

Name of the Research Centre: **Population Research Centre (PRC)**
 Faculty: **School of Social Sciences**
 Date of Establishment: **22.8.1985**
 Authority of Establishment: **University Council Meeting Decision: 9.6.1985**
 Administrative order No: **F.2(3) PRC/Dev/85 dated 22.8.1985**

Staff Positions (as per Schedule of Establishment)

Faculty

S. No	Name of the faculty member	Designation	Subject/Discipline/Area
1	Bashir Ahmad Bhat	Associate Professor	Population Sciences <ul style="list-style-type: none"> • Maternal and Child Health • Health Policies and Programmes • Demographic and Health Surveys • Aging
2	Syed Khursheed Ahmad	Assistant Professor	<ul style="list-style-type: none"> • Statistics • Health Issues • Health Management Information System (HMIS) • Nutrition

Vacant Faculty positions, if any: No.

Supporting Staff:

S. No	Name of the staff member	Designation	Work allotted
1	Imtiyaz Ahmad Bhat	Research Investigator	Data collection Analysis, Tabulation, and Drafting of Reports, Monitoring of National Health Mission
2	Muneer Ahmad Shiekh	Research Investigator	Data collection Analysis, Tabulation, and Drafting of Reports, Monitoring of National Health Mission
3	Farida Qadri	Resaerach Assistant	Data collection, Data Entry, Tabulation, Monitoring of National Health Mission
4	Jaweed Ahmad Mir	Resaerch Assistant	Data collection Analysis, Tabulation, , Monitoring of National Health Mission
5	Shahida	Junior assistant	Managing accounts

Vacant positions, if any. No. and since how long.

1. Sr. Assistant: 1 Post Vacant since August, 2017 (Advertised)
2. Peon: 1 Post Vacant since June, 2018 (case submitted to Ministry for approval)

Budget (2017-18)

Non Plan:	NIL
Plan	
Salary Component in INR:	91,56,210
Non Salary in INR	4,10,000
Additional for PIP Study:	2,53,200
Total Budget INR	98,19,410

Main objectives of the Centre:

- ❖ To conduct research in population sciences; and assist the MOHFW and the State Government with policy input and feedback on population and health issues.
- ❖ Regular evaluation and monitoring of National Health Mission, and other health and family welfare programmes
- ❖ To conduct Large Scale Pan-India Demographic and Health Surveys like National Family Health Surveys (NFHS) and Longitudinal Aging study of India (LASI),
- ❖ Streaming/data validation of Health Management Information System
- ❖ Mentoring M.D Students of the Department of Community Medicine from SKIMS and GMC Soura.

Achievements during last 5 years

A. Research papers

1. Bashir Ahmad Bhat, 2018, **Reality Behind Declining Child Sex Ratio in J&K** in *Emerging Issue maternal, Neonatal and Child Health in India* published by Ministry of Health and Family Welfare Government of India, New Delhi.
2. Muneer Ahmad and S. Khursheed Ahmad, 2018, **Impact of Facility Based New Born Care Units on c Health in Jammu and Kashmir**, in *Emerging Issues in maternal, Neonatal and Child Health in India* published by Ministry of Health and Family welfare, Government of India, 2018 New Delhi.
3. Bashir Ahmad Bhat, 2017, **Quality of Health Management Information System in Ganderbal district Jammu and Kashmir** in *Maternal and child Health in India*, edited by KM Nair and published by Ministry of Health and Family Welfare, Government of India, New Delhi.
4. Bashir Ahmad Bhat, 2016, **Trends and patterns of Antenatal and delivery Care in Jammu Kashmir-An Analysis of Health Management Information system**, in *Maternal and Child Health India*, Edited by CRK Nair and KS James published by Ministry of Health and Family welfare, Government of India, New Delhi.
5. Bashir Ahmad Bhat and Mueer Ahmad, 2016, **A Study of the Functioning of Facility Based New Born Care Unites in J&K**, in *Maternal and Child Health in India*, Edited by CRK Nair and KS James published by Ministry of Health and Family welfare, Government of India, New Delhi.
6. Bashir Ahmad Bhat, 2015, **A Study of the Involvement of Men in Reproductive Health in Jammu Kashmir-India** in *Maternal and Child Health in India, Policies and Challenges* edited by Suresh Shah Bookwell, New Delhi.

