

**Ministry of Health & Family  
(Statistics Division)**

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**Minutes of the meeting to review the progress made during 2011-12 and proposed Annual  
Action Plan- 2012-13 of the Population Research Centres (PRCs) held during 17<sup>th</sup> – 24<sup>th</sup>  
January, 2012.**

A meeting was held with PRCs during 17<sup>th</sup> to 24<sup>th</sup> January, 2012 under the Chairpersonship of Addl DG (Stats)/ Chief Director (Stats) in the Ministry to review their current year progress and discuss the Annual Action Plan (AAP) 2012-13 proposed by the PRCs. Before the meeting, all PRCs were asked to submit their AAP 2012-13 by 23<sup>th</sup> December, 2011 so that fruitful discussions can be held. As in the last year, PRCs were asked to include some HMIS studies in their AAP 2012-13 to improve the coverage and quality of data being received through the online HMIS portal (<http://nrhm-mis.nic.in>).

Representatives from various PRCs and the Officers of the Ministry attended the meeting. **Separate discussions were held with each PRC to review their current years progress and discuss proposed Annual Action Plan 2012-13 in detail.** List of participants is given at **Annexure- I.**

2. All PRCs gave presentation in the meeting on their AAP for the year 2012-13 and work done by them in the current financial year followed by discussions.
3. In the current financial year, the Ministry has given the following two uniform studies to the PRCs for improving the quality and coverage of HMIS data.

**Study 1:** Level of reporting of Maternal and Child Health Services mainly institutional delivery & immunization in the HMIS in public and private institutions and ways to estimate missing data.

**Study 2:** Underlying causes for data error in HMIS (except for the indicators already included in study 1)

Applying various validation rules on the HMIS data, for each PRC, 3-4 districts were identified whose data failed most of the validation rules and PRCs were asked to conduct HMIS study in the districts so selected. The PRCs had presented the findings of HMIS study in the HMIS workshop organized in August 2011 at NIHFWS in presence of the state representatives. They also shared the studies with the state governments. The HMIS studies conducted after August 2011 workshop and the studies which were not presented in the August workshop were presented by the PRCs in this workshop during 16<sup>th</sup> – 25<sup>th</sup> January, 2012 at NIHFWS beside sharing with the concerned state governments. It was observed that PRCs located in Institute of Social & Economic Change (ISEC), Bangalore, Lucknow University, JSS Institute of Economic Research, Dharwad, Karnataka, Panjab University, Chandigarh, Dr H S Gour University, Sagar, Kashmir University, Srinagar have conducted good HMIS studies. These PRCs have good rapport with the state govts and the concerned states are keen to involve these PRCs in improving their quality and coverage of HMIS data and they are also offering research studies on various health issues to the PRCs etc. It was stressed that other PRCs also need to work in close co-ordination with the State governments. The PRCs in their studies reported improvement in the quality of HMIS data after the August workshop. However, there were some operational issues as most of states were in initial phase of facility based reporting. 24 states have shifted to the facility based reporting till date. Though quality of HMIS data has improved to a large extent, the issues pointed out by the PRCs include the following:

- Over reporting of ANC registration due to multiple registration of ANCs in different facilities.
- Number of fully immunized children are reported as the number of children who have received measles vaccine.
- Records and reporting of deaths is almost missing from all the health facilities and even the SCs and PHCs do not record/report the deaths in their areas.
- Most of the sub centres are doing area wise reporting and not the facility wise reporting
- Over reporting of data was observed for some of the indicators for achieving performance targets.
- Mismatch between the figures uploaded on the portal with that of the data available in the facilities.

- Duplication of data.
- Lack of training at the grassroot level.
- Lack of supervision and monitoring.
- Non availability of HMIS formats and service providers manual in local language.
- Data entry errors.
- Though figures were reported for some indicators i.e., breast feeding within one hour etc in the HMIS formats, data is not available /maintained at the facility level.
- Less or no availability of private sector data. Except the information on deliveries, private sector data is not available in most of the cases.

