIONAL STRUCTURE

PRC is an important part of the Department of Economics. The Head of the Department of Economics also functions as the Honorary Director of the PRC. The Centre has 1 position of Senior Research Officer (Associate Professor), 1 position of Research Officer (Assistant Professor), 2 positions of Research Investigators, 2 positions of Research Assistants, 1 position each of Upper Division Clerk, Lower Division Clerk and a Peon. The detail of the staff working in the PRC is as follows:

Details of the Staff Working in PRC Srinagar

S.No	Name of the Official	Title
1	Dr. Effat Yasmin	Honorary Director
2	Mr. Bashir Ahmad Bhat	Associate Professor
3.	Mr. S. Khursheed Ahmad	Assistant Professor
4	Mr. Imtiaz Ahmad Bhat	Research Investigator
5	Mr. Muneer Ahmad	Research Investigator
6	Mrs. Farida Qadri	Research Assistant
7	Javeed Ahmad Mir	Research Assistant
8	Mr. Ali Mohammed	UDC
9	Mrs. Shahida	LDC
10	Mr. Farooq Ahmad	Peon

INFRASTRUCTURE

The Centre has a small library as a supplement to Department of Economics Library and University Library for the staff of the Centre. The collection consists of books on a variety of topics related to demography/population studies and health. Besides, the library houses a number of research reports in the field of population, health and family welfare from national and international agencies. The Centre has a highly configured Computer lab consisting of 8 computers and 2 laptops. The required demographic and statistical software packages are also available with the Centre. The Centre is connected with the **V-SAT facility of the University** for round the clock Internet Services. Besides, the Centre has a direct telephone line, a dedicated fax line, a photocopier, a generator and an LCD.

GRANT-IN-AID RECEIVED

The Centre receives grant-in-aid from the Ministry of Health and Family Welfare on year to year basis towards salaries of staff, books and journals, stationery, T.A/DA and other infrastructural facilities. The grant-in-aid is released to the PRC in two instalments in a year on receipt of prescribed documents/undertakings and utilization certificates. The details of the funds received from the Ministry since the establishment of the Centre is as follows:

Year	Amount Released	Amount Utilized
1985-86 to 2006-2007	14663467-00	16232600-93
2007-2008	4295029-07	3174847-95
2008-2009	4325413-12	2439055-50
2009-2010	4136059-62	2684133-35
2010-2011	8150038-27	6870842-00
2011-2012	7139197-27	4894035-00
2012-2013	5764162-27	5103787-00
2013-2014	6899375-27	5667376-00

STUDIES COMPLETED

The Centre completed the following activities during 2013-14.

S.No	Title of Study
1	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir: Case Study of Rajouri District.
2	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir: Case Study of Poonch District.
3	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir: Case Study of Kishtwar District.
4	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir: Case Study of Anantnag District.
5	Monitoring of District Level Household Survey-4 (DLHS-4) in J&K.
6	Monitoring of Rapid Survey of Children (RSOC) by UNICEF in India.

STUDIES IN PROGRESS

S.No	Title of Study
1	Trends and Patterns of Antenatal, Natal and Postnatal Care Services in Jammu and Kashmir.
2	Trends and Patterns of child Immunization in Jammu and Kashmir.
3	MONITORING OF NRHM STATE PROGRAMME IMPLEMENTATION PLAN 2014-15 in the following districts: 1. Leh, 2. Doda, 3. Ramban, 4. Udhampur, 5. Kathua, 6. Kargil, 7. Bandipora, 8. Baramulla, 9. Kupwara, 10. Pulwama, 11. Ganderbal and 12. Budgam.
4	Implementation of JSSK and its impact in promoting Reproductive and Child Health Services in J&K.
5	A Study of Functioning of Facility Based New Born Care Units in Jammu and Kashmir.
6	Evaluation of the Role of ASHAs in Promoting Safe Delivery Services in Jammu and Kashmir.
7	HMIS Data Quality Issues in Sub Centers and PHCs in Jammu and Kashmir.
8	HMIS Data Quality Issues in Sub Centers and CHCs and District Hospitals in Jammu and Kashmir.