B. Large Scale Demographic and Health Surveys Completed

1. **National Family Health Survey-4, 2015-16, Jammu and Kashmir** was completed in collaboration with **International Institute for Population Sciences, Mumbai.**
2. **Longitudinal Aging Study of India-Jammu and Kashmir** Sponsored in collaboration with International Institute for Population Sciences, Mumbai, **Harvard School of Public Health, USA and National Institute of Aging USA.**

C. Monographs

The Centre has completed the following 60 research projects on various demographic, health and socio economic during last 5 years (2013-14 to 2017-18) is as under:

S.NO	Author	Title of Report	Year
1.	Muneer Ahmad, Syed Khursheed Ahmad	Evaluation of Rashtriya Bal Swasthya Karyakaram (RBSK) in Jammu and Kashmir	2018
2.	Imtiyaz Ahmad Bhat Bashir Ahmad Bhat	Quality of Reporting of Abortions under HMIS in J&K.	2018
3.	Syed Khursheed Ahmad Muneer Ahmad	Rapid Appraisal of National Urban Health Mission (NUHM) in Jammu and Kashmir.	2018
4.	Farida Qadri Jaweed Ahmad Mir	Evaluation of Home Based New Born Care (HBNC) in J&K	2018
5.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Unna district, Himachal Pradesh)	2017
6.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Reasi district)	2017
7.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Solan district, Himachal Pradesh)	2017
8.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Jammu district)	2017
9.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Kathua district)	2017
10.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Bandipora district)	2017
11.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Srinagar district)	2017
12.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Pulwama district)	2017
13.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Kargil district)	2017
14.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Anantnag district)	2017

15.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Shopian district)	2017
16.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2017-18: Jammu & Kashmir (A case study of Kulgam district)	2017
17.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Baramulla district)	2016
18.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Budgam district)	2016
19.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Ganderbal district)	2016
20.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Pulwama district)	2016
21.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Leh district)	2016
22.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Ramban district)	2016
23.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Doda district)	2016
24.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Kishtwar district)	2016
25.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Poonch district)	2016
26.	Imtiyaz Ahmad.Bhat Jaweed Ahmad Mir	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Rajouri district)	2016
27.	Syed Khursheed Ahmad Muneer Ahmad	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Udhampur district)	2016
28.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Kathua district)	2016
29.	Muneer Ahmad	A Study of Facility Based New Born Care Units in Jammu and Kashmir	2016
30.	Bashir Ahmad Bhat Imtiyaz Ahmad Bhat	District wise Analysis of Promotion of Institutional Deliveries through District Hospitals, Community Health Centres and Primary Health Centres in J&K	2016
31.	Bashir Ahmad Bhat Farida Qadri	Trends and patterns of Antenatal, Natal and Postnatal care in Jammu and Kashmir	2016
32.	Bashir Ahmad Bhat	Trends and Patterns of Child Sex Ratio at Birth in Jammu and Kashmir	2016
33.	Bashir Ahmad Bhat Farida Qadri	HMIS Data Quality issues in Jammu and Kashmir and Ways to Improve it.	2016

