

# **ANNUAL REPORT**

## **2014-2015**



**Population Research Centre  
Department of Statistics  
Patna University  
Patna-800 005  
Bihar, INDIA**

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## FOREWORD

As desired by the Department of Family Welfare, Ministry of Health and Family Welfare, Government of India we hereby submit the Annual Report of the Population Research Centre, Department of Statistics, Patna University, Patna for the financial year 2014-2015. The report, in short, highlights the history, the functioning and the various activities of the Population Research Centre, Patna, in broad terms. It also provides information regarding sources of funding and audited statement of the expenditure for the year 2014-2015.

*A. Kumari*  
*5.11.15*

(Anchala Kumari)  
Hony. Director  
Population Research Centre  
Department of Statistics  
Patna University, Patna.



**POPULATION RESEARCH CENTRE  
DEPARTMENT OF STATISTICS  
PATNA UNIVERSITY, PATNA  
PATNA - 800005**

**ANNUAL REPORT 2014-2015**

**Short History and Description**

The Population Research Centre has originated out of the Demographic Research Centre which was established in the Department of Statistics, Patna University, way back in September, 1966. It was, then ranked as an undeveloped Centre and had a skeleton staff with only two senior posts namely Assistant Chief and Research Officer, besides a few junior posts. It was further upgraded to the rank of a fully developed Centre known as Population Research Centre in 1980. With the change in the status of the Centre financial assistance was also consequently raised. The staff position as on 31.3.2015 is as follows.

<b><u>Name of the Post</u></b>	<b><u>No. of Post</u></b>	<b><u>Name of the person working against the post</u></b>
1. Additional Director	1	Dr. Dilip Kumar
2. Joint Director	1	Vacant
3. Research Officer	1	Dr. Ravi Ranjan Sinha
4. Social Scientist	1	Vacant
5. Analyst/Computer	8	(1) Sri Dhanesh Kumar
		(2) Dr. Krishna Nandan Singh
		(3) Vacant
		(4) Vacant
		(5) Vacant
		(6) Vacant
		(7) Vacant
		(8) Vacant
6. Investigator	4	(1) Vacant
		(2) Vacant
		(3) Vacant
		(4) Vacant



7.	Office Superintendent	1		Vacant
8.	Senior Assistant	1		Vacant
9.	U. D. Assistant	1		Sri Om Prakash
10.	L.D. Assistant/Typist	1	(1)	Sri Arun Kumar Sinha
			(2)	Mrs. Anjali *
			(3)	Mrs. Sumita Mukherjee**
			(4)	Sri Shailendu Saurabh***
11.	Librarian	1		Vacant
12.	Peon	1		Vacant
13.	Driver-cum- Peon	1		Sri Ravindra Kumar

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\* Mrs. Anjali is working against the vacant post of Librarian.

\*\* Mrs. Sumita Mukherjee is working against the vacant post of Investigator.

\*\*\* Sri Shailendu Saurabh is working against the vacant post of Investigator.

As the Ministry of Health and Family Welfare, Government of India has sponsored the Centre; it continues to provide full financial assistance in the form of grant-in-aid. The grant is release in three installments. The annual financial allocations for contingent items, besides the salary of the approved staffs, are as follows:-

<u>Item</u>	<u>Annual Grant</u>
T.A/D.A	2,50,000.00
Data processing, stationery, printing Contingency, POL and maintenance of Vehicle, etc.	2,50,000.00
Books and Journals	40,000.00

#### **Recruitment of Staffs:**

The Staffs of the Centre are recruited by the University under the guidelines of the concerned Ministry. Senior staffs are recruited by the University as per uniform prerequisite qualification and experiences prescribed time-to-time by the Department of Family Welfare. The Director (E) or his nominee is directly associated with the recruitment process.

#### **Benefits Available to staff:**

The employees of the PRC neither get full benefits of Patna University service conditions nor of the concerned Ministry; rather, they simply get the benefits of the CPF, gratuity and leave encashment upon superannuation from service. The benefit of Pension is not in practice on the line of Patna University employees. LTC and medical reimbursement are also not available here. There is no provision for loan/advances for purchase of the vehicle or for the construction of house.

#### **Objective and functions of the Centre:**

The objective of the Centre is to carry out research on demographic, social and economic aspects of Population and Health status in the States of Bihar and Jharkhand. In addition, the Centre also takes up certain specific studies considered or suggested relevant and important from programme view points.

#### **Research Progress:**

The progress of research is communicated to the Ministry of Health and Family Welfare, Government of India, New Delhi in its quarterly reports. The consolidated annual report of progress is prepared at the end of the year and submitted to the Department of Family Welfare, Government of India. So far more than 312 research papers / reports / articles have been published / mimeographed by the Centre.



The progress report for the year 2014-2015 is enclosed herewith in Annexure-I.

