



they are Tibeto-Burman tribal people and speak Kuki-Chin dialects. The majority of the Lushais are Christians, mostly Baptist. The Chakma tribe, which is also present in Arunachal Pradesh and Tripura, is another prominent non-Mizo tribe of the state. The Chakmas are relatively late entrants to the state and unlike other groups who migrated from east of Burma to the west, the Chakmas migrated from the west of Bengal towards east. Presently they inhabit the south-western part of Mizoram. They are strong adherents of Buddhism.

Hmar is one of the most distinct ethno-linguistic tribe of Mizoram. They are located in the Northern Mizoram, especially in the northern blocks of Aizawl district. Most of them have accepted the culture of Mizos and now many of them identify themselves as Mizos instead of Hmar. However, they are recognized as separate scheduled tribe with their distinct culture and language. Like Hmar, Bru also known as Reang constitutes one of the minority community of Mizoram. This community which professes Buddhism inhabits the Mammit sub-division of the State. The Pawi also referred as Lai or Chin is one of the distinguished tribe of Mizoram. The majority of Pawis are found in the Chimtuipui district and in the Champai sub-division of Aizawl district bordering Myanmar. The Ralte are distributed in Aizawl, Lunglei and Chimtuipui districts. The Lakhers were mainly a branch of Pawi tribe. They are found in south eastern corner of the Lushai Hills district.

Manipur:

The Manipur is bounded by Nagaland on the north, Mizoram on the south and Assam to the west and Myanmar on the east. Manipur was a princely state until 1947 and became a state in 1972 from union territory. Besides Meiteis (Manipuri Hindus), Pagans (Manipuri Muslims) and Scheduled Caste groups, the state has 29 scheduled tribe. Officially, the tribes of Manipur can be classified into three groups: (i) The Naga groups which includes Kabui (Rongmei and Puime), Kacha Naga (Liangmei and Zemei), Mao, Tangkhul and Maring. (ii) The Chin-Kuki Mizo

group which comprises of Gangte, Hmar, Lushai, Paite, Simte, Thadou, Vaiphei and Zou and (iii) The intermediary group of tribes consists of Aimol, Chiru, Koirang, Kom, Anal, Chothe, Lamkang, Koirao, Purum, Mongsang and Moyon.

Kabuis form a large group and reside in the west of Manipur. The original name of Kabui was Mpui and it is believed that British administration distorted the term to present form. There are three divisions among the Kabuis- the Zemeis, the Liangmeis and the Rongmeis. The Zemeis are concentrated in the eastern portion N.C hills, whereas the Liangmeis are mainly spread over the South-Western parts of Nagaland and the Rongmeis form the majority of the Kabui population in the Tamenglong sub-division of Manipur. The Zemei and Liangmei are unitedly known as Kacha Naga in Manipur. They are presently found in the Tamenglong, Senapati and Churachandpur districts. In Nagaland the Zemei, Liangmei, Rongmei and the Impui tribes are unitedly known as Zeliangrong tribe. Besides Manipur, they are scattered over in some parts of Haflong, Lakhichera and Silchar of Assam, Paren and Zaluke in the Kohima district of Nagaland. Paite is another tribal group of Manipur distributed in the Churachandpur district. They are also found in central part of Mizoram and in the Chin states of Myanmar. The famous Tangkhul Nagas occupy the north eastern of Manipur and thus concentrate in Ukhrul district. The Mao Nagas are concentrated mainly in the Senapati district. Aimol is another old Kuki group of tribe, however they identify themselves as Naga instead of Kuki. They inhabit the Chandel district of the state along with Anal tribe. This tribe is also originally Kuki, but identify themselves as Naga.

Tripura:

Tripura was under Tripura Kings till it merged with Indian dominion in the year 1949. It is bounded on the north west, south and south east by Bangladesh, whereas in the east it has a common boundary with Assam and Mizoram. The Bengali and the tribals constitute the two major ethnic groups,



comprising bulk of the state population. There are a total of 19 scheduled tribes in Tripura and roughly constituting 31 percent of the state population. They are Bhil, Bhutia, Chaimal, Chakma, Garo, Halam, Jamatia, Khasia, Lepcha, Lushai, Mog, Munda, Naotia, Oraon, Rieng, Santhal, Uchoi, Tripuri and Kuki. Kokborok is the common conversing language among them.

