

Chapter V

NRHM and Health Care in Cachar District

In previous chapter I discussed evolution of health care of Cachar district from ancient to post independent period. In this chapter I discuss contribution of national rural health mission for health care in the district.

National rural health mission started in April 12, 2005 throughout the country with major focus on eighteen states. In Cachar district too national rural health mission started in same year.

National rural health mission gives fund to district health society of Cachar from 2005. In 2005-06 an amount of Rs 2.91 crore was provided to Cachar district followed by Rs. 4.19 crore in 2006-07, Rs 7.47 crore in 2007-2008, Rs 14.75 crore in 2008-09 and Rs 23.99 crore in 2009-10. Though fund was received in 2005-06 but a negligible amount of Rs 37,062 was spent in same year.

In 2006-07, total expenditure was Rs 2.51 crore keeping a closing balance of Rs 4.59 crore. Only 35% of available fund was spent in that year. In 2007-08 total fund available was Rs 12.33 crore and expenditure was Rs 8.16 crore. Therefore, 66% of fund was used keeping closing balance of Rs 4.17 crore. In 2008-09

expenditure was Rs 9.16 crore and an amount of Rs 9.76 crore remain unspent as closing balance. Only 48% of fund was used in that year. In 2009-10 expenditure was 18.09 but closing balance remained Rs 15.66 crores. From above analysis it is observed that during 2005-10, total fund received was Rs 53.58 crore and total expenditure was Rs 37.92 crore and Rs 15.66 crore remained unused.

Contribution in infrastructure and manpower development: National rural health mission aims to bring change in existing of health care in the district. Health care of a district needs adequate number of health institutions at every level. Each health institution needs adequate infrastructure, equipments, health manpower. With a view to design health care of Cachar district as per Indian Public Health Standard norms, national rural health mission plans to improve quantity and quality of health institutions as well as health services in the district.

There is only one district hospital working as a second referral unit. At present the district has one community health centre, eight block primary health centres and thirty two primary health centres including state dispensaries and subsidiary health centres. Before implementation of national rural health mission there were only twenty seven primary health centres in the district. National rural health mission started to increase number of primary health centres and at end of 2012 five more primary health centres are completely established.

Number of sub-centre in Cachar district at the end of 2005 was 263 which is increased by national rural health mission to 269 by the end of 2010. Number of primary health centres was 27 at the end of 2005 which is increased to 32 by the end of 2010. During financial years 2005-10 total four sub-centres and five primary health centre are newly established. But number of community health centre is as same as earlier. Though National Rural Health Mission programme helped to increase number of health centres but this increment is not sufficient as per requirement of the district.

As per Indian Public Health Standard norms, there should be one sub-centre for 5000 population. One primary health centre should serve 30,000 population and one community health centre should serve a population of 1, 20,000. As per 2001 census report population of Cachar district is 14.45 lakh, therefore, requirement of sub-centre, primary health centre and community health centre is more than their existing numbers. At least seventeen more sub-centres, sixteen primary health centres and eleven community health centres are required in the district.

National Rural Health Mission started to upgrade condition of existing sub-centre and primary health centre in the district. In financial year 2007-08 new building of fifty eight sub-centres were constructed. In year 2008-09 new building for another twelve sub-centres were constructed. The progress of building construction for sub-centres was significant in 2009-10. Total twenty three new buildings are constructed in that year. In 2010-11 building of sixteen sub-centres are planned for construction but due to non availability of permanent land only five building are completed.

Sub centres of Cachar district are receiving vaccines, prophylactic drugs, contraceptives and ORS (oral rehydration solution) from national rural health mission fund since 2005. More than 85% of requirement of vaccines like OPV (oral polio vaccine), BCG (bacillus calmette-guerin), DPT (diphtheria pertussis tetanus) DT, TT (tetanus) and measles for sub-centres of Cachar district are covered by national rural health mission. Around 60% of requirement of vitamin A, ORS (oral rehydration solution) is provided to sub centres in district and around 70% of requirement of contraceptives like condom and cop per T are provided to subcentres of district for free distribution to rural people.

Apart from building, essential drugs, vaccines and contraceptives, sub centres of Cachar are provided essential furniture by national rural health mission. Furniture like labour table, writing table, chair, examination table, wardrobe etc are

provided to 40% of sub-centres till now. More than 40% of sub-centres of Cachar received writing table and chair at the end of 2012. Wardrobe and examination table are given to around 20% of sub-centres. But very few sub-centres (around 2%) received labour table by end of 2012.

