

one primary school, one Panchayat bhawan, and one ME school (Middle School). There is a bus stop on the National Highway just near the village. The Bank is also only 2 km away from the village. There are 2 Anganwadi Centres functional in the village. The telephone lines are there in the village but not utilized by most of the people. The basic problem of the village is that there is no source of safe drinking water. People use the water of river and ponds for drinking and washing. There are 4 PDS shops in the village because the population of the village is quite scattered. The village has a post office, which operates from a thatch shade on the Mizoram Road.

Bengenamatti (Frederick Roy—2000) village falls under the Kuwaritol Gram Panchayat, and within the Borbhogia Mouza, under the Uloni Revenue village of the Koliabor Revenue Circle of the northernmost sub-division of Nagaon district. It is located 45 km from the District Headquarters, and 10 km from the Block headquarters, Koliabor, and only 2 km from the SDO (Civil) office at Koliabor. Nearest bus stop is 1.5 km and the closest railway station is located 45 km away. The village is well connected, comparatively by a few all-weather roads. However, in many areas, metalled and black topped roads are non-existent, thus causing some difficulties to the inhabitants. The village has all the basic amenities, which includes post office, bank, primary school, PHC, dispensary, ICDS centre and a *haat* area as well. Telephone facilities are however lacking. The village has a 30 bedded hospital in Oluni, but at present it has been occupied by the CRPF, thus rendering its IPD unit non-functional.

Kuwamara Handique (Milind S. Torawane—2000) is a small village in Kheluwa Block of the district. It is situated at a distance of 26 km from the Block headquarters, Kheluwa. The district headquarters, Sivasagar is around 12 km from the village. Both the Block and District headquarters are connected with the village by all-weather approach road. The World Bank has recently completed black topping of the road upto 8 km from Sivasagar and gravelling for the rest part upto Kuwamara Handique, under the ARIASP programme. Villagers are using Betbari at 2.5 km as the nearest bus stop. Sivasagar town offers the facility of town market place, PHC, bank and railway station. The village settlement pattern is of scattered settlement type. The houses are scattered in an area of about 4-5 sq km. Villagers are living in a group of 6-7 houses, built near their agricultural holdings. These are *kutchal/pucca* houses built with the

use of bamboo, wood and brick cement materials. Easily available local building materials like bamboo, wood etc. have been used upto 70-80 per cent in the house construction. Considering the availability of natural resources and the infrastructure, the village has remained more or less agriculture village. It is certainly facing some growth constraints as the infrastructural facilities are moderate and the village people with other professional skills and high aspirations are moving out. The village seems to be self-sufficient in its own but from the outsiders view it is very much behind in fulfilling the basic minimum needs of the community life.

Ghoramari (Vijayalakshmi Bidari—2001) village is located in Sonitpur district under the Balipara Development Block. It is at a distance of 16 km north of Tezpur, the headquarters of Sonitpur district. The area of the village is 499.10 acres. Ghoramari village has 2 hamlets—Ahom Chuburi (hamlet) and Adibasi Chuburi (hamlet). It has a all-weather approach road, a bus stop, a national highway connects it to the district headquarters, the nearest railway station (Balipara) is 8 km from it and the nearest airport, Tezpur is 16 km from Ghoramari.

Dighaligaon (Mebanshailang R. Synrem—2002) village is situated at a distance of about 27 km to the north of Tezpur. Falling under the Udmari Gram Panchayat, it covers an area of about 682 acres approximately with a population of approximately 3,100 people. To the east of Dighaligaon, there is the Balipara Tea Estate, to the west, there are two villages—Eragaon and Konarigaon, to the north there is Bharatgaon and to the south there is Bamgaon. The village is flood prone and huge tracts of land have been lost due to erosion. It is situated on the banks of the Jia Bharoli River that has its origin in Arunachal Pradesh. Because of this large-scale erosion a huge number of people have been left with almost no land for agricultural purposes. Infrastructure, in the strict sense of the term, is poor, to say the least. Electrification is partial, the roads are kutcha, and there are only two Lower Primary schools. The PHC, however, is situated very near and is easily accessible to the villagers. There are no major shop inside the village and no public phone facility. The only relief is that the main market is nearby (only 0.5 km) and people often go there for their various needs.

Namani Borpomua (Majuli) (M. Angamuthu—2002) a Miri or Mishing village is situated in the north-eastern part of Majuli sub-

division in Jorhat district of Assam. The village is located at a distance of 75 km from Jorhat town. Distance from Garmur (Administrative Headquarters of the sub-division) to this village is 25 km. Another town Jengraimukh (Block Headquarters too) is situated around 2.5 km from this village. As such there is no direct approach road to this village. But a small dyke constructed by the villagers themselves through the village is used by the villagers to reach from one end to the another end of the village. The nearest PWD road of the village is Pohumora Garmur and Jengrai Haldibari road where private buses, taxis run between Haldibari and Kamalabari *via* Jengrai and Garmur frequently.