The Tripuri is the largest tribe of the state and constitute 50 percent of the total tribal population. They are found all over the Tripura. Reang is the second largest tribe of Tripura. This tribe is also present in Mizoram and Assam. They are found in south Tripura and also in Longthorai valley sub-division. They comprise around 17 percent of the total tribal population of the state. Halam is another most distinguish tribe of Tripura, which originated from the Kuki tribe. It is believed that the Kukis who accepted the domain of the Raja of Tripura were later come to known as Halam. The Halam has 16 sub-sections and are followers of Vaishnava faith and Saka cult. Mog is one of the many tribes of Tripura who inhabit the Belonia and Sabroom sub-division of the state. Murasing is another such tribe found in Birchandra and Patichari areas of Tripura. Jamatia is third largest prominent tribe of Tripura. They are mainly dwelling in West Tripura and South Tripura. They also speak the Kokborok language which is of Tibeto-Burmese origin. Chakma is the fourth largest tribe of Tripura. People of this community are found in

Kailashahar, Amarpur, Sabroom, Udaipur, Belonia and Kanchanpur sub-divisions. They are also found in the Chittagong Hill Tracts of Bangladesh. The vast majority of the Chakma are followers of Theravada Buddhism. Ethnically, like other tribal groups of the foothills of the Himalayan region, they are also Tibeto-Burman and speak a language which is akin to Bengali language. Chaimal tribe is one of the smallest communities of the state. Although this tribe is found in some areas of the state like Dharmanagar, Kailasahar, Amarpur and Udaipur subdivision, they are adapted to the habits of nomadism and wander from one place to another throughout the year. Lepcha tribe belongs to the Mongoloid race and most of them profess Buddhism. The Lepcha language belongs to Sino-Tibetan family. After the establishment of tea plantation, during 1930s a number of persons belonging to the tribes Oraon, Munda, Santhals etc. came to Tripura as garden labourers, which now constitutes a sizable tribal population of the state.

Meghalaya:

Meghalaya rest on the northeastern shoulder of Bangladesh and south of Assam. Before becoming a state in 1972, Meghalaya was a part of Assam. It is the homeland of three main tribal group's i.e, Khasis, Garos and Jaintias. These three tribes are known for the matrilineal and matri-local customs prevalent among them. Besides these communities, some other tribes like Rabhas, Hajongs and Boro Kachari are present in some pockets of the states.

The Khasis are the largest tribe of Meghalaya. A small numbers of this tribe is also present in Assam and Bangladesh. Khasis along with Jaintias, Pnars and Wars collectively call themselves as *Ki Hynniew trep*, meaning 'the seven huts' in the Khasi language. They are distributed mainly in the districts of East Khasi Hills, West Khasi Hills, Ri-Bhoi and Jaintia hills. The Khasis consists of four subtribes: Khyrniam, Pnar or Syntengs, Bhoi and War. The Khyrniam inhabit the uplands of the Khasi Hills District, the Pnars live in the Jaintia Hills. The Bhoi live in the lower hills to



the north and north east of the Khasi Hills and Jaintia Hills towards the Brahmaputra valley. The War Khasis are again divided into War-Jaintia and War – Khasi. The War- Jaintia is found in the south of the Jaintia Hills, whereas the war-Khasis are found insouth of Khasi Hills. They speak Khasi language which is of Austro-Asiatic branch. Ethnically, they belong to the Proto-Australoid Monkhmer race. Jaintias are a subtribe of Khasi and inhabit the Jaintia Hills of Meghalaya. Like Khasis, they also belong to Monkhmer racial group and profess Christianity.

The Garos are the second largest tribe of Meghalaya. Besides Meghalaya, the Garos are also present in Assam, Tripura, Arunachal Pradesh and West Bengal and neighbouring areas of Bangladesh. They called themselves as A-chik Mande literally meaning 'hill people'. Garos are mainly Christians although in some rural pockets they still practiced traditional animist religion. In Meghalaya, they are mostly concentrated in the Garo Hills District.

Assam:

Assam acts as a gateway to the Northeast India. The state is surrounded by Bhutan and Arunachal Pradesh on the north, Meghalaya and Tripura on the south, Manipur, Nagaland and Arunachal Pradesh on the east and Meghalaya and West Bengal and Bangladesh on the west. There are 23 scheduled tribes in Assam, which constitutes around 13 percent of the state population. The tribes of Assam can be divided into Plain Tribes and Hill Tribes. The major tribes of Assam are Boro Kachari, Mishing, Karbi(Mikir), Rabha, Sonowal Kachari, Lalung, Dimasa, Deori, Garo, Hajong etc.

