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1. Introduction

The Centre for North East Studies and Policy Research (C-NES) was established in January 2000 as a Trust under Sec.80G/ Income Tax Act 1961. It has offices in Guwahati, Assam state in North eastern India and at New Delhi and works on a range of issues and areas at both field and policy levels relating to governance, participative planning and rights, water resources, environment, rural livelihoods, peace building and building better understanding among communities. C-NES is committed to building bridges between the North-east, among the lesser known and misunderstood parts of India, and other regions. The region is finally and slowly creating its own space and finding its own pulse after over six decades. C-NES develops innovative ideas for implementation to reach the poor and marginalized group in areas of health, education and environment, conducts workshops and training programs, reviews government policies and projects and designs ideas for development.

Mission Statement

- C-NES recognizes the right of every individual in the region to live in dignity, peace and safety because only under such conditions can the quality of their lives improve and their deepest aspirations met.
- Values the unique ethnic and ecological diversity of the North East as an advantage.
- Encourages local governance, decision-making and initiatives as the key to social and economic growth.
- Lobbies actively for changes in official policy at the national, regional, state and district levels which it considers necessary to build a just society.
- Supports regional cooperation as a strategy to create, sustainable economic development

The Centre's priorities include:

- Health, education and environment
- Livelihood generation
- Infrastructure and transport
- Documenting cultural and environmental diversity
- Studies of migration, internal displacement and refugee flows
- Media exchanges and communication
A Small Milestone: we are 15!
From the Managing Trustee

C-NES has completed 15 years, a small milestone in the life of an organization but its growth is visible. For those of us who helped initiate it in 2000, out of a concern for the future of the North-east and a desire to partner communities in designing practical solutions that would address needs and rights and build into policy interventions and implementation, it has been an extremely challenging but rewarding experience.

There are specific areas which the C-NES mandate, as underscored in its mission statement, has built upon. These have included the key sectors of health, education, the environment and rural livelihoods with an emphasis on governance, transparency and policy innovations, leading to a practical improvement in the lives of people where we are working.

This has been most visible in our flagship programme of the Boat Clinics, conceived in 2004, started in 2005 in one district, Dibrugarh, and now in 13 districts in partnership with the National Health Mission (NHM), which also regards this as a key strategy in reaching isolated communities with sustained health care especially vulnerable groups such as women and children (Despite enormous efforts, Assam’s Maternal Mortality Rate remains the highest in the country). Thus, Assam in the North-east, known more for conflict and confrontation, has developed an intervention that could be described as a “best practices” model, worthy of emulation. Till April 2015, over 1.57 million people have been given basic health services.

The work of our team may no doubt be effective. But it is an extremely arduous task for the health teams and others who work in the field. Most of the boats need at least a basic three to four feet (one to 1.3 meters) depth of water levels in order to be fully mobile and consequently to reach the communities who depend on us for sustained health care. These past years, the shrinking glaciers of Tibet, harmed by climate change and growing Chinese interventions of ‘development’ has led to lower water levels in the river in Assam, certainly during the dry season, which lasts from November to April. This is of critical importance to the work of C-NES with the Boat Clinics.

We plan to develop new partnerships with new organisations to expand our footprint and outreach in the next years.

Our Community Radio Station based at Dibrugarh, Radio Brahmaputra as it is popularly known, has started test broadcasting from March 2015. What is remarkable about the station is that the entire team led by coordinator Bhaskar Bhuyan did not have any previous training in journalism but developed as
reporters through training after the idea of the station took shape. It was a proud moment for C-NES when Radio Brahmaputra, won the Manthan Award South Asia and Asia Pacific in December 2014. It also got the prestigious E-Assam Award 2015 in February 2015.

We are grateful to Numaligarh Refinery Limited (NRL) which donated an amount of Rs 15, 17 lakh to C-NES as part of its Corporate Social Responsibility (CSR), in September 2014 for building a boat to provide health services to the island population of Kamrup (rural) district. It should be underscored that this is the second such boat sponsored by NRL. The first one, Boat Clinic SB Numali, operates in Sonitpur district and was launched in March 2011.

Our work also continues to expand with the family planning project in five districts in partnership with the Population Foundation of India. C-NES' family planning counselors in the PFI-CNES project intervention districts of Assam have motivated beneficiaries with regard to family planning. In all districts, the counselors are highly motivated and actively supported by the community workers and the health team. We have had to use innovative approaches such as involving religious leaders and village heads in these awareness programme.

Many challenges remain including the need for a corpus to sustain activities into the future and for younger people to take a stronger leadership role. From a handful of staff, we have expanded to over 200. But at the heart of our work is our partnership with rural communities, with other independent groups (research as well as activists and NGOs), stakeholders and funding organizations.

One could go on but much of our work is encapsulated in this Annual Report which also reflects on the depth of the work and the risks people take as well as the deep satisfaction in lives saved, conditions improved and services delivered. For it is these rural communities we serve and it is their interests which need to be protected – whether in the fields of health, education and communications.

We have been fortunate to have the vastly experienced Dr C R Hira join us as Technical Consultant (Health). Graduating in 1968 and subsequently doing his post-graduation in O&G, he has worked in Assam Health Services in various capacities till his retirement as Additional Director Health Services. Prior to joining us, he was the Maternal Health Consultant in NHM. We are deeply grateful to Dr. Dipankar Das, who served as CEO for two years, providing leadership and a strong structured focus, drawing on his vast experience in the Government of India’s Health Ministry.

I wish to express my deep appreciation to each member of the team in C-NES – the Programme Management Unit in Guwahati under Ashok Rao and Manik Boruah, the DPOs and their units at the district level, the family planning group under Chandana Bora, research, internship, communications and editing unit under Bhaswati Goswami, the office staff --Sangeeta Baruah, Vicky Das, Pinku Barman, Dilip Deka and Nityananda Barman as well as our accounting unit under Milan Nath. The last group have had the unenviable task of training our staff in financial procedure. Our Auditors, Jagdish Chand & Co, have given advice and provided competent, professional services. I deeply appreciate the backing of the Board of Trustees, especially Dr VA Pai Panandiker, Chairman of the Board, for their unstinting support as well as that of our Advisory Council members, to our partners, funders and supporters for their confidence in our work and integrity.

Sanjoy Hazarika
(Tinsukia, Dhemaji, Dibrugarh, Jorhat, Lakhimpur, Sonitpur, Morigaon, Kamrup, Nalbari, Barpeta, Goalpara, Bongaigaon and Dhubri are the districts where the Boat Clinic operate. Barpeta and Dhubri have two Boat Clinics each due to the size of island population and size of islands.)