National rural health mission started to provide adequate health manpower in the district. Doctors, Auxiliary Nurse Midwives (ANM), laboratory technicians, pharmacists, male and female health workers are appointed in primary health centre, community health centre and district hospital. Sub centres are also provided auxiliary nurse midwives, rural health practitioners and multipurpose workers. Apart from health manpower supporting staffs like drivers, peons, sweepers are also appointed in health centres of the district under national rural health mission programme.

In district hospital there are fifteen medical officers working in different departments. Out of these fifteen doctors one homeopathic and one ayur doctor is available. All doctors are appointed on regular basis by respective department of government of Assam. There are thirty staff nurse and eight ANMs (auxiliary nurse midwives) working in district hospital. Out of thirty staff nurse ten staff

nurse are appointed under national rural health mission. There are total six lab technicians, two radiographers and four pharmacists working in district hospital who are appointed on regular basis by state government.

The only community health centre of the district has thirty three staffs including medical officers. Out of these thirty three employees twelve employees are appointed under national rural health mission. Community health centre has seven medical officers, eight staff nurses, one ANM (auxiliary nurse midwives), two lab technicians and two pharmacists. Six staff nurses and one lab technician of community health centre have been appointed under national rural health mission before 2012.

In eight blocks primary health centres of the district there are total two hundred thirty five employees including doctors, staff nurses, and auxiliary nurse midwives. Out of these two thirty employees around seventy employees are appointed under national rural health mission programme in 2012. It is observed that majority of the staff.nurse working in all block primary health centre of Cachar are employed under national rural health mission. Similar is the case with auxiliary nurse midwife and lab technician working in block primary health centres of the district.

Most of the pharmacists working in different block primary health centres are employed by government of Assam. However, eight pharmacists are employed under national rural health mission. At present there are forty five staff nurses working in block primary centres of the district out of which twenty six staff nurses are recruited under national rural health mission. Twenty six auxiliary nurse midwives are working in block primary health centres but number of auxiliary nurse midwives employed under national rural health mission is only six.

As per requirement, number of doctors for every primary health centre of the district is not available at present. Instead of professional doctors, rural health practitioners (RHP) are also appointed in medical health sub-centre of Cachar to provide primary health care to people. Majority of medical sub-centre of Cachar district are run by Auxiliary Nurse Midwives (ANM), rural health practitioners, multipurpose workers and pharmacists.

Primary health centres of the district are run by professional doctors, Auxiliary Nurse Midwives (ANM), pharmacists, laboratory technicians and supportive

health workers. Along with allopathic doctors, AYUSH doctors (ayurvedic, yoga, Unani, siddha and homeopathy) are also appointed in primary health centres to provide additional health care service as well as to reinforce traditional health care as a corollary to modern health care services.

There are thirty four medical officers working in primary health centres of Cachar district like mini primary health centre, new primary health centre, state dispensary and subsidiary health centres. Out of these thirty four medical officers, seven medical officers are ayur doctors and one homeopathic doctor. Most of the medical officers are appointed on regular basis by department of health and family welfare government of Assam. Only eight medical officers are appointed under national rural health mission programme up to 2010.

It is observed from the study that national rural health mission has contributed a lot to primary health care of Cachar district by providing auxiliary nurse midwives, staff nurse, lab technicians, pharmacists and other paramedical staffs. Out of twenty seven staff nurses working in primary health centres of Cachar district twenty five staff nurses are appointed under national rural health mission before 2012. Out of twenty six auxiliary nurse midwives working in primary health centres of Cachar district eleven auxiliary nurse midwives are appointed

under national rural health mission before 2012. Thirteen lab technicians and two pharmacists are appointed in primary health centres of Cachar district under national rural health mission programme in 2012. National rural health mission also provides other supporting staffs in different primary health centres of Cachar district in the same year.

It is observed from the study that though AYUSH is introduced in Cachar district at primary and secondary level of health care services but this system of medicine is not properly supported with needful equipments. Due to lack of infrastructure AYUSH doctors are not able to provide health services which they supposed to do. Their practice is being influenced by modern medicine. It is observed from the study that without being trained in modern medicine AYUSH doctors are prescribing modern medicine to patients.

