

PREFACE

The rapidly growing population had been a major concern for health planners and administrators in India since independence. The result was the launching of National Family Planning Programme by the Government of India. India was the first country to have taken up the family planning programme at the national level. A CHANGED POLICY named as TARGET FREE APPROACH came into existence from 1.4.96. Thereafter, following the recommendations of the International Conference on population and Development (ICPD) held in Cairo in 1994, the Govt. of India introduced the Reproductive & Child Health (RCH) package to supplement the MCH services in the country. Reproductive and Child Health Program is a major initiative in 9th Five year Plan from April, 1999 following the International Conference of Population Development in Cairo.

The Reproductive Health and Child Health Programme since its inception in the year 1997, has been rendering all due services with lot of Human Resources, Financial Expenditure and material resources with the prime goal of improving the overall health status of women and children specially in the rural India. Along with the all other parts of the country in Barak Valley, Assam, the programme has also been implemented through various institutions of primary health care.

The programme has already completed its first phase in the year 2005 and moving towards the beginning of second phase. It is very important to evaluate the impact of the programme on the health status of women and children in Assam.

In this study, I have tried to evaluate RCH Programme in Assam with in the light of pre-programme health status and post-programme health status of women and children and compared with findings of such other studies and researches. Here, I have tried to evaluate the programme with special reference to Barak Valley as sample area to the whole of Assam and in the context of Primary Health Centre coverage so as to reveal the truth in rural areas.

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