Abbreviations:
- **C-NES** - Centre for North East studies and Policy Research
- **NHM** - National Health Mission
- **PFI** - Population Foundation of India
- **HBF** - The Heinrich Boll Foundation
- **TISS** - Tata Institute of Social Science
- **UNICEF** - United Nations International Children’s Emergency Fund
- **JMI** - Jamia Millia Islamia University
- **NEC** - North Eastern Council
3. Health Initiatives: Boat Clinics with NRHM

Boat Clinics

Since 2005, C-NES has been providing basic health care services to the flood vulnerable population living in the Brahmaputra islands, through specially developed boats equipped with OPD, laboratories on board as well as pharmacies, first to one, then three and now reach thirteen districts in Assam through a Public Private Partnership (PPP) with the National Health Mission (NHM), Government of Assam. The goal is to take sustained health care to lakhs of persons on the islands, for the first time since independence, with a special focus on women and children, who are the most vulnerable in difficult conditions. Assam has India’s worst Maternal Mortality Rate at 328 MMR (Registrar General of India, Special Bulletin on Maternal Mortality in India 2010-12) higher than Bihar or Uttar Pradesh and a high Infant Mortality Rate at 54 IMR. Providing ANC, PNC checkups along with advocating institutional deliveries has been priority with all the Boat Clinic health teams especially crucial for a state like Assam.

The organization started with one boat and seven staff in Dibrugarh district in 2005, with support from district health and administration. The success in the intervention drew the attention of UNICEF and what was then NHM, Govt. of Assam, resulting in the spread of the Boat Clinic programme to thirteen districts-Dibrugarh, Tinsukia, Dhemaji, Jorhat, Lakhimpur, Sonitpur, Morigaon, Kamrup, Nalbari, Dhubri (2 units), Barpeta (2 Units), Bongaigaon and Goalpara. Each district has 15 staff headed by the District Programme Officer (DPO) who is the key person in organizing district plans and coordinating among the team, district health departments, district administration, NRHM and the community. His or her team includes two Medical Officers and paramedical staff including two ANMs, a GNM, a pharmacist and one laboratory technician besides three community workers and a four member boat crew.

The work of the boat clinics has led to remarkable results: On an average, 18,000-20,000 people are treated every month in the districts, individuals who were earlier beyond the reach of government programmes because no doctors or paramedics would go on a regular basis. The only time, villagers say, they would see a doctor on site was during an emergency like a major flood. Otherwise, they had to travel long distances at great cost and risk to get treated. Today, the services come virtually to their doorstep. Till April 2015, over 1.57 million people have been given basic health services.

Boat Clinic Figures

![District wise total camps (2014-15)](image-url)
5. C-NES Events

C-NES Annual Review Meet

“We are a few kms from the borders of Burma. We have to look at ourselves and how we look at C-NES the next 15 years.” These were the opening remarks of Sanjoy Hazarika, Managing Trustee C-NES in his welcome address at the three day C-NES Annual Review Meeting organized at the picturesque, serene Mount Tabor Retreat House, Kohima from 1st-3rd June 2014. The North Eastern hill state of Nagaland shares its borders with Myanmar. Kohima, the capital and other Naga settlements are built on the ridges of the high ranges here, which snake along the India-Burma border, standing like sentinels to keep an eye on foes and friends. Over 40 C-NES staff comprising of senior Medical Officers, District Programme Officers from the 15 Boat Clinic Units along with the organization’s Family planning, Community Radio teams and staff from the Regional Office, Guwahati attended the meeting led by the Managing Trustee, Sanjoy Hazarika and the CEO, Dr Dipankar Das. Eminent Trustees of the organization including Dr VA Pai Panandiker, Chairman, Board of Trustees, Dr Jayanta Madhab, Economist, Mr GK Pillai, former Union Home Secretary, Patricia Mukhim, Editor Shillong Times, Preeti Gill, Consulting Editor, Zubaan and Mr Niketu Iralu, Peace Activist from Nagaland along with Advisory Council Member Jayanta Bhattacharya, PTI Bureau Chief, Agartala were present.

Hazarika said “this was going to be more than a retreat but also a sharing of thoughts, experiences and ideas. It is also a review of the work we do as an organization, as separate units and as individuals, of our growth and our failures, our successes and shortcomings, our personal and organizational/process challenges and the ways we can and are overcoming them. I am sure all of us will go back more energized and committed to the work we are doing; when we come together, we realize the synergy and power of people working unitedly for a common purpose’.

A group photograph at the Review Meeting (From left) Trustees GK Pillai, former Union Home Secretary, Preeti Gill, Consulting Editor, Zubaan and Mr Niketu Iralu, Peace Activist from Nagaland, Patricia Mukhim, Editor Shillong Times, Sanjoy Hazarika, Managing Trustee, Dr VA Pai Panandiker, Chairman, Board of Trustees Dr Jayanta Madhab, Economist, Advisory Council Member Jayanta Bhattacharya, PTI Bureau Chief, Agartala and CEO, Dr Dipankar Das with C-NES staff.
A chorus from the staff (from left) Mintu Baruah, Reporter from C-NES’ Community Radio Station, Sangeeta Baruah, Guwahati Office, Swapna Das DPO Barpeta II, Moushumi Bora(Accounts), Bhaswati Goswami, Communications Officer, Manisha Baishya, DPO Tinsukia, Kabita Nath, Sonitpur Family Planning Counsellor, Zareefa Begum, DPO, Goalpara

Managing Trustee Sanjoy Hazarika requesting Trustee Niketu Iralu and his wife Christine, a trained singer and pianist to sing an Angami song at the Review Meet.
Screening at World Bank

The C-NES documentary on the Boat Clinics, 'Where there are no roads' was screened at the World Bank (WB) premises at Hindustan Times House in New Delhi on 14th May 2014 to an audience of WB staff. At the start, Onno Ruhl, the India Office Director of the Bank, spoke of his visit to the Boat Clinic in Kamrup and how impressed he was at the smooth way the entire team worked. Managing Trustee, Sanjoy Hazarika expressed appreciation for the hard work of the district units which form the core of the work and who function throughout the year, in fair weather and foul. The screening was followed by a set of questions including issues relating to acceptance of family planning, the difficulties of retaining staff (turnover), involvement of local communities. Apart from Guwahati and different district headquarters, the documentary has also been successfully screened in various places/cities in India and across the world i.e. premiere show in India International Centre, New Delhi; Jamia Milia Islamia, New Delhi; Nehru Centre, London; Vienna in Austria. The documentary has already received a remarkable award “the best movie on health” at the Woodpecker Film Festival.

