

## Hope floats on boat clinics for people of Brahmaputra

In Morigaon town, an hour's drive from Guwahati, main city of Assam, we've just finished a meeting with Deputy Commissioner Arup Phukan and his staff as well as the district health authorities and officers from the National Rural Health Mission (NRHM).

A small country boat is waiting a 45-minute drive from the district headquarters to take us to an ongoing health camp on an island. It takes nearly an hour on the noisy bhotbhoti to get there and we take time to have a quick breakfast of boiled eggs and fruit.

The sun is up and the sand dunes are high on the islands here with the river split into many channels since flood time, which coincides with the annual melting of the snow and the monsoons, is still some weeks away. There are about six of us, including Sanjay Sharma, who's now a veteran at C-NES (Centre for North East Studies and Policy Research); he's been with me for six years and is dedicated, competent and astute. There is Abu Kalam Azad, who's from Barpeta district and now is our district community organiser (DCO); the DCO is to the programme what the master is to the ship - the most crucial member who develops programmes along with the district administration as well as rural communities and the NRHM. He is liaison man, documenter and the person tasked with ensuring the programme's success and outreach.

I've been lucky with my teams here on this project with the boat clinics and in other projects as well: they are good people, with a strong grounding in rural realities - some have worked with other NGOs, some with schools and colleges, others are fresh out of university.

The doctors are amazing: they work long hours, long days, day after day without complaint and they're delighted with the outdoor work, with the chance to serve the poor and marginalized. We pay them decent salaries but these are nothing compared to what they would earn if they were in private practice.

So to those in this country and abroad who say that dedication is dead, or that people are not able to do the work in the rural areas that is needed, I say, 'That is rubbish! Come and see what the health teams are doing, how they work in such difficult conditions and how they bring hope and health to those who need it. And there isn't a whisper of complaint except when they don't get the medicines from the NRHM and health department that they require.'

I am sure there are hundreds of others working in such conditions in many parts of the country, unheralded, unreported and unsung. But they get the work done and the media doesn't do a damn thing about it. There are so many conversations I have had with senior television news channel leaders who have expressed interest in the work we do. But they haven't sent a single team to cover it; not because they are not interested but probably because they don't get the time to think about it.

And here's a wonderful media story - reaching the unreached, people who never have had access to health and getting it for the first time on a sustained basis. They lend themselves to visual telling and radio stories as much as print. In the process, we discover so much.

Like the women who come up to the doctors and say quietly they want family planning because they are literally sick with child bearing; that these women are poor and from Muslim backgrounds should not be a surprise.

Or the old man who came to a camp and watched for the whole day without saying anything. Noticing him, one of the doctors, Hafeez, asked if he needed a check up. 'No, I'm fine - I've just come to see what I have heard about: that health services are coming by boat, that there are doctors and nurses and that they are coming regularly. I wanted to see it for myself so I can tell others.'

These are enriching experiences. And they need to be shared.

As we reached the camp in the afternoon, it was already hot and sticky. The camp was just winding up; I talked with the doctors, the local ASHA (accredited social health activist) and villagers.

Were there enough medicines, I asked the doctors. There were not supplies of IFA (Iron Folic Acid tablets), which are crucial to the health of pregnant women and a daily dose over three months is the minimum requirement. The problems on the islands are obviously not those that are major challenges in urban areas. These are water-carried infections such as dysentery and diarrhoea because 60 years after independence less than 10 percent of Assam's population has access to a proper toilet and many residents do not have access to safe drinking water. Malaria and Japanese Encephalitis are the other major problems. These, in addition to poor diet because of residual poverty, lead to anaemia. There are also cases of mental stress in the islands because many lead a life that is extremely uncertain: at times, during the floods, they are displaced not less than two or three times, losing homes, relatives and livestock.

We deal with all these health issues through the boat clinics and the IFA issue is being resolved as I write; supplies, I am told, are being rushed to all the districts.

The image I carry with me of that warm evening is of Dr. Zakaria sitting outside the tent and counselling the villagers, both men and women, the importance of family planning and the use of contraceptives. The audience listened in rapt silence and with keen interest, especially the women.

Things can change and we can make a difference.

The key lies in quietly studying the issues, learning from others through listening, pressing the right buttons which can have maximum impact on the largest number of people through a simple intervention or a series of innovative steps which are rooted in common sense and an understanding of ground realities.

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