SUMMARY OF THE STUDIES COMPLETED DURING 2013-14

1. MONITORING OF NRHM STATE PROGRAMME IMPLEMENTATION PLAN 2013-14: JAMMU & KASHMIR, (A Case Study of Rajouri District)

The objectives of the study is to examine whether the district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the district. The study was conducted in Rajouri District and information was collected from the office of CMO, District Hospital, CHC Nowshera, PHC Lamberi and SC Dandani. We also conducted some exit interviews at each of these health facilities. Main findings of the study are as follows:

Human Resource Policies: There is acute shortage of human resource in the district. Of the 235 regular positions of Specialist doctors and Assistant Surgeons/MO, only 97 (41 percent) are in place. Half of the positions of Staff Nurses are also vacant. Seventy Five percent of the positions of lab technicians, other paramedical staff and pharmacist are in place. Ninety one percent of the FMPHW are in place. NRHM has proved helpful in filling the critical gaps in the availability of human resource. The 3 positions of Specialists under NRHM and 95 percent of the sanctioned Medical Officers have been put in place. All the positions of AYUSH doctors, ISM Dawasaaz, MMPHW, 72 percent of Staff Nurses and 96 percent of FMPHWs are also in place.

Training status /skills of various cadres: Though a lot of trainings are being organized under NRHM to improve the skills of the human resource, but it was seen that various categories of staff have not yet received these trainings. The district has mainly organized JSSK, SBA and HMIS/MCTS training during the last 3 years.

Essential Drug List: Essential Drug List has been developed for various types of health facilities which include drugs for MCH, safe abortion and RTI/STI. The quantity of drugs available in health institutions is not updated on daily basis. Generic medicines are not yet available in the health facilities in the district.

Diagnostics: The DH is providing various lab services like blood chemistry, CBC, Urine culture, RPR, testing for malaria, TB, HIV, USG, X-Ray, VDRL, LFT, KFT and CT-scan. Most of these facilities (except Ct-Scan) are also available at CHC Nowshera. The lab services available at PHC are haemoglobin, CBC, Blood sugar, urine albumin and sugar and testing facilities for malaria and TB. The user charges for various diagnostic services are as per the State approved rates. The policy for rational prescription for drugs and diagnostic tests is not implemented in the district.

Vehicles and Referral Transport: The district faces acute shortage of referral transport as only 56 road worthy vehicles mostly donated by the local MLAs/MPs under constituency development funds are available in the district. These vehicles are not fitted with GPS. Uniform toll free number or a control room has not yet been set up in the district for availing free transport.

Monitoring and Supportive Supervision: District Monitoring Officer has been hired on contract basis to monitor the NRHM activities and provide feedback to Mission Director. All the visited head facilities mentioned that DMO regularly visits the facilities for supportive supervision.

ASHA: Of the 600 required ASHAs, 496 ASHAs are currently working in the district. ASHA coordinators and facilitators have been identified and trained. 238 ASHAs have received training in Module 6-7. However, HBNC kits have not been provided to them. The ASHA drug kit has not yet been replenished during 2013-14. Non performing ASHAs have been identified but not removed from the system.

AYUSH: The district ISM unit is co-located with DH in the district. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. AYUSH drugs were partly available at PHCs.

Maternal health: ANC services are available at all health facilities in the district. A total number of 5297 women have been registered for ANC services in the district during the first two quarters (April-September) of 2013-14. As the IFA tablets/syrup was not available at the DH, therefore IFA has not been provided to any pregnant women during the last two quarters. All the women registered for ANC services have received TT1/TT2 dose of injection.