In family welfare subcentres of Cachar district auxiliary nurse midwives (ANM), multipurpose workers (MPW) and supporting staffs are employed. These employees are recruited on regular basis by state government as well as on contractual basis under national rural health mission. There are total two hundred sixty nine sub-centres where five hundred auxiliary nurse midwives (ANM) are employed. Out of these five hundred auxiliary nurse midwives two hundred forty

one are employed under national rural health mission on contractual basis before 2012. Eleven rural health practitioners (RHP) are employed on contractual basis under national rural health mission for different medical health subcentres of Cachar district.

National Rural Health Mission has fulfilled its target to provide ASHAs under each and every health sub-centres. ASHAs (Accredited Social Health Activist) are provided training to gather sufficient health knowledge to understand health need of the community people whom they suppose to serve. ASHAs are working at primary level for ante natal care, post natal care and family planning.

National rural health mission provides health manpower to Silchar medical college and hospital. Indeed Silchar medical college and hospital has been providing referral service to people of this region. Fifty four staff nurses are appointed in Silchar medical college and hospital under national rural health mission before 2012. Moreover, two medical officers, one paediatrician and one general physician are appointed in Silchar medical college and hospital under national rural health mission before 2012.

Mobile medical unit is working effectively in the district after implementation of national rural health mission. Four medical officers are appointed in Cachar district in mobile medical unit under national rural health mission before 2012. Two staff nurses, two pharmacists, two lab technicians, two radiographers are employed in this unit under national rural health mission before 2012. Apart from health manpower seven drivers and four handymen are also appointed under national rural health mission in this unit.

NRHM and improvement of Health services in Cachar District: National Rural health Mission has achieved a lot a in the following areas of health services like antenatal and postnatal care, immunisation of children and community participation in health care. It is observed from the study that antenatal and postnatal care in Cachar district before introduction of National Rural Health Mission was very poor. But this service started to develop from the year 2006 i.e. just after one year completion of the programme in Cachar district.

National rural health mission aims to register pregnant women in health centres within first trimester. Initial medications for pregnant women are started from first trimester with essential vaccines and drugs and subsequent medications and

pathological tests are done in health care institutions. The following table shows the percentage of pregnant women getting registered under different block Primary health Centres of Cachar district in 2012.

Table V.1

Pregnant Women Registered Under Health Centres in 2012

Name of BPHC	No of Pregnant Women	Registered for ANC	Percentage
Borkhola	6654	5130	77%
Dholai	6931	6062	87%
Harinagar	2849	2225	78%
Jalalpur	6345	5284	83%
Sonai	8308	7366	89%
Udharbond	5188	4517	87%
Bikrampur	4169	3218	77%
Lakhipur	6327	5032	80%
Total	46771	38834	83%

It is observed from the table that total 83% of the pregnant women in Cachar district are getting registered in government health care institutions in the year 2012. Under Borkhola block primary health centre around 77% of the pregnant women are registered in government hospital followed by 87% pregnant women under Dholai block primary health centre, 78% under Harinagar block primary health centre, 83% under Jalalpur block primary health centre, 89% under Sonai block primary health centre, 87% under Udharband block primary health centre,

77% under Bikrampur block primary health centre and 80% under Lakhipur block primary health centre.

National rural health mission also supports existing health service of the district by providing adequate numbers of Auxiliary Nurse Midwives to look after every villages under their jurisdiction. ASHA is available in every village to look after the pregnant women of the village. Because of availability of ASHA and ANM pregnant women in their first trimester are getting registered in VHND programme under government health centres. Table V.2 shows the percentage of pregnant women registered under government health centres within first trimester of pregnancy.

Table V.2

Pregnant Women Registered within First Trimester in 2012

Name of BPHC	No of Registered PW	PW Registered Within First Trimester	Percentage
Borkhola	5130	2709	53%
Dholai	6062	3083	51%
Harinagar	2225	836	38%
Jalalpur	5284	3020	57%
Sonai	7366	2879	39%
Udharbond	4517	3276	73%
Bikrampur	3218	1845	57%
Lakhipur	5032	2629	52%
Total	38834	20277	52%

Table shows that in the year 2012 around 52% of the pregnant women are registered in government health centres within first trimester of pregnancy. Percentage of registered pregnant women within first trimester is highest (73%) in Udharband block primary health centre followed by followed by 57% in both Bikrampur and Jalalpur block primary health centres. Percentage of registered pregnant women during first trimester in Borkhola block primary health centre is 53% followed by 52% in Lakhipur and 51% in Dholai block primary health centre. In Sonai and Horinagar block primary health centres the same is around 39% and 38% respectively. It is found that Health check up and adequate medication of pregnant women start from first trimester itself. Tetanus vaccine is very important for the pregnant woman which is required to be taken within first trimester. The table V.3 shows the status of receipt of TT-1 vaccines by pregnant women in different block primary health centres of Cachar district.

