

Dear Sir/ Madam,

I am directed to mail “Minutes of meeting on the Annual Action Plan for 2014-15 of Population Research Centres (PRCs) held on 27<sup>th</sup> and 28<sup>th</sup> March 2014 at Thiruvananthapuram, Kerala”.

**Minutes of meeting on the Annual Action Plan for 2014-15 of Population Research Centres (PRCs) held on 27<sup>th</sup> and 28<sup>th</sup> March 2014 at Thiruvananthapuram, Kerala**

The meeting of Annual Action Plan (AAP) 2014-15 of PRCs was held at Centre for Water Education, Vellayambalam, Thiruvananthapuram, Kerala under the Chairmanship of Shri C R K Nair, Additional Director General (Stats), Ministry of Health and Family Welfare, on 27<sup>th</sup> and 28<sup>th</sup> March 2014. The meeting was hosted by PRC Kerala. The main agenda of the meeting was to review the activities of PRCs during 2013-14 and to finalize the Action Plan for the year 2014-15. Representatives from MoHFW and the 18 PRCs attended the two day meeting. List of participants is at **annexure-I**.

**Day 1: 27<sup>th</sup> March 2014**

2. Dr. P Mohanachandran Nair, Director-in charge, PRC Kerala welcomed the participants. Inaugurating the meeting, Shri C R K Nair, Additional Director General (Stats) mentioned that PRCs were created to help policy makers and planners in health sector and also in population development, but many of the PRCs are now not delivering up to the expectation. He mentioned that non-response from the Ministry on many activities of the PRCs – whether lack of comments on the reports sent by the PRCs or lack of clarifications on issues raised by the PRCs – was perhaps one of the reasons for this state of affairs. He was critical of the use of human resources provided by the Ministry for other activities by the PRCs. He added that the mission of the meeting was to streamline the work of the PRCs and not to find fault with their work. He emphasized the need to take up additional activities of current relevance, rather than the traditional research. The purpose of involving PRCs for NRHM PIP monitoring was a deviation from their traditional work. But it was introduced to ensure utmost utilization of the manpower available in the PRCs in a way useful for the MoHFW & the States. He exhorted the PRCs to rise to such a high level that even other agencies would approach them with Consultancy offers.

3. ADG (Stats.) enquired with the PRCs whether the funds from externally supported projects were credited to the University/Institutes account or to PRC account. Most of the PRCs informed that such amounts were credited to University/Institute account and the balance amount of the project also goes to University/Institute. Some of the PRCs mentioned that the funds were handled and accounted for in separate accounts. He desired to know as to how much time each PRC devoted to teaching work during the course of the presentations.

4. Shri P.C. Cyriac, DDG (Stats), in his introductory remarks, reiterated that the purpose of Government fully supporting the PRCs with grants was to ensure research contributions to

the policy makers on health, demography, family planning etc. He reminded the participants that the PRC Committee formed last year to streamline the PRC activities had identified 3 specific areas namely; core set of activities, State wise area specific studies from the approved RoP, Pan India research studies and also to take up externally funded studies on health related issues subject to some conditions, besides large scale surveys. PIP monitoring was the core activity and out of 124 districts assigned to various PRCs, NRHM PIP monitoring was completed in more than 102 districts last year. He mentioned that during 2014-15, the core activity of PIP monitoring and the norms thereon will remain the same. The PRC will have to complete activities under the AAP 2014-15 which may include State wise area wise specific studies from approved ROPs of States, externally funded projects subject to same set of conditions as in the last year, large scale survey etc.

## 5. Presentations by PRCs

- i. **PRC Baroda:** The PRC presented the status of their studies during 2013-14 and those proposed for the year 2014-15. Out of the five districts allotted for NRHM PIP monitoring they had completed work in three districts and two were reported to be in final stages. They would forward the reports to the MoHFW soon. Three other studies were being completed. PRC Baroda had also completed Monitoring of DLHS -4. PRC Baroda attributed the delay in release of funds by the Ministry to delay in completion of project. As other PRCs also raised the same issue, ADG (Stats) mentioned that efforts should be made by all concerned so that the releases may be made in time. As for 2014-15, three proposals and NRHM PIP monitoring in 12 districts were proposed. After calculating the man months available in the PRC, based on the studies proposed, the PRC was advised to undertake all the activities proposed in AAP 2014-15 and to complete them in time. With this, AAP 2014-15 was approved.
- ii. **PRC Dharwad:** The PRC presented their status of activities carried out during 2013-14 and also those proposed for the year 2014-15. The PRC completed all the activities for 2013-14 including all the NRHM PIP Monitoring in 14 districts except one study. Some of the important studies that they had taken up with funding from Karnataka Health Promotion Trust, IIPS, UNICEF, UNFPA and PRC Bangalore were also completed well within the time frame allotted, which was appreciated. DLHS-4 was also done by the PRC in 32 districts in Karnataka and Goa. To a query raised on the income generated by PRC Dharwad, it was informed that the total revenue from externally funded projects was Rs. 7 crore in 2013-14 and the funds from the Ministry was only Rs. 1.21 crore. ADG mentioned about the possibility of self sustenance of the PRCs and said that if PRCs can do consultancy work like IITs or IIMs, their reputation and credibility would go up. PRC Dharwad explained the procedure adopted for checking HMIS and MCTS. They also made a request for renewal of the SAS program licence so that one study on MCTS and HMIS could be taken up. They further requested for reactivation of the PRC website so that its contents could be updated because most of its contents are outdated. For the year