Institutional deliveries: Facilities for institutional deliveries in Rajouri district are available at DH and CHCs. C-section deliveries in the district are conducted at DH and CHCs. Due to lack of requisite manpower, space and other infrastructure none of the PHCs or Sub Centres in the Nowshera block is conducting institutional deliveries.

Surveillance (MDR/IDR): Maternal and Infant Deaths Review Committee has been established in the district. Verbal autopsy reports are submitted for infant and maternal deaths by ANMs/ASHAs. But Infant and maternal death review committee has not met during the last 6 months to review these deaths.

JSSK: The state has implemented JSSK in all the districts including Rajouri. Free transportation from home to facility is not provided to pregnant women in the district. Free referral transport from facility to facility is provided in most of the cases. Drop back facility is partly available. Drugs and diagnostics facilities to pregnant women are provided free of charge. Cooked meals are provided in DH through its canteen. CHC Nowshera provides food items as it does not have a kitchen or proper canteen facility.

Child Health: The district has established 1 SNCU at DH, 6 NBSUs at CHC level and 20 NBCCs at PHC level. The SNCU at the district hospital has required equipments and some trained manpower and is functioning smoothly. Referral of neonates from District Hospital to Jammu has declined since the establishment of the SNCU in the DH. The NBSU at CHC Nowshera does not have required manpower and is almost non functional.

Immunization: Rajouri district has low immunization coverage and areas with low immunization coverage have been identified and plan for intensification of routine immunization has been prepared for all facilities. Outreach sessions are conducted to net in drop-out cases/left out cases. Meetings of AEFI committees and Rapid Response Team do not take place.

Adolescent Health: ARSH Clinic has been set up in the District Hospitals and a Lady Counsellor and a Data Entry Operator have been put in place in the district. But the magnitude of ARSH services is poor. Menstrual Hygiene Scheme is being implemented through ASHAs. Weekly iron folic acid tablets and routine iron folic acid tablets are not available for distribution in the district.

HMIS: HMIS the data quality has improved but there is still a lot of scope for improvement particularly in CHCs and DHs. RCH services provided by the DHs and CHCs are underreported. There is no separate recording system of lab services provided for ANC cases.

MCTS: The district has started name based mother and child tracking system and by 31st March, 62 percent of women and 51 percent of children were registered under MCTS in the district. State Level MCTS call centre to monitor the service delivery and SMS alert service centre for monitoring of services delivery has been made functional. Quality of data being uploaded on MCTS website is a big issue. Presently tracking of women and children is restricted to registration of women on MCTS registers and

uploading information on MCTS portal rather than ensuring service delivery. Accurate list of SAM and LBW was not found to be available with ANMs/ASHAs.

2. MONITORING OF NRHM STATE PROGRAMME IMPLEMENTATION PLAN 2013-14: JAMMU & KASHMIR (A Case Study of Kishtwar District)

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the State. The study covers the district of Kishtwar of J&K State. In the district we have selected District Hospital (DH), 2 PHCs and 1 SC. We also interviewed some OPD and IPD patients. Interviews were conducted with the State MD, CMOs and heads of various selected health institutions and ANMs/ASHAs with the help of questionnaires. The main findings of the study are:

