

"A man is
great by
deeds, not by
birth"

-Chanakya

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Ayurveda Corrective Center for the Disabled

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Ayurveda Corrective Center for the Disabled

‘The Ayurvedic Child and Adolescent Care’ center (referred as Ayurvedic Center or AC from here on) was established with funding from the Kozhikode district panchayat and Department of Indian Systems of Medicine (DISM). It is built on 4.05 acres of land owned by KHRWS (Kerala Health Research and Welfare Society), transferred to DISM to start the system. The center started functioning on 06th Oct 2015. It is a “first-of-its kind” center, which provides ayurvedic treatment that harmoniously blends with occupational therapy, learning and speech therapy, clinical yoga, psychology etc. for mental and physical issues of children and adolescents up to the age of 20 years. Apart from the services it provides, the AC is the main center of the project called Spandanam. Spandanam was launched under the aegis of the DISM for mainstreaming children with learning and behavioural disorder. The center has been widely utilised by the local population as well as those coming across the span of the state and neighbouring states. Though the center was driven by Dr. Namboothri’s initiative it would not have been possible without the support of the District Medical Officer (DMO). Ayur Ashvas (joint venture of Dist. Panchayat and DISM) was another project followed by the project Spandanam for children with learning and behavioural problems. The project Spandanam in its fifth year had the AC as one of its seven centers in the district. The treatment incorporated speech therapy, learning and remedial training, psychology, clinical yoga etc. along with ayurvedic treatment. Utmost care is taken for the treatment in that the symptoms are classified into three distinct domains – physical/biological, psychological/behavioural and cognitive/learning. Each domain is discussed separately thus to arrive at the management protocol which entails distribution of responsibilities across different therapists. The three generic steps followed for each child are – 1) discussion of what actually is needed; 2) finding out what was needed; and 3) deciding the treatment.

With the popularity of the project, the Out-patient Department started getting flooded with patients which lead to the conception of a separate center for children with different health issues. According to one of the sources (Facebook page, Ayurvedic Child and Adolescent Care Center, Purakkatiri, Dec 12, 2017, <https://www.facebook.com/ayurgramam/>)

It was in 2010 that a special Out Patient (OP) wing was opened under Dr. Sreekumar at the District Ayurveda Hospital here. He has been experimenting with this special holistic method in treating various problems faced by adolescent and child patients there for the last five years. “It’s the overwhelming result I witnessed during the last five years that inspired me to think about a special centre like this,” said Dr. Sreekumar.

Additionally, there was a realisation of the need to regularly monitor and treat children, that is beyond just prescribing medicines. This further lead to in-house treatment facility with in-patient services as a part of the center.

Resources

Request for resources from the government lead to the identification of a space in an old abandoned building to house the center in about 4 acres of land. The land had been under KHRWS for quite some time reserved for an ayurvedic resort project, however in spite of some opposition the dream was realised and Dr. Namboothri’s project was weighed over other competing projects such as that of a project to advance the field of geriatrics and extending the district Ayurveda hospital. Finally Dr. Namboothri’s project was approved and the assigned space was provided. The approval for the center did not, however, come easily as there was lot of opposition and Dr. Namboothri had to make a strong case to support the idea of the center to higher authorities regarding its usefulness, resource justification etc. The requirement for manpower to run the center involved a number of qualified and trained nurses, doctors and staff which would mean that the skills required to run the center needed considerable

investment and in some case reallocation from other projects, which further added to the woes of Dr. Namboothri as well as other authorities. It brought the parties at loggerheads to the extent that Dr. Namboothri was on the verge of giving up on the dream of the center. However, since the project was publicly announced, it was brought to completion, and that acted as a blessing in disguise. After much tussle and over the desk squabbles, his project could finally see the light of the day. Finally funding support from the DISM and the District Panchayat; and about 6 months of proposal and preparation helped in realising his dream of a center for treating disabled children. At the time of writing this case the center was at its 3rd year of operations.

Manpower

Once operational the center had other set of challenges that included having a regular supply of the right manpower. Two nurses and one pharmacist were put on a work arrangement. The DMO supported in putting them at the center. Since the staff selected were good and efficient there was considerable pull and push to retain them for the center. These three staff members were placed for the center on work arrangements where they were also in the rolls of the District Hospital and rest were contractual. In all, out of the 5 nurses and 5 doctors that work for the center, 3 are associated with the state project Spandanam who are at the center for 2 days a week – Mondays and Wednesdays. On these two days the team discuss government programs and Wednesday there are case discussions with supporting doctors. Two other doctors are from the Ministry of AAYUSH¹.