PRC's were repeatedly told in the workshop and in the review meeting that the field visits for the studies should not end with the completion of the study. They should regularly interact with the district officials and ensure that the quality of data has improved in a particular district. There field studies should focus towards improvement in data quality even by sensitizing / training the ANMs/ block officials, district officials about the features of the portal, new tools available, standard reports available on the portal and their utility, as has been doing by the PRC, Srinagar. It was appreciated that they (PRC Srinagar) have already trained more than 1000 ANMs during their field visits / studies which has bought quality improvement in data. PRC's should regularly check the data quality of the facilities/districts visited by them and their studies should clearly spell out the impact of these studies. PRC may inform the Ministry periodically in this regard in the format given at **Annexure II**.

4. Most of the PRC have proposed HMIS studies in different districts in their AAP 2012-13 on the line of those given to the PRC during 2011-12. Since all the PRC have already conducted HMIS studies in 2 or more districts and the findings are almost similar, conducting of the HMIS study on the same lines in the other districts in the next financial year may not lead to different findings unless scope and coverage of the studies are improved. Accordingly, all the PRCs were asked to improve the quality of studies in the revised AAP to be sent to the Ministry. Some of the PRCs requested the Ministry to give uniform studies in this regard. All PRC were requested to send their suggestions to the Ministry latest by 21<sup>st</sup> February, 2012 for framing up 1-2 uniform studies in this regard. **[Action: All PRCs & Ministry]**.

5. It was observed that PRCs have also proposed to take up studies on different health issues in the next financial year based on secondary sources of data i.e, NFHS, DLHS, HMIS, Census etc. During discussions, it was revealed that studies on some the topics/issues were conducted earlier by the PRCs/other agencies and no new thing is suggested in the proposed studies. In this context, it was decided that PRCs will review the literatures of the earlier studies conducted in this regard before sending their revised AAP. Further, there should be value addition in the new studies in order to have implications for improving the ongoing health and family welfare programmes. Further, it was also reiterated that PRCs should undertake studies after detailed discussions among the PRCs member within the institute, other PRCs and the representatives of State Government etc. to the extent possible. **[Action: All PRCs ]**

6. Some of the PRCs have proposed regular studies with financial implications. In this connection, it was informed that Ministry will not provide any fund for their regular studies except the amount of TA/DA, data processing etc provided in their recurring grant. However, PRCs were advised to undertake externally funded studies within their mandate. Further, they were advised to complete the studies included in the AAP within the financial year.

7. A list of the studies proposed by the PRCs in their Annual Action Plans is given at **Annexure -III**. These studied may be reviewed in the light of discussions stated above and revised action plan for 2012-13 may be sent by 2<sup>nd</sup> **March 2012. Action: All PRCs ]**

8. It was also observed that no dissemination for the studies undertaken by the PRCs is done in most of the cases. In this connection, in the last AAP meeting held in April 2011, a committee was formed under the Chairpersonship of Prof. K.S. James, Professor & Head, PRC, ISEC and Dr. S. Ravichandran, Chief, PRC, Gandhigram, Dr. Sajini B. Nair, Social Scientist, PRC, Kerala University and Dr. Rajesh K. Chauhan, Joint Director PRC, Lucknow University as members for identification of important 8-10 studies undertaken by the PRCs which are relevant and useful for taking policy initiatives. It was again emphasized by the chairperson that the committee may identify the studies in this regard urgently so that a workshop can be organized at the earliest for the dissemination of the findings of the PRC studies. Dr Chauhan may be the

member secretary of the said committee. All PRCs were requested to co-operate with the committee. [ **Action : PRCs & Ministry**].