Among the STs, Boro Kachari represents more than 40 percent of the total tribal population of the state. They are mostly concentrated in the districts of Kokrajhar, Bongaigaon, Chirang, Baska, Kamrup(rural), Goalpara, Sonitpur. However, they are present in some areas of Golaghat and Lakhimpur districts also. Besides Assam, this tribe is also found in West Bengal and Meghalaya. Next to the Boros, the Mishing is the second largest tribe of Assam, which constitutes roughly 16 percent of

the tribal population. This tribe is mainly distributed in the districts of Lakhimpur, Dhemaji, Jorhat, Sibsagar and Dibrugarh. A smaller concentration is found in Arunachal Pradesh also. Karbi is the third largest tribe of the state and constitute around 11 percent of the tribal population. They are mainly found in Karbi Anglong Hill District Autonomous Council. The Rabha tribe is the fourth largest tribe of the state and shares around 8 percent of the tribal population of the state. This tribe is mainly present in Goalpara and Kamrup District of Assam. However, a considerable section of the tribe is also found in Bodoland Territorial Area District Council. Deori tribe is one of the most distinguish tribe of the state with colourful cultural background. They are mostly found in Lakhimpur, Dhemaji, Jorhat, Dibrugarh and Tinsukia districts of Assam. Their share of percentage in state tribal population is slightly more than 1 percent. Dimasa is the most prominent hill tribe of Assam and is mostly found in Dima Hachao District.

Racially all the tribes of Northeast India belong to various sub-groups of Mongoloid race. Linguistically, except Khasis and Jaintias, all tribal languages of this region belong to one or other form of Tibeto-Burman language family. The Khasis and Jaintias are the only two tribes of Northeast region who speaks Monkhmer language of Austro-Asiatic branch. Abundant stretched of fertile lands intertwined by hills and plains have attracted hordes after hordes of people to this part of land from different parts of world. Since time immemorial, people belonging to different racial stock enter the region and transform the area into melting pot of cultures and races. The ecological and geographical setting of the region was so conducive that in course of time several groups and sub-groups of people with varied ethnic identity came into being. In course of time, through the process of cultural assimilation and acculturation, a mosaic of miniature India was formed, where people speaks myriad voices, beliefs in diverse faiths and practice different customs. □

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Health And Fitness

Dr. Pradip Das

If a machine is treated with care and given proper maintenance, it is more likely to function efficiently. Similarly, the human body is most likely to function to the best of its ability if it is kept fit and healthy. Health may be defined as the state of being well in body and mind. Fitness is an indication of how efficiently the body's muscles, heart and lungs are working. Mental health is also important for well-being.

Maintaining health

Many people are overweight, take little exercise, and eat too much fatty food. This makes them unfit, and often unhealthy. Following a balanced diet with plenty of fresh fruit and vegetables and not too much fat, combined with regular exercise, aid better health.

(i) Diet

A healthy diet consists of the right amounts of protein, carbohydrates, fat, vitamins, minerals and fibre. The energy it provides should keep the body at its ideal weight.

Fruit and vegetables are full of vitamins, Fish provides energy, iron and proteins. Dairy products provide protein and fat. Meat is full of protein and vitamins. Nuts and fungi contain protein and minerals. Pulses, rice and pasta provide carbohydrates.

(ii) Relaxation

Regular relaxation reduces stress and tension, increases a sense of well-being and decreases the risk of disease. There are many ways to relax, including massage, yoga and meditation.

(iii) Mental Health

Mental health is the fitness of the mind. Problems may be caused by relationships or lifestyle. Keeping fit, discussing problems, and seeking professional help can all improve a person's mental health.

(iv) Sanitation

Sanitation is the provision of clean drinking water, enclosed sewers and drains. It stops food and water from being contaminated by germs from human waste and helps stop the spread of disease.

(v) Immunization

Immunization protects people from disease. It involves injecting them with small amounts of pathogens of a certain disease. This stimulates the body to produce antibodies that fight the disease, producing protection.