World Bank Marketplace Award

Sanjoy Hazarika, Managing Trustee C-NES was a resource person on the session “Opportunities for scaling service delivery in the North East India” at the Award Event for World Bank’s India Development Marketplace 2014 at Guwahati on 19 and 20th June 2014. It may be mentioned that C-NES won the India Development Market place award in the year 2004 for the initial concept of the Boat Clinic Akha in “A Ship of Hope in the Valley of Floods” The first boat clinic was funded by this grant of $20,000.

In his opening comments World Bank India Country Director Onno Ruhl said, “The challenge for India is to achieve high growth but making it inclusive be it health care, sanitation or education” Lauding the efforts of the Boat Clinics Ruhl said, “How are we going to make health care reach islands in the Brahmaputra- people in Delhi or Washington would think. It is difficult where service needs to be
delivered. Sanjoy (Hazarika) cared about those communities. If you want practical solutions ask people who understand the people who need it. That is the beauty of social entrepreneurship. Sanjoy's venture has become much bigger than what we had expected."

Said Hazarika, “In 2004, we had an idea. There were 2 people with me. And the small amount that we got was enough to build a small boat. Today we have reached 13 lakh people in 13 districts. There have been basic learnings on the way. There needs to be a sense of integrity in your approach and a belief in a rights based approach. You must win the trust of the people- this is a very precious commodity. We are accountable to the partner who funds us and we need to be transparent to the people. We are filling a void which is being deeply felt. NE is a unique place- unique challenges, unique responses are needed.”

(From left)Programme Manager Ashok Rao, Managing Trustee Sanjoy Hazarika, World Bank India Country Director Onno Ruhl, CEO Dr Dipankar Das and Communications Officer Bhaswati Goswami at the award event.
C-NES Programme Manager Ashok Rao and Community Radio Station Coordinator Bhaskar Bhuyan participated at a consultation workshop on “Media and Public Health with special focus on Routine Immunization” in Guwahati on October 21, 2014. The workshop was organized by UNICEF, George Institute for Global Health and Oxford University. India has one of the largest immunization programs in the world, in terms of number of beneficiaries, geographical coverage and quantities of vaccine used, with nearly 27 million new born babies targeted for immunization each year. Over 9 million immunization sessions are held annually across the country. Yet, about 1.4 million children below the age of five years die every year from largely preventable diseases like pneumonia, diarrhea, malnutrition and new born complication like sepsis. India is among the top four countries that account for half of the global under-five child mortality. To address the issue, Government of India and UNICEF have launched a program on catalytic Health System Strengthening (HSS) for RI to increase immunization coverage and reduce child mortality across the country.

Ashok Rao(left) speaking about the health initiatives of C-NES with a special focus on routine immunization at the consultation workshop. Bhaskar Bhuyan(right) speaking about C-NES’ Community Radio Station at the workshop.
Workshop on Susceptibilities of Healthcare Infrastructure

International Committee for Red Cross (ICRC) and the Centre for North East Studies and Policy Research, JMI, Delhi initiated a workshop on “Susceptibilities of Healthcare infrastructure and challenges to access” on 12th September, 2014, at the India International Centre, New Delhi for North East Indian states in order to frame a strategy to safeguard healthcare in emergencies and prolonged conflict situations. The participants who attended were medical professionals, administrators and field officers engaged in the delivery of healthcare service mainly from the North East region. Resource persons who deliberated were from ICRC, C-NES, Doctors for You (DFY), ANT, Medicines Sans Frontiers (MSF) and Centre for study on political violence OP Jindal Global University. The workshop started with a short film by ICRC, which showed violence and destruction during conflict/civil war (Africa, Afghanistan, Pakistan, Iraq) and the tremendous risk that healthcare workers have to take in order to provide health care service to the wounded and the sick. This film was an eye opener to all the participants for the deliberations that followed. India in comparison has to deal with emergencies in a much smaller scale. Participants from the different states, especially Assam, Manipur and Nagaland highlighted the ground realities and the conflict scenario within their state. The panel discussion which followed tried to develop strategies that could safeguard health workers in the North Eastern states.
Consultative Workshop on BCIM

The Confederation of Indian Industry (CII) and the Institute of Chinese Studies, Delhi organized a Stakeholders’ Consultative Workshop to deliberate on “The Role of the Bangladesh–China–India–Myanmar (BCIM) Economic Corridor in Regional Integration” at Guwahati, on 18 – 19 July, 2014. C-NES’ Communications Officer Bhaswati Goswami was on the panel on Sustainable Development. The Session chaired by Utpal K De, Department of Economics North Eastern Hill University, Shillong was introduced by Nimmi Kurian, Professor, Centre for Policy Research. Others on the panel included Hasina Kharbhiih, Founder, Impulse who spoke on Industry Perspective, Xanzoi Barbora from the Tata Institute of Social Sciences and by Bhaswati Goswami who spoke on sustainable development from the perspective of C-NES’ work for the river island dwellers. The session presented opportunities and the way forward in sustainable development in BCIM including the potential impacts of climate change, the improvement of local livelihoods. Supported by the Ministry of External Affairs, New Delhi, this Consultative Workshop sought to elicit the expert opinion of policy-makers, state government officials, and the business and academic communities of India’s north eastern region.

Bhaswati Goswami speaking on sustainable development at the BCIM workshop
Workshop on documentation and report writing

A workshop on documentation and report writing was organized by C-NES supported by PFI on 24th and 25th July 2014. District Programme Officers from the Boat Clinic units and the Family Planning Counsellors from the districts attended the workshop. The Resource persons were Professor Sanjib Kakoty, Faculty, IIM, Shillong and Journalist Ratnadip Choudhury. Managing Trustee Sanjoy Hazarika and CEO Dr Dipankar Das were present at the workshop along with staff from the regional office, Guwahati.

Welcoming everyone, Mr Hazarika said that communication skills needed to be developed within the teams to showcase all the “good work you do on the field”. Prof Kakoty who has long been associated with C-NES, kept everyone engrossed with his anecdotes and his informal approach even while sharing and providing crucial tips on presentations. A sample presentation from one of the districts was shown for necessary correction based on which he made several observations.