1. The PMUs have been established at all levels working smoothly. But, there are no bench marks in place to monitor the productivity of the contractual staff or renew their contracts.
2. District Monitoring Officer has been hired on contract basis to monitor the NRHM activities and provide feedback to Mission Director. Review meetings take place regularly at various levels.
3. The district is lacking the services of Nodal Officers for properly implementing and monitoring different schemes in the district. The CMO is monitoring all the programmes because the posts of Dy.CMO, DIO, DHO and DTO are lying vacant.
4. The district has acute shortage in the fields of cardiology, Pathology, Radiology, Paediatrics, Obstetrics, Ophthalmology, ENT and Dermatology. There are no sanctioned posts for Cardiologist, ENT and blood bank officer in the district. Therefore, there is a need to address at least the shortage of Specialist doctors in the DH. However NRHM has been in a position to fill up critical gaps in human resource.
5. The district has mainly organized SBA, IUCD and IMNCI/NSSK, Vaccine and cold chain, and HMIS/MCTS training during the last 3 years. None of the 201 ASHAs of the district have received HBNC training.
6. The district faces acute shortage of referral transport and no ambulances have yet been provided to Kishtwar under NRHM.
7. The district hospital is providing various lab services like blood chemistry, CBC, Urine culture, RPR, testing for malaria, TB, HIV, USG, X-Ray, VDRL, LFT, KFT. However, there is no CT-scan facility available at the district hospital.
8. As the IFA tablets/syrup was not available at the DH, therefore, IFA has not been provided to any pregnant women during the last two quarters. However, the health facilities have started to purchase IFA tablets under JSSK funds to meet the deficiency. There is a need to have the necessary supplies available at all times.
9. The district is still having low rate of institutional deliveries and the data shows that only 56 percent of the deliveries take place at institutions in the district. Referrals from district hospital to Jammu also have experienced a decline.
10. It was found that most of the women in the district had only partial information regarding early and exclusive breast feeding and most of the women who had delivered in DH Kishtwar during our visit had not initiated breastfeeding even after more than 5 hours of delivery.
11. SNCU has been established in the district hospital and is in final stages of its completion. By the time NBSU is operational at district hospital.
12. Control room for availing free transport facility under JSSK has been recently started in the district and the free entitlements (medicines, diet, and referral transport and user charges) under JSSK are provided as per the guidelines.

13. A few cases of out of pocket expenditure under JSSK especially during ANC needs to be taken care of or avoided through proper sensitization. Some beneficiaries in exit interviews were not fully aware of the free services during ANC period. This can be improved through stepping up of IEC activities at the community level.
14. All the women reported to have received JSY. However, Kishtwar being a totally hilly area with limited road connectivity people are facing difficulties to receive JSY money through bank accounts, so necessary relaxation is needed to minimise the difficulties of beneficiaries.
15. PHCs and SCs do not have required accommodation as they are located in rented buildings. Buildings for PHC and SCs need to be constructed on priority basis.
16. Essential Drug List is maintained and displayed in all the facilities, however, it is not updated as per guidelines.
17. All the health facilities complained of inadequate supply of drugs (other than JSSK). There is a huge gap between the supply of drugs and their demand; this could be addressed to some extent by introducing the generic drugs, opening of Jan Ashodya drug stores and prescription audit.
18. Computerized inventory management in the health facilities need to be prioritized. Complaint of medicines being out of stock, delay in supply etc. could be addressed with this inventory management system.
19. ARSH clinic functions in District Hospital and clients are attending the clinic. Menstrual Hygiene Scheme is being implemented through ASHAs. Neither weekly iron folic acid tablets nor routine iron folic acid tablets are presently available for distribution in the district.
20. The MDR/IDR is done at the district level. There is lot of scope to orient all the staff with MDR/IDR and review meetings should be organized regularly.
21. The immunization coverage in the district is low despite the fact that HMIS shows a high coverage. More efforts are needed to improve the immunization in hilly and remote areas and particularly among the Gujjars and Bakerwals.
22. The information collected about maternal and infant death audit is still in its infancy but it is taking place as 6 maternal deaths and 14 Infant deaths have been reported and also reviewed in the district during the last two quarters.
23. Biomedical Waste Management at all levels needs to be strictly implemented as per guidelines.
24. Line-listing of severe anaemia cases which is not being practiced in any of the health facilities should be stressed given the higher incidence of malnutrition among women and children in the state. Screening for NCDs is done on routine basis at DH. Besides the district is organising some camps for screening NCDs.
25. HMIS and MCTS have improved in the district to a great extent. However, there is still a lot of scope for its improvement. District and Block Monitoring Officers should visit different facilities and match the information contained in the registers with HMIS formats to ensure that the data uploaded is of good quality.

