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Floating hope

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For the isolated people of the chars in Bangladesh, innovative initiatives made the difference between life and death

It was 1994 when aristocrat Runa Khan and her soon-to-be husband Yves Marre sailed a decommissioned oil barge from the waters off France to her home country of Bangladesh. They had intended to propose to charitable organisations of a revolutionary plan they had: to turn the shipping vessel into a mobile medical station.

The ship would bring medical help to the unreachable islands, or *chars*, that make up much of Bangladesh. It was a brilliant plan, and would have solved the problem of reaching isolated *char* communities, most of whom had been neglected by the government and NGOs (non-governmental organisations) due to their remote locations.

When Khan and Marre were unable to find an NGO which believed in their proposal, they decided to form one themselves – calling it *Friendship* – and started searching for suitable donors to help fund their work.

“It seemed like a wild idea to them and everyone told me it was impossible. I did not even know what NGO stood for and I was not a doctor so nobody believed that I could run a hospital,” says **Runa Khan**. “But innovative solutions are needed for those living in areas like the *chars*. So we started with one hospital ship then, and today we have a three-tier healthcare system.”

No fixed template

Khan says that differences in geographical landscapes, cultures and circumstances mean that there is no fixed method to helping impoverished communities.

“There is no one-size-fits-all solution for development work with the ultra-poor who are living in challenging environmental, social and economic conditions,” Khan told *Perspectives@SMU* on the sidelines of the Lien Centre for Social Innovation event *Innovations in Combating Poverty in Remote Communities*. “I don’t believe in poor solutions for poor people. They have equal rights to good solutions. We have to think out of the box and re-evaluate clichés in innovations, sustainability and entrepreneurship.”

Khan soon found a major funding partner in international corporation Unilever, and the *Lifebuoy Friendship Hospital* became the NGO’s flagship project.

“The needs of the poor are actually very simple,” says Khan. “So we need to come to them with very simple solutions. However the simpler the solution, the more innovative you would have to be.”

She was called on for more innovative solutions one morning, when she found out that a child had died of diarrhoea on a neighbouring island. The mother was not aware of the medical services available onboard the hospital ship. But that was not enough. What was needed was for them to have more presence on the ground to reach inhabitants living deeper on the islands.

“How do we bring this care to them? We have limited funds, limited number of people... what do we do?”

Khan remembers asking herself.

She then came up with a solution which would become the second tier of Friendship’s three-tier community healthcare system – the satellite clinic.

“The satellite clinics are mobile communities with paramedics and doctors,” informs Khan. “Twice a month they would be at the *chars*, administering primary healthcare and sending the more serious cases to the ship.”

Besides making medical healthcare more accessible to the communities, the satellite clinics helped keep the number of patients coming to the ship more manageable. By the end of 2013, there will be 566 of these clinics on the *chars*.

Always innovating

“One day I got to know that a child got burnt and for three days he cried, untreated. There was not even a single paracetamol found on that island! Again, you have to think of a solution,” Khan recalls.

She went back to the drawing board and added another tier to their healthcare system, forming the *Friendship Community Medics* programme. The programme is made up of medics from the *chars*, who have been trained for three to five years by *Friendship* in areas of basic medicine and healthcare, and are permanently stationed in the *chars*, providing healthcare to the communities seven days a week.

“Today each of them has a smartphone, and they have treated 1.7 million people at a rate of 35,000 patients a month,” says Khan.

She did not just stop at healthcare. To further help the *char* communities in becoming more self-reliant, *Friendship* started training educators and constructing schools, with separate curriculums for children and adult education.

More impressively, in line with *Friendship*’s target of developing individuals into responsible citizens, the school curriculum also includes the teaching of governance and a code of ethics to live by.

“We teach the children what governance is, how you become the Prime Minister, what the rights of the citizens are and the responsibilities of an elected member of Parliament... etc,” explains Khan.

Today, *Friendship*’s efforts in making life better for the communities of the *chars* go beyond healthcare and education. They also have programmes in areas of disaster management, infrastructure development and local cultural preservation.

“Just thinking about it won’t necessarily make it work,” advises Khan of those who want to make a difference.

“Innovation really needs you to see the reality. You have to make the many components work together, and that becomes innovation. I do not believe in being stuck with conventions and norms.”