

Medical camp in rural Assam



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UK Katakya 24 April 2012 7436 views

We read about medical camps being held in different parts of Assam at periodic intervals in the local newspapers. These are conducted through government sponsored programmes or through NGOs from private establishments in the state. We hear from time to time about many schemes both by central and state governments that have been implemented or are in planning stage. As a non-resident from Assam and a member of the medical fraternity, I feel that, perhaps we too can contribute towards this end when we visit our motherland even if it happens to be a drop in the ocean. I would like to share with the readers my experience in this context.

My first visit to a village with the intention of getting involved in some social service was named Jonak in North Guwahati introduced by a Professor of Education in Guwahati University. She is not only active and renowned social worker but also has adopted the village. Through her I learnt that the same village was also adopted by an Assamese couple living in London. An evening visit did not give me sufficient time to organize a health camp but I had the pleasure to impart some health education to the children and parents who had gathered there. Speaking to them in fluent Assamese was a hurdle, but my mother-in-law who is a popular social activist and who was also with us that evening, had given me enough support.

A year later when I was in Assam on a month's winter vacation I came across an NGO very actively involved for the upliftment of the community around his home town in Nalbari. He was very glad when I offered voluntary paediatric service in his area. I hired an Indica, bought some medicines for common childhood ailments from a pharmacy in Guwahati and both of us set off to Nalbari. A couple of hours later, we reached Bijulighat and in the state dispensary there, I had the first session with almost two dozen children of different age groups with problems ranging from bronchitis to anemia, symptoms of worm infestations to conjunctivitis. Everything seemed so different from urban practice in Dubai or in the U.K. Later, in the evening and the following morning I had a couple of sessions in the NGO's house where, perhaps by word of mouth, children requiring medical attention turned up with their parents from the adjoining villages. Incidentally, I spent the night in his house and enjoyed the traditional rural hospitality.

It has been in the news for some years that the Government of Assam has launched a massive Rural Health Service Scheme. The facilities with multi-million rupees project known as the Village Outreach Programme, is supposed to deliver advanced health care facilities to the remotest areas. Eighty ambulances to cover at least 4000 villages have been planned to provide emergency health care to people in rural areas. Again the state government is said to have introduced Boat Clinics in at least 10 districts in Assam where medical services are supposed to be provided in the remote char areas where communication by road transport is not feasible. Proposal to start these clinics by using another 15 boats is on the anvil. These government health projects are steps in the right direction as far as rural health is concerned. We hope that these facilities reach the rural poor and the needy in reality.

Kalaigaon, a village around ten kilometres from Mangaldoi town, was my next significant day trip in 2007 with the intention of serving the rural poor children. This was with the support of a cousin of mine from Mangaldoi now settled in Guwahati. Having stayed the night in his ancestral house and sorting out the medicines that had arrived from Bongaigaon till late night, we set off in his jeep early next morning. It took us nearly an hour and a half along the pot-holed road. That day, there was a big turnover of children perhaps due to prior announcement. Most of the health problems appeared to be preventable and I felt that this village could do with a health-care provider on a regular basis. Families kept on pouring till well after sunset and I had to continue dispensing with difficulty under candle-light.

Then in 2008, when I was in Assam for a slightly longer period, after having retired from the government service in Dubai, I decided to continue this voluntary service. This time the villages were more remote in Darrang district and arrangements to conduct a medical camp on two successive Sundays was made through a local NGO, Nani Saikia. The first camp was in Laujan Chariali about 7 kilometres from the trunk road and covered eight villages. The second was even more interiorly located and the camp was held in Dalonghat LP school where children with medical problems, major & minor came from nine villages nearby. Malnutrition, anaemia, worm infestation etc. were rampant among children in that area. On both the occasions, Nani had provided for me whole-hearted support to conduct the camps smoothly and successfully. As I left the area, I was somewhat saddened to find the poverty level of most of the villagers. Some did not have even 5 or 10 rupees to buy medicines that were unavailable in my stock.

Media coverage about pumping in funds for development of rural areas, especially in the health sector by the state and the central government, is perhaps nothing new. We also hear time and again about organizations like WHO and Unicef allocating funds for the health sector. Examples of some recently proposed schemes are “Mritunjoy” to deal with medical emergencies for inaccessible areas of our state, “Mamata, Morom, Mamoni and Majoni” are other significant rural health protection schemes. These are supposed to provide social & financial assistance to the impoverished and the unemployed, nutritional support to children and pregnant mothers and special assistance to the girl child until she reaches 18 years. We sincerely hope that the time is not far off when these highly encouraging projects will penetrate the grassroot level.

Last year, for a change, I wished to spend a day to render my services in Upper Assam but due to time constraint, that wish remained unfulfilled. Instead, I was fortunate enough to tie up with the Joint Director of Planning and Development Department, Govt. of Assam. On 30th of December, therefore, I accompanied her to South Lenga in North Guwahati where she had introduced me some key personals in the area and made all the arrangements for check-up and treatment of at least 45 children. Later, I learnt that no such medical camps were held in that area in the past and the people requested her for arranging more such camps in the future.

From my limited experience, I found out that whatever service can be given to the downtrodden, especially in our rural community, is received with profound gratefulness. Personally this had given me immense satisfaction for being able to deliver a small fraction of my professional expertise. While my speciality is Paediatrics, service in other branches would possibly be equally beneficial, for example, Gynaecology, Ophthalmology, ENT or Dermatology. Of course it is understandable that while on vacation everyone has a tight schedule. But I feel that spending and sharing some time and effort for our rural poor will certainly uplift this noble profession that we are in.

UK Katakya

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