3. MONITORING OF NRHM STATE PROGRAMME IMPLEMENTATION PLAN 2013-14: JAMMU & KASHMIR (A Case Study of Anantnag District)

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the State. The study covers the district of Anantnag of J&K State. In the district we have selected District Hospital (DH), 1 CHC, 1 PHC and 1 SC. We also interviewed some OPD and IPD patients. Interviews were conducted with the State MD, CMOs and heads of various selected health institutions and ANMs/ASHAs with the help of questionnaires. The main findings of the study are:

1. The PMUs have been established at all levels working smoothly. But, there are no bench marks in place to monitor the productivity of the contractual staff or renew their contracts. District Monitoring Officer has been hired on contract basis to monitor the NRHM activities. NRHM.

2. Funds are transferred electronically to various health institutions in time. Heads of the health facilities have the powers to utilize them.
3. District Hospital, MCCH and CHC have acute shortage of specialists. Due to the shortage of Anaesthetist and Radiologists, Cardiologists, and other Specialists, huge proportion of patients are referred to territory hospitals in Srinagar. There is therefore, a need to address the shortage of Specialist doctors in the DH, MCCH and CHC.
4. NRHM support has vastly contributed in the improvement of human resource, infrastructure facilities, drugs and fund availability. The mission has also increased the demand for health services and staff particularly for RCH services.
5. The information collected shows that the district has organised various training courses like SBA, IUCD, MHS, Immunisation, Cold chain handling and HMIS/MCTS during the last two years. The participants of these training courses include MOs, ISM doctors, Staff nurses, FMPHW, CHOs, LHVs, HEs, Supervisors and AWWs etc.
6. Essential Drug List has been developed for various types of health facilities which include drugs for MCH, safe abortion and RTI/STI. The display of the quantity of drugs available in health institutions is not updated on daily basis. Further generic medicines are not yet available in the health facilities in the district.
7. The District Hospital and Maternal & Child Care Hospitals are providing various lab services like blood chemistry, CBC, Urine culture, RPR, testing for malaria, TB, HIV, USG, X-Ray, VDRL, LFT, KFT, ECG and Ultrasound scan etc. However, both the hospitals are lacking the facility of Endoscopy and C-T scan which are in dire need of the hospital.
8. As the IFA tablets/syrup was not available at the DH, therefore IFA has not been provided to any pregnant women during the last two quarters in the district.
9. Institutional deliveries have improved and 99 percent of the deliveries take place at institutions. Almost all the institutional deliveries take place at the government hospitals. Referrals from district Anantnag to Srinagar have shown a declining trend.
10. SNCU has been made operational in the district and this has decreased the referrals from the district. However, due to huge patient inflow the SNCU needs to be upgraded as early as possible. On the day of the visit, 23 infants in the ward were admitted and at least two babies were accommodated on one bed each. Though NBSU has been established in the CHC but due to lack of space, equipment, and more importantly manpower its services remain to be underutilized. It is recommended to provide trained staff to the NBSU to make it functional.
11. JSSK is implemented and the free entitlements (medicines, diet, and referral transport and user charges) under JSSK are provided as per the guidelines. Toll Free number for availing free transport facility under JSSK is not operational in the district. Therefore, there is a need to make the number operational.
12. A few cases of out of pocket expenditure under JSSK especially during ANC needs to be taken care of or avoided through proper sensitization. Some beneficiaries in exit interviews were unaware of the free services during ANC. IEC activities at the community level could be stepped up.
13. Almost all the women reported to have received JSY.
14. There is a total scarcity of staff quarters at all levels especially at DH/MCCH and CHCs. The MCCH and CHC are operating from old buildings and have acute shortage of wards, OPD rooms parking facility etc. Buildings for CHC, and SC need to be constructed as 71 percent of the SCs are functioning from rented buildings.
15. Essential Drug List is maintained and displayed in all the facilities, however, it is not updated as per guidelines.
16. All the health facilities complained of inadequate supply of drugs (other than JSSK). There is a huge gap between the supply of drugs and their demand; this could be addressed to some extent by introducing the generic drugs, opening of Jan Ashodya drug stores and prescription audit.
17. Computerized inventory management in the health facilities need to be prioritized. Complaint of medicines being out of stock, delay in supply etc. could be addressed with this inventory management system