“You are a big change maker in society” said resource person journalist Ratnadip Choudhury on day two of the workshop. Talking about his experience with the Jorhat boat clinic where he spent 3 nights a few months ago he said that it was “a life changing experience for me, I was amazed at the dedication and endurance capacity of the team members. Talking about reporting he said, “Your reports can become a primary source of information for journalists” He said that while reporting, one needed to follow the pyramid structure- the most striking points needed to be highlighted at the top.
PFI Partners Meet

Population Foundation of India (PFI) organized a partners meet on 17th and 18th September 2014 in New Delhi where Sanjoy Hazarika, C-NES’ Managing Trustee, Dr. Dipankar Das, CEO and Chandana Bora, State Advocacy and Family Planning Coordinator were present. PFI chairman, the industrialist and philanthropist Dr. Vinay Bharat Ram, made the opening remarks and welcomed the delegates coming from different states. The presentation on C-NES’ project, with a focus on family counselling and advocacy, which is supported by PFI, was made by Sanjoy Hazarika with inputs from Dr Dipankar Das and Chandana Bora. An excerpt of the C-NES film supported by PFI, “Where there are no roads” was showed to an attentive audience.

Seminar on Social Entrepreneurship

Bhaswati Goswami, Communications Officer shared the Boat Clinic initiative of C-NES at seminar on Social Entrepreneurship at IIT Gauhati on 30th October. In order to further promote the cause and usefulness of social entrepreneurship in India, IIM Kolkata has been organizing a series of one day seminars named “Think Social”. The primary objective of this exercise being to build awareness, interest and desire to engage with the Social Enterprise Ecosystem amongst the graduate and post-graduate students who are about to embark on their careers. It may be mentioned that IIM Calcutta has set up an Innovation Park to incubate startups with special focus on Social Enterprises. The Boat Clinic initiative was shared in the session “Translating the vision – Sharing by a Social Entrepreneur” and was followed by a question and answer session.
**Tinu Yadav's Story**

“Sir, have you met my sisters? How are they? Have Anu and Sonu been vaccinated?” asked Tinu with eager eyes and her smiling face. She had questions a plenty, as usual. Dr. Bhaben Bora, Medical officer of Dibrugarh boat clinic unit who was examining a patient, smiled back, as he saw his familiar patient. Tinu, Minu and Binu are three sisters belonging to the Bhojpuri community, originally from Charkholia sapori, one of the oldest saporis of Dibrugarh district in upper Assam. There is a sizable Bhojpuri population in the islands of Dibrugarh and Tinsukia, their ancestors having come from Bihar nearly a century ago as labourers.

Tinu is the eldest of the three. She was 16 when she first attended a health camp in 2008. That very year her marriage was arranged. The information was passed on to the boat clinic team by the community worker of the unit in a review meeting of the team. Yashoda Devi, mother of the three, a dynamic lady despite her illiteracy, has often helped the boat clinic team in the initial phase of the health intervention, particularly in motivating women in the reproductive age group to attend health camps because of the conservative nature of the society. She also went to other villages to help the boat clinic unit. The boat clinic unit was therefore surprised that she decided to get her own daughter married off so early and decided to discuss the matter with her.

It was however not easy, Yasoda Devi negated the request, her husband Taranath Yadav asked the health team not to interfere in family matters. Probably the fact the couple had two more daughters to get married, in a community where daughters are seen more as a burden, made them come to that decision. The boat clinic unit took the help of local panchayat leader, anganwadi worker, teachers of the local schools to discuss the matter with the family. In the meantime an awareness camp was organized on early marriage, its physical and psychological impacts. The multiple effort worked. The marriage was delayed. After two years, in 2010 Tinu got married to a school teacher from Harlua Balua sapori, at an eligible marriageable age. This was a major event and its impact was felt in the neighbouring villages as well and people in these areas have now made it a rule to arrange marriage of girls only at 18 or later. Tinu expresses her gratitude to the Boat Clinic frequently. She is a mother now and never fails to visit the health camps and find out from boat clinic team members about her maternal home, the health condition of her parents, sisters and cousins at Charkholia sapori. Minu, Tinu’s younger sister got married in April 2014 at 18 and the entire boat clinic unit was invited. The health team thus is a part of the larger community.
Story of Hope

At Dibrugarh’s Mesaki sapori, Sitala Das (name changed) was terrified that she failed to have a child after repeated miscarriages. “Sir, I will be ostracized by my family members and society if I fail to deliver a child this time”, the woman cried out to Medical Officer Dr. B.C. Borah when the health team attended a routine health camp at Mesaki. Dr. Borah tried to calm her down and asked Nurse Damayanti Das to attend to her. The woman from Mesaki sapori has had three miscarriages. After going through her records and talking with her, Dr. Bora could understand that the patient and her family members were unaware of proper care to be taken during pregnancy. Dr Bora informed the nurses, ASHA, AWW and DPO about the case and asked the nurses to inform her about what she needed to do during pregnancy apart from the three routine ANCs, immunization and prescribed medicines. The ASHA and CWs were asked to discuss the matter with the family members as well and follow-up the case regularly. The AWW was also requested to facilitate all benefits she should get under ICDS. An awareness camp on care during pregnancy was specially organized for the community advocating institutional delivery. DPO Arup Saikia personally visited the woman’s house and met the family members and requested them to get her registered at the Assam Medical College for detailed investigations after her first ANC if needed. This integrated approach from the team members worked. The woman delivered a healthy girl child on February 2014 at Ramdhan PHC in Dhemaji district, which is the nearest institution for delivery.

The mother and her new born daughter
A lost childhood: Kashimpur, Barpeta

Ajmal Haque, 27 is a farmer and a graduate from lower Assam’s Kasimpur island village in Barpeta district. In an awareness camp on 27th June, 2014 organized by the Barpeta Unit I at Kasimpur, (a two and half hour journey across the Brahmaputra by boat from Barpeta), the normally reserved Hoque, a regular at most camps, opens up at session on child marriage and family planning. After the session, Ajmal took DPO Abdul Halim to his house to meet Minuti Khatun, his sister in law. Minuti, in her mid-twenties looked much older. She was married to his elder brother when she was just 12 years old. A couple of years later, she was pregnant, and lost the child at birth. The following year, she delivered a baby girl, who grew up to one and half year but tragically drowned in the Brahmaputra. By 22 she had another two children – a boy and a girl.

Within a span of eight years, Minuti had delivered 5 children, 3 when she herself was a child. She never got a chance to go to school. The constrained societal norms had cost her dearly, she had lost her childhood, added to which was the despair of having lost her children in quick succession. Repeated childbirth when her body was not ready for motherhood had taken a toll. Since the birth of her last child, Minuti has been on temporary family planning methods. She and her husband are not willing to take up permanent methods, afraid that they might lose their surviving children.