2014-15, PRC Dharwad has proposed eight studies other than NRHM PIP monitoring in 20 districts in Karnataka, Goa and Andhra Pradesh. The funded studies from ICMR, ICSSR and UNFPA would be taken up once they receive the fund. A study on out of pocket expenses was initiated as they identified out of pocket expenses under JSSK during the NRHM PIP monitoring. AAP for the PRC was approved.

- iii. **PRC Gandhigram:** The PRC reported of completing the NRHM PIP Monitoring work in all the 6 districts assigned to them during 2013-14. They would be sending the remaining reports soon. A study on ageing funded by ISEC PRC has also been completed and the dissemination workshop is planned for the year 2014-15. The studies that were incomplete were reported to be due to the delay in getting approval of the State Government. But by February 2014, PRC succeeded in convincing the State government officials and presently 40 percent of the work has been completed. Yet another study to be completed is the PAN India study of NHSRC. Among the studies proposed for 2014-15, PRC Gandhigram had not specified the full utilization of available manpower. So the PRC was directed to include more studies and suggest standby proposals to be done in the event of not getting externally funded studies. PRC Gandhigram presented the revised proposal in the final session of the meeting. Among the districts allotted for NRHM PIP monitoring a few districts were replaced. AAP for the PRC was approved.
- iv. **PRC IEG Delhi :** The PRC presented the progress of studies taken up during 2013-14. Monitoring of NRHM PIP in all the districts allotted for 2013-14 and four self initiated studies on HMIS were reported to be complete. ADG assessed the studies done with external fund, the seminar papers and published books and reiterated that PRC Delhi needs to contribute more to the Ministry since they fully received funds from the Ministry. Out of pocket expenditure study was done by the Delhi PRC also. NRHM and HMIS studies are integrated with the NRHM PIP studies. For the year 2014-15, PRC Delhi proposed to carry out monitoring of NRHM PIP in 24 districts. ADG was skeptical about one of the study proposed for the year 2014-15 on Population projection, as the Government of India is mandated to make population projections of India, which are widely quoted and used. It was suggested that the PRC could consider reviewing the methodology used for population projection rather than coming up with a new set of projection or they could even attempt to project population at sub-district levels or the State/district-wise Tribal population. Based on the man months available to all PRC, ADG directed PRC Delhi to revise the AAP 2014-15 proposals by including more projects so as to fully utilize the man power available in the PRC.
- v. **PRC ISEC Bangalore:** The PRC reported to have completed NRHM PIP monitoring in all the districts allotted and one district was exchanged with PRC Vishakapatnam. ADG pointed out that four HMIS studies were proposed but only one study could be completed. PRC, ISEC Bangalore said that one project on Ageing was ongoing which would extend to the year 2014-15 also. Studies proposed in the

AAP for 2014-15 included NRHM PIP monitoring in 4 states. PRC Bangalore suggested that instead of assigning few districts in different States, more districts in one or two states would be ideal as permission from the respective States will have to be taken for initiating the work. ADG directed that the PIP monitoring districts may be revised accordingly with mutual consent among the PRCs. ADG also gave assurance that Ministry would facilitate permission to undertake monitoring work in the allotted districts by writing to the State authorities concerned. ADG commented on the importance being accorded to studies on ageing in different PRCs as ISEC PRC had been conducting quite a good number of studies on ageing funded by external agencies like the UNFPA and ICSSR. Based on the man months calculated for PRC Bangalore, it was suggested that some more studies could also be included in the AAP 2014-15. PRC, ISEC was also requested to evolve a common methodology and to take a lead role to conduct study on “out of pocket expenditure” including rent seeking behavior of health functionaries.