18. ARSH Clinic has been set up in the District Hospitals and a Lady Counsellor and a Data Entry Operator have been put in place in these units. But the magnitude of ARSH services is poor. The performance of the clinic can be improved by providing more training to the Counsellor and also sensitize her about her responsibilities.
19. The MDR/IDR was found as one of the areas in the district which could be improved further. There is a need to orient all the staff with MDR/IDR and review meetings should be organized. Incentive to ASHAs for reporting of maternal and infant deaths has not been given to any of the ASHAs.
20. The immunization coverage in the district is not as high as it is shown by the HMIS data. More efforts are needed to improve the immunization in hilly and remote areas and particularly among the ST population.
21. Biomedical Waste Management in at all levels like MCCH, CHC, PHC and SC need to be strictly implemented as per guidelines.
22. Line-listing of severe anaemia cases which is not being practiced in any of the health facilities should be stressed given the higher incidence of malnutrition among women and children in the state.
23. HMIS and MCTS have improved in the district to a great extent. However, there is still a lot of scope for its improvement. District and Block Monitoring Officers should visit different facilities and match the information contained in the registers with HMIS formats to ensure that the data uploaded is of good quality.

5. Monitoring of District Level Household Survey (DLHS-4) in Jammu and Kashmir

PRC has been selected by IIPS as the monitoring agency for the monitoring of training, fieldwork and data collection activities of DLHS-4 in J&K. Mr. Imtiaz Ahmad, Mr. Muneer Ahmad and Mr. Jaweed Ahmad are responsible for the monitoring of DLHS-4 in J&K. They monitored Training of Data collection teams, listing and mapping operations and also the data collection activities under DLHS-4 in J&K. The monitoring done by the PRC highlighted various data quality issues in the conduct of survey and these inputs were highly appreciated by the Ministry of Health and Family Welfare.

6. Monitoring of Rapid Survey of Children (RSOC) by UNICEF in India.

UNICEF selected our Centre as the monitoring agency for the conduct of Rapid Survey of Children in Jammu and Kashmir and Himachal Pradesh. Two Officials namely Mr. Bashir Ahmad Bhat and Jaweed Ahmad Mir were assigned the job of monitoring of RSOC in J&K and Himachal Pradesh respectively. Both these officials monitored the Training of Field Teams, House listing and Mapping exercise and also the main data collection activity. The monitoring done by the PRC helped the UNICEF in collecting high quality data under RSOC and the contribution of the PRC was acknowledged by UNICEF.

OTHER ACTIVITIES OF THE STAFF OF CENTRE DURING 2013-14

Mr. Bashir Ahmad Bhat

1. Attended *Annual Action Plan Meeting of the PRCs* at Nirman Bhavan, New Delhi during 12-15 April, 2013.
2. Attended *3rd. Meeting of the Technical Advisory Committee of NFHS-4* at Nirman Bhavan, New Delhi between 26-27 June, 2013.
3. Attended **National Conference on “NRHM: A Review of Past Performance and Future Directions”**, organized by Institute of Economic Growth, Delhi during 6-8 August, 2013 at IEG, Delhi

and presented a paper ***“Impact of Janani Sishu Suraksh Karyakram on Promoting and utilization of Institutional Delivery services in Jammu & Kashmir”***.