(vi) Check-ups

A doctor carries out a check-up or physical examination, to make sure that a person is healthy, and to look out for anything that may be wrong. During a check-up, the doctor will enquire the patient how he or she feels, look at and feel the patient's body and if necessary will suggest for medicine.

(vii) Exercise

The human body requires exercise to improve fitness. Exercise makes the heart and lungs work more efficiently and strengthens muscles and bones. This helps keep the body flexible.

Finally, my suggestion to the students that since they are the future of the Nation, they should try to keep their body and mind fit. □

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The Aloe

Dr. Nirupa Roy Baruah

The Aloe offers a lease of life and possibilities for rejuvenation and renewal. One of the most common ingredients in many a beauty product surprisingly comes from an unsightly plant that bears fierce-looking thorns. The plant is called Kumari in Sanskrit. The botanical name of the plant is *Aloe vera* (Linn). *Aloe barbadensis* (mill). The english name is Aloe, Barbados Aloe, Curacao Aloe, Indian Aloe and Jaffarabad Aloe, The Malayalam name is Katavala, Kumari. The Tamil name is Kariyapolam, Musambaram and Sotrukatrashai. In Telugu it is called Chinnakalabanda. The Ayurvedic name is Ghritakumari and Kumari and the unani name is Gheekumari. The name of the family is Liliaceae. It is found throughout India, common along the coasts of South East and West India. The fibrous roots of the plant produces a rosette of succulent, lance- like leaves, whitish-green on both sides with spines on the margin, Flowers are orange or yellow to purplish. Fruits a triangular capsule, ellipsoid and oblong. The medicinal value lies in the mucilaginous gel like pulp obtaining on the peeling the leaves and its dried forms. The leaves also have medicinal use. *Aloe vera* has cooling properties. It is bitter in taste & anabolic in its action and it is a fighter of "pitta". The anabolic activity energies the body. It is one of the most common ingredients in many beauty products. Egyptian history refers it to be a favourite herb in Cleopatra's toilette. It is a secret of beauty. It is only herb which can freely use for skin almost as much as water. The pulp of Aloe has a nauseating smell and taste. It can be used both internally and externally. It is obtained from the plants pulp containing approximately 200 biologically active substances which can be



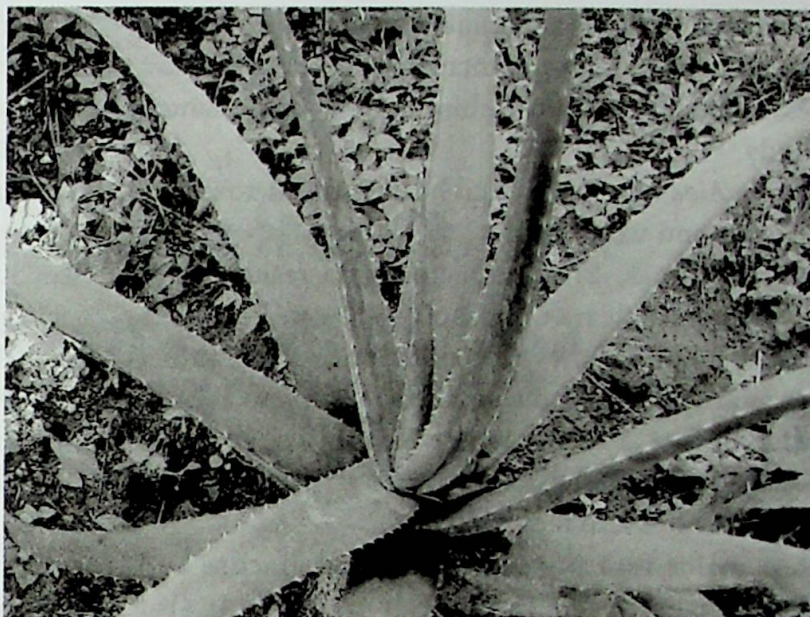
broken down into vitamins (Antioxidants, D and B12 Minerals), Enzymes (Several different types), Sugars (Immune system and detoxification) Anthraquinones (Gastrointestinal absorption, pain relief, antibacterial, antiviral), Lignin (Helps other constituents penetrate skin), Saponins (Soapy substance, cleansing, antibacterial microbial), Salicylic acids (Asprin like, anti-inflammatory), Fatty acids (Anti-inflammatory).