- vi. **PRC Kerala:** The PRC stated that monitoring of NRHM PIP in all the 8 districts assigned was completed well within the time frame allotted. Monitoring of DLHS-4 in Kerala and Tamil Nadu was also done by PRC Kerala. PRC mentioned that after the initiation of NRHM PIP the State officials have been more co-operative and possibility of PRCs being given evaluation studies on MCTS is being explored by the State. PRC Kerala drafted a chapter of the report on social security schemes for the aged as part of the study on Ageing (Building Knowledge Base on Ageing in India) assigned by PRC ISEC. A dissemination seminar of the report was organized with participation from State Health Department, Labour Department, Kerala Social Security Mission and Social Justice Department. The PRC also mentioned that they make regular interactions with the State Health Department to discuss the findings of PIP and JSSK reports. The State Programme Manager, NRHM actively coordinates with the PRC in facilitating the NRHM PIP work in the respective districts. For 2014-15 the PRC proposed three studies with funding from SHSRC. Two HMIS and MCTS studies for quality improvement, a project from Kerala Institute of Labour and Employment (KILE) on the self employment opportunities among tribal population in case of obtaining fund have been proposed. Some more studies have proposed by PRC, Kerala. Number of districts allotted to Kerala PRC for NRHM PIP monitoring was fixed at 16 based on the reduced number of teams in the PRC from five to four. AAP for 2014-15 was approved with modifications so as to fully utilize the manpower available with the PRC.
- vii. **PRC Lucknow:** Out of the studies proposed for 2013-14, PRC Lucknow was requested to explain for not completing majority of the studies. The reasons mentioned for incomplete status were paucity of funds, failure of sanction of grant-in aid in time and retirement of some staff. Moreover PRC Lucknow reported that NRHM PIP Monitoring Officers from PRC Lucknow were denied permission to carry out their work by the district authorities initially. PRC further confirmed that they are

committed to complete the districts allotted in 2013-14 for PIP monitoring and their reports would be sent soon. Apart from the studies on NRHM PIP Monitoring and those based on secondary data, PRC Lucknow's studies proposed for 2014-15 included a study on Out of Pocket expenses under the list of Pan India Studies. DDG observed that it is a funded study for 2014-15 and therefore PRC Lucknow should propose a stand by study in place of Pan India study in the revised Annual Action Plan in order to justify the available manpower in the PRC. ADG stressed the need for including studies on out of pocket expenses by every PRC. He further suggested that some PRC could take up the lead role in planning this study and Prof. K.S James of ISEC PRC volunteered to take up the initiative.

- viii. PRC Patna:** The PRC presented the status of studies carried out during 2013-14 and also those proposed for 2014-15. Out of 9 districts allotted for NRHM PIP monitoring, 2 were incomplete. Reason for not completing was mentioned as partially due to delay in getting grant –in aid for 2013-14 which occurred due to non-settlement of Utilization Certificates. PRC promised to complete the remaining districts of PIP monitoring in 2 months' time. Studies proposed for 2014-15 was found to be inadequate and hence they were directed to propose more studies during revision. PRC Patna requested for change in districts assigned (8 districts allotted) for NRHM PIP monitoring during 2014-15 which was agreed to. It was also reiterated by DDG that the norm of PIP monitoring is to complete one district by a team of 2 persons in 1 month and that the PRC was requested to complete the assigned activities in time during 2014-15.
- ix. PRC Pune:** The PRC mentioned that out of 7 districts allotted for NRHM PIP monitoring, five districts were completed, fieldwork of the other two districts was also completed and reports would be forwarded with in a fortnight. ADG enquired about the system of supervision for PIP monitoring. PRC informed that such a system does not exist as all officers from Director to Field Investigator were involved in monitoring. They also explained the methods adopted in monitoring. For 2014-15, PRC Pune proposed to carry out monitoring of NRHM PIP in the districts allotted to them. PRC volunteered themselves that Monitoring of NRHM PIP will be done in Dadra and Nagar Haveli in 2014-15 additionally as it was not done during 2013-14. PRC Pune informed about the tool developed by them to study the out of pocket expenses. ADG suggested that if all PRCs are to carry out common study on the said theme, the tool could be shared with other PRCs.
- x. PRC Srinagar:** The PRC completed NRHM PIP monitoring in all the districts allotted. They informed that one study could not be initiated due to paucity of funds and another two reports would be forwarded soon. ADG enquired about the source of funding of a study on ASHAs proposed in 2014-15. PRC informed that if the funds from PRC are not available, they would carry out the study along with NRHM PIP monitoring by reducing the sample size. PRC Srinagar proposed NRHM PIP monitoring in 12 districts. Apart from these, they proposed four studies that would be

carried out along with PIP monitoring. The AAP 2014-15 was approved. ADG agreed to consider the suggestion from PRC Srinagar that the next annual action plan meeting of the PRCs may be organized in Srinagar. A question on putting HMIS data in the public domain was raised by PRC Chandigarh. They were informed that due to various deficiencies, the HMIS data cannot be made accessible to the public, for the time being.