Training was of foremost importance for the staff members at all tiers starting from the janitors to the healthcare workers for proper handling of the children. Child psychology and behaviour plays an important part of the center for which the staff had to be trained on a continual basis. There was a shortage of manpower. Audit concerns were cited as a hurdle to meet manpower requirement of the center. Dr. Namboothri tried to emphasise on the humanitarian factor involved in the center to secure trained manpower but to no avail. The staff employed at the center are on contract basis for a year which means they are replaced in April. Those who are employed at the center are given special training on not only how to deal with the children but the parents too. They are taught how to be in the right state of mind and how to deal with the children. But on the completion of every contract period there was a renewed effort to train the staff who might have joined for the next contract period. The main purpose of the center is giving proper treatment rather than generating employment whereas the government's goal is towards the later. If the center had to generate employment then it would clash with the fundamental purpose of meeting the service and treatment objectives for which it was established. In his effort to deal with this, Dr. Namboothri, has tried to stabilise the staff and had requested that the contract staff serving for 1 year be reduced to 10-15 percent from about 90 percent now and the contract period be increased to 3 to 5 years. Getting things done for the center has been a challenge as everytime he talks to someone in the administration; he has to interact with a different person as the previous one is already transferred. This along with different interferences has affected team development, which is essential for proper service and care. Making the authorities understand the uniqueness and importance of the Spandanam approach has been a major challenge.

Dr. Namboothri has been involved in mobilising the staff to achieve best services for the center. The center has focused on special care for children. The center staff has to read the declaration

every morning that is a pledge for the workers in order to realise their responsibilities towards the patients and their family members who visit the center.

¹ Formed on 9th November 2014 to ensure the optimal development and propagation of AYUSH systems of health care. AYUSH stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy.
<http://ayush.gov.in/>

There were hurdles when policies for the public had to be implemented. It is this disconnect between what was on paper and the implementation of those, that was bothering him. Though there is funding available but once a project is approved how to channelize the funding has not been affected. The time taken in implementations is daunting. Though the center is established now for four years, a lot more needed to be done. Considerably irked, he helplessly blamed the flawed processes in the system. The government order was yet to be processed and the center operated as a subsidiary to the district Ayurveda hospital and not an independent entity. Dr. Namboothri was due for retirement in two months and for him the situation was hopeless about getting the center independently running by then. The AAYUSH secretary and the director DISM and the president, district panchayat, Kozhikode wanted him to continue. If given an extension, he could prepare the next generation of staff for the center but all of this would have to wait.

Digital Infrastructure

The center has four or five computers maintained by vendors on a contract basis who also operate it. They were in line to have more computers by April 2018 along with the Kerala State Wide Area Network (KSWAN) connection but so far nothing has happened. All the payments and salaries are taken care of by DMO. People still sign in register for attendance. Digitization has been delayed because of the forthcoming e-hospital implementation. This has postponed any kind of digitalization request by the center. Hence, all the current processes have to be done manually which has increased the need for manpower. Documentation of cases are done with camera. This has made recordkeeping, storing and retrieving a hassle. A proposal for digitization was given to the concerned. The Public Works Department – electronics engineers came to assess and gave a detailed estimate. The appeal for funds was stalled because of e-hospital implementation. E-hospital, will digitize all patient records across the hospitals and patient information and cases will be entered into the system immediately which will enable data to be accessible digitally; reports can be generated as well. However, this project is already overdue since 2016. The current processes in place are manual. There is no proper way to preserve records. Many times the records are missing which then becomes a problem.

Apart from the above, all the patient data has to be entered in a register manually. Around 60 columns of information are entered in the register. One of the staff whose designation was Specialist Medical Officer had the responsibility of entering all the patient data into Google sheets from the registers. The Google sheets is made available around Feb and all the years' data along with the 60 columns has to be entered by March. The staff, who as a part of her duty has to attend to Out-patients and In-patients, enters around 10-50 records of patient data depending on her workload for that day. By the end of March when her contract would get over she is not sure whether all the data will be entered or not. She has to leave her job mid-way and any handing-taking over of remaining work will happen through the office. Even after all the manual processes and uncertainties of her tenure the staff felt that the job at the center is rewarding as she gets to treat children who are disabled and the look on the parents face with even a slight improvement in their children's health is gratifying.

Impact

Overall, the center has made ripples not only within the state of Kerala but within the neighbouring states as well. There is definitely a need seen for such a center that cares for children with disability with state-of-the-art techniques and up to date infrastructure to support the operations for the center. Even without all the hurdles of working in a bureaucratic system, Dr. Namboothri was nominated for an award for which he was asked to give an account of his achievements that he refused as he felt he did not need to be boastful to get an award. He says-“Let them find it for themselves rather than me telling them.” What he knows is the center is really really doing a worthwhile job that is the need of the hour. The system is such that there is no mechanism to appreciate what is going on “under the nose”. He does not see that as flattery but appreciation at a level where programs and policies are being formulated. He felt there was a need for a reliable system to appreciate such passionate efforts. However

what was more important now was responsiveness of the system. If the situation did not improve the center will be yet another case of a stranded dream that if neglected for long will be a futile effort and a passion without purpose.

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