9. In the month of September, 2011, all PRCs were asked to update the contents of the website <http://prcs-mohfw.nic.in> developed by NIC for Population Research Centres (PRCs). It was observed that some of the PRCs have updated the contents whereas others could not update due to problems in uploading. Further, due to availability of limited space, the PRCs could not upload the completed studies on the website. It was decided that Ministry would be taking up the issues of availability of more space so that the website can be used as a medium for dissemination of PRC studies also. [ **Action: Ministry** ]

10. HMIS manual for service providers was circulated to the states for use in training etc. PRC, ISEC and some other PRCs pointed out gaps in the manual. According to them, there are confusions among the different health functionaries on filling of data items. More clarity is required on the indicators definitions with examples for probable errors due to different interpretations. PRC, ISEC proposed to prepare a draft manual with a view to further refine it based on their experience in HMIS data analysis and field studies. It was decided that All PRC will send their suggestions to PRC, ISEC based on their experience so that a draft can be prepared by ISEC and sent to the Ministry at the earliest. [ **Action: ISEC and other PRCs** ]

11. In the last AAP meeting it was decided that PRCs may facilitate in translating the HMIS manual for service providers in local language so that it can be effectively used by the grass root level workers. But during discussions it was observed that no PRC has taken any action in this regard. They were, therefore, requested to take up the work in the next financial year's AAP. [ **Action : All PRCs**].

12. It may be reiterated that any study which is required to be undertaken by the PRCs within the financial year after the approval of AAP by the Ministry should only be taken up with the specific consent of the Ministry. [ **Action: All PRCs** ]

13. PRCs may continue to send their Quarterly Progress Report ( QPR) to the Ministry in the prescribed format indicating progress of the studies / activities approved in the AAP and also the contribution of the individual PRC member in the quarter in this regard. Statements showing details of utilization of funds may also be sent along with the QPR. **[Action: All PRCs & Ministry]**

14. As regards District Level Household Survey (DLHS-4), it was observed that some PRCs have submitted bids for the field work of the survey. Though the selection process of the field agencies is yet to complete, these PRCs may also send the name of persons who can be involved in monitoring of DLHS-4. Some PRCs have already sent name of PRC members who can be involved in supervision work. The PRCs which have not yet sent the names of the staff members were also requested to send the name of their members in this regard. Since the supervision work is expected to continue for a period of about 6 months, the PRC were requested to send names of 3-6 members so that the services of PRC members can be utilized on rotational basis keeping in view their regular work. **[Action: All PRCs & the Ministry]**

15. It was also observed that some of the PRCs are not sending their financial proposals and clarifications in time while others are not sending their proposal in proper formats resulting to delay in release of grants to the PRCs. In this connection, as decided in the meeting a timeline has been devised for getting Budget Proposal for 2012-13, settlement of Utilization Certificates etc so that grants can be released to the PRCs in time. PRCs are requested to adhere to the timeline given below in this regard. Further, as decided in the meeting, PRCs are required to settle the UCs of the earlier non recurring grants. No new proposals for non recurring grants can be processed until the UCs of earlier grants are settled. **[Action: All PRCs & Ministry ]**

**16.** The timelines are as follows:

**1. Budget Proposal 2012-13**

- (a) Budget Proposals indicating Salary & other Allowances may be sent to the Ministry in the prescribed format (**Annexure –IV**) by 10<sup>th</sup> February, 2012
- (b) For payment of arrears, PRCs must enclose due drawn statement of each employee with the budget proposal for the entire period of the arrear demanded.

- (c) Provisional UC should reach to the Ministry by 15<sup>th</sup> April, 2012.
- (d) Tentative date for processing of 1<sup>st</sup> installment of recurring grant to the PRCs would be 3<sup>rd</sup> week of April 2012 . Before processing the proposal, PRCs would be required to provide clarifications on priority, if any, sought by the Ministry.
- (e) Proposals for non non-recurring grant with detailed justification may be sent to the Ministry latest by 15<sup>th</sup> May 2012. Proposals for non recurring grant should not be sent with the proposal of recurring grant. Further, UC of earlier non recurring grant needs to be settled before considering the next demand in this regard. No carry forward of unspent balance for non recurring would be allowed.
- (f) Processing of proposals for Non-Recurring Grant - 2<sup>nd</sup> week of June 2012.