The annual statement of receipt and expenditure during the year dully audited by a Chartered Account is appended as Annexure-II.

### **Other Activities**

1. Dr. Dilip Kumar, Additional Director of the Centre had meeting with the officials of the State Health Society for discussion on the study of PIP under the NRHM etc on 22<sup>nd</sup> and 26<sup>th</sup> April 2014.
2. Dr. Dilip Kumar, Additional Director of the Centre used to teach Demography as the special paper to the students of M.Sc. in the Department of Statistics, Patna University, Patna.
3. Dr. Dilip Kumar, Additional Director of the Centre had delivered lecture in the CBHI in-service orientation training programme on Health Information Management for non-medical personnel at RoHFW, GoI, Patna during 8<sup>th</sup>-12<sup>th</sup> Sept. 2014.
4. Dr. K. N. Singh, Analyst of the Centre had delivered lecture in the CBHI in-service orientation training programme on Health Information Management for non-medical personnel at RoHFW, GoI, Patna during 8<sup>th</sup>-12<sup>th</sup> Sept. 2014.
5. Dr. Dilip Kumar, Additional Director of the Centre had participated in the PRCs meeting for Annual Action Plan, 2015-16 organised by the Population Research Centre, Bengaluru during 16-17<sup>th</sup> March 2014.
6. Dr. R. R. Sinha, Research Officer of the Centre had participated in the meeting of the State Health Society, Bihar on 'How to Use HMIS/MCTS/HRIS Data for Improvement of Health Delivery System' at Patliputra Exotica, Patna during 26-27<sup>th</sup> February 2015.

### **Library:**

The Centre has a library of its own. It has a good collection of books and journals on Demography, Statistics and other Social Sciences. The present annual grant of library is Rs. 40,000. The current stock position of books, reprints and journals as on 31.3.2015 is as follows:

Books	-	4932	(Approx)
Reprints	-	2075	(Approx)

### **Vehicle:**

The Centre was provided with a Bajaj Matador way back in April, 1980. But the vehicle in its broken conditions is dumped in the garage. The Centre is in urgent need of a vehicle for supervision of field work and during some other official work.



## RESEARCH ACTIVITIES

### Progress of work done during April, 2014- March, 2015

#### **(A) Projects/Research Papers completed at the Centre during 2014-2015**

##### **(1) Evaluation of Programme Implementation Plan (PIP) under NRHM in East Champaran district of Bihar State (Dilip Kumar and Dhanesh Kumar)**

It is the rapid evaluation of the PIP of National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used for the information collection from the district sadar hospital, Chakiya FRU, Mehashi PHC and Kataha Balua Bazar HSC level health functionaries in the East Champaran district of Bihar State during the assigned period of 18<sup>th</sup> Sept. to 21<sup>st</sup> Sept. 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** Chakiya FRU and Mehashi PHC have the acute electric power interruptions which adversely affect the work activities. The functioning of the Chakiya FRU and Mehashi PHC is 24x7 but patients avoid staying in night for the health facilities. The health facilities need more number of medical and para-medical staff for staying in the campus for the night supervision and visits. The waste material management is poor. They used to burn the waste material in the open space and buried the waste of the health facilities outside the campus of the health centre.

**Recommendations:** The district sadar hospital should have more number of super specialists for the treatment of patient. Mehashi PHC should be shifted in the newly constructed building for more of the space with the other facilities to the patients. The building of the Kataha Balua Bazar HSC is very old. It needs to be repaired and to be equipped with all of the facilities for the care of the villagers. The display of direction on the road side and the flash board of the Kataha Balua Bazar HSC are needed immediately. It needs the compound wall.

##### **(2) Evaluation of Programme Implementation Plan (PIP) under NRHM in Seraikela-Kharsawan district of Jharkhand State (Dilip Kumar and Dhanesh Kumar)**

It is the rapid evaluation of the PIP of National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used for the information collection from the district hospital, Rajnagar FRU, Chawlibasa PHC and Sidhdih HSC level health functionaries in the Seraikela-Kharsawan district of Jharkhand State during the assigned period of 2<sup>nd</sup> January to 6<sup>th</sup> January 2015. The Key Conclusions and recommendations are given below:

**Key Conclusions:** Rajnagar FRU is located with the partial completed compound wall and Chawlibasa PHC is with the dilapidated condition of compound wall. The functioning of Sidhdih HSC is also without the compound wall and the setup is with somewhat proper maintenance and care. The Global positioning system (GPS) in MMUs is not available. There is no proper checklists exist for monitoring. There is shortage of medical officers to provide health services up to the PHC level. There is acute shortage of other medical specialists also at all the health centres.

**Recommendations:** At health centres, there are substantial gaps particularly in manpower and infrastructure which needs to be removed immediately. The socio-economic conditions of the villagers are low. They need more awareness about ante natal, intra natal and particularly post



natal care which needs to be generated through continuous effort by ANM, AWW and ASHA/Sahiyya. The display of direction on the road side and the flash/sign board of the Sidhdih HSC are needed immediately.