Table V.3

Registered Pregnant Women Received TT-1 in 2012

Name of BPHC	No of Registered PW	Received TT-1	Percentage
Borkhola	5130	1784	35%
Dholai	6062	5009	83%
Harinagar	2225	2169	97%
Jalalpur	5284	3525	67%
Sonai	7366	5134	70%
Udharband	4517	3427	76%
Bikrampur	3718	3213	86%
Lakhipur	5032	4108	82%
Total	39334	28369	72%

Table highlights around 72% of the pregnant women received TT-1 vaccine during pregnancy in Cachar district in 2012. In Harinagar block primary health centre highest number of pregnant women (97%) received TT-1 followed by 86% pregnant women in Bikrampur block primary health centre, 83% in Dholai block primary health centre, 82% in Lakhipur block primary health centre, 76% in Udharband block primary health centre, 70% in Sonai block primary health centre, 67% in Jalalpur block primary health centre and 35% in Borkhola block primary health centre. After TT-1 vaccine another two vaccines like TT-2 and TT Booster vaccines are essential for pregnant women. Percentage of recipients of TT-2 and TT Booster in Cachar district in the year 2012 is given below in the following table.

TableV.4

Registered Pregnant Women Received TT2/TT Booster in 2012

Name of BPHC	No of Registered PW	Received TT2/ TT Booster	Percentage
Borkhola	5130	4609	90%
Dholai	6062	5968	98%
Harinagar	2225	2215	99.5%
Jalalpur	5284	4673	88%
Sonai	7366	5973	81%
Udharband	4517	3980	88%
Bikrampur	3218	2766	86%
Lakhipur	5032	4217	84%
Total	38834	34401	89%

Table V.4 illustrates that around 89% of the registered pregnant women in Cachar district received TT-2 and TT Booster vaccines in the year 2012. Highest percentage of TT-2 and TT Booster recipients are in Harinagar block primary health centre followed by 98% in Dholai block primary health centre, 90% in Borkhola block primary centre, 88% in Jalalpur and Udharband block primary health centre, 86% in Bikrampur block primary health centre, 84% in Lakhipur block primary health centre and 81% in Sonai block primary health centre. Iron folic acid is very essential for pregnant women to maintain hemoglobin level as well as for proper growth of fetus. Recipients of Iron folic acid in Cachar district in the year 2012 is given below.

Table V.5

Pregnant Women Received Iron Folic Acid in 2012

Name of BPHC	No of Registered PW	Received Iron Folic Acid	Percentage
Borkhola	5130	5071	99%
Dholai	6062	5968	98%
Harinagar	2225	2169	97%
Jalalpur	5284	4246	80%
Sonai	7366	7186	98%
Udharband	4517	4373	97%
Bikrampur	3218	2688	84%
Lakhipur	5032	4998	99%
Total	38834	36699	95%

From above table it is observed that around 95% of the registered pregnant women in Cachar district in the year 2012 received iron folic acid tablets. Percentage of recipients of iron folic acid is highest in Borkhola and Lakhipur (99%) followed by Dholai and Sonai (98%), Harinagar and Udharband (97%), Bikrampur (84%) and Jalalpur (80%).

The study shows that National Rural Health Mission programme helps the existing health care institution of Cachar district to refer pregnant women from primary health centres to referral hospitals. It is found that high risk pregnant women were referred to district hospital and Silchar medical college and hospital

from every block primary health centres of the district. Percentage of high risk pregnant women referred to referral hospitals of the district in the year 2012 is shown in table below.