34.	Bashir Ahmad Bhat Muneer Ahmad, Imtiyaz Ahmad Bhat	HMIS Data Quality Issues in Jammu and Kashmir..	2015
35.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NHM State Programme Implementation Plan 2016-17: Jammu & Kashmir (A case study of Samba district)	2015
36.	Muneer Ahmad Imtiyaz Ahmad Bhat	Monitoring of NRHM State Programme Implementation Plan 2014-15 Jammu & Kashmir (A case study of Reasi District)	2015
37.	Syed Khursheed Ahmad	Evaluation of Utilization of Untied Funds in J&K	2015
38.	Muneer Ahmad Imtiyaz Ahmad Bhat	Monitoring of NRHM State Programme Implementation Plan 2015 Jammu & Kashmir (A case study of Kulgam District)	2015
39.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NRHM State Programme Implementation Plan 2015 Jammu & Kashmir (A case study of Shopian District)	2015
40.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2015 Jammu & Kashmir (A case study of Srinagar District)	2015
41.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2015 Jammu & Kashmir (A case study of Jammu District)	2015
42.	Farida Qadri Bashir Ahmad Muneer Ahmad	HMIS Data Quality Issues in Sub Centres and PHCs in J&K	2015
43.	Jaweed Ahmad Syed Khursheed Imtiyaz Ahmad	HMIS Data Quality Issues in CHCs and District Hospitals in J&K	2015
44.	Mr. Muneer Ahmad Bashir Ahmad Bhat	A Study of Functioning of Facility Based New Born Care Units in J&K	2015
45.	Mr. Khursheed Ahmed Farida Qadri	Evaluation of the Role of ASHAs in Promoting Safe Delivery Services in J&K	2015
46.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Baramulla District)	2014
47.	Muneer Ahmad Imtiyaz Ahmad Bhat	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Kargil district)	2014
48.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Doda District)	2014
49.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Leh District)	2014
50.	Muneer Ahmad Imtiyaz Ahmad Bhat	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Budgam District)	2014
51.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of	2014

		Ganderbal District)	
52.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Rajouri District)	2014
53.	Imtiyaz Ahmad Bhat Syed Khursheed Ahmed Farida Qadri	Trends and Patterns in Child Immunization at District Level in Jammu and Kashmir, 2010-2014 (HMIS Web Portal Experiences)	2014
54.	Bashir Ahmad Bhat Muneer Ahmad Jaweed Ahmad Mir	Trends and Patterns of Antenatal, Natal and Postnatal care in Jammu and Kashmir	2014
55.	Syed Khursheed Ahmed Imtiyaz Ahmad Bhat Muneer Ahmad Jaweed Ahmad Mir Farida Qadri	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Anantnag district)	2014
56.	Muneer Ahmad Imtiyaz Ahmad Bhat	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Kishtwar district)	2014
57.	Bashir Ahmad Bhat Farida Qadri	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Rajouri District)	2013
58.	Syed Khursheed Ahmad Jaweed Ahmad Mir	Monitoring of NRHM State Programme Implementation Plan 2013-14: Jammu & Kashmir (A case study of Poonch District)	2013
59.	Bashir Ahmad Bhat Syed Khursheed Ahmad	Monitoring of NRHM State Programme Implementation Plan 2012-13: Jammu & Kashmir (A case study of Pulwama & Ganderbal Districts)	2013

D. Impact of our studies on State level Policy Implementation?:

S.No	Name of Study	Recommendation	Impact
1	HMIS Data Quality Issues in Public Health Facilities in Jammu and Kashmir	This study also highlighted the reasons of over and under reporting and also no reporting of services delivered by health facilities.	<p>This has significantly improved the HMIS data quality reporting.</p> <p>The Ministry selected this study as a Model and all other PRCs in the country were directed by the Ministry to follow the methodology contained in our report for studying the quality of HMIS Data.</p> <p>UNICEF, India also showed its interest in our study on HMIS and our PRC was selected to present the findings of this study in a meeting organized by UNICEF at New Delhi.</p>