### **(3) Evaluation of Programme Implementation Plan (PIP) under NRHM in Purbi Singhbhum District of Jharkhand State (R. R. Sinha and Dhanesh Kumar)**

It is the prompt evaluation of the PIP under the National Rural Health Mission (NRHM). The framed checklists and personal observations apart from the other available records were utilized in collecting the required information from Jamshedpur DH, Ghatshila FRU, Potka PHC and Shankarda HSC during the assigned period of 3<sup>rd</sup> September to 7<sup>th</sup> September 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** The district hospital has huge shortage of nursing and paramedic staff. There is also lack of strength of MOs and specialists in anaesthetic and paediatrics in the facilities. The newborn care corner (NBCC) and newborn stabilization unit (NBSU) are not functional in the district hospital. None has received training on BeMOC, NSV, NSSK, minilap and RTI/STI in the PHC. The essential drugs such as zinc tablets, vitamin A syrup and IFA tablets/syrup are unavailable at the HSC. The training on SBA, immunization and IMNCI has been conducted in the district.

**Recommendations:** Process should be initiated to absorb long serving contractual employees in regular services. The quality assurance in nursing should be developed. Ensure all specialists trained in LSAS, EmOC and BeMOC skills are posted in the PHCs. The number of regular vacancies should be filled in time to overcome the routine works of health facilities. Incentive for working in rural/remote area is to be developed. ARSH clinic should be established in all the health facilities. There should be frequent visits of senior officials to strengthen NRHM programme. Overall support and guidance should be provided to the ASHAs programme.

### **(4) Evaluation of Programme Implementation Plan (PIP) under NRHM in West Singhbhum district of Jharkhand State (K. N. Singh and U. K. Sahay)**

It is the rapid evaluation of the PIP under the National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used to collect information from the West Singhbhum District Hospital, Chakradharpur FRU, Karaikela PHC and Lupunggutu HSC during the assigned period of 1st September 2014 to 6<sup>th</sup> September 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** West Singhbhum District Hospital (DH), Chakardharpur FRU, Karaikela PHC and Lupunggutu HSC are functioning from own building. Chakardharpur FRU building needs immediate repairing including doctors quarters otherwise it may collapse at any time. Karaikela PHC building situation is worst. Its roof is already damage. It is very difficult to work in rainy days. Basically it is two rooms PHC without any basic facilities. At district hospital, nobody is working as LHV. No specialised person found in the Hospital.

**Recommendations:** Chakardharpur FRU old part of the building should be repaired immediately including Doctors quarter. Doctor quarters are not mentioned in the basic facility of the FRU but it is working. Drainage should be up to date to safe the campus from water lodging. Kariekela PHC is not fulfilling PHC criteria. Basically it is a sub-centre. A building is already constructed for PHC about 2 years back but it is not started up till now an effort should be made to make real PHC. Shortage of Human Resources should be fulfilled to get a better quality of health services. Drug supplies should be up graded. The supplies of IFA tablets, IFA syrup with dispenser, Vit A syp, and Zinc tablets were not up to date at District Hospital, Chakardharpur FRU, Karaikela PHC and Lupunggutu HSC.



**(5) Evaluation of Programme Implementation Plan (PIP) under NRHM in Koch Bihar District of West Bengal State (Dilip Kumar and Dhanesh Kumar)**

It is the rapid evaluation of the PIP of National Rural Health Mission (NRHM). The framed checklists and personal observations apart from the other records were used for the information collection from the Koch Bihar district hospital, Tufangunj FRU, Bokalir PHC and Bokalirmath HSC level health functionaries in the Koch Bihar district of West Bengal State during the period of 23<sup>rd</sup> February to 28<sup>th</sup> February 2015. The Key Conclusions and recommendations are given below:

**Key Conclusions:** The health facilities used to outsource ambulance through PPP mode known as the *Nischay Yan*. There is requirement of more ambulances (*Nischay Yan*) at the health centres. The Adolescent Reproductive & Sexual Health (ARSH) is known as Adolescent Friendly Health Clinic to provide services to adolescents at the health centres barring the Bokalir PHC. Bokalir PHC provides only OPD services as it is uplifted from the HSC. In Bokalir PHC, lack of trained personnel and infrastructure is a major concern for proper implementation of NRHM. The district hospital has arranged to dispose the waste materials through *Greenjan* NGO but other health centres used to burn the waste material in the open space and buried some of the wastes in the campus.

**Recommendations:** The permanent staff position is poor. The contractual positions of the medical and para medical staff should be made permanent. The training status of medical and para medical staff is poor. It is essential to ensure all medical officers and other technical staff should be trained on the regular basis to enhance the work activities. Bokalir PHC is not in the full strength of infrastructure and manpower which needs for the further strengthen for effective functioning. The importance of ARSH clinic should be highlighted at the Bokalir PHC also. The Behavioural Change Communication (BCC) may be used for this purpose.