## **2. Settlement of UC for Recurring Grant.**

- (a) UC should come to the Ministry by 31<sup>st</sup> July 2011 in prescribed proforma with full details.
- (b) Clarifications, if any, sought by the Ministry may be provided promptly so that UC can be settled by August 2012.
- (c) There should be separate UC for Recurring and Non-Recurring grants.

## **3. Release of Grant of IInd Installment to the PRCs**

- (a) Revised Estimates should reach by 2<sup>nd</sup> week of September, 2012 in the same format given in Annexure III.
- (b) Processing of proposal for release of IInd installment to the PRCs – last week of September 2012.

## **4. III and final installment would be processed in the month of December, 2012.**

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**List of Participants****Meeting to review the Annual Action Plan 2012-2013 of the Population Research Centres**

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Organisation</b>	<b>Tel.No.</b>	<b>E-mail</b>
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**Officers of the Ministry attended meetings during 17-24<sup>th</sup> January, 2012**

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43	Ms Swaroop R Mathur	SO(PRC)	MOHFW		

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**Impact Assessment of the HMIS Study conducted by the PRC**

**Name of the PRC:**

<b>S.No.</b>	<b>Item</b>	<b>Comment/ Observations</b>
1	Title of the Study	
2	Name of the Districts in which study was conducted	
3	Month and duration of the study	
4	Observations in the field	
5	Whether the PRC educated /sensitized district / block level officials about the features, new tools and the reports available on the HMIS portal and their utility.	
6	Whether trainings given to the ANMs / supervisor officials on the portal during the study	
7	Recommendations of the PRC for improvement of the quality of HMIS data	
8	Whether findings were shared with the districts / state officials. If yes, what was their reaction/ response	

9	Any follow up action taken with state / district?	
10	Whether the quality of data of the facilities visited improved after the visits?	
11	Any improvement in the quality of district data observed after the visits made?	
12	Whether the findings / recommendations shared with the State were implemented in the other district also.  If so, the quality of data of other districts improved after the survey?	
13	Any other Remarks / Observations	

**List of Studies proposed by PRCs during 2012-13**

**PRC, ISEC, Bangalore**

1. Maternal Health Care Services in Karnataka: A field level investigation of HMIS data
2. Quality of HMIS data on Janani Surksha Yojana (JSY) in Karnataka: An Investigation in Selected Districts
3. An Assessment of Quality of Family Planning Data from HMIS in Karnataka
4. Quality of HMIS Data on Child Health Indicators in Karnataka
5. Preparation of a Modified Manual for filling up the various HMIS formats at the facility level
6. Building Knowledge Base on Ageing in India: A Series of Programmatic and Research Studies (K S James, T S Syamala, Lekha Subaiya and Dhananjay W Bansod).
7. Ageing and Intergenerational Health in India (Proposed)
8. Analysis of Civil Registration System Data in selected States (Proposed)
9. Social Support and Health of the Elderly in India (Lekha Subaiya)
10. Labour Market Participation of Married Females by their Migration Status: A Study of Urban India (Sandhyarani Mahapatro)
11. Infertility and its correlates (Annie George)
12. Family Planning Acceptance and Women's Participation in Workforce in India (TN Bhat)
13. Population Change and Economic Development in Karnataka (C M Laxmana)

**PRC, Baorda**

1. Verification of Data on Infant Deaths
2. Exploring the Mechanisms which Enable Good Quality Data Under HMIS: A Pilot Study of Ahmadabad District
3. Understanding the Data Errors in Child Immunization in Two Districts of Gujarat
4. Understanding the Declining Sex Ratio in Gujarat

**PRC, Bhubaneshwar**

1. Level of reporting of MCH services mainly institutional delivery and immunization in public and private institutions in HMIS and ways to estimate missing data.
2. Analysis of Performance of Permanent Family Planning Methods using HMIS data.
3. Factors Governing IUD Performance in Odisha.
4. MCTS Data Quality Issues -Observations based on checking of registers/records at facility level in Balasore, Bhadrak & Nayagarh districts.
5. Coverage, Completeness and data quality in reporting of MCH indicators of Odisha – District wise analysis of HMIS data on the Web Portal.