A progressive minded Ajmal said that like Minuti, many women suffer an early set back getting married when they are still very young. They are anemic and suffer from many diseases at an early age. He said, “There is no scope for informative discussions like we had one today. Had we had such talks, discussions and opportunities more often, if ready to use contraceptive devices were quickly available in the past, many of our women would have been much healthier. I am thankful that I have been able to learn so much today. I know it is late but I shall try and pass whatever I have learnt to everyone else who would seek for advice.”

As for Minuti, she said she would discuss with her husband about using Copper-T (contraceptive device). The team is hopeful about motivating the couple.
Boat Baby

A baby was successfully delivered by the Dhemaji Boat Clinic on 18th November 2014, the sixteenth successful, emergency delivery conducted on the boat clinics till date – Five in Dibrugarh, three in Dhemaji, two in Barpeta and six in Jorhat. Providing ANC, PNC checkups along with advocating institutional deliveries has been priority with all the health teams especially crucial for a state like Assam which has India’s worst Maternal Mortality rate at 320, higher than Bihar or Uttar Pradesh, and a high Infant Mortality Rate. While the team was coming from Apsora village after completing a regular health camp, they were informed about the pregnant women, Neha Yadav undergoing labour in Sengajan Guwala under Jonai BPHC. The team led by DPO Tapan Borah went to her house and after half an hour, a healthy female baby was delivered under the supervision of Dr. Vivek Kumar Sahu, Medical Officer, Dhemaji Boat Clinic. The delighted parents, Neha and Bulu Yadav named the baby Chandrawoti. A three month supply of IFA tablets were given to the mother, the baby received BCG and OPV vaccination.

The new born infant at Dhemaji’s Sengajan Guwala village
Building rapport

Amena Khatoon from Sonitpur’s Alitengoni char has been attending health camps regularly ever since her first pregnancy. On way to the camp early morning on 11th January 2015 the team found her eagerly waiting for the vehicle which drops the health team to the river bank. She waved out to the vehicle to stop and requested the Medical Officer to look at her sick child suffering from cold and fever the past three days. Dr Sahidul examined the child and prescribed some medicines to the child. She expressed her gratitude to the team. Before leaving the DPO Moushumi Dowerah asked her about she knew about teams arrival that way, that day. She smiled and said that “some villagers saw your boat at the ghat yesterday evening. That means you have come for a trip and today surely you would go by this way”. Over time the teams have managed to strike the right chord with the villagers.
7. Visitors

Dr. Manish Thakur, Mission Director, National Health Mission, visited a Boat Clinic health camp at Balagaon, Kamrup district on 22nd May 2014. He was accompanied by Pranjal Das, State Program Manager from NHM, C-NES CEO Dr Dipankar Das and Programme Manager Ashok Rao. The camp was arranged at Balagaon L.P. School premises. Dr Thakur was felicitated by the DPO Hiranya Deka and given a briefing about Kamrup Boat Clinic and its activities. He inspected the activities of the boat clinic on-site, interacted with the ASHA, AWW and took stock of the health issues of the villagers. He stayed at the campsite for an hour and a half before returning to the boat for his return trip to Guwahati.
Basix team visits health camp

Dr Vijay Mahajan Founder and CEO BASIX accompanied the Jorhat Boat Clinic on 23 March, 2015 to a health camp. BASIX is a Social Enterprise Group engaged in livelihood promotion of low income households in over 20 states in India and six developing countries. Dr Mahajan and his group interacted with the villagers and shared their thoughts about livelihood prospects of the people at Majuli. The health team and villagers of Majuli shared their feelings with Dr Mahajan.

His message to the Managing Trustee follows:

Sanjoy

Thanks to you and Riturekha’s persistent help we finally found the Boat Clinic in Majuli, two hours after we thought we would. But it was worth our while to go there and see only one of your 15 boat clinics catering to the forgotten lakhs living in Brahmaputra river islands.

Very good work and a wonderful, motivated team. Best wishes

Vijay Mahajan

Dr. Vijay Mahajan(sitting left) with the Boat Clinic staff, villagers of Besamora and members from BASIX.
Victor Banerjee visits Boat Clinic and Radio Brahmaputra

Renowned film actor Victor Banerjee visited the Boat clinic at Dibrugarh on 25th August 2014 and interacted with the Brahmaputra Community Radio Station team. Mr. Banerjee wrote in the Visitors Book at C-NES’ Dibrugarh Office: “The Boat Clinics are a good example of what the citizen can do for his people”. He visited Akha, C-NES’ first Boat Clinic which was started in 2005, providing essential health services to the most needy in the Brahmaputra river islands in upper Assam’s Dibrugarh district. The boat was anchored along the bank of the river at Maijan Ghat and the veteran thespian spent over an hour onboard sharing lunch and ideas with the team including Arup Saikia, C-NES’ District Program Officer, Dr. Juganda Kumar Deori, Medical Officer of the Unit and boat crew followed by a visit to the Radio Station. After being felicitated with gamosas (traditional Assamese hand woven towels), Mr. Banerjee, had a long discussion with the staff managing the radio station, led by the coordinator of the unit, Bhaskar Bhuyan and first time reporters, local talents picked up from the communities to which the station would be catering to. Much to their delight, he also shared details from his personal and professional life. Mr. Banerjee has won international recognition as well as awards in India and abroad for his roles in maestro Satyajit Ray’s Shatranjki Khilari and David Lean’s Passage to India. He runs a family-supported school for the visually challenged at Moran, near Dibrugarh.
Meghalaya team at BCRS

A five member team from Meghalaya Basin Development Authority (MBDA) visited C-NES’ Brahmaputra Community Radio Station (BCRS) on 28, 29th October 2014. The station, the first ever of its kind in this part of the country to broadcast in 5 different languages/dialects- Assamese, Bhojpuri, Shadri (tea tribe dialect), Bodo and Mishing has been set up to reach out to the underprivileged communities inhabiting within a 15 km radius of the station including tea tribe communities with programmes of their interest and informative programmes under the proactive coordinator Bhaskar Bhuyan. All reporters have been picked up from these communities. The team from Meghalaya studied the process of production, volunteering, application process, trainings, studio setup, technical and non-technical issues. A field visit to Majian Tea Estate was also conducted. The station, its setup, process of production, volunteer ship, application process, trainings, studio setup, technical and non-technical issues were also discussed. The team was impressed with the work they saw and made the following comments:

I would like to encourage the work BCRS is doing for the community people of Dibrugarh. I am very impressed. All the best and continue to do well.
Lanbangiu Lula Kamei, MBDA