2	Trends and patterns of Antenatal, Natal and Postnatal Care in Jammu and Kashmir	This study found that the c-section delivery rates in District Hospital Pulwama is very high (60 percent). The study suggested the district to counsel all the pregnant women about the benefits of having a normal delivery.	District Hospital Pulwama has now introduced the concept of counseling and the proportion of c-section delivery in the current year has slightly declined.
3	Trends and Patterns of Child Sex Ratio and Sex Ratio at Birth in Jammu and Kashmir.	This study found that Census 2011 had over reported the number of male children age 0-3 in Kashmir region, and this had resulted in a very low child sex ratio in Kashmir region and therefore efforts of the government and other organizations to reverse the sex ratio trend should focus more on Jammu region than on Kashmir .	The study was presented to the State Government and they really appreciated the findings and have prepared special campaigns under beti bachao, beti padoa for four districts namely Kathua, Samba, Jammu and Rajouri.
4	A Study of the Functioning of Facility Based New Born Care Units in J&K	The services of SNCUs were underutilized because the MOs, ANMs appointed for SNCUs were posted in other units of the hospital rather than SNCUS.	This practice has now been stopped on the recommendations of this study.
5	Evaluation of ASHAs in Jammu and Kashmir, 2014-15	The study recommended reorientation of ASHAs and replacement of missing HBNC Kit items.	Reorientation of ASHAs has been started in the State. Missing HBNC kit items in some districts have been replaced.
6	Evaluation of Home Based New Born Care in J&K.	The study suggested strengthening the monitoring mechanism and make the ASHAs accountable and link their performance with the continuation of their engagement.	State Government has designed a 10 point monitoring mechanism for ASHAs. ASHA facilitators have been directed to check the physical performance of the ASHAs also.
7	Monitoring of National Health Mission State PIPs	Poor quality of ANC registration and under reporting of Post natal services. Most of the districts used to provide ready-to-eat food to women during their stay at	The State Government directed all the CMOs to address this issue of poor early registration and reorient the ASHAs and FMPHWs about early registration. Ready to eat items have now been replaced with the fresh

		hospitals after deliveries. The study <i>recommended replacing it with the fresh cooked food as per the local tastes.</i>	cooked meals in various District hospitals
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E. Other Activities

1. **Teaching:** The 2 faculty members used to teach Demography and Quantitative Techniques in the PG. Department of Economics upto, 2014, however due to heavy workload, faculty had to stop it.
2. **Extension activities:** During the field survey, the research staff screened screen children for anemia, height and weight. Men and women are screened for hypertension, Blood Sugar LFT, Vision, HIV, grip strength and balance test and those found positive are referred to appropriate health facility for treatment.
3. **Any other, please specify :** Staff of the PRC is also involved in the Training of Medical Officers, NHM Programme Management Staff in HMIS.

Experts: Name and complete address along with email of five best external experts (men of eminence) who can evaluate the performance of the Centre.

S.No	Name	Address	Contact No	Email
1	Prof. Ladu Singh,:	Director International Institute for Population sciences, Govandi Station Road, Mumbai.400088	9969463348	Islishram@iips.net
2	Prof. Arvind Panday	Ex Director, National Institute of Medical Statistics, ICMR Complex, Ansari Nagar New Delhi	9818253969	arvindp.nims@gmail.com
3	Prof. U.S.Mishra,	Centre for Development Studies Prasanth Nagar, Medical College P.O, Ulloor, Thiruvananthapuram 695 011, Kerala,	T : 0471-2774222 , 556 026 (Home)	E : mishra@cds.ac.in
4	Prof. Syed Unisa,	Department of Mathematical Demography, International Institute for Population sciences, Govandi Station Road, Mumbai400088	Life Member 9869212898	unisa@iips.net
5	Prof. A.K.Nanda	Professor, Centre for Research in Rural and Industrial Development, Sector 18 A Madhya Marg Chandigarh.	9877473590	akn_aswini@yahoo.co.in

Problems of the Centre

A. Shortage of Staff

There is a ban on recruitment of vacant positions in the PRC by MOHFW and only contractual appointments are allowed. There are procedural delays both by the Ministry as well as the University in filling the vacant positions. Further, there are ambiguous guidelines for recruitment, procedural delays, job insecurity, and non availability of service benefits like promotions; pension etc to the PRC staff, and consequently qualified candidates hesitated to apply.