**PRC, CRRID, Chandigarh**

1. Changing sex ratio at birth (SRB) in Punjab: A district level analysis (2009-2012)
2. Suicides in Punjab: A district level analysis (2009-2012)
3. Natal Care Services in Punjab: Level of Reporting by Public and Private Sectors in HMIS (A Pilot Study)
4. Family Planning Services in Punjab: Revelations From HMIS Data

5. Healthcare Delivery Services in Punjab: An Assessment
6. Ante Natal Care Services in Punjab during 2009-10 and 2011-12: Reflections from HMIS
7. Child Immunization in Punjab: An Appraisal of HMIS
8. MCTS in Punjab: Examination of web-based data

## **PRC, Panjab University, Chandigarh**

1. Analysis of data on Maternal and Child Tracking System (MCTS) portal and its comparison with HMIS and other sources of data
2. Analysis and validation of Health Management Information System (HMIS)
3. Rapid Assessment of 24x7 PHCs and FRUs in Haryana
4. Assessment of Early Registration of ANC In Haryana
5. Quality of Care and Utilization of ANC services in Haryana
6. A Study on Recording Mechanism and sources used for reporting HMIS data elements at various levels of health facilities

## **PRC, IEG, Delhi**

1. Level of reporting of maternal and child health services mainly in institutional delivery & immunization in the HMIS in public and private institutions and ways to estimate missing data:
2. Assessment of Immunization and Institutional Delivery Data of Delhi in Health Management Information System (HMIS)
3. Quality of HMIS in West Bengal: A Study of North 24 Parganas
4. Quality of HMIS in Uttarakhand: A Study of Pithoragarh and Bageswar
5. Over Reporting of Maternal and Child Health (MCH) Services Coverage and Operational Problems in Health Management Information System at the District Level in Delhi
6. Factors Influencing Quality of Health Management Information System (HMIS) data in Delhi
7. Assessment of Immunization and Institutional Delivery Data of Delhi in Health Management Information System (HMIS)
8. Monitoring and Evaluation of the Mother and Child Tracking System (MCTS) in Delhi and Uttarakhand

**PRC has submitted Proposal for DLHS-4 field survey. If selected, PRC staff will be engaged in DLHS-4 Activities.**

## **PRC, Dharwad**

1. Authenticity of reporting on MCH issues and Underlying causes for data errors in HMIS in North Goa.
2. Quality of HMIS Infant Mortality Data in Karnataka
3. Levels of Reporting of Patient Services in Government Health Facilities in Shimoga District
4. Accuracy of reporting on lab services and Basic causes for data errors in HMIS in a District of Karnataka
5. HMIS Regular Reports: Analysis of District and Facility wise HMIS data for Goa state

**PRC Dharwad has submitted Proposal for DLHS-4 filed survey for Karnataka and Goa. If Selected, PRC staff will be engaged in DLHS-4 Activities.**

## **PRC, Gandhigram**

1. Study on HMIS / MCTS – one district in a quarter – four studies
2. A study on utilization of HMIS/MCTS data by district programme managers
3. Completion of other studies committed for 2011-12
4. IHDS-II study

**PRC has submitted Proposal for DLHS-4 field survey. If selected, PRC staff will be engaged in DLHS-4 Activities.**

## **PRC, Gauwhati**

1. Study on Underlying causes of data error in HMIS and Level of reporting of Maternal and Child Health services mainly institutional delivery and immunization in HMIS in public and private institutions and ways to estimate missing data.in 5 selected districts of Assam (2), Sikkim (1), Mizoram (1) and Manipur (1).
2. Title: Pregnant women ,their Registration status and role of ANM& ASHA in ANC and PNC in selected districts of Assam.
3. Title: Delivery characteristics and Health infrastructure in West Kameng district of Arunachal Pradesh.
4. Maternal and Child Care Health Services in Dhubri District of Assam..
5. Cureent use of Contraceptive method in NE states.
6. Antenatal Care in NE states – Evidence from DLHS -3

## **PRC, Lucknow**

1. Levels of Reporting and underlying causes for data error in HMIS in four Districts of Uttar Pradesh
2. Revisiting the HMIS formats for monthly reporting
3. District level Demographic Profile of Uttar Pradesh
4. Trends in Immunisation Coverage and Contraceptive Use in Districts of Uttar Pradesh
5. Demand Vs Supply: What is pulling Institutional Deliveries under JSY in Uttar Pradesh?