**(6) Evaluation of Programme Implementation Plan (PIP) under NRHM in Murshidabad District of West Bengal State (Dilip Kumar, R. R. Sinha and Dhanesh Kumar)**

It is the rapid evaluation of the PIP of National Rural Health Mission (NRHM). The framed checklists and personal observations apart from the other records were used for the information collection from the Murshidabad district hospital, Kandi FRU, Gokarna PHC and Puranderpur HSC level health functionaries in the Murshidabad district of West Bengal State during the period of 1<sup>st</sup> December to 5<sup>th</sup> December 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** The district hospital has no availability of government vehicle services and it is provided by the *Nischay Yan* (Vehicles 102 and 108) of the NGO. The PHC used to outsource ambulance (PPP) with the number 102 and 108 as the *Nischay Yan*. At present, there is no mobile clinic at the health facilities. The access of the information on Adolescent Reproductive & Sexual Health (ARSH) through services at FRU and HSC levels is nil which is likely to be initiated soon. There is lack of coordination among health & ICDS workers. The district hospital has arranged to dispose the waste materials through NGO.

**Recommendations:** The contractual positions of the medical and para medical staff should be made permanent for the effective and congenial working atmosphere in the health facilities. It is essential to ensure all medical officers and other technical staff should be trained on the regular basis to enhance the work activities. There is an urgent need to display all the services (Citizen's charter) provided by the PHCs at the Centre as well as prominent places of the villages. The importance of ARSH clinic should be highlighted among the health functionaries of the Kandi FRU and among the villagers also.



**(7) Evaluation of Programme Implementation Plan (PIP) under NRHM in Maldah district of West Bengal State (K. N. Singh and U. K. Sahay)**

It is the rapid evaluation of the PIP under the National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used to collect information from the Maldah District Hospital, Gazole FRU, Muchia PHC and Dhumadighi Sub Centre during the assigned period of 24<sup>th</sup> November 2014 to 29<sup>th</sup> November 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** Shortages of Human Resources reported from District Hospital, Gazole FRU, Muchia PHC and Dhumadighi Sub Centre. At Muchia PHC, not a single MO (MBBS) is working. Two health facilities are running in the same building or same place. The post of General Surgeon and Paediatrician are reported vacant. Most of the staffs are reported trained for different services at DH, Gazole FRU, and Dhumadighi Sub Centre. New born care corner (functional radiant warmer with neo-natal ambu bag), newborn stabilization unit are reported functional in the district hospital and in Gazole FRU.

**Recommendations:** The Gazole FRU building requires immediate repairing of seepage of water including staff quarter of the hospital. Boundary wall and drainage system should be prepared. The Muchia PHC should be up graded in term of building and basic facilities. Boundary wall should be provided. Extended new building should be handover to PHC. All facilities which require a PHC must be fulfilled to provide proper health services. Shortage of MOs (MBBS), equipments, drugs, contraception and other accessories should be fulfilled. Muchia PHC is not fulfilling most of the criteria of a normal PHC. It is serving only OPD.

**(8) Evaluation of Programme Implementation Plan (PIP) under NRHM in South Twenty Four Parganas district of West Bengal State (K. N. Singh)**

It is the rapid evaluation of the PIP under the National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used to collect information from the South Twenty Four Parganas District Hospital, Sonarpur FRU, Kalikapur PHC and Poleghat SC during the assigned period of 17<sup>th</sup> February 2015 to 22<sup>nd</sup> February 2015. The Key Conclusions and recommendations are given below:

**Key Conclusions:** Shortages of Human Resources are reported at the District Hospital, Sonarpur FRU, and Kalikapur PHC. District Hospital is also in need of trolley bearer to carry the patient. All essential equipments are reported available and functional at District Hospital. Majority of essential equipments are being also reported available and functional at Sonarpur FRU, Kalikapur PHC and Poleghat HSC. Availability of few drug and supplies are not up to mark at District Hospital, Kalikapur PHC and Poleghat HSC. Among contraception EC pills supply is not frequent according to monitoring check list.

**Recommendations:** All basic facility should be provided at Kalikapur PHC like water supply, regular power supply etc. Boundary wall should be provided this PHC to make it safe. Shortage of Human Resources should be fulfilled to get a better quality of health services. Trolley bearer required at DH to carry the patient. As far as trained medical staffs are concerned, its number shows that more emphasis should be given on training component at DH. Nutritional rehabilitation centre should be established at DH and FRU. Availability of few drug and supplies are not up to mark at District Hospital, Kalikapur PHC and Poleghat SC. It should be maintained for better health services.