Health Facilities and Family Welfare

Most of the villages visited during socio-economic survey of IAS Probationers, it was found that the villagers have the health facility like sub-centres and Primary Health Centre in the village or nearby village. Avinash Joshi (1994) says, "Villagers of **Niz Lahoal** go to 3 km far away Block hospital for their medical needs. Sometimes villagers go to the tea garden hospital which is nearby. This hospital serves the needs of both the tea garden labourers as well as of the villagers." The **Naharani** Health Sub-Centre is located within the village in the home of Smt. Debashri Boro, an ANM of the Health Department. The doctors visit once or twice in a month, quite regularly. The nearest Primary Health Centre is at Rangapara, 2 km away. There is also a railway hospital and Naharani Tea Estate Hospital nearby village. According to Krishna Kumar Dwivedi (1996) Most of the people of **Pachim Matia** avail medical facilities from private practitioner and not willing to go to government hospital since infrastructure and proper caring are not available in that hospital. Vijayalakshmi Bidari (2001) reveals in her report of **Ghoramari** "The sub-PHC functions from 8 am to 12 noon. It provides for immunization, antenatal care, treatment for minor illness, paediatric case, contraceptives and IUD insertion. There is also ICDS centre (anganwadi) in the same premises of sub-PHC. The ANM goes to the houses for regular check ups. There is no MPW in the village. The survey also revealed that the first point of contact for 37/45 households is sub-PHC, which means that most of the people in the village access the sub-PHC."

Benganamatti village has a newly renovated European Commission funded PHC is located at the very heart of the village. One ANM services this centre, and prior to pulse polio campaign, one female child died. No midwives are present in the village. As regards, medicines, supply is highly irregular. Costly medicines are often prescribed which at most times are out of reach for the villagers. Infant mortality is low, and vaccination is undertaken regularly. However, childbirth is mostly performed at home, and for serious and complicated cases, the patients are taken to the neighbouring district capital at Tezpur. Birth and death in last one year are as follows :

No. of births in the last one year	26
Male births	12
Female births	14
No. of deaths	2 (both female)
No. of infant deaths	2

Antenatal care, treatment of minor illness, paediatric care, and availability of oral CC are the other highlights of this PHC. Family Planning and Maternity Care status in the village is as follows :

Total number of married couples	399
Eligible couples for family planning	131
Total number of males who have accepted family planning methods	50
Total number of females adopting family planning methods	121
No. of domestic deliveries	12

Population Control Measures: IUD is used, together with oral CC. No. of institutional deliveries are 6. ANM/MPW regularly visit the village. People usually seek services of government health functionaries and government provided health services.

In **Dighaligaon**, Mebanshailang R. Synrem (2002) mentioned that "there were 53 births in the village in the last year. Out of these, 27 were males and 26 females. Out of these, 27 were home deliveries while the rest were institutional deliveries. There were 4 deaths in the village in the past year. The total number of married couples is 310 and out of these, 160 couples are eligible for family planning.

Family planning is not very acceptable to the people and a total of only 9 persons have opted for family planning of any sort. An interesting piece of information is that all of them are women. It was highly heartening to learn that a majority named the PHC as the first point of contact in case of any illness. However, almost everyone had a common complaint of medicines are not available in the PHC. The PHC is fully functional." In **Saptagram**, health and family planning situation is not very good in village. Out of total twelve births in last year, only 3 deliveries were conducted in hospital by trained personnel, in remaining 75 per cent of cases child is delivered at home with the help of untrained personnel. Out of total 59 eligible couples, only twelve females have adopted permanent family planning methods. No male member in the village has adopted permanent family planning methods.

The above facts show that even though the villagers have reasonable health facility in the village and but home deliveries were still more than the institutional deliveries. There were some cases of infant mortality too. The reports also mention that the cases of male sterilisation are almost nil comparative to female sterilisation.

In some of the village study reports it was found that the villagers were not happy with the health facilities in the village. Such as J. Syamala Rao (1997) revealed that "**Hatkhula Gaon** sub-centre which caters to the village is facing so many problems. The ANM does not stay in the village because of the dilapidated condition of her quarters. The sub-centre does not have water supply, electricity, chair/table, medicines, kerosene, stove, etc. the ANM visits the village three days in a week. The PHC nearby is also in bad condition. The electricity has been disconnected because of non-payment of bill. Hence vaccine storing is becoming very difficult." In **Kalitakuchi** there is no PHC in the village, not even a sub-PHC. However, the main PHC is just 3 km away in the Block headquarters. In the area of family planning there is no awareness at all.

