Indian Institute of Management Kozhikode

Case Study

IIMK/CS/128/ITS/2020/01

March 2020

The Ayurvedic Child and Adolescent Care Center

Anindita Paul[1]

[1]Associate Professor, Information Technology and Systems, Indian Institute of Management, Kozhikode, IIMK Campus PO, Kunnamangalam, Kozhikode, Kerala 673570, India;
Email: apaul@iimk.ac.in, Phone Number (+91) 495 – 2809122

Abstract

The Ayurvedic Child and Adolescent Care center is a first ofits 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 acting as the main center of the project called Spandanam.The popularity of the center spread far beyond the confines of the state. Dr. Sreekumar Nampoothiri who is the brain behind the center tried to establish the center as an independent institution but was facingchallenges from lack of support, resource and budget constraints.The policies of the government were also working adversely inaccomplishing his vision of the center.Since the center was catering to disable children, it was very different from regular government initiatives and hence required differential treatment than other healthcare initiatives. The case elucidates the daily workings of the center along with impacts of employment policies, agency support and policy paralysis that challenged its continued existence.

Keywords: Public Sector, Knowledge Management, Entrepreneurship, Innovation, Leadership, Health care

The Ayurvedic Child and Adolescent Care Center

Dr. Sreekumar Nampoothiri was sitting in his office facing the lush greenery extending far outside the 4 acres of the boundaries of his center with a foreground of a contrasting brown stretch of piled up sandstone mounds drawn over by the road rollers that has been smoking up quite a bit of dust lately. This was yet another morning that he had finished the four line 'Declaration' (Exhibit 1) with the staff of the center and had settled down in his office to attend to the issues of the day but the morning dampness and his moods didn't allow him to start his day with his usual drive. Something was weighing heavy on his mind as he stared at the thick greenery outside. He wasthinking of his journey from what seemed like a distant past till the building which now held the 'Ayurvedic Child and Adolescent Care Center'(ACACC). It has been 2 long years since the center's inauguration, a lot had happened and a lot was yet to happen and he was about three months away from his retirement. The center is an outcome of his long driven passion inspired by his very own daughter, who was dyslexic, that made him struggleto establish this center for the disabled.In the process of discovering more about his daughter's disability, he learnt about the cognitive approach to treatment that was more 'outward-in' than 'inward-out'. According to Dr. Nampoothiri:

> When I searched through the literature of Ayurveda and our basic science…I understood that human cognitive process is explained in all. I think that the process of cognition is better described in [Ayurveda]. The Ayurvedic concept of cognition is different…The person is the cogniser and the person's desire to cognise helps in understanding what is in front of him…the process is outward, not inward in the beginning.

It was because of his daughter's disability, he learnt more about the human cognition and decided to pursue paediatrics as his specialty. This came at a cost of giving up hislong borne aspiration to pursue a specialisation in sports ayurveda. This journey was a learning experience for him, not only personally, as a father of a disabled child, but also as a professional inspired to give the best of value he could to the profession and to the society and to the families and parents of the disabled children. Though he was a bit too late to utilise his learnings for his daughter and such treatments and interventions were more effective if applied at an earlier age, he was determined that his learnings should not go waste. He then determined to help other special needs children.However, there were multiple hurdles in his efforts to bring his dream to reality that he didn't comprehend in the first place. Dr. Nampoothiri had been in the public sector for 27 yearsstill this journey had exposed him to lot many complexities of the public services that he had not realized so far.

The Ayurvedic Child and Adolescent Care Center (ACACC)

Initialization

The ACACCwas 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 thatharmoniously 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.Exhibit 2 lists the services offered by the center.Apart from the services it provides, the ACACC is the main center of the project called Spandanam. Information about the project is available at the URL: http://spandanamkozhikode.in/index.html (Exhibit 3). Spandanam was launched under the aegis of the Department of Indian Systems of Medicine for mainstreaming children with learning and behavioural disorder.