**(9) Evaluation of Programme Implementation Plan (PIP) under NRHM in Saharsa district of Bihar State (K. N. Singh and U. K. Sahay)**

It is the rapid evaluation of the PIP under the National Rural Health Mission (NRHM). The framed schedules and personal observation apart from the other records were used to collect information from the Saharsa District Hospital, Saur PHC and Baijnathpur HSC during the assigned period of 5<sup>th</sup> May 2014 to 9<sup>th</sup> May 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** There are acute shortages of all kind of Human Resources in the District Hospital, Saur PHC and Baijnathpur HSC. As per check list, most of the equipments were not available at District Hospital, Saur PHC and Baijnathpur HSC. There is functional new born care corner (functional radiant warmer with neo-natal ambu bag) and functional newborn stabilization unit in the District Hospital and Saur PHC. There is no separate room for ARSH clinic. The number of Adolescents attending ARSH clinic is almost nil in the district hospital.

**Recommendations:** District hospital building needs repairing. Hospital campus requires a good drainage system to work properly throughout the year according to CS reporting. Not a single FRU is working in Saharsa district. A building is already constructed for FRU about 4 or 5 years back but it is not started up till now as per reporting of CS and DPM of the district. It is a matter of investigation. District is waiting for this FRU to achieve better health. Shortage of Human Resources should be fulfilled to get a better quality of health services.

**(10) Evaluation of Programme Implementation Plan (PIP) under NRHM in Araria District of Bihar State (R.R. Sinha and Dhanesh Kumar)**

It is the prompt evaluation of the PIP under the National Rural Health Mission (NRHM). The framed checklists and personal observations apart from the other available records were utilized in collecting the required information from Araria DH, Jokihat FRU, Palasi PHC and Balua HSC during the assigned period of 3<sup>rd</sup> May to 7<sup>th</sup> May 2014. The Key Conclusions and recommendations are given below:

**Key Conclusions:** The Rogi Kalyan Samiti plays a vital role in managing the affairs of the PHC and FRU. The training on SBA, immunization and IMNCI has been conducted in the district. There is no micro birth planning for the anaemic pregnant women at the district level. The maternal death review is also lacking. There is no full strength of regular MOs in the DH, FRU and PHC. There is shortage of gynaecologists and obstetricians to provide maternal health services at the PHC level also. There is acute shortage of paramedical staff at all the health facilities.

**Recommendations:** Ensure all specialists trained in LSAS & EmOC skills are posted in the PHCs. The number of regular vacancies should be filled in time to overcome the routine works of health facilities. Incentive for working in rural/remote area is to be developed. ARSH clinic should be established in all the health facilities. There should be frequent visits of senior officials to strengthen NRHM programme. Decrease salary gap between contractual and regular staff. More emphasis should be given on IEC component.

**(11) Evaluation of Programme Implementation Plan (PIP) under NRHM in Katihar District of Bihar State (R.R. Sinha and Dhanesh Kumar)**

It is the rapid evaluation of the PIP of National Rural Health Mission (NRHM). The framed checklists and personal observations apart from the other records were used for the information collection from the Katihar district hospital, Barsoi FRU, Dandkhora PHC and Bhamraily HSC level health functionaries in the Katihar district of Bihar State during the period of 28<sup>th</sup> April to 2<sup>nd</sup> May 2014. The Key Conclusions and recommendations are given below:



**Key Conclusions:** There is no proper checklists exist for monitoring the work activities. There is no full strength of the medical officers in the district hospital and in the selected FRU and PHC. There is shortage of gynaecologists and obstetricians to provide maternal health services at PHC level also. There is acute shortage of medical and paramedical staff at all the health centres. There is shortage of blood storage facilities in the health centres due to lack of manpower and medical doctors.

**Recommendations:** The number of regular vacancies should be filled in time to overcome the routine works of the health facilities. It is essential to ensure all medical officers and specialists trained in LSAS and EmOC should be posted up to PHC level. The functioning of the AYUSH needs to be strengthened. It is essential that there should be frequent visits of senior officials at the health facilities.

**(12) Analysis of ANC Coverage and JSY Beneficiaries in Bihar based on HMIS data (Dilip Kumar and S. K. Pandey)**

The HMIS data of Bihar is now fully computerized on regular basis available for quality analysis. The demand for the data also increased by many fold and people started using the data for the planning, monitoring and evaluation purposes. The most important thing that the Bihar Health Department is in position to accept HMIS generated data is the only source of information for making health plan and taking decision at every level. The reporting of correct data is essential to make any meaningful inferences. The ANC registration against estimated pregnancies was 84 percent and 3 ANC check up against ANC registration was 60 percent. The 100 IFA tablets were received by the 61 percent of pregnant women registered for the ANC registration. But there was no available data for the actual intake of the IFA tablets by them. The study is needed in this direction also. The mothers were paid JSY incentives against the home deliveries was only one percent while most of the mothers (91 percent) were paid the JSY incentives against deliveries in the public health facilities during April'13 to February'14 in Bihar. Almost similar was the situation during April'12 to March'13 in the State.