## **PRC, Patna**

1. Analysis of ANC Coverage and JSY beneficiaries in Jharkhand based on HMIS data (D. Tiwary and S.K. Pandey)
2. An Assessment of Mothers' Health Care Services based on HMIS data in Darbhanga district of Bihar (R.R. Sinha)
3. An Assessment of Mothers' Health Care: A Case Study of Patna district of Bihar (Dhanesh Kumar and K.N. Singh)
4. Trends of Institutional Deliveries in Jharkhand: A Statistical Analysis (R.B. Mehta and K.N. Singh)
5. An Assessment of Quality of Services for Population Stabilization in Jharkhand State (Dilip Kumar and U. K. Sahay)
6. An Assessment of Quality of Services for Population Stabilization in Bihar State (Dilip Kumar)
7. Level of reporting of maternal and Child health services mainly institutional delivery & immunization in the HMIS in public and private institutions and ways to estimate missing data in Lakhisarai district in Bihar State (All the technical staff of the Centre)
8. Level of reporting of maternal and Child health services mainly institutional delivery & immunization in the HMIS in public and private institutions and ways to estimate missing data in Giridih district in Jharkhand State (All the technical staff of the Centre)



9. Understanding causes for data error in HMIS in Jamui district of Bihar State (All the technical staff of the Centre)
10. Understanding causes for data error in HMIS in Dumka district of Jharkhand State (All the technical staff of the Centre)
11. Need of sex education among girl students in Bihar and Jharkhand States (Dilip Kumar and U.K. Sahay)
12. Awareness of HIV/AIDS and its detection in Bihar (D. Tiwary and S.K. Pandey)
13. Access to Safe Abortion Care Services in Bihar (Dilip Kumar and D. Tiwary)

## **PRC, Pune**

1. Analysis of Quality of District Level HMIS Data for 2012-2013
2. Monthly On-line Verification of HMIS Data for the Districts
3. Field verification of Sub Centre level HMIS data in two selected districts of Maharashtra
4. Quality of Delivery Care in Maharashtra: An Analysis of HMIS Data for 2009-10, 2010-11 and 2011-12.
5. Socio- economic Inequalities in Health Access and Outcomes in Maharashtra, *by Vini Sivanandan*
6. Health, Inequality and Economic Development in Maharashtra, *by Vini Sivanandan*

## **PRC, Sagar**

1. Monitoring Facility Level HMIS data in Madhya Pradesh and Chhattisgarh
2. Monitoring of village level MCTS data in Madhya Pradesh and Chhattisgarh
3. Analytical Reports based on HMIS Data
4. HMIS and Knowledge, Attitude and Practice (KAP) of Health Officials in Selected districts of Madhya Pradesh and Chhattisgarh

## **PRC, H.P.U. Shimla**

1. HMIS and Reporting level of Ante Natal Care Services, deliveries, Child Immunization and Family Planning Services in Hamirpur district of Himachal Pradesh.
2. Status of Health Care Services in Himachal Pradesh: A patient's satisfaction survey
3. Monitoring of Mother & Child Tracking System.