B. Budgetary Constraints

Salary component consists of 96 percent of the budgetary allocation. The budget for undertaking studies is grossly inadequate and when each staff member is asked to complete a minimum of 1 independent study per year, we are unable to take any long term research projects which are relevant to the needs of the State.

Earlier some funds used to be allocated for purchase of non recurring items; however, since the last so many years no funds have been made available to the PRC under non recurring head. For example the computers/printers purchased some 8 years back have now become unserviceable. Further licensed Statistical packages are not available for analysis of huge demographic and health data sets available with the Centre.

C. Infrastructural constraints

The Centre has acute shortage of space to house faculty, data processing lab, training hall and library. There are no separate washrooms for male and female staff. Further the Centre does not have a safe drinking water facility.

D. Lack of Professional Development Activities

Since the focus of the PRC activities have shifted over a period of time due to the changing demographic and epidemiological scenario of the country and consequently new areas of research have emerged but during the last 10 years hardly any refresher /orientation /training course to upgrade the skills of the PRC staff has been organized. Nor are any funds allocated to the PRCs for organizing seminars/workshops and disseminating the research conducted by it or for participating in International conferences.

E. Change in the focus areas

During the last six years, the focus of PRCs has shifted from one activity to another creating some confusion among the staff of PRC regarding their nature of job. For

example, at one stage we were involved in pure demographic research and then the focus shifted to verification of HMIS data and helping the State in improving HMIS data quality. But immediately we were asked to focus on MCTS. Before we could specialize in HMIS and MCTS, we were asked to monitor the implementation of National Health Mission.. Very recently, NITI Ayog has shifted our focus to Verification of data for District Hospital ranking and Non Communicable Diseases (NCD)

F. Problem of Dual control

While the staff of the PRC is employed by the University of Kashmir, funding and academic activities are under the control of the Ministry of Health, but the fact is that PRCs are neither owned by the University nor by the Ministry when there are administrative issues. For example, the issue of stagnation of the staff, pension, job security has neither been resolved by MOHFW nor by the Universities.

G. Lack of Direction

The Centre does not have a full fledged post of Director. A full-fledged Director in the field of Population sciences could have helped in sprouting new research ideas and give proper direction for doing quality research in the field of health and population sciences. Earlier there was a State Level Research Coordination committee for the PRC with representative from State Health Department, MOHFW, eminent demographers and PRC and this committees used to direct the PRCs in choosing state specific research thrust areas but with the passage of time this committees became non functional due to the lukewarm approach from State Government.

Suggestions for improving the working of PRC

1. Parity in service benefits between PRC and University be removed. All service the benefits applicable to University Staff be extended to OPRC Staff.
2. Ban on recruitment should be immediately revoked and all vacant positions to be filled up on priority basis.
3. PRC need to be made as non-plan permanent and upgraded as full-flagged departments with both research and teaching facilities so that health, demography, and other critical issues of population dynamics can be researched upon and taught.
4. The PRC faculty need to be given opportunity for teaching various courses in the field of health and demography.

5. Adequate budget for non recurring items and professional development, building etc
6. PRCs role to be expanded to training and capacity building of health functionaries.
7. Constitution of a State/National Level Research Coordination Committee.
8. Nomination of the PRC Staff as members of joint Review Mission and Common Review Mission Teams of the Govt. of India.
9. Licensed Statistical Software to be provided to PRCs.
10. PRC be allowed to bid for internationally sponsored research projects, demographic and health surveys of WHO, UNICEF, UNFPA and other international agencies.
11. There is a need to lay the second floor to the existing building so as to mitigate the space constraint. Till the second floor is constructed, there is a need to construct separate male and female wash rooms and install an aqua guard.