**(13) Trend analysis of current users of Family Planning Methods across the different districts of Bihar (R. S. Mishra, Dilip Kumar and K.N. Singh)**

It is based on the district level household survey results of the period of 2002-04 to 2007-08. It is interesting to note that there is a significant growth of 1.4 percent observed among the users of any methods of family planning in Bihar within period 2002-04 to 2007-08. A significant growth of 1.1 percent was found among the user of any modern method of family planning in Bihar within period 2002-04 to 2007-08. A significant decline of only 0.1 percent is observed among the user of Male Sterilisation (Vasectomy) method of family planning in Bihar during the period of 2002-04 to 2007-08 according to statistical test at 5 percent level of significance. A significant growth of 3.1 percent is found among the user of Female Sterilisation (Tubectomy) method of family planning within Bihar during the period of 2002 -04 to 2007-08 according to statistical test at 5 percent level of significance. A significant decline of 0.4 percent found among the user of IUD method of family planning within Bihar during the period of 2002-04 to 2007-08 after application of statistical test at 5 percent level of significance.

**(14) An Assessment of Quality of Services for Population Stabilization in Jharkhand State (Dilip Kumar)**

The study is based on the literature reviews, different sources of data available from the Censuses, reports and other e-information. In the study it was found that the whole issue of population planning is concerned with just four issues: promoting women and girls



empowerment through education and other social initiatives; prevent child marriages through social and cultural initiatives; increase the availability and access to contraceptives so that unintended pregnancies are to be avoided and child births can be spaced, and strengthen healthcare facilities especially in the rural areas. It was also found that the population is not a number issue but is all about development of people, particularly women and girls and their empowerment.

**(15) Trend analysis of current user of Family Planning Methods across the different districts of Jharkhand (K.N.Singh, Dhanesh Kumar and U.K.Sahay)**

It is based on the data available in the District Level Household Survey (DLHS-2: 2002-04) and District Level Household Survey (DLHS-3: 2007-08). It was found that a significant decline of 3.0 percent observed at 5% level of significance among the users of any methods of family planning in Jharkhand within period 2002-04 to 2007-08. A significant decline of 2.5 percent observed among the user of any modern method of family planning within Jharkhand State during period 2002-04 to 2007-08 according to statistical test at 5% level of significance. No growth found among the user of Male Sterilisation method of family planning in Jharkhand State during period 2002-04 to 2007-08. A decline of 0.7 percent, but not significant, observed among the user of Female Sterilisation method of family planning in the Jharkhand State during period 2002-04 to 2007-08 according to statistical test at 5% level of significance. A significant decline of 0.4 percent observed among the user of IUD in the Jharkhand districts during period 2002-04 to 2007-08 according to statistical test at 5% level of significance. No one district have shown a significant increase in the user of IUD at 5% level of significance within period 2002-04 to 2007-08. A decline of 0.2 percent but not significant found among the user of Pills method of family planning in Jharkhand during period 2002 -04 to 2007-08 according to statistical test at 5% level of significance.

**(16) An analysis of dropouts during ANC checkups in 2007-08 & their associated determinants with special reference of MCTS impact in Bihar (A. Mishra and K. N. Singh)**

It is based on the data available in the district Level Household Surveys (DLHS-1, 2 and 3). About 38 percent expectant mothers of age group 15-44 years received at least 1<sup>st</sup> ANC checkups in 2002-04 which increased to 59 percent in 2007-08. Only 20 percent expectant mothers are getting three or more ANC checkup in 2002-04 and went up to 26 percent in 2007-08. Dropouts during three successive ANC checkups are major hurdle to achieve goals of three mandatory ANC checkups. The odd ratio between rural and urban dropouts is 1.68. It indicates that the dropouts during ANC checkups are more probable among rural areas expectant mothers (age 15-49) compared to urban areas expectant mothers. Education level above class 10 and above has been found to be more effective in reducing the dropout rate among pregnant women of age 15-49 years. Odd ratio of dropout of Hindu expectant mothers to Muslim expectant mothers is almost equal to 1. Dropouts during ANC checkups are more prevalent among SC pregnant women compared to remaining castes of the Bihar State. Dropouts during ANC checkup is more among the lowest wealth index pregnant women compared to women belonging to other remaining group of wealth indices. According to MCTS, every expectant mother receives a cell phone message with regard to their next checkup date. But no such implication recorded in HMIS data. Trend of dropout rates between 1<sup>st</sup> and 3<sup>rd</sup> ANC checkups indicates an increasing scenario during (2002- 04) - 2011. It becomes highest (nearly 84 percent) in 2011 according to the HMIS data.