The people are so dedicated to their work. Just love it. Keep it up.
Affra Jone Syiemiong, MBDA

Your team is doing a great work. Wish you all the best for future!
Chukame D. Shire, MBDA
MD, NRL visits Boat Clinic

The Managing Director, Numaligarh Refinery Limited Mr P Padmanabhan visited a health camp onboard SB Numali which services Sonitpur district on 8th November 2014. The Boat has been donated by the company which funded another Boat to C-NES. The latter is to be operated in Kamrup(rural) and is under construction. He was accompanied by his wife Ambika Padmanabhan and Communications Officer Bhaswati Goswami. The guests were welcomed onboard by District Programme Officer Moushumi Dowerah and the health team. Mr Padmanabhan wrote:

"On behalf of my wife Ambika, myself and my company I thank you for the effort you put in to showcase the wonderful job being done by your team and you to reach medicine, care and solace to the unheard and unseen people, living on the numerous islands created by the whim and fancy of our mighty Brahmaputra. Although the vessel Numali is sponsored by our company, I think many of our employees may not even be aware of the yeoman service being done by your organization along with us. Will endeavor to spread it around by the time the second clinic on boat is ready to set sail.

Personally it was an eye opener for me and then we realize how blessed we are. Thanks once again and keep up the good work. Convey our appreciation and thanks to your great and dedicated team for all the pleasant memories".

Managing Director, NRL Mr P Padmanabhan with his wife Ambika Padmanabhan(left) and Communications Officer Bhaswati Goswami with the Boat Clinic SB Numali as backdrop at a river island village in Assam’s Sonitpur district.
The visitors with the Sonitpur health team led Mousumi Duwarah, DPO, Medical Officers Dr. Sahidulm Haque and Dr. Gulam Ikbal Hussain, Md Fulsan Ali, Pharmacist, Ruprani Pegu, Lab Tech, Kilipa Horo, ANM, Ellizabeth Tigga, ANM, Community workers Jintu Baruah, Md. Mofidul and Indrajit Ghosh.

Visitors from TISS:
Jyotismoy Deka and Zeenat Ahmed from the Tata Institute of Social Science (TISS), Guwahati campus accompanied the Kamrup team to the health camp at Nayapara on 24th January 2015. They conducted a study on menstrual hygiene, traditional practices followed by women, existing problems and taboos and developing an intervention plan. During the return journey the students told the team that they were satisfied with the responses from the villagers and this they believed was only because of the trust of the villagers in the boat clinic.
9. Brahmaputra Community Radio Station

Youth Speak: Voice of Champion from the field

It was a proud moment for C-NES and the organization’s upcoming Brahmaputra Community Radio Station (BCRS) based at the upper Assam tea town of Dibrugarh, very close to where the mighty river flows by at Maijan Ghat. Rumi Naik a first time reporter of BCRS was selected to participate in the three day Assam State Convention at Guwahati on “Youth for Child Rights” organized by UNICEF as a Youth Champion from Dibrugarh in recognition of her excellent work towards her community- the tea tribes of Assam. Rumi presented herself as a youth champion vigorously working towards bringing about a social change in the community where illiteracy and thereby superstitions along with alcoholism abounds. The importance of girls education, prevention of early marriage, the need and significance for proper health and hygiene, clean drinking water, a nutritious diet for the community more so for women and children amongst whom anemia is common has been her focus ,as a community reporter of Radio Brahmaputra 90.4 FM.

The BCRS is an innovative effort to reach the marginalized and poor with new ideas, opportunities, giving them a platform to speak and perform in their own voices and access to better lives as a result of better access to rights and services through clear information, delivered with entertainment and energy. The station is unique in the sense that it caters to the needs and aspirations of people belonging to as many as five communities residing around the area in as many local languages – Shadri (dialect of the tea tribes), Assamese, Bhojpuri, Bodo and Mising.

Rumi Naik addressing the convention

BCRS also won the Manthan Award South Asia and Asia Pacific 2014 under the Community Broadcasting category, according to an announcement by The Grand Jury. BCRS competed with 400 nominations (all nominations under different categories) for the award this year and the announcement was made in Indian Habitat Centre, New Delhi on 4th December 2014.

According to the award citation, the award was given “For running a grassroots Community Radio Station” recognized by the Grand Jury as Winner for year 2014.
What is remarkable is that the entire team of BCRS, led by co-ordinator Bhaskar Bhuyan, did not have any previous training in journalism but developed as reporters through training after the idea of the station took shape. Today it broadcasts for eight hours every day on 90.4 FM from Dibrugarh and can be heard in three districts along and across the Brahmaputra.

Coverage area of BCRS
9. Media Reports

Yahoo Original covered the Boat Clinic at Jorhat in June 2014. The link follows:


Fabrica, a communication research centre of the Benetton Group presented Lok Sabha where ten Indian photographers described their country in the five weeks of the greatest election in the world, 814 million voters renewing the Lower House of Parliament. Taking as its starting point the main themes and organization of the election, the Lok Sabha project gave the inside story, in ten different views, of the various aspects and contradictions of a changing India. As part of the initiative photojournalist Nikhil Roshan covered the Boat Clinic while on his coverage of Assam elections on 15th May 2014. The link: http://www.loksabhaindia.org/en/photographers/nikhil-roshan/terra-fluida.html.

An excerpt:

“....Government servants rarely venture out to these no man’s lands. Health services and family planning are practically unheard of while the racist rhetoric against them is that they breed like rabbits. In Dhubri, Assam’s southwestern-most district, I had the privilege of riding with a team of doctors of the Centre for North East Studies and Policy Research, Delhi who run boat clinics on these islands. While pharmacists hand out medicine bottles against prescriptions prepared by two doctors, nurses inoculate newborns with vaccines for polio, smallpox and hepatitis, and a young volunteer lectures villagers on family planning and contraception.

“These are the people who god has forgotten,” Mehboob Hazarika told me as he stared out of our boat window, the S B Rustom, on a stormy night as faraway Dhubri town lay in curfewed darkness. Hazarika, a middle-aged manager of the boat clinic was in a particularly pensive mood as the violence in the BTAD had spread panic here as well. Dhubri stands out from the rest of Assam as majority Bengali speaking population, a huge number of them Muslim.

Hindustan Times

Journalists Sanchita Sharma from the Hindustan times, Dr. M.H. Ghazali, Editor-UNN Rashme Sehgal (Editor- Science & Technology, Deccan Chronicle and The Asian Age) covered a camp conducted by the Nalbari Boat Clinic on 6th August 2014. The camp was organized at Bagnaputa Balarchar. They observed the health camp and interacted with the beneficiaries and local people.