Externally *Aloe vera* can be used for wounds, burns, softening, U.V. protection, regeneration, moisturizing and as aroma therapy facial products. It is use as a light moisturizer base by adding selected essential oils. It is also used as an after some treatment with selected essential oils added.

Aloe vera products improve human immune system. It interact with some special "receptor" substances that are embedded into the outer membrane of the immune system cells. The result is that the immune system cells are galvanized into action. In particulars, the class of cells known as "phagocytes" increases the activities by which they attack and then engulf bacteria, waste products and debris. This increase in scavenging activities cleanses and protects the body, with knock- on benefits for a whole cascade of different medical conditions. The literature indicates that a common mechanism in this respect probably exists in both humans and animals and that both can benefit enormously from use of *Aloe vera* .

The *Aloe vera* plant produces six antiseptic agents : Lupeol, a natural salicylic acid, urea nitrogen, cinnamic acid, phenol and sulfur all demonstrate antimicrobial effects. Lupeol and salicylic acid also have analgesic effects.

Aloe vera is used for anti-inflammatory problems. It contains three plant sterols, which are important fatty acids HCL cholesterol (which lowers fats in the blood), campestral, and B sitosterol. All are helpful in reducing symptoms of allergies and acid



indigestion. These compounds also aid in arthritis, rheumatic fever, both internal and external ulcer, and inflammation of the digestive system. The stomach, small intestine, liver, kidneys and pancreas can all benefit from these anti-inflammatory effects.

It is also use for anti-bacterial, antiviral diseases. Recent research has suggested some exciting new possibilities. Aloe not only provides vigorous overall immune system support, but aids directly in the destruction of intra vascular bacteria.

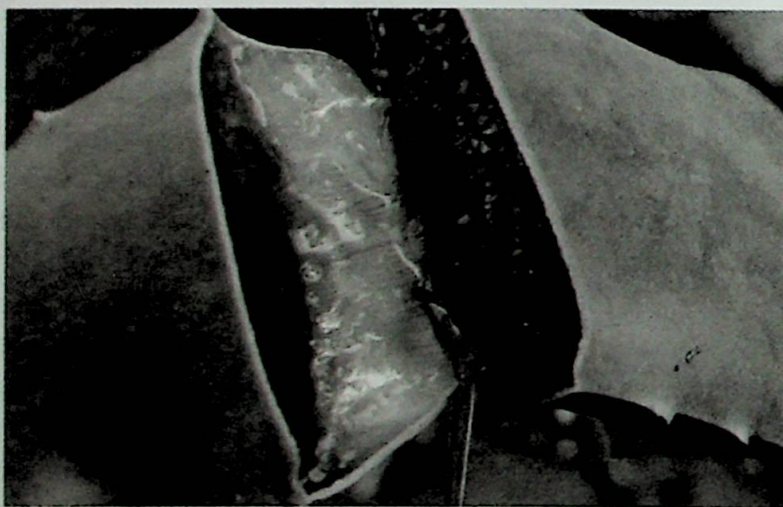
Aloe vera improves the digestive system. Research work carried out over many years points conclusively to a toxic colon being the cause of a very wide range of illnesses, from minor to very serious. It is widely recognized that problems of the bowel are on the increase with many millions of people suffering a range of conditions including colitis, diverticulitis, Crohn's disease and spastic colon. The juice of *Aloe vera* is considered to be an effective tonic for stomach ailments. If *Aloe vera* juice is taken daily for a period of several weeks, helps to ensure that the irrigation process is greatly facilitated. However, it is more usual to find that a regular, daily course of *Aloe vera* juice is sufficient to gently and gradually break down, loosen and assist in the natural dispersal of these residues. *Aloe Vera* juice has many benefits to the human body. Analysis of the *Aloe vera* plant shows it is made up from a large verity of amino acids,



enzymes, vitamins and minerals and it comes closer than any other known plant to the duplication of life's essential substances in the biochemistry of the human body.

Aloe vera has natural healing and detoxifying powers and works gently within the intestinal tract to help break down impacted food residues and thoroughly cleanse the bowel. It can help ease constipation and prevent continuing diarrhea, setting regularity to the bowel. All this helps to reduce discomfort and bloating. Naturally, as these symptoms are eased, so the stress associated with the discomfort is also reduced.