Table V.6

Pregnant Women Referred to District Hospital in 2012

Name of BPHC	No of Registered PW	No of Patient Referred	Percentage
Borkhola	5130	86	1.7%
Dholai	6062	114	1.9%
Harinagar	2225	95	4.25%
Jalalpur	5284	539	10.2%
Sonai	7366	307	4.2%
Udharband	4517	136	3%
Bikrampur	3218	72	2.25%
Lakhipur	5032	259	5.15%
Total	38834	1608	4.15%

The table shows that around 4.15% of registered pregnant women in Cachar district are referred to district hospital and Silchar medical college and hospital due high risk pregnancy. Percentage of high risk pregnant women is highest in Jalalpur block primary health centre (10.2%) followed by 5.15% in Lakhipur block primary health centre, 4.25% in Harinagar block primary health centre, 4.2% in Sonai block primary health centre, 3% in Udharband block primary

health centre, 2.25% in Bikrampur block primary health centre, 1.9% in Dholai and 1.7% in Borkhola block primary health centre.

It is also observed that high risk pregnant women who got registered in district hospital are referred to Silchar medical college and hospital and few high risk pregnant women are referred to state hospital at Guwahati and speciality hospital outside Assam. Mamoni booklets are distributed among the pregnant women registered in health centres under different block primary health centres along with financial assistance of Rs 1000 in two installments for nutritious diets and fruits. Number of pregnant women covered under mamoni scheme in Cachar district in the year 2012 is shown in the table below.

Table V.7

Number of Pregnant women covered under mamoni scheme

Name of BPHC	No of Registered PW	No of PW covered	Percentage
Borkhola	5130	5130	100%
Dholai	6062	6035	99.5%
Harinagar	2225	2214	99.5%
Jalalpur	5284	5124	97%
Sonai	7366	7198	98%
Udharband	4517	4517	100%
Bikrampur	3218	3218	100%
Lakhipur	5032	4773	95%
Total	38834	38209	98%

It is observed from the table that around 98% registered pregnant women in Cachar district are given financial assistance under mamoni scheme in the year 2012. It is observed that three block primary health centres in the district have distributed mamoni booklets to all pregnant women registered in the year 2012. In Harinagar and Dholai block primary health centers 99.5% registered pregnant women are covered under mamoni scheme in the same year. Percentage of distribution of mamoni scheme among registered pregnant women in Sonai block primary health centre is 98% followed by 97% in Jalalpur and 95% in Lakhipur block primary health centres.

One of the major achievements of National Rural Health Mission throughout India is institutional delivery. In Cachar district it is observed that institutional delivery has improved a lot after implementation of National Rural Health Mission programme. This has become possible due to appointment of ASHAs under every medical sub-centre who convinces pregnant women to get registered in government health centers. Different schemes introduced for financial assistance in pre and post delivery period may be another reason behind the success of institutional delivery in the district.

If we look into comparative analysis of institutional delivery in Cachar district for last seven years we find that there is gradual increase of institutional delivery in every successive year. Table V.9 shows institutional delivery in Cachar district from 2005-06 to 2011-12

Table V.8

Institutional deliveries in Cachar from 2005-06 to 2011-12

Year	Pregnant women	Institutional delivery	Percentage
2005-06	46,500	11,519	25%
2006-07	47,360	12,143	26%
2007-08	47,914	20,755	43%
2008-09	49,345	22,166	45%
2009-10	46,315	27,680	60%
2010-11	40249	29154	72%
2011-12	40134	29710	73%

It is observed from the above table that institutional delivery in the year 2005-06 was only 25% of registered pregnant women but it has increased to 26% in the year 2006-07 followed by 43% in 2007-08, 45% in 2008-09, 60% in 2009-10, 72% in 2010-11 and 73% in 2011-12.

TableV.9

Distribution of Mamoni among Beneficiaries in 2012

Name of BPHC	No of Registered PW	No of PW Received Mamoni	Percentage
Borkhola	5130	3811	74%
Dholai	6062	3934	65%
Harinagar	2225	2000	90%
Jalalpur	5284	4768	90%
Sonai	7366	6902	94%
Udharbond	4517	2109	47%
Bikrampur	3218	2108	65%
Lakhipur	5032	3163	63%
Total	38834	28795	74%

Above table shows that around 74% of pregnant women who were registered in different block primary health centres received *Mamoni* scheme. Sonai block primary health centre distributes *Mamonito* 94% of pregnant women registered in the year 2012. Harinagar and Jalalpur block primary health centres distributes *Mamoni* to 90% of pregnant women register in that year. Borkhola block primary health centre distributes *Mamoni* to 74% of the registered pregnant women registered in 2012. Dholai and Bikrampur block primary health centres distributes *Mamoni* to 65% of registered pregnant women. Lakhipur block primary health centre distributes to 63% of registered pregnant women but distribution of *Mamoni* and is very poor (47%) in Udharband block primary health centre in the year 2012.