P. Sampath Kumar (1999) **Reng Beng** mentioned that "There is no primary health centre or sub-centre in the village but there is a PHC at Kathiatoli, which is located at a distance of 2 km from the village. Once in a week, one ANM from Kathiatoli PHC visits the village for providing health services to the villagers." The same situation found in **Kuwamara Handique** "The villagers do not have the facility of PHC or primary health sub-centre so they have to depend

on the PHC at Sivasagar at 12 km from the village". And in **Mohbandha Gaon** "the village falls under Baghchung PHC but it is at a distance of 18 km from the village."

Most of the villages found very neat and clean and as such there is no problem as far as sanitation is concerned. Mosquito is a big problem in the villages. Health department gives DDT to fight this problem. People are generally healthy. There is not much prevalence of diseases. Common illnesses are gastroenteritis, malaria etc. Drinking water supply exists in the villages. Sanitary wet latrines do not exist in the villages. But most of the houses, especially those of the indigenous Assamese have proper toilets.

Family welfare programmes have been well accepted here. Oral contraceptives are distributed. Families are mostly planned and are limited to two or four children. Iron tablets are freely given to the pregnant women. Pregnant mothers have undergone antenatal care and were given TT immunization. But when it comes to childcare—there has been only partial immunization. The ICDS workers are also involved in the immunization programmes and pulse polio programme has been quite successful here. Even though the ANM is involved in house to house check-ups and in spite of the anganwadi workers also involved in immunization programme, there has been not much success. Most of the children are partially immunized as revealed by the survey. In the villages, there are considerable number of couples who have undergone laparoscopy or other family planning methods still there are about 8-10 couples who are willing to undergo this operation. There are very less number of males going for sterilization. Villagers seem to have lack of faith in the Block Health Centre and so they prefer medical college. Therefore, it is advisable to conduct a laparoscopy camp at the Block level with wide publicity. People are conscious of their health and hygiene. Medical facilities are reasonably good, and for serious illness, one can easily go to the nearby town.

Education

The education system in Assam is quite peculiar and follows 4+3+3 system whereas in other parts of the country it is 5+3+2+2 system. Education plays a very important role in the rural development. Even though most of the villages have primary or middle school. But for secondary and higher secondary education villagers have to go out

of the village. Both secondary and higher secondary schools are 4-20 km away from the villages. Some of the facts that found during the socio-economic surveys are as follows :

In **Naharani Grant** village, Literacy rates are highest for the General category, and lowest for the OBC category. Out of a total sample population of 174, 100 persons are literate, i.e. a literacy rate of 57.47 per cent. It is interesting to note that there is no graduate amongst the sample population. There are 20 matriculates. A large majority of educates are mostly below matric. Village has two lower primary schools—Kacharigaon L. P. School and Naharani L.P. School. The nearest higher secondary school is one km away, i.e. the Rangapara High School. Don Bosco School run by the Catholic mission is also at nearby Rangapara. The Kacharigaon L.P. School was set up in 1984-85 under JRY scheme. It has 84 students and two teachers. Naharani L.P. School was constructed under the EAS. Children from the nearby Kulibari village came to attend school here. In **Pàchim Matia**, there are primary and high schools in the village. Only 33.64 per cent people are literate in which the numbers of the graduates are only 22. The data shows that the rate of dropouts after the primary level is very high. Overall environment as regards to education found to be dismal in the **Binoigutia** village. The villagers to look into the problem form an education awareness committee. They started free tuition in the village for the tenth standard students. There is a Middle English School consists of 5th, 6th, 7th and 8th class only, which started in 1989 under the help of TATA Tea Estate. A pucca building with furnitures are there for the school. Unfortunately the school is yet to get the recognition from the government. The villagers run it and they are finding it difficult to run the school.

In **Hatkola Gaon** the standard of children in the primary school is not up to the mark. The school has got two teachers who belong to adjoining village. Both passed SSC only. The school is facing so many problems. The mid-day meal scheme has come to a halt since last year because the food items are not supplied. There is shortage of desks and tables. There is only one room for all the four classes. The condition of school building is very bad. There is no equipment for playing. Attendance is around 85 per cent on the day of visit. The condition of anganwadi centre is very bad. Virtually nothing except teaching of alphabets to children takes place. No materials are received for nutritional programme. There is one government lower primary school and one government Middle English school in **Reng Beng** village.