Aloe vera juice lowers blood glucose and triglyceride levels in diabetic patients. It also improves the responsiveness of the body tissues towards insulin, thereby making insulin more effective. This makes *Aloe vera* extremely suitable for



wide scale treatment to all diabetic conditions.

The use of *Aloe vera* enables the body to heal itself from cancer and the damage done to it by conventional treatment: the immune system is boosted, tumors shrink, metastases are reduced so the cancer does not spread and new healthy cells begin to grow.

Aloe vera supplements the kidneys in its function to eliminate body wastes within increased hydration and cleansing properties.

Aloe can kill parasites. An aqueous extract of *Aloe barbadensis* (Miller) was used for its

antiparasitic action against an in vitro culture of *Trichomonas vaginalis*. Three strains of this parasite were used for the first time in a study. Taking an initial concentration of 400 mg/ml of the dried weight of the extract were 10.4, 20.8, 41.83 and 160 mg/ml. With in 24 hours, percentages of inhibition greater than 50% were obtained at 24 and 72 with a lower concentration, the inhibition of growth was greater than 50%.

Poor liver function may be the cause of frequent bad breath, abdominal, bloating, poor digestion, fatigue, headaches, unpleasant moods, coated tongue, sluggish metabolism, poor immune system and numerous other symptoms. *Aloe vera* corrects Liver dysfunction by improving metabolism, stimulating and modulating the immune system and detoxification.

According to Ayurveda, *Aloe vera* is one of the best treatments for menstrual disorders like irregular periods, pain during the periods and hormonal imbalance during menopause etc.

All of these medicinal properties make *Aloe vera* an ideal health supplement. Being a natural product *Aloe vera* does not have any known adverse side effects besides it is also non-addictive. The beauty of *Aloe vera* is that, all components work synergistically to give maximum benefits and enhance potency of any other medications.

Aloe is a powerful laxative. It must be used with great caution. *Aloe* causes nausea and hence it is desirable to combine it with more palatable substances like ajwain, apple juice etc. It can cause serious griping and hence it is advisable to take it with carminatives like turmeric or rose petals.

The herbal magic *Aloe* has no known adverse side effects. It is an extract from the leaf of the *Aloe vera* plant, known throughout the world where it grows naturally as the 'First Aid Plant' the 'Burn Plant', the 'Miracle Plant' and the 'Medicine Plant'. □

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National Rural Health Mission and its implementation in Assam

Bondita Borbora



Poor health security is one of the important indicators of the poor human development index. The overall scenario in the health care front of India doesn't reflect a rosy picture, although the government belatedly has embarked on a drive to improve the health care delivery system. India can't neglect the health component of its much publicized economic growth in the recent years. National Rural Health Mission, indeed, is an outcome of such a concern gradually realized by the Indian state. The poor state of health security has been well captured by the mission statement of the NRHM that underlies the poor infrastructure resulting from low public investment as well as poor management of health care institutions

as responsible factors towards the miserable status of health security in India. The NRHM, launched across the country in 2005 involves varieties of institutions- all layers of the government i.e. Union and State Governments as well as Panchayati Raj Institutions and also the civil society organizations. Whereas there has been no dearth of money for implementation of the Mission, the real challenge has been how to ensure maximum utilization of the allotted funds with good practices at all levels of governance. Despite much publicity of the current initiative under NRHM, the irony is that a significant section of the population of the country are still out of its bounds. There are many for whom modern medicines and health care are a distant dream. Available statistics reveal that Assam has been lagging behind the national average of India in all important health security indicators like IMR, MMR, birth attended by health care personnel, access to affordable drugs etc. This happened due to various factors like lack of proper and adequate health policies;



lack of institutions and infrastructure and also due to irregularities and malpractices in the health care institutions. Poor public investment has been one of the crucial factors.