The link to the article on the Boat Clinics on 23rd August, 2014 in the Hindustan Times:

India Together:

Journalist Ratna Bharali Talukdar’s piece on the Boat Clinics in the online magazine India Together (www.indiatogether.org) The link: indiatogether.org/assam-boat-clinics-deliver-healthcare-to-char-residents-health.

An excerpt:

Where the boats ferry in good health

30 October 2014 - Nearly a month and a half since the monsoon flood created havoc in many areas of Kamrup district’s south bank have lapsed when, on 10 October, a 'boat clinic' is seen making its second trip during the period for a general health check-up of people living in Koltoli Char of the district, about 60 km off Guwahati. This char has a population of around 1200.

The boat clinic is just what its name suggests. Equipped with a vaccine kit, necessary medicines for basic health check, a laboratory kit to collect blood samples (whenever necessary), a small kitchen, life-saving jackets, a handful of umbrellas, and a bicycle, it completes a one and half hour-long journey from the Chaygaon point of the river Brahmaputra to reach the char. The team includes two doctors, three nurses, a pharmacist and a laboratory technician – all employed through the National Rural Health Mission (NRHM), along with three crew members and two community workers.

Umbrellas are important, as the team has to walk a long way to reach the lone public assembly site in the char - the primary school. As the boat clinic reaches the char, the community workers get busy in carrying the medical kits on the bicycle to the school campus. The char people, mostly elderly persons, womenfolk and children have been waiting for the team, as community workers had informed them about the visit of the team earlier.

The health-camp starts with an art competition among the school-children, a general health-awareness camp with hand-wash training. As soon as the prize distribution ceremony for the competition is over, the school hall, a newly constructed tin-roof structure, immediately turns into a temporary hospital for the purpose.
“The boat clinic has been providing all basic health support and has become an essential service for us. It visits us regularly, once every month. Last month when the flood-water had submerged the char, they had to visit us on a country boat. They educated us on how to resist post-flood health-hazards such as outbreak of diarrhoea and other water-borne diseases,” says Nur Hussain Ali, a char dweller.

By 2.30 pm, around 90 patients have been examined. The ASHA worker of the char, who assists the team during the camp, also avers that the boat clinic is the only health delivery system available in the char. In case of emergencies or critical situations, char-dwellers have to go to the Garaimari block hospital, which takes a good 45 minutes to reach during high floods and almost double the time during low waters.

The boat clinics provide basic care. “Elderly persons come to us to get their blood pressure and diabetes levels checked. The service has been extremely successful in addressing general health issues including malnutrition among children, worms and minor wounds that often lead to septicaemia, cough and cold and others. Such early interventions have an impact on reducing health hazards to a larger extent,” says Gunajit Deka, another doctor of the team.
The Boat Clinic Barpeta I approaching a river bank on way to conducting a health camp.

Photo Credit: Md Abdul Halim, District Programme Officer, Barpeta Unit I

A member of the Boat crew from Barpeta Unit I pushes the vessel through shallow waters to a health camp

Photo Credit: Mohd Abdul Halim
The health team prepares for the health camp at Aduri East near the ghat opposite the Nagerbera Hill.  
Photo Credit: Mohd Abdul Halim

A group of villagers—women and children making way towards the Boat clinic unit 1, Barpeta in a fishing boat at Hapsa Char on 24th August 2014.  Photo Credit: Mohd Abdul Halim
With water subsiding during winter, the boat clinics cannot reach the destination, the targeted island villages. Subsequently walking distance to the camps become long and arduous. By the time the team reaches the villages they are tired and worn out walking. At times they get innovative and make alternate arrangements to cover such a long distance.

The photograph shows the Kamrup Boat Clinic unit which had to walk through sand for over an hour to reach a health camp at Balagaon island village on 9th January 2015 returning back after camp in a horse-cart provided by a villager.

Photo Credit: C-NES

The Morigaon health team walking long distances along sandy river banks returning from camp at Dimbur Char

Photo Credit: C-NES
Villagers in a small fishing boat who came to attend the health camp at Changbandha West.

Photo credit: Abdul Halim

Rowing down the Kulsi in a country boat as Manging Trustee Sanjoy Hazarika tries to get a few quick shots of the picturesque river during the C-NES review Meet, March 2015 to view river dolphins at Kukurmara where a eco-tourism site with dolphin viewing was developed under the initiative of C-NES as part of a livelihood ad conservation project supported by Ford Foundation in 2006. Sitting at the last row (in black) is Dr Sanchita Baruah, Professor, Dept. of Zoology Kanoi College, Dibrugarh who has worked on this endangered mammal, now the national aquatic animal spoke about the river dolphins, their habit and threat to their existence. Debojit Choudhry (facing camera) the man behind the ecotourism and dolphin centre talks about his mission.

Photo Credit: C-NES
# FUNDS RECEIVED BY C-NES (2014-15)

## PROJECTS

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**TOTAL** 83,082,865

## DONATIONS

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**TOTAL** 1,116,800

## OTHERS

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<td>Film shooting at Dibrugarh</td>
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**TOTAL** 309,500
11. C-NES Intern Reports

Boat Clinics have provided opportunities to students doing research on delivery of primary healthcare and education to the islands on the Brahmaputra. Research studies have been conducted by students from across the globe for the last nine years. While the interns have benefited from the unique work the organization does in the Brahmaputra valley be it in the spheres of health, education, conflicts and communications (through the Brahmaputra Community Radio Station) among others, the organization has also gained from their internship. Their work with the organization and the reports shared with C-NES has given the organization constructive feedback focusing as they do on both the positive impacts of the Boat Clinics and the organization’s work as also the gaps which need filling, valuable suggestions for improving service delivery with a fresh perspective. The report can be read in the appendices:

Appendix A

Experiences with the Boat Clinics

Living on the chars (river islands) at the mercy of the mighty network of rivers in Assam is an insecure life to say the least. With eminent erosion and frequent floods, their access to food and shelter is continually challenged. Yet, at least on the surface, they seem to be a carefree and welcoming people. Their lives (in most villages) seem to be healthy and quite enjoyable. Occurrences of diseases are on the low, though in many places the river water seems to have mixed with the ground water tables, making it unfit for drinking. This coupled with neglect for hygiene, are the greatest detriments to their health (during the monsoon season). With nowhere to go for medical help, these issues escalate in seriousness. The boat clinics are a godsend to those few with serious ailments, while they are also very necessary for the overall health of these settlements. Additionally they also raise awareness about how slight lifestyle changes accrete to living a fuller and healthier life. While in Lakhimpur, I largely frequented Mising villages. It is customary for them to serve you Apong (a local beer made from rice and a few herbs) when you enter their
household. They consider it to be very healthy and say that children in the villages start to drink it at the age of 3-5 in small quantities. They are quite a humorous people, and I’ve been playfully been made fun of by the grandparent generation on a couple of occasions.