## **Day 2: 28<sup>th</sup> March 2014**

- xi. PRC Bhubaneswar:** The PRC presented the work done during 2013-14. They completed PIP monitoring in all three allotted districts out of which, reports pertaining two districts have been forwarded to MoHFW. The report of the third district would be sent soon. ADG asked to mention about the other works which they have not completed. They were yet to complete three studies initiated in 2013-14. In the AAP for 2014-15, PRC Bhubaneswar proposed monitoring of NRHM PIP in assigned districts, two studies, one each, on contraceptive use, Birth Spacing & Autonomy and on the role of AHSAs in promoting home based post natal newborn care. ADG reviewed the time frame and the persons involved in the proposed studies and suggested that the PRC could propose more studies to utilize the remaining 11 man months. PRC Bhubaneswar agreed to add one more study in the AAP 2014-15.
- xii. PRC CRRID:** The PRC presented their work for 2013-14 and those proposed for 2014-15. NRHM PIP monitoring in all allotted districts were completed by CRRID in 2013-14. Four analytical studies based on HMIS were also complete. Monitoring of DLHS4 was also done by the PRC. But they could not undertake the proposed funded study titled Asia-Canada Migrating Economies (ACME) as bidding was not successful. But in its place they undertook another study. Two studies undertaken were ongoing and were expected to be completed in 2014-15. In AAP for 2014-2015 the PRC proposed PIP monitoring in 8 districts in Punjab. They also proposed 6 analytical studies based on HMIS and three other studies. ADG suggested to all PRCs that when they take HMIS based studies it is important to look at the correctness of the data also and indicate limitations in the study. For that purpose he suggested to do sample checks in some pockets and cross verify/ compare them with HMIS data. The time budget for the activities was scrutinized and the AAP of PRC CRRID was approved.
- xiii. PRC Udaipur:** The PRC in their presentation mentioned the lack of manpower in their PRC. In the year 2013-14, PRC completed NRHM PIP monitoring in all allotted three districts and submitted the reports. The PRC was reminded that they had completed only two districts out of eight proposed for the study on level of reporting of MCH. In the AAP for 2014-15, PRC Udaipur proposed monitoring of NRHM PIP in four districts and also to complete the remaining six other studies for level of reporting of MCH. Since the man-month utilization was found to be less, the PRC

was asked to suggest more studies so as to fully utilize the manpower available. ADG asked them to propose some more studies during revision of AAP 2014-15.

- xiv. PRC Visakhapatnam:** The PRC **completed** PIP monitoring in all the four districts allotted to them in 2013-14. The report on the PIP monitoring in Srikakulam was pending and they informed that the same would be sent soon. The PRC also undertook a funded study based on Dhanlakshmi scheme and did the monitoring of DLHS4 in 2013-14. PRC could not undertake two proposed studies, one on JSSK and the other on ASHA workers, due to non-availability of expected funds. As the only research staff remaining in the PRC retires in August 2014, the PRC proposed monthly monitoring of PIP only in two districts of Andhra Pradesh, which was agreed to.
- xv. PRC Guwahati:** The PRC reported that they did NRHM PIP monitoring in all allotted districts during 2013-14 and the reports of some districts are yet to be sent to MoHFW, which they promised to forward soon. A study on 'Assessment of Effectiveness of VHSNCs in Assam' was also completed. They further carried out matching of HMIS and MCTS masters in Assam, Meghalaya and Tripura. They did two studies based on HMIS data and one study was ongoing. DDG observed that majority of the approved studies of AAP 2013-14 were not done by the PRC and categorically stated that the work done by the PRC in 2013-14 was not satisfactory. For 2014-15, PRC Guwahati proposed NRHM PIP monitoring in six districts in Assam and two in Arunachal Pradesh. But DDG said that there is a change in the districts. As such, they were given nine districts in Assam, two in Meghalaya, two in Arunachal Pradesh and one in Tripura for monitoring PIP studies. Five other studies were also proposed. Moreover, three studies which were submitted to state NRHM for funding last year were included in 2014-15 AAP also. It was observed that most of the proposed studies seemed to be uncertain as they depended upon the availability of external funds and only two studies were feasible to be taken up with the PRC grant. The PRC was therefore requested to submit revised AAP for 2014-15 with full justification of man power available at the disposal of the PRC.
- xvi. PRC Punjab University:** The PRC informed that during 2013-14 they completed NRHM PIP monitoring in all the allotted districts of Punjab. They also completed other assignments of which the report writing of the one named 'Quality of Care and utilization of ANC services in Haryana' was ongoing. For the year 2014-15 they proposed PIP monitoring in 12 selected districts and five other studies. ADG observed that the proposed AAP would, require much more man months than that was available. He instructed that man- month requirement for each proposed study may be realistically indicated and the AAP 2014-15 should be revised accordingly for approval of the Ministry.