Janani Suraksha Yojana: National rural health mission initiates this programme to all over India and in Cachar district too this facility is given to mother after delivery of child in government health centres. After institutional delivery a mother is paid an amount of Rs. 1400/- in rural and Rs. 1000/- in urban area for post delivery care.

Following table shows the status of Janani Suraksha Yojana in Cachar district from 2009-10 to 2011-12.

Table V.10
Janani Suraksha Yojana from 2009-10 to 2011-12

Year	Institutional Delivery	Distribution of JSY	Percentage
2009-10	27680	23,925	86.40%
2010-11	29,154	25,176	86.30%
2011-12	29,710	25,439	85.60%
Total	86,544	74,540	86.10%

It is observed from the above table that in Cachar district total 86.10% of the pregnant women who performed institutional delivery were provided benefit of Janani Suraksha Yojana. In the year 2009-10, 86.40% of pregnant women under institutional delivery were given Janani Suraksha Yojana scheme followed by 86.30% in the year 2010-11 and 85.60% in the year 2011-12.

Apart from mamoni and Janani Suraksha Yojana there are other benefits given to nursing mother women viz *Mamata* Kit (which include soap, oil, powder, Mosquito net etc. for new born baby) just after institutional delivery at government hospital and *Majani* scheme is given to the girl child. Under this scheme a cheque of rupees five thousand is given in the name of girl child of BPL family, by depositing the cheque in the bank it must be updated by the guardian three time after an interval of three years and at the age of 18 years or after this girl can withdraw the money for her good.

Performance of NRHM in Child Care: National rural health mission has helped a lot to improve maternity and child care of Cachar district. One of the major aspects of maternity and child care is immunisation. Immunisation of pregnant mothers and infant is being done very attentively after implementation of national rural health mission in the district.

National rural health mission helps state health department providing sufficient number of auxiliary nurse midwives, staff nurses and ASHAs. In every sub centre of Cachar district at least two staff ANMs (auxiliary nurse midwives) are appointed who guide ASHAs and AWW (Angan Wadi workers) to conduct immunisation programme in every month in every village.

BCG (bacillus calmette-guerin), OPV (oral polio vaccine), DPT (diphtheria pertussis tetanus) Hepatitis-B vaccine and measles are given to infants. BCG and OPV-0 vaccines are given at the time of birth for every case of institutional delivery.

Subsequently at the age of six weeks infants are given three vaccines viz OPV-1, DPT-1 and Hep B-1. At the age of ten weeks OPV-2, DPT-2 and Hep B-2 vaccines are given and at the age of fourteen weeks again OPV-3, DPT-3 and Hep B-3 are given. Vaccine of measles and vitamin A (1st dose) is given at the age of nine-twelve months.

Two vaccines DPT Booster and OPV Booster along with vitamin A second dose are given to children at their age of 16-24 months. Vitamin A 3rd, 4th and 5th doses are given at the age of twenty four months, thirty months and thirty six months respectively. At the age of five years DT booster and at the age of ten and sixteen years respectively TT boosters are given.

It is observed from the study that national rural health mission helps to accelerate the task of immunisation in Cachar district. Number of beneficiaries coming under immunisation programme is increasing day by day. This is observed by a comparative analysis of immunisation in Cachar district from 2009-10 and 2010-11 which is given below.

Table V.11

Immunisation in Cachar District

Vaccines	2009-10	2010-11	Increase percent
BCG coverage	28256	32134	13.7%
OPV 1 st dose	26367	27178	3%
OPV 3 rd dose	25890	26784	3.5%
DPT 1 st dose	26736	28361	6%
DPT 3 rd dose	26404	27956	5.9%
Total	133653	142413	6.5%

It is observed from the above table that numbers of beneficiaries for every vaccine increased from 2009-10 to 2010-11. There is 13.7% increase of beneficiaries for BCG vaccine from 2009-10 to 2010-11 followed by 3% increase in OPV 1st dose, 3.5% increase in OPV 3rd dose, 6% increase in DPT 1st dose and 5.9% increase in DPT 3rd dose.