4. Attended ***Orientation Workshop on Monitoring of State PIP*** organized by NHRC, New Delhi during 12-14 August, 2013, at NIHF New Delhi.
5. Published an article ***“Child Population in J&K-A Story of Undercount”*** in Greater Kashmir Dated 27 August 2013.
6. Delivered a Lecture on **“Sources and Quality of Demographic and Health Data in India’** in a Training course on Statistical Skills for Managers organized by **Institute of Management and Public Administration, Srinagar”** at Srinagar on **9 September, 2013**.
7. Attended ***4th Meeting of the Technical Advisory Committee of NFHS-4*** at Nirman Bhavan, New Delhi between on 30 September, 2013.
8. Attended ***5th Meeting of the Technical Advisory Committee of NFHS-4*** at Nirman Bhavan, New Delhi on 5th November, 2013.
9. Attended ***6th Meeting of the Technical Advisory Committee of NFHS-4*** at Nirman Bhavan, New Delhi on 18th December, 2013.
10. Attended Training of Trainers Programme (TOT for the conduct of **Rapid Survey on Children (RSOC)** organized by UNICEF at New Delhi between 24-29th October 2013.
11. Monitored Training, House Listing, Mapping and Main Survey Data Collection for the conduct of ***Rapid Survey on Children*** conducted by UNICEF in J&K during December, 2013-January, 2014.
12. Attended ***Annual Action Plan Meeting of the PRCs*** organized by the Ministry of Health and Family Welfare at Population Research Centre, University of Kerala during 27-28 March, 2014.

Mr. Syed Khursheed Ahmed

1. Attended ***Annual Action Plan Meeting of the PRCs*** organized by the Ministry of Health and Family Welfare at Population Research Centre, University of Kerala during 27-28 March, 2014.

Mr. Jaweed Ahmad Mir

1. Attended Training of Trainers Programme (TOT for the conduct of **Rapid Survey on Children (RSOC)** organized by UNICEF at New Delhi between 24-29th October 2013.
2. Monitored Training, House Listing, Mapping and Main Survey Data Collection for the conduct of ***Rapid Survey on Children*** conducted by UNICEF in Himachal Pradesh during December, 2013-January, 2014.

BY SPEED POST

No. W-11020/1/2014-Stat (PRC Srinagar)
Government of India
Ministry of Health & Family Welfare
Statistics Division

Nirman Bhavan, New Delhi,
Dated the December, 2014

06 January, 2015

To

The Pay & Accounts Officer (Sectt.),
Ministry of Health and Family Welfare,
Nirman Bhavan,
New Delhi.

Sub: Utilization Certificate for Grant-in-aid released during 2013-14 to Population Research Centre, University of Kashmir, Srinagar - regarding

Sir,

I am directed to enclose a copy of the Utilization Certificate forwarded by the Population Research Centre, University of Kashmir, Srinagar vide their letter no. F.(NR-PRC)/KU/14 dated 19th December, 2014 wherein it has been mentioned that two instalments of the grants-in-aid sanctioned vide this Division letter no. G.20011/4/2013-Stats (PRC Srinagar) dated 1st July, 2013 and 2nd December, 2013 for Rs.28,01,000/- & Rs.34,38,000/- respectively (copy enclosed) and to certify that out of the above mentioned amounts together with the unspent balance of Rs. 6,60,375/- allowed to be carried forward from previous year 2012-13, a sum of Rs 56,67,376/- has been utilized for the purpose for which was sanctioned and that the Unspent Balance of Rs.12,31,999/- at the end of the year will be adjusted towards the grants-in-aid to be paid during the next year, i.e 2014-15.

Certified that I have satisfied myself that the condition on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kind of checks exercised:

Utilization Certificate received from PRC (Copy enclosed F.(NR-PRC)/KU/14 dated 19th December, 2014)

Yours faithfully


(K K Bansal)
Dy. Director

Copy to : 1. The Registrar, University of Kashmir, Hazratbal, Srinagar - 190006
2. The Director, Population Research Centre, University of Kashmir,
Department of Economics, Hazratbal, Srinagar - 190006