The center has been creating immense social value as it was widely utilised by the local population as well as those coming across the span of the state and neighbouring states. Though Dr. Nampoothiri was instrumental in creating the center, it would not have been possible without the support of the District Medical Officer (DMO). Ayur Ashvas (joint venture of District 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 ACACC as one of its seven centers in the district. The treatment incorporated speech therapy, learning and remedial training, psychology, clinical yoga etc. along with Ayurvedictreatment.Utmost care was taken for the treatment in that the symptoms were classified into three distinct domains – physical/biological, psycological/behavioural and cognitive/learning. Each domain was discussed separately thereby to arrive at the management protocol which entaileddistribution of responsibilities across different therapists. The three generic steps followed for each child were – 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 Departmentstarted getting flooded with patientswhich 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 treatmentfacility 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 Ayurveda resort project, however in spite of some opposition the dream was realised and the ACACC project was weighed over other competing projects such as a project to advance the field of Geriatrics and extending the district Ayurveda hospital.Finally,the ACACC project was approved and the assigned space was provided. The approval for the center did not, however, come easily as there was lot of hurdles and Nampoothiri 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

meant 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 Nampoothiri as well as other authorities.It brought the parties at loggerheads to the extent that Nampoothiri was on the verge of giving up on the dream of the center. However, since the project was publicly announced, it acted in favour of the center and it was brought to completion. 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 at the center with the support of the then DMO. Since the staff selected were good and efficient there was considerable efforts put to get 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 Hospitaland 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 whoare at the center for 2 days a week – Mondays and Wednesdays. On these two days the team discusses government programs and Wednesday there are case discussions with supporting doctors. Two other doctors are from the Ministry of AAYUSH[1].

Training was of foremost importance for the staff members at all tiers starting from the janitors to the healthcare workers since children were involved. Child psychology and behaviour plays an important part of the center for which the staff had to be trained on a continual basis. Dr.Nampoothiri stressed on this aspect:

> I argued with them, I quarrelled with them, at some point I said I am going to stop. If you are not giving me this much of facilities it won't work smoothly. I don't want an institution [which like other general Ayurveda hospitals is facing resource issues]…I need enough manpower, qualified manpower. These are children with different multiple disabilities those are going to be housed here. They have to be taken care of properly and I need so much of manpower. At some point I said I will leave the project, I will resign and do something else.

There was a shortage of manpower further it was perceived issues with the audit department can pose issues that further made it difficult to get enough manpower. Dr. Nampoothiri tried to emphasize on the humanitarian factor involved in the center to secure trained manpower- "But I said 'this is a specialty center and the clients are children with multiple disabilities. So you can explain it to [the auditors], after all the audit department, they are also human beings.'Somehow, they started [the center] after that. [But] even now [the same issues come up]." 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

[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/

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.

According to him:

> The children may irritate you but [the staff] has to behave…When they are housed here, when they are in-patient here, they stay here for a month or so. So their stay here should be comfortable, they should enjoy it. That solves half part of their problem. Mostly the mothers stay with the children. Their agony, the pain has to be addressed. If they are comfortable, they will put their children here. Half their problem is solved. Then the treatment becomes easier. So that part was addressed. So we conduct group training programs, training program for staff and even parents where we educate them about psychology and physiology, little bit of medical physiology-why these children are behaving this way, how a medicine can act on them, how important is the way you deal with them. For that, they have to [be trained].

The main purpose of the center is giving proper treatment rather than generating employmentwhich contradicts the employment generation goals of the government. If the center had to generate employment then it would refute the fundamental purpose for which it was established- meeting the service and treatment objectives of disabled adolescents. Since a lot of effort goes into training the staff, at the end of the year if they were to be replaced, then all the effort would go waste and training of new staff had to start from scratch which impacted the quality of the service provided. In his effort to deal with this, Nampoothiri, has tried to stabilise the staff and had requested that the percent of staff whose contract period isfor 1 year be reduced from about 90 percent to 10-15 percentand the contract be made for 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 differentinterferences 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.

Nampoothiri has also 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 (as in Exhibit 1) 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.

There were hurdles when policies 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 was not clear. He thought – “Only having big dreams is not enough but to implement it is a big issue.” The time taken in implementations was daunting. Though the center was established now for almost 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. Nampoothiri was due for retirement in two months and for him the situation was hopeless about getting the center independently running by then. He thought- “The protocols are ready and processes are defined to some extent; at least the staff is trained enough to take over the future of the center. So I am assured that they will be able to manage” but then he thought “unless of course if they continue to work here.” 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 and are contracted to companies that maintain and operate it.They were in line to have more computers by April 2018 along with the Kerala State Wide Area Network (KSWAN) connection. All the payments and salaries are taken care of by the District Medical Office. People still sign in register for attendance. Digitization has been delayed because of the impending e-hospital implementation, which will digitize the whole of the hospital system. 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 massive effort. 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 the upcoming 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.