**(B) Project/ Studies in Progress of the Centre during April 2014-March 2015**

All of the assigned projects/studies have been completed in the FY 2004-15 except the one study namely; 'Utilisation Pattern of Antenatal and Delivery Care Services in Bihar' which could not be completed by Dr. R. R. Sinha. In the rare case the study has been dropped out.



# AUDITOR'S REPORT

*On Account Of*

**M/S POPULATION RESEARCH CENTRE, DEPARTMENT OF STATISTICS,  
PATNA UNIVERSITY, PATNA - 800005**

## RECEIPT & PAYMENT ACCOUNT FOR THE YEAR ENDED ON 31-03-2015

It is certified that we have audited the annexed receipt and payment account for the year ended on 31<sup>st</sup> March 2015, of Population Research Centre, through RTGS with the book of accounts, vouchers, bank statement and other relevant documents produced before us.

- A. The salary of staff and other benefits of Rs.16, 608,353/-(Rupees One Crore Sixty Six Lac Eight Thousand Three Hundred Fifty Three Only) were paid from Jan 2014 to Feb 2015.
- B. During the financial year P.R.C has made payment of loan to RHS-RCH fund of PRC amounting to Rs.16,08,198.00 for making payment of salary .
- C. Bank Folio charges, SMS charges & Cheque Book issue charges Rs 325/- is included in contingency expenses.
- D. During the financial year a Grant-in-Aid of Rs 1,83,07,000.00/-(Rupees One Crore Eighty Three Lac Seven Thousand Only) in three Installments taken in Receipt and Payment Account ,which was released by the Ministry as recurring grant-in-aid for the financial year 2014-15.
- E. During the Financial year a Grant-in-Aid of Rs. 1,52,000.00/-(Rupees One Lac Fifty Two Thousand Only) by Ministry as Non-Recurring to Population Research Centre as additional TA/DA for PIP Monitoring of NRHM for financial year 2014-15.

**F. It is further stated that :-**

- 1. These financial statements are the responsibility of the management of the organization. Our responsibility is to express an opinion on these financial statements based on our audit.
- 2. We conducted our audit in accordance with auditing standards generally accepted in India, those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on test basis evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principle used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provided a reasonable basis for our opinion.

And on the basis of information & explanations provided to us, in our opinion they exhibit a true and fair view of the state of the affairs of the above named society in respect of

- A. Receipt and Payment Account for the year ended on 31 .03 2015

DATE: 05-06-2015

PLACE: PATNA

for SHAILENDAR RASTOGI & CO.

ASHUTOSH KUMAR  
PARTNER





## UTILISATION CERTIFICATE

Certified that out of total amount of the grant-in-aid received from the Director (Statistics Division) Ministry of Health and Family Welfare, Govt. of India, New Delhi released through RTGS from time to time in 2014-2015 for meeting regular expenditure through letters as below :-

- |  |                  |
|--|------------------|
| 1. Letter No. G.20011/5/2014 Stats (PRC) dated 17.07.2014,<br>1 <sup>st</sup> Installment of Recurring grant -in-aid for the year 2014-15.       | Rs.82,89,000.00  |
| 2. Letter No. G.20011/5/2014 Stats (PRC) dated 29.08.2014,<br>2 <sup>nd</sup> Installment of Recurring grant -in-aid for the year<br>2014-15.    | Rs. 63,25,000.00 |
| 3. Letter No. G.20011/5/2014 Stats (PRC) dated 18.02.2015,<br>3 <sup>rd</sup> Installment of Recurring grant-in-aid for the year<br>2014-15.     | Rs. 36,93,000.00 |
| 4. Letter No. G.20011/6/2014 Stats (PRC) dated 20.06.2014,<br>Non- Recurring grant-in-aid for the year 2014-15.<br>As additional T.A/D.A for PIP | Rs. 1,52,000.00  |

DATED : 05-06-2015

PLACE : PATNA

ASHUTOSH KUMAR

PARTNER



For SHAILENDRA RASTOGI & CO.,

*Adh*  
12/6/2015

*Onbach*  
12/6/2015

*12/6/15*  
**Addl. Director**  
**Pop. Res. Centre, PU**

*12/6/15*  
**Hony. Director**  
**Population Research Centre**  
**P.U., Patna**

*12/6/15*  
**REGISTRAR**  
**PATNA UNIVERSITY**  
**PATNA-800005**



Recurring  
GFR 19 – A  
(See Rule 212 (1))

**Form of Utilization Certificate**

S.No.	Letter No. and	Date	Amount (Rs.)
1.	G.20011/5/2014- -Stats (PRC Patna) dated :- 17.07.2014.		82,89,000.00
2.	G.20011/5/2014- -Stats (PRC Patna) dated :- 29.08.2014.		63,25,000.00
3.	G.20011/5/2014- -Stats (PRC Patna) dated :- 18.02.2015.		36,93,000.00
	Total		1,83,07,000.00