**xvii. PRC Sagar:** The PRC presented their status of studies taken up during 2013-14 and those proposed for 2014-15. NRHM PIP of five out of the six districts allotted was completed, field work of the remaining district was reported to be over and the report would be submitted soon. PRC Sagar had also completed two districts allotted in the previous year. PRC informed that apart from these studies they had undertaken monitoring of DLHS-4 in Madhya Pradesh and Chhattisgarh. Two other studies were reported to be ongoing. ADG remarked that PRC Sagar had completed two externally funded studies during the period and kept three PRC studies pending. In the AAP for 2014-15, they proposed NRHM PIP monitoring in eight districts in MP and Chhattisgarh. Five other studies were also proposed for the year 2014-15. One study on Assessment of Functioning of ASHA under NRHM in Madhya Pradesh required funding. They requested the Ministry to provide funds for the study, but DDG ruled out the possibility of funding and told them to do the study in the districts where they undertake NRHM PIP monitoring, in order to reduce the cost. With this, AAP 2014-15 was approved.

**xviii. PRC Shimla:** The PRC had completed NRHM PIP monitoring in all the six districts allotted during 2013-14 in spite of the adverse climatic conditions. They also did Monitoring of DLHS4. PRC Shimla informed that most of the approved studies in AAP 2013-14 were completed and only two studies proposed in 2013-14 were pending. For 2014-15 the PRC proposed Monitoring of NRHM PIP in all the 12 Districts of Himachal Pradesh. They also proposed two other research studies which required funds from external agencies and in case external funding were not available, they would still complete the study with reduced sample size. ADG enquired about the methodology of determining sample size for one of the studies as it appeared arbitrary. He advised all the PRCs to ensure adequacy of the sample size of the primary studies in order to ensure the authenticity of the results. The AAP 2014-15 of the PRC Shimla was approved.

6. Concluding the discussions, the PRCs were requested to send the revised AAP 2014-15 to the Ministry of Health & Family Welfare immediately, incorporating the suggestions. It was further decided that the revised list of PIP districts may be communicated by MoHFW to the PRCs based on the discussions in the review meeting. The PRCs were advised to start PIP monitoring in the districts that would be communicated to them after the meeting.

7. Subsequently, the revised AAP 2014-15 were received from the PRCs and the final approved AAP 2014-15 of all PRCs were compiled and are placed at **Annexure-II**. The list of districts assigned to the PRCs for PIP monitoring during 2014-15 is at **Annexure-III**.

8. After the presentations, a farewell function was organized for Dr. K.V.R Subramaniam, RI, PRC Vishakhapatnam, retiring on 31<sup>st</sup> March 2014. All PRCs

appreciated his services in the PRC and wished him a peaceful and productive post-retirement life.

## **9. Administrative Issues**

The last session of the first day was devoted to discussion on administrative issues in the PRCs. All PRCs were present except PRC Visakhapatnam. The administrative issues in PRC Vishakhapatnam were discussed on the second day. The details are as under:

(i). All the PRCs requested that the ban on appointments may be withdrawn and vacant posts may be filled. ADG mentioned that the decision to freeze appointments was not taken overnight, but was taken after considering the performance of the PRCs which was not up to the expected level. He also said that the Universities/Institutes should have speeded up the proceedings when Ministry had given permission to fill up the posts. PRC ISEC Bangalore mentioned that many Demography Departments in India are in the process of being closed down and PRCs remain the main centres where population research is being actively carried out. Any step that leads to closing down the PRCs would affect demographic research in the country. PRC, Visakhapatnam was quoted as a case in point, wherein the last technical person would retire on 31/08/2014, leading eventually to closure of the PRC. Other PRCs also requested to reconsider the decision to freeze fresh appointments. It was clarified that as certain PRCs like Visakhapatnam would be very badly affected by lack of manpower, filling up the vacant posts on contract basis could be considered on case to case basis, provided the performance of the PRCs improves.

(ii) PRC ISEC Bangalore suggested that an Expert Committee consisting of experienced academicians could be formed to evaluate and revamp the PRCs instead of engaging private consulting agencies as was done earlier.

(iii) Most of the PRCs attached to Universities and having Hon. Directors raised the issue of delays in decision making on administrative matters created due to the non-availability of the Hon. Director at times of need. PRCs requested that charge may be given to the senior most staff of the PRC. PRC Sagar requested enhancement of the honorarium to the Honorary Director. ADG assured that the matter would be examined.

(iv) Modified Financial Management System for PRCs being considered by the Ministry, was also discussed in the meeting. PRC Kerala and several other PRCs mentioned that the University/Institute give them salaries when there is delay in receiving grant-in aid from the Ministry. The problems were severe during 2013-14 when grant-in aid from GOI was delayed by more than 6 months. ADG enquired whether funds from other agencies were put in different accounts or in University's account. In some of the PRCs like Sagar, it went to University's account and in some

PRCs it went to separate account. ADG stated that changing of accounting practices would not delay release of funds, if Utilization Certificates are sent in time. Getting UCs from the University was the actual cause of delay in release of funds from the Ministry and this problem would be taken care of, if UCs of accounts meant for PRC funds are provided in time by the University/Institute. Further since the grant-in-aid to PRCs would be separated from the general accounts of the host Institutes, it would be easier to get the audit reports etc in time which would actually facilitate release of funds. The new account could be operated by the same designated authority as of now. In case there are unavoidable delays in receiving grants from the Ministry, the host institutions can still pay the salaries as being done now, but by transferring the required amount to the designated account. He also mentioned that such a kind of financial management exists in many Government offices and is working smoothly.