Childcare and wellness

Caring for a child needed a completely different mindframe that the bureaucracy and red-tapism did not support. A child is a wealth of the nation, a torchbearer. Unless the government focuses on the health and well-being of the child, how can then a proper future of the nation be ensured?Nampoothiri tried to express his concerns about how the implementation of the center was handled. He couldn't help but wonder how could the authorities not see that "a healthy child is not about just being born healthy but even afterwards how to keep them healthy." Most of the government programs were geared towards healthy born babies. The center was treated as like any other project and the government's priorities of employment did not set well with the requirements of a well-trained staff necessary for capacity building that he was focusing on in his two years at the center. The center was built on the objective of keeping any child with mental or physical disabilities at par with the common child so they are able to sustain well in the society. However, the picture on the ground was rather grim. With such hurdles, he hoped that he would achieve a lot if he could bring in even a 1% difference in their lives.

Disabilities were best treated if diagnosed as early as possible. Some of these issues can be detected prior to delivery as well. These problems cannot be eradicated but if given timely treatment can be improved over time. However, the children that were brought to the center came after a considerable loss of time until they were between 4-6 years old and after their guardians have tried alternative ways. Neurodevelopment happens rapidly in the first two months to 2 years. In spite of all the delay, the center does its best to contribute towards helping these children and also added on other services such as teaching them small day-to-day activities such as self-care including brushing, bathing etc.The clinical part comes much later in the process. With proper support and empathy from the authorities better implementation of infrastructure and awareness, timely action and effectivity can be

achieved. However, the system had considerable rework that needed to be done in that respect.The expenses for the child were borne by the state while other expenses of the accompanying parent or member and some medicines had to be borne by the patient party. Food for the patients was provided by the center that ran a kitchen with limited capacity for the purpose. For the accompanying member, a catering service was contracted todeliver food.

Overall,Nampoothiri found the main hurdles as attitude, policy, practical reality, funding that was a major issue in dealing with the authorities.

Daily Activities at the Center

The work culture of the center was something that Nampoothiri gave special attention to. He personally mentored the staff and made sure they felt valued. He said – "I don't only want to make them feel appreciated but I mean it when I often say that the hospital is clean because of you. They work harder." He feels it is important to commend everyday routine jobs done by the staff, that often goes unnoticed, and that would encourage them to give in their best to the respective roles. For other patient-related works he assignedreliable staff who were doctors, office-in-charge and other people. This also ensured accountability.These staff could get in touch with him whenthey needed support to make decisions. He held weekly staff meetings where they discussed challenges and problems of the center and decided follow up actions. These meetings were chaired by anyone irrespective of their designations at the center including the sanitation worker, the doctor and others. This was a strategy to make the workers who were comparatively low in the hierarchy feel important and responsible. "There is no such thing as higher or lower," was Nampoothiri's belief. This "chair and share" policy worked well for the center.

There was a technical administrator, from a contract agency, who was the record-keeper of all the patient services. Maintaining data was a problem at the center due to the lack of proper electronic records. Record keeping was manual which was later stored in excel files. A specialist medical officer, Anupama, who was working for 4 months at the center and was a contract employee treated out-patients and in-patients including ones that were referred by the Ayurvedic Hospital with which the center was attached to. Anupama also had to fill up some 60 odd columns comprising of name, age, sex, history, medications, vaccination, conditions etc. in a register after seeingthe patient. Data was entered in the register everyday and varied between 10-50 records. This data had to be manually entered in a Google Sheet at the end of the financial year, mostly between February and March. It is during this period that she entered the data after she saw patients. As she was a contract employee she did not know if she will continue beyond March or not and it will be absolutely voluntary in case she chooses to come beyond her contract expiry. In case her contract is not renewed and she discontinues coming,the office will handle any transition related activity. In spite of the uncertainty in her employment, she shared how she loved working at the center as she felt rewarded when she saw the looks on the parent's face when there was even a minute improvement in the child's condition.