## **PRC, Srinagar**

1. Utilization of Untied Funds under NRHM in Jammu and Kashmir
2. A Study of Elderly in Jammu and Kashmir
3. Levels, trends and Determinants of Family Planning among Muslims in Bihar. B.A. Bhat
4. Reality behind Declining Child Sex Ratio in Jammu and Kashmir B.A. Bhat
5. Impact of Untied Funds on the Utilization and Quality of Health Care Services in J&K. S. Khursheed Ahmad and Muneer Ahmad

**PRC has submitted Proposal for DLHS-4 field survey. If selected, PRC staff will be engaged in DLHS-4 Activities.**

## **PRC, Thirvananthapuram**

1. Studies on HMIS and MCTS Data Quality
2. Level of Reporting of MCTS in Kerala
3. Review of MCTS data uploading in Kerala

4. An overview of maternal and child health services in Wayanad district based on HMIS data and client's satisfaction
5. Level of reporting of MCH Services and identification of causes of errors in HMIS data in Kollam and Thrissur District
6. A comparative study of Maternal Health Care Index estimated for the Year 2010-11 and 2011-12 based on HMIS data
7. A district wise analysis of Immunization coverage in HMIS 2010-11 and 2011-12 in Kerala
8. Childlessness in South India
9. Prevalence and Consumption of Tobacco among Adults in Kerala
10. Urbanization in Kerala- A Census data Analysis
11. Study on distribution of deaths by cause among Under five children in Kerala
12. A Study on Abortions in India

**PRC has submitted Proposal for DLHS-4 field survey. If selected, PRC staff will be engaged in DLHS-4 Activities.**

## **PRC, Udaipur**

1. Level of Reporting of Maternal and Child health Services mainly Institutional delivery & Immunization in the HMIS in public and private institutions and ways to examine missing data.: study will be conducted in two selected district .
2. Underlying causes for data error in HMIS : study will be conducted in two selected districts.
3. Improve the HMIS data quality of Rajasthan.
4. Assess the correctness of reported cases of pregnant women and children tracking ( B.L. Nagda )
5. Achievements of sterilizations in Rajasthan: An assessment of community and service providers (Rama Kant Sharma).
6. Level of reporting antenatal care services in tribal area of Rajasthan (D.R. Joshi)

## **PRC, Vishakhapatnam**

1. Three field based studies on completeness of HMIS data reporting at facility level and data quality will be taken up in THREE districts of Andhra Pradesh from the list of high focus districts provided by the Ministry.
2. As reported earlier State Government entrusted certain districts to Population Research Centre and requested for field based reports on HMIS Data Entry status and Data Quality.

**Proforma for  
RECURRING-GRANT-IN-AID  
Budget Estimate  
For the year 2012-13**

<b>S.No.</b>	<b>Particulars</b>	<b>Amount (Rs.)</b>
1	Salary of Existing Employees ( details may be given in the enclosed format )	
2	Pay Arrears (if any)*	
3	Retirement Benefit (details may be given in the enclosed format )	
4	LTC	
5	Bonus	
6	TA/DA	
7	Data Processing	
8	Books/Journals	
9	Salary of Contractual Staff (Research Fellow + Contingency	
10	Any other	
	Total	

NOTE : \* pl enclose due drawn statement of each employee for the entire period of arrears and also attach copy of sanction order.

## Details

### i) Salary of Existing Employees (Month wise of each employee)

S. No	Name of Employee and Designation	Scale of Pay and Grade Pay	Income										Gross Pay (1 to 12)	Deductions		Total Deduction (14 to 15)	Net Pay (13 - 16)
			Basic Pay	Grade Pay	Date of Increment	Amount of Increment	Dearness Allowance (%)	Dearness Allowance (Amount)	House Rent Allowance (%)	House Rent Allowance (Amount)	Transport Allowance	Any Other		PP F/ CP F	Other Deductions		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																	
2																	
	<b>Total</b>																

Total Number of sanctioned posts :

Total Number of Existing posts :

### ii) Retirement Benefit

S.No	Name of Employee & Designation	Date of Birth	Date of Retirement	Date of Joining in Service	Scale of Pay and Grade Pay	Basic Pay	Date of Increment	Amount of Increment	Total Pay	Amount of Commutation	Amount of Gratuity	Amount of Leave Encashment	Amount of Insurance	Total Amount
	2	3	4	5	6	7	8	9	10	11	12	13	14	15 (11+12+13+14)
1														
2														
	<b>Total</b>													

Attach a copy of State Government Rules