It is observed that there are drop out cases for vaccination in both the years 2009-10 and 2010-11. Number of beneficiaries for BCG coverage is 28,256 in the year 2009-10 but same numbers of beneficiaries have not attended for next vaccine. The figure has reduced to 26,367 for next vaccine OPV 1st dose. Further reduction is found in 3rd dose of OPV in the year 2009-10. Decrease of beneficiaries for subsequent doses of vaccine is also found in the year 2010-11. This clearly indicates that drop out cases there in the next year too.

Family planning service is also accelerated in Cachar district by national rural health mission. Various measures for family planning are taken in health centres and sub centres. These are insertion of intra uterine device (IUD), distribution of oral cycle contraceptive pills, distribution of emergency contraceptive pills, and distribution of condoms and medical termination of pregnancy.

Table V.12

Family planning performance

Methods	2009-10	2010-11	Increase Percent
LAP	3576	5094	42.4%
TUB	127	514	304.7%
NSV	931	412	-55.7%
IUD	2502	2629	5%
Total	7136	8649	21.20%

It is observed from the above table that family planning initiated by government through national rural health mission is gradually becoming successful in Cachar district. All methods applied for family planning are not accepted by beneficiaries. LAP (Laparoscopy) is well accepted and this method of family planning has received maximum popularity in Cachar district. This method of family planning attains 42.4% growth from the year 2009-10 to 2010-2011. Another popular method is IUD (Intra Uterine Devices) which gained popularity

in the district too. This method has attained 5% growth from 2009-2010 to 2010-2011. TUB method is also becoming popular which attained 304.7% growth in the year 2010-11. NSV method is not popular which attains de growth of -55.7% in the tear 2010-11. It is observed that overall performance of family planning in Cachar district is better in the year 2010-11 than 2009-10.

In the year 2011-12 around 5436 cases of LAP (Laparoscopy) are done in eight block primary health centres of Cachar district. TUB (Tubectomy) increased up to 742 in that year but NSV (No-Scalpel Vasectomy) reduced to only 187. Cases of IUCD increased to 2764 in the year 2011-12.

In 2011-12 around 66753 oral pill cycles are distributed among beneficiaries. Around 665 emergency contraceptive pills and 554000 condoms are distributed among beneficiaries under eight block primary health centres of the district.

If we look into performance of national rural health mission in Cachar district in terms of health indicators like maternal mortality ratio, infant mortality rate, child mortality rate, total fertility ratio etc we find that maternal mortality ratio of Cachar district become lower than earlier. At present maternal mortality ratio is 342 per 1000 which was 358 per 1000 in 2005. Infant mortality rate has got reduced than earlier. At present infant mortality rate is 57 which was around 69

in 2005. Crude birth rate of Cachar district is 26.5, crude death rate is 7.5, natural growth rate is 18.5 and sex ratio is 974 per 1000 of female.

Some improvements are seen in these health indicators but national rural health mission is yet to reach national average for these above health indicators. National average of maternal mortality ratio, infant mortality rate, crude birth rate and crude death rate is much lower than Cachar district.

For emergency service and risk management national rural health mission has introduced 108 *Mrityunjoy* service in the district under public private partnership scheme. Under this scheme there are total 14 emergency ambulances rendering services for risk management in the district.

Conclusion: National rural health mission has just started its journey in Cachar district. In last five years of its achievement the mission could not reach to its target which is set before implementation of the programme. The programme is far away from its desired goal towards making health care of Cachar district at par with Indian Public Health Standard norms.

Though significant improvement is found in specific services like maternity care, child care and family planning but national rural health mission is not able to provide all kind of health services affordable and accessible to rural people. This happens due to lack of adequate manpower, infrastructure and equipments. There

is serious shortage of professional doctors, nurses, lab technicians, pharmacists and radiographers in every level of health care institutions starting from district hospital to health sub centre of the district. In district hospital all specialty departments do not have specialists till now. Same is the situation of community health centre of the district. Specialists' doctors are required in a community health centre to provide referral service to the patients referred from different health centres and sub centres of the district.

Primary health centres are also facing the same problems. In primary health centre there is requirement of at least four to five medical officers to serve in outpatient and inpatient departments and twenty four hour service. Adequate number of staff nurse and paramedical staffs are not available in primary health centres of Cachar district. Same situation persists in sub centres of the district.

The programme is not properly implemented in Cachar district. The budget allotted for the district is not properly utilised and huge amount of unused money is going back from the district in every financial year. Therefore, there is necessity of proper planning and adequate implementation of the programme to meet the need of rural people of the district.