In Jorhat district, I visited a few displaced villages in the general boat clinic operational area. In one household, while talking to the mother and grandmother, I was aggrieved to learn that floods during the last monsoon had forced them to shift from a river island to the mainland. They had lost all their land and were not compensated for it. To sustain themselves they had to work as wage labourers on other’s fields. They had salvaged a few animals (cows, chicken and goats) during the floods, but all had been sold recently to feed the family. They said they were finding it hard to give their children enough food and are expecting to be displaced again this year. If so, their already pitiable condition would only worsen. After conversing with them, they insisted that I eat lunch there. I kindly declined, but was overwhelmed with their ability to give even when their own well-being was in question. Many of us lucky to be bestowed with all that we need forget to be grateful for it. Being with these people was a harsh reminder for all that I take for granted. Though, I’d still maintain that many of those living on the Chars, though faced with uncertainty and marred with challenges, live more fulfilling lives than most of us in cities do.

Rohil Jethmalini
International studies
FLAME University, Pune
(Interned at Jorhat, Dibrugarh, Tinsukia and Lakhimpur in June 2014)
Appendix B

The Brahmaputra Trail

When I was interacting with the staff of the Boat Clinic program in Lakhimpur District, one of the doctors from the Mising community recounted a quote his mother often reiterated. “It takes two men to row a boat”, she said. The quote reflected the dependence of the inhabitants of the chaporis on the river Brahmaputra whose ebb and flow transformed their lives every day. It also reflected attitudes towards family planning that formed an indispensable part of the Boat Clinic’s program. The two weeks with the Boat Clinic Health Program in Lakhimpur and Sonitpur Districts revealed to me some such nuances of life on a river island with the flowing river as both a companion and foe.

Through a study titled the “Marginalization of Women as a result of the Island-Mainland dichotomy”, I sought to establish a distinction between the conditions of women on the islands and the mainland with an emphasis on control over reproductive power and attitudes towards family planning. On the morning of the 26th of July, I began my journey with the C-NES Lakhimpur Team headed by the DPO, Mr. Tapan Borah to the first chapori, Balijan which took us about 2 hours to reach by boat and during which I was able to observe the different levels of erosion along the river side as a result of the fluctuating levels and course of the Subansiri River. The Balijan chapori was a relatively old chapori with a majority of the population being native populations as compared to the other two chaporis I visited at Santipur and Na-ali Aunibari. The population of the three chaporis visited in the Lakhimpur District were approximately 800-900 people each with the ethnic composition being the Mising tribe.

The economic mainstay of the islands I visited was agriculture and animal husbandry with fishing contributing to a portion of the livelihood while ownership of oxen was an indicator of wealth. A majority of the agricultural labour was provided by the women as was their skill in weaving. The performance of household activities and child care were claimed as a prerogative of women. The attitudes towards menstruation were generally one of indifference with no social rituals being performed at the attainment of puberty though participation of women in certain religious practices such as the hokam was seen to be constrained during the period. The general observation was that the beginning of the menstrual cycle was the beginning of the reproductive years for women reflected in the young ages of marriage which ranged from 15-18 years. The ages of conception were almost always automatically after marriage with the first child often being born at 16 years of age. The number of children per household and the willingness to adopt family planning methods seems to have seen a transformation after the establishment of the Boat Clinic which advocates awareness of family planning methods through the indispensable agency of the Asha and Anganwadi workers. The awareness of the use of contraceptive methods, both permanent and temporary, was seen to be more prevalent among the women who preferred IUCD methods with the Copper T being most significant. The general perception was that the woman was responsible for adopting methods of family planning. It was interesting to note the level of change in attitudes over the years of establishing the Boat Clinic Program. The DPO recounted the initial resistance of the island communities which has now progressed to a level of awareness primarily based on the trust in the ASHA workers and the medical staff of the Boat Clinic.

I ventured on a much awaited night trip with the C-NES Sonitpur team on 04/07/2014. We travelled from the Jahajghat at Tezpur to reach the Soraibil Chapori under the Bihoguri Development Block. The chapori had an approximate population of 500 people with 192 male and 308 female populations. I also visited the Rani Tapu, Tintikia and the GaiTapu chaporis. The DPO Ms. Moushumi Duwarah and the Family Planning Counsellor Ms. Kabita Nath informed me that religious and superstitious beliefs served as a primary obstacle to family planning campaigns on these chaporis which was observed by me again during
the interviews with male and female populations on the islands. The early ages of marriage and conception resulting in high rates of anemia, low menstrual flows and inability to detect pregnancies was observed on the four chaporis reflecting the complexities in maternal health care which have seen gradual progress, especially in relation to the use of contraceptives, over the period of establishment of the Boat Clinic Program.

An attempt to compare the conditions of the chaporis with that of the mainland proved to be extremely revealing as a greater conformity towards menstrual taboos and an ignorance of family planning methods was noticed in the mainland areas. It was especially revealing for me to see the living conditions of the island populations which though minimal and uncertain were taken in great stride and spirit by them. Their wants were few and their subsistence mainly from the land which they inhabited though economic practices from the mainland were trickling into the islands evident in the form of a bangle seller and a construction worker on the GaiTapu chapori. It was especially interesting to observe the social rituals prevalent among the communities such as the tying of the hair in an intricate knot after marriage or the significance of weaving in the life of a young girl in the Mising community. I noticed the fascination that the young and the old alike had for the boat clinic as they thronged it from dawn to dusk on the Sonitpur islands where it docked. The fascination was almost one born of trust in the clinic as well as a new source of excitement amidst their routine lives dictated by the ripples of the river. The visit to the chaporis helped me realize the need for a historical documentation of the riverine populations of which I noticed a dearth and a desire to pursue the same in the future.

The two nights I spent along the Brahmaputra with the countless stars above and the clean breeze that blew along the changing moods of the river made me feel a sense of freedom and an increased desire to explore these areas in the future.

Nimisha Thakur

History, IIInd year

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A group photograph at the C-NES Review Meet at Guwahati from the 2nd to 4th of March 2015

Photo credit: C-NES

A happy, young mother with her child returning from an immunization camp in Jorhat District's Sadhu Sapori.

Photo credit: CNES

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