Certified that out of Rs.1,83,07,000.00 (One Crore Eighty Three Lac Seven Thousand only) of Grants-in-aid sanctioned during the years 2014-15 in favour of PRC, Patna under this Ministry/ Department letter No. given in the margin and Rs.6,29,299.81 (Six Lac Twenty Nine Thousand Two Hundred Ninety Nine and Eighty One Paisa Only), on account of unspent balance of the previous year which contains (Rs 6,29,299.81 at bank). During the year PRC has spent, a sum of Rs.1,85,57,521.00 (One Crore Eighty Five Lac Fifty Seven Thousand Five Hundred Twenty One Only) which includes repayment of Loan of RHS-RCH(Loan amount Rs.16,08,198.00 and bank charges (Rs.325.00) for the purpose of which it was sanctioned and that the balance of Rs. 4,24,068.81.(Four Lac Twenty Four Thousand Sixty Eight and Eighty One Paisa only ), remaining un utilized at the end of the year has been surrendered to Government (vide No. Nil dated. Nil) will be adjusted (payable to PRC Patna Rs.4,24,068.81) towards the grants -in-aid payable during the next year 2015-16.

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





Kinds of checks exercised.

1. The agency's statement of accounts for the year 2014-2015.  
Duly audited by the Chartered Accountant have been obtained and sanctioned.
2. The utilization certificate and Audit Reports for the prescribed year.
3. It has been ensured that the physical and financial performance of the PRC has been according to the requirements as prescribed in the guidelines issued by the Govt. of India / State Government.
4. Any other




Signature :



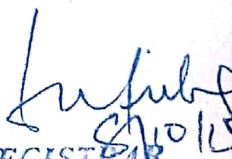
Designation: CHARTERED ACCOUNTANT

Dated: 05-06-2015

**Note:** During the financial year P.R.C has received Grant Rs.1,83,07,000.00 ( One Crore Eighty Three Lacs Seven Thousand Only ) Out of which Salary paid to staff & other benefits other increment to the staff Rs.1,66,08,353.00 ( One Crore Sixty Six Lacs Eight Thousand Three Hundred Fifty Three Only), TA & DA (P.R.C) Rs.73,290.00 ( Seventy Three thousand Two Hundred Ninety only ), Contingency expenses (P.R.C.) Rs.2,37,496.00 (Two Lac Thirty Seven Thousand Four hundred Ninety Six only) And Books and Journals (P.R.C.) Rs. 30,184.00 (Thirty Thousand One hundred Eighty Four only).

  
D. L. Kumar  
Addl. Director  
Pop. Res. Centre, PU  
  
12/6/2015  
  
12/6/2015

  
Hony. Director  
Population Research Centre  
P.U., Patna  
12/6/15

  
REGISTRAR  
PATNA UNIVERSITY  
PATNA-800005



RECEIPTS	AMOUNT(Rs.)	PAYMENT	AMOUNT (Rs.)
<u>To Opening balance b/d</u>		By Salary of Staff & Other benefits	
Allahabad bank		other increment to the staff	
(a) Opening balance (P.R.C)	629,299.81	(jan.2014 to feb.2015)	16,608,353.00
(b) Opening balance (PIP FUND)	108,587.00		
(C) Opening balance (Non recurring )	26,474.00	By Repayment of Loan from	
(d) Opening balance (DLHS-4)	230,000.00	RHS-RCH Fund of PRC	1,608,198.00
	<u>994,360.81</u>	By T.A & D.A (PRC)	73,290.00
To Interest received in savings a/c with Allahabad bank	45,290.00	BY Contingency expenses (PRC)	237,496.00
<u>To Grant-in-Aid:-</u>		( including Data Processing, POL and maint. Of vehicles & bank charges etc.)	
Received from the Under Secretary (C & G) , Ministry of Health and Family Welfare, Govt. of India, New Delhi, realeased through RTGS from time to time in 2014-15, for regular		By Books and Journals (PRC)	30,184.00
		By Non Rrecurring Expenses	26,474.00
1. Letter No. G.20011/5/2014 Stats (PRC) dt.17.07.2014 as 1st installment of recurring grant-in-aid for the year 2014-15	8,289,000.00	By Refund of Grant given towards DLHS-4	230,000.00
		By Refund of Grant given towards PIP	108,587.00
2. Letter No. G.20011/5/2014 Stats (PRC) dt.29.08.2014 as 2nd installment of recurring grant-in-aid for the year 2014-15	6,325,000.00		
		<u>Closing balance c/d</u>	
3. Letter No. G.20011/5/2014 Stats (PRC) dt.18.02.2015 as 3rd installment of recurring grant-in-aid for the year 2014-15	3,693,000.00	By Allahabad Bank	
		Closing balance (PRC)	424,068.81
	<u>19,346,650.81</u>		<u>19,346,650.81</u>