Another staff, Anjana, was the medical officer at the center who worked at the center for 3 years. She took care of all the medical and medical related work. She also did developmental activities and other administrative work when Nampoothiri was not there at the center. She became more active in the last 1½ to 2 years when Nampoothiri was shuffling between his DMO responsibilities. Anjana called Nampoothiri when she needed to consult him. She is

also involved in Group therapy sessions with parents. She also took care of fixing appointments and sending reminders to patients. According to her it was important to remind the patients as they came in from far off places. The center also required the patients to come to the center the first time they booked an appointment so they know the centers location and did show up on the day of the appointment. This was probably because the center was at a place which was not easily accessible. She had to addressoperational problems such as those that arise when two patients share one room. She emphasized how in most cases the mothers had to stay with the disabled children and so this might give rise to problems.

Nampoothiri felt the center is like the different organ systems of the body that work in coordination. Each and every personnel has an important role to play in the functioning of the system and is responsible for the different functions of the center for which theycoordinate. Coordination which is important for the successful functioning of the center was lacking in the overall government ecosystem. He drew a parallel-

Our reaction to the same stimuli is different, your experience and mine is different. However, the process is the same; gross is same but the subtleties make a difference. This is the case for children's behavioural issues. Hyperactive children cannot sit. Must be a problem with dopamine levels. There is a reservoir in the stomach with neurochemicals, neurotransmitters. The efficiency of a child can be improved as what will be in stomach will reach the brain. We give medicines to correct the basic metabolic process of the child. Once that is done, there will be improvement and it will be easier for the psychologist to work on the child. The occupational therapist intervention plays a major role in making positive changes in the child.

He emphasised on coordination between the different specialist towards achieving a common goal of holistic treatment for the child.

Juggling Multiple Roles

Dr. Nampoothiri was promoted to DMO (District Medical Officer) in Oct 2017. This put him at a higher responsibility. Around 70-80 institutions and associated personnel were under his administration. Added to these responsibilities there were challenges that he had to handle. Among all these changes lay uncertainty of what will happen to the center. He being the sole driver for the institution at a higher level, it was likely that the center would be stalled and dysfunctional. Nampoothiri insisted on taking on multiple roles i.e., taking care of the center along with his DMO responsibilities. Out of his own initiative, he continued to come to the center. Heallocated his day between both the roles - During daytime, he went to the DMO office and at 4 PM he came to the center,which is about 20 minutes away to attend to matters of the center and other Out-Patient and In-Patient responsibilities.This arrangement went on for some time.

The delay in establishing the center as a separate unit irked Nampoothiri considerably.It was at this point he gave up and disassociated with the center. However, this lead to increased challenges for the center and the parents and guardians of the patients approached the District panchayat and the Chief Minister's office after which Dr. Nampoothiri was finally put back at the center. Even after all of this the center was not yet approved as a separate entity.

Work Culture

The center is the first Ayurveda center for treating disabled child and adolescents. There were other centers in the state but according to Nampoothiri this center is unique. He wanted the staff and patients to feel as if they are coming home and not to a government institution. He wants the workers to inculcate the right kind of work ethics –

If they know that they are secure, safe, they have a tendency to win over. I think people are ready to work provided they enjoy their work. There is no stress or boring, mundane work just as when you enjoy something there's no stress. So primary thing is how you enjoy.

Hence, the focus was to have enjoyable relationships, which will then reflect in the behaviour towards the patients. This also will enable the workers to work without stress. Human-relationship and bonding was given the utmost priority at the center. Within department coordinationwas also taken care ofsuch as that of interactions between the nurse and therapist, therapist and nursing attendants and cooks; doctors and therapists; doctors and nurses through training.Group training programs inter or intra of 20-30 people were conducted. In such programs, all staff from the doctor to the sanitation worker irrespective of any hierarchy came together to share and discuss. According to Dr. Nampoothiri – "Hierarchy should be in accountability and not in power."The training programs were to imbue in each individualthe value of mutual respect and regard in the system. The training also providedan understanding of how to build interpersonal relationship within a department and complementing other departments. No doubt was left unattended and so the personnel were urged to get all doubts clarified fromtheir respective supervising authority. Any difference in opinion was addressed immediately. There was also emphasis through the training programs to understand the gravity of the issue faced for disabled children and that even a little bit of improvement in the children is important. Mindset for cooperation among the staff starting from the janitors to the doctor was seen as core to the successful operation of the center.