Recognizing the importance of health in the process of social and economic development and for improving the livelihood condition of people NRHM has been launched on 12 April, 2005 by the Honourable Prime Minister of India. It was being operationalized from the financial year 2005-06 throughout the country with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 North Eastern States (Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim, Tripura), Himachal Pradesh and Jammu & Kashmir. The mission aims to provide accessible, affordable, accountable, effective and reliable primary health care facilities specially to the poor, vulnerable sections of the population. The government is committed to achieving the goals laid down in National Population Policy and national Health Policy. It is an articulation of the commitment of the government to raise public spending on health from 0.9% of GDP to 2-3% of GDP. The mission also aims at bridging the gap in Rural Health Care Services through creation of a cadre of Accredited Social Health Activists (ASHAs) and increased hospital care through decentralization of programme for district management of health. The NRHM further aims to provide over-reaching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filariasis, Kala Azar, Tuberculosis, Leprosy and Integrated Disease Surveillance. Besides, it addresses

the issue of health in the context of sector wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector departments-i.e. AYUSH, Women and Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development. At the district and village level, the institutional framework of the Total Sanitation Campaign will be integrated with the District Health Mission and Village Health and Sanitation Committee. The mission further seeks to build greater ownership of the programme among the community through involvement of PRIs, NGOs and other stakeholders at national, state, district and sub-district levels to achieve the goals of National Population Policy 2000 and NHP 2002. It also emphasizes on regulation of private sector and promotion of public private partnerships for achieving public health goals and on effective and viable risk pooling and social health insurance to provide health security to the poor.

Assam is one of the 18 High focus States under National Rural Health Mission. It is successful in implementing NRHM with innovative



schemes and ideas in the last six years. Here, NRHM programme started effectively from June 2006. Keeping in mind the mission's main



objectives of making health facilities easily accessible and available to the rural people, NRHM in Assam seeks to strengthen and make effective of health institutions like SHCs/PHCs/CHCs/District Hospitals in the state. It also seeks to educate and raise awareness amongst the adolescent boys and girls about human physiology, RTI, STI, HIV/AIDS, EC and safe sex and to open adolescent health clinic at block level through decentralized management from state to village level. In order to provide quality antenatal care to all pregnant women in the state NRHM in the state gave emphasize that the sanctioned vacant post will be filled up through regular appointment by the state government. The rural areas of the state are being served through ASHAs, ANMs along with doctors and staff nurses. The infrastructure of the district hospitals is also being upgraded. Various other innovative concepts like Mobile Medical Units, introduction of Health Insurance on pilot basis, conceptualizing HMIS on a broader dimension etc have been proposed. Strategic interventions have also been undertaken for improving immunization with improved focus on char and outreach areas. Steps have also been initiated to ensure convergence with the key stakeholders, so as to run the programme effectively.

The state of Assam is persistently progressing towards attaining the goals and objectives shared under NRHM, NPP and MDGs. It is certainly a pride for Assam that among north eastern states it has won the best performer award from the central government for implementation of NRHM. The activities under NRHM are transforming the healthcare delivery to rural people with increasing accessibility to quality services and the opportunity to participate actively in managing these services as well. The state has increased coverage under JSY, improvement in infrastructure, availability of paramedical and medical personnel. What is commendable is the fact that NRHM has made these services highly affordable and accessible to the people residing in even the remotest of locations.

The VHSCs have also been formed in each village which is responsible for developing situation specific village health action plan. Again, the SCs have been strengthened by providing funds and appointing an extra ANM from NRHM. From block level, health care is now available to more people than ever. Five new civil hospitals are being built in Amingaon, Bongaigaon, Dhubri, Udalguri and Baksa at total expense of around 70 crore. One new medical college has been opened in Jorhat district and other two are under construction in Barpeta and Tezpur district of Assam. Moreover, ambulances have been distributed to strengthen the PHC, SDs, MPHCs and SHCs of various districts to provide prompt services as and when needed. Assam has introduced the scheme JSY which is a safe motherhood intervention under NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. Assam has shown significant progress in growth of institutional deliveries in the preceding years. Services Institutional deliveries have improved from 1.92 lakhs in 2006-07 to 3.23 lakhs in 2007-08. During the year 2008-09 there were 3.57 lakhs Institutional deliveries in the state. The JSY beneficiaries increased from 1.90 lakhs in 2006-07 to 3.05 lakhs in 2007-08. During the year 2008-09 the JSY beneficiaries' numbers is 3.28 lakhs. The trend is likely to continue as more areas come under the coverage of the mission. NRHM had also launched Boat Clinics to reach out to the masses residing in various riverine islands, also known as char areas, of Assam.

Notwithstanding its success on some fronts, NRHM failed on some critical areas in the state of Assam with the result that the objective of providing healthcare in an accountable manner through community participation remained largely unachieved. Some failures of the mission programme to bring desired result in the health care sector can be identified from reports published by the Comptroller and Auditor General of India, Common