From the Field

Public Health Care: Too Far, Too Little For Assam's Riverine Islanders

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Who is the public health system actually catering to, if not these vulnerable women and children of the riverine islanders who actually are in dire need of these services? Do they not come under the MDG goal umbrella?

The United Nations Millennium Declaration was signed in 2000, by committed world leaders, of which India was a part, to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The Millennium Development Goals, which were derived from this declaration had their targets set for 2015 with two goals directly focused on health: no. 4 which was reducing child mortality, and no. 5 which was improving maternal health. In response India launched the National Rural Health Mission (NRHM) in 2005 to provide accessible, affordable and quality health care to the rural population targeting women and children, while paying a lot of attention to the vulnerable groups. Under the NRHM, the primary focus was on the Empowered Action Group (EAG) states as well as the North Eastern States, and Assam, even then had the highest MMR and IMR. In the light of this policy priority for maternal health, the Assam state government has also introduced various schemes, policies and acts like the Assam Public Health Act of 2010, Janani Suraksha Yojna, Mamoni Scheme, Majani Scheme, Janani Sishu Suraksha Karyakram etc. Sadly, the situation in Assam's riverine islands, created by the raging Brahmaputra traversing the state that physically and socially isolates them is different and unique. The public health system still remains mostly inaccessible to these people, save for the boat clinics run by C-NES with NRHM's support which visit them once a month.

The public health system is supposed to play an important role in promoting and protecting the health of the larger population but it plays an almost invisible role when it comes to the riverine islanders because they're spaced far apart from each other. In Dibrugarh, the closest PHC or General Hospital is a few hours away by boat and during emergencies, the island dwellers that are well off take their own boats to the mainland or in many cases, hire boats. But the majority of the population, comprising poorer communities having few options left for, they cannot afford to hire boats and reach the mainland. In Jorhat, even though the sub centers are comparatively easily accessible, (by which I mean a few islands away), do not always have Multi-purpose Workers (MPWs) or Auxiliary Nursing Midwives (ANMs) on duty. When women and children need to be immunized, the medicine needs to be refrigerated which is not possible even in islands where there are Primary Health Centres (PHCs) due to the lack of electricity. During the monsoons, the situation is even worse when their stilt houses on the islands get washed away, due to the flooding of the islands, and the constant erosion which makes it almost impossible to leave the island. How then do

these communities get access to any sort of public health system when they are shackled by vulnerabilities, which are out of their control?

Accessing health care: Series of hurdles

Rupa and Reena reside in an island in Dibrugarh District. Married at a young age of 16, they had delivered their children at home with the help of a local *dhai* (midwife). They complained that there is no possibility for them travelling to a hospital on the mainland for a delivery as it costs too much to travel the distance by boat during an emergency and they are too poor to afford boats of their own. The cost of hiring a boat is Rs. 2500 to Rs.3500 and there aren't any emergency boats available in the vicinity. If they reached the hospital a few days prior to their delivery, they cannot afford local accommodation for themselves and their relatives who would accompany them. These women are delivering their babies at home not because they choose to, rather because they lack the choice to access health facilities which are too expensive if present and in most cases, just plain inaccessible.

The only other way these communities can avail healthcare facilities are through Centre for North Eastern Studies and Policy Research (C-NES)'s boat clinics, which visit their island once a month. Their resident Accredited Social Health Activists (ASHA) reminds them to attend the health camp arranged by C-NES's boat clinics to get folic acid if they're pregnant; get their children who are younger than 5 years on Vitamin A drops, vaccinations for their infants, and ORS for the older children. However C-NES lacks emergency and delivery services.

Here is the case of a 27 year old mother from Udaipur Sapori in Dibrugarh with four young girls ranging from 2 to 10 years. She was at the health camp held by C-NES's boat clinics because her children were ill, and to ensure that her youngest daughter received her vaccination. When asked about availing the government schemes made known to them by the ASHAs, she explained the difficulty of creating an account for her youngest daughter, which involved them going all the way to the mainland which is four hours away or even submitting the same to the PHC which is also a few islands away. All of her children were delivered at home, in the presence of her mother-in-law and sister-in-law.

Kamjan Riverine of Jorhat District bears the tragic story of a mother who lost her life due to the alleged negligence of the doctors in the hospital. The husband, who is a humble man of meagre means and owns a store in the riverine, narrated the story of his late wife. She will not be around to see her first daughter turn six this year because she passed away in the hospital late last year, giving birth to their second daughter. The pregnant mother was taken to the Jorhat Hospital a few days before her delivery date as she started having labour pains and the husband claims that something went wrong during surgery because she wasn't known to be suffering from any complications prior to the delivery. He remembers the day she gave birth when everything seemed normal, but on the second day, she developed some gastric issues and had to be rushed to the ICU and she wasn't passing urine. The hospital officials seeing that they couldn't address the conditions of his wife, asked him to take her to Dibrugarh, where the doctors reprimanded him for bringing her there in such a critical condition. They couldn't promise that they could do much and over the course of a day, she passed away in the hospital. Their infant child was then adopted by his wife's cousin as the

man's medical bills of around Rs.40,000 over three days had wiped him clean. He had spent close to Rs. 5,000 on mandatory preliminary tests during her pregnancy, most of which went in commuting them to the mainland and back. He took his wife to the Sub Centre, the boat clinics and the Jorhat Hospital to have her checked during the time she was pregnant and none of the doctors had detected any possibilities of complications. Such incidents make the riverine islanders skeptical about institutional deliveries and discourage others from seeking hospitals for deliveries.

In order to understand the situation better, I visited the Dibrugarh Medical College. The external facade of the Gynaecology ward in particular, had leaking pipes, moss growing over drainage spouts and evidence of poor hygiene. There were doctors, interns and resident students who were trying their best to keep the chaos under check but were seen struggling as the hospital was brimming with relatives of patients who had set up camp on the hospital corridor floors and the ward was overflowing with patients, in some cases more than one to a bed. There was hardly any room between the beds in the ward leaving no privacy for the women who were recuperating from their delivery. The relatives were also inside the wards with baskets of food and clothes, right next to the newborns. Newborns tend to need clean and sterile space for a few days, which was clearly not the case here Clearly, delivering in such a hospital cannot be better off than delivering at home.

While speaking to a doctor who had graduated from the same college, I was also made aware that to get an ultrasound done, one had to walk a few kilometers to another building. He remembered wheeling a patient from one building to the other, in the hot sun. If we can't be sensitive to the patients who are solely dependent on these services, what chance do they have of having faith in the public health system?

A senior district level officer of one of the boat clinics, narrated incidents from the islands of lower Assam, where sandbar dwellers refused to go to the hospital because they were never given free treatment, which was due to them through the different government schemes. The island dwellers complained that the various ranks of the hospital staff asked for bribes, which was clearly not affordable by them, leading them to become averse to going to the hospital for checkups, in general.

Who is the public health system actually catering to, if not these vulnerable women and children of the riverine islanders who actually are in dire need of these services? Do they not come under the MDG goal umbrella? If women like Rupa and Reena are to start believing that the public health system is working for people like them, there needs to be more professionalism, better care and innovation shown in the provision of healthcare services. A lady health professional suggested an emergency referral boat (which was already tried by C-NES but didn't succeed) for instance to cater to emergency situations or birth waiting rooms in hospitals on the main lands where the patients' family members can stay free of charge. There should be constant monitoring of existing health centres in the mainland to check the quality of services being provided, if it's present at all. The government needs to follow through on these schemes and policies, enabling these communities to actually put their trust in them otherwise, they will continue to stay away from any healthcare system, putting themselves at unwarranted risks.

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