(v) PRCs requested for issuing ID cards to the staff members to facilitate NRHM PIP monitoring in the districts especially under the new circumstances where each PRC would be moving out of their respective States. ADG agreed to consider the matter.

(vi) PRCs also requested for more funds and time for NRHM PIP Monitoring in districts situated in States other than their respective States as they will require to spend more on travel. ADG mentioned that more time (say, one and half to two months) could be allowed for PIP monitoring in other States. Regarding the TA/DA for PIP monitoring he said that he would look into the matter and consider increasing the funds for PIP studies outside the States.

(vii) The PRCs requested to increase grants for TA/DA, data processing, books/journals etc, since the present grants decided in 2008 are grossly inadequate to meet the requirements which directly affects the performance of the PRCs. ADG agreed to consider revising the said grants.

(viii) PRCs requested the Ministry to address the concerned State Govts. regarding the districts to be covered for PIP monitoring during 2014-15. ADG agreed to inform the States concerned, about the districts in which PRCs will be involved in PIP monitoring in 2014-15.

10. The meeting ended with thanks to all concerned.

\*\*\*\*\*

## 10. PRC, Srinagar- Approved Annual Action Plan for 2014-2015

### Names and Designations of the Research personnel available:

Name of the Official	Designation
Mr. Bashir Ahmad Bhat	Associate Professor
Mr. S. Khursheed Ahmad	Assistant Professor
Mr. Imtiaz Ahmad Bhat	Research Investigator
Mr. Muneer Ahmad	Research Investigator
Mrs. Farida Qadri	Research Assistant
Javeed Ahmad Mir	Research Assistant

### Studies Proposed for 2014-2015

S. No	Name of Study	Name of Official Involved	Time (man months)	Funding Details	Remarks
1	<b>Monitoring of NRHM State PIP in 12 Districts of Jammu and Kashmir</b> (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)	<b>1. Bashir Ahmad Bhat</b> <b>2. Syed Khursheed Ahmed</b> <b>3. Muneer Ahmad</b> <b>4. Imtiya Ahmad</b> <b>5. Farida Qadri</b> <b>6. Javeed Ahmad</b>	12X2=24 man months	The study will be fully funded by MOHFW under PIP funding	
2	<b>Implementation of JSSK and its impact in promoting Reproductive and Child Health Services in J&amp;K.</b>	Bashir Ahmad Bhat Mr. Imtiaz Ahmad Javeed Ahmad Mir	4X3=12 man months	State has been requested to provide us an amount of Rs. 3 lacs. In case State does not fund it, we will undertake this study with reduced sample from the normal TA/DA grant of PRC.	Submitted to State Govt. for funding
3	<b>A Study of Functioning of Facility Based</b>	Mr. Muneer Ahmad Bashir Ahmad	3X2=6 man months	State has been requested to provide us an amount of Rs. 2 lacs. In case State does	Submitted to State Govt. for

	<b>New Born Care Units in J&amp;K</b>	Bhat		not fund it, we will undertake this study in some PIP districts from the normal TA/DA grant of PRC.	funding
4	<b>Evaluation of the Role of ASHAs in Promoting Safe Delivery Services in J&amp;K</b>	Mr. Khursheed Ahmed Farida Qadri	4X2=8 man months	State has been requested to provide us an amount of Rs. 1 lacs. In case State does not fund it, we will undertake this study with reduced sample from the normal TA/DA grant of PRC.	Submitted to State Govt. for funding
5	<b>HMIS Data Quality Issues in Sub Centrs and PHCs in J&amp;K</b>	Farida Qadri Bashir Ahmad Bhat Muneer Ahmad	3X3=9 man months	This study will be covered from the regular TA/DA grant of the PRC	
6	<b>HMIS Data Quality Issues in Sub Centrs and CHCs and District Hospitals in J&amp;K</b>	Jaweed Ahmad Syed Khursheed Ahmad Jaweed Ahmad	3X3=9 man months	This study will be covered from the regular TA/DA grant of the PRC	
7	<b>Trends and patterns of Antenatal, Natal and Postnatal Care Services in Jammu and Kashmir</b>	Mr. Bashir Ahmad Jaweed Ahmad Muneer Ahmad	1X3=3 man months	This study is based on HMIS data and does not need any funding.	
8	<b>Trends and patterns of Child Immunization in Jammu and Kashmir</b>	Syed Khursheed Imtia Ahmad Farida Qadri	1X3=3 man months	This study is based on HMIS data and does not need any funding.	

**Annexure-I****List of Participants**

<b>S. No.</b>	<b>Name</b>	<b>Designation</b>	<b>Organisation</b>	<b>Tel.No.</b>	<b>E-mail</b>
1	Mrs. Gayatri S Desai	Assistant Director	PRC, Baroda	07878977685	<a href="mailto:prc.baroda@nic.in">prc.baroda@nic.in</a>
2	Dr. R.M. Patel	Field Investigator	PRC, Baroda	9898592761	rajnipatel61@yahoo.com
3	Dr. Jyoti. S. Hallad	Director	PRC, Dharwad	09880428121	<a href="mailto:jshallad@rediffmail.com">jshallad@rediffmail.com</a>
4	Dr. Shriprasad	Joint Director	PRC, Dharwad	9980906700	<a href="mailto:nillikar@rediffmail.com">nillikar@rediffmail.com</a>
5	Dr. S. Ravichandran	Chief	PRC, Gandhigram	9894598954	<a href="mailto:ravichandranprc@gmail.com">ravichandranprc@gmail.com</a>
6	Dr. N. Dhanabhagyam	Assistant Professor	PRC, Gandhigram	9443809736	<a href="mailto:drdhan@rediffmail.com">drdhan@rediffmail.com</a>
7	Dr. Suresh Sharma	Assistant Professor	PRC, Delhi	9818840955	<a href="mailto:suresh@iegindia.org">suresh@iegindia.org</a>
8	Dr. Willian Joe	Assistant Professor	PRC, Delhi	9910291983	<a href="mailto:william@iegindia.org">william@iegindia.org</a>
9	Dr K.S. James	Professor	PRC, ISEC, Bangalore	9448468990	<a href="mailto:james@isec.ac.in">james@isec.ac.in</a>
10	Dr T.S. Syamala	Associate Professor	PRC, ISEC, Bangalore	9448531801	<a href="mailto:syamala@isec.ac.in">syamala@isec.ac.in</a>
11	Dr. Sajini B. Nair	Social Scientist	PRC, Kerala	9446543494	<a href="mailto:sajinikiran@yahoo.com">sajinikiran@yahoo.com</a>
12	Dr. Shylaja L	Research Officer	PRC Kerala	9446555085	<a href="mailto:shylajajothi@yahoo.co.in">shylajajothi@yahoo.co.in</a>
13	Dr. Rajesh K Chauhan	Joint Director	PRC, Lucknow	9415517318	<a href="mailto:rajesh_kumar_chauhan@hotmail.com">rajesh_kumar_chauhan@hotmail.com</a>
14	Dr. Dilip Kumar	Joint Director	PRC, Patna	9431433050	<a href="mailto:dilip360@gmail.com">dilip360@gmail.com</a>
15	Dr. R. Nagarajan	Associate Professor	PRC, Pune	9766323060	<a href="mailto:nagarajan.gipe@gmail.com">nagarajan.gipe@gmail.com</a>
16	Dr. Vini. S	Assistant Professor	PRC, Pune	9403191669	<a href="mailto:vinisivandan@gmail.com">vinisivandan@gmail.com</a>

S. No.	Name	Designation	Organisation	Tel.No.	E-mail
17	Syed Khursheed Ahmed	Research Officer	PRC, Srinagar	9906568352	<a href="mailto:khursheed65@rediffmail.com">khursheed65@rediffmail.com</a>
18	Dr Bashir Ahmad Bhat	Senior Research Officer	PRC, Srinagar	09419426762	prckashmir@gmail.com
19	Dr. Basantilata Rath	Research Investigator	PRC, Bhubaneshwar	9438182659	<a href="mailto:basantilata.rath@gmail.com">basantilata.rath@gmail.com</a>
20	Dr. Kanaklata Devi	Research Investigator	PRC, Bhubaneshwar	9438132612	<a href="mailto:prc.orissa@nic.in">prc.orissa@nic.in</a> <a href="mailto:tikina1959@gmail.com">tikina1959@gmail.com</a>
21	Dr. Aswini K. Nanda	Professor	PRC, CRRID Chandigarh	9417726357	<a href="mailto:aknaswini@yahoo.co.in">aknaswini@yahoo.co.in</a>
22	Dr. Rajesh Kumar Aggarwal	Associate Professor	PRC, CRRID Chandigarh	9417567573	<a href="mailto:aggarwalrka@yahoo.co.in">aggarwalrka@yahoo.co.in</a>
23	Dr. B. L. Nagda	Research Officer	PRC, Udaipur	09610850081	blnagda@yahoo.co.in
24	Dr. Rama Kant Sharma	Research Assistant	PRC, Udaipur	9828286119	<a href="mailto:rks06@yahoo.co.in">rks06@yahoo.co.in</a>
25	Dr. R. Ramakrishna	Hony. Director	PRC, Vishakhapatnam	09949176070	<a href="mailto:prcvis@hotmail.com">prcvis@hotmail.com</a>
26	Dr. KVR Subramaniam	Research Investigator	PRC, Vishakhapatnam	9848152219	<a href="mailto:suby26@gmail.com">suby26@gmail.com</a>
27	Dr. Gobinda Pathak	Research Investigator	PRC, Guwahati Assam	9508061627	<a href="mailto:prc.guwahati@nic.in">prc.guwahati@nic.in</a>
28	Dr. Dilip Kumar Kalita	Associate Professor	PRC, Guwahati (Assam)	9864270166	<a href="mailto:dilipk102@gmail.com">dilipk102@gmail.com</a> <a href="mailto:prc.guwahati@nic.in">prc.guwahati@nic.in</a>
29	Dr. Reena Singh	Associate Professor	PRC, Punjab University (CHD)	09417528922	<a href="mailto:prc.punjab@nic.in">prc.punjab@nic.in</a>
30	Dr. Sawarn Singh	Assistant Director	PRC, Punjab University (CHD)	9316163073	<a href="mailto:prc.punjab@nic.in">prc.punjab@nic.in</a>
31	Dr. Reena Basu	Associate Professor	PRC, Sagar	9424445102	<a href="mailto:prc.sagar@nic.in">prc.sagar@nic.in</a>

S. No.	Name	Designation	Organisation	Tel.No.	E-mail
35	Dr. Nikhilesh Parchure	Research Investigator	PRC, Sagar	9424445102	<a href="mailto:prc.sagar@nic.in">prc.sagar@nic.in</a>
33	Dr. Savitha Thakkur Joshi	Research Investigator	PRC, Shimla	9459584850	<a href="mailto:dr.stjoshi@yahoo.com">dr.stjoshi@yahoo.com</a>
34	Dr. Niranjana Bhandari	Field Investigator	PRC, Shimla	9418229558	<a href="mailto:dr_nbhandari@yahoo.co.in">dr_nbhandari@yahoo.co.in</a>
<b>Ministry of Health and Family Welfare</b>					
35	Shri. C.R.K Nair	ADG (Stats)	MOHFW		
36	Shri. P.C.Cyriac	DDG (Stats)	MOHFW		
37	Shri.K.K.Bansal	Deputy Director (Stats)	MOHFW		
38	Shri. P.R.A Nair	Proj. Offr (DLHS 4)	MOHFW		
<b>PRC Kerala</b>					
39	Dr. P. Mohanachandran Nair	Director- in charge	PRC Kerala	9446415618	<a href="mailto:pmohanchandran@yahoo.com">pmohanchandran@yahoo.com</a>
40	Dr. Sreeranjini A	Research Investigator	PRC, Kerala	9495551046	<a href="mailto:ranjushibi@gmail.com">ranjushibi@gmail.com</a>
41	Dr. Oommen P. Mathew	Research Investigator	PRC, Kerala	9847307521	<a href="mailto:oommenpm@gmail.com">oommenpm@gmail.com</a>
42	Anil Kumar K	Research Investigator	PRC, Kerala	9495341380	<a href="mailto:anilkumar@gmail.com">anilkumar@gmail.com</a>
43	Dr. Suresh Kumar S	Field Investigator	PRC, Kerala	9446483568	<a href="mailto:sureshkumarprc@gmail.com">sureshkumarprc@gmail.com</a>
44	Dr. Anitha Kumari K.R	Field Investigator	PRC, Kerala	09349900400	<a href="mailto:nanavijay007@yahoo.co.in">nanavijay007@yahoo.co.in</a>
45	Mr. M.C Mathew	Field Investigator	PRC, Kerala	9447654109	<a href="mailto:mathewkply@yahoo.co.in">mathewkply@yahoo.co.in</a>
46	Mr. Sachin K V	Field Investigator	PRC, Kerala	9447427332	<a href="mailto:sachinprc@yahoo.com">sachinprc@yahoo.com</a>
47	Mr. Rajesh J Nair	Data	PRC, Kerala	9446032597	<a href="mailto:rajeshdemography@yahoo.co.in">rajeshdemography@yahoo.co.in</a>

S. No.	Name	Designation	Organisation	Tel.No.	E-mail
		Assistant			
48	Dr. Saritha P. Viswan	Data Assistant	PRC, Kerala	9447074470	<a href="mailto:sarithabobby@gmail.com">sarithabobby@gmail.com</a>
49	Dr. Nanzy P.S	Research Fellow	PRC, Kerala	8129994777	<a href="mailto:nanzysagar@yahoo.com">nanzysagar@yahoo.com</a>
50	Dr. Sabida Das D.S	Research Fellow	PRC, Kerala	09447281552	<a href="mailto:sabithasuresh@gmail.com">sabithasuresh@gmail.com</a>
51	Mr. Gireesh S	Sel. Grade Assistant	PRC, Kerala	9847631517	
52	Mrs. Subaida	Sel. Grade Typist	PRC, Kerala		
53	Mrs. Beena Mary George	Section Officer	PRC, Kerala		
54	R. Mohanan	Driver	PRC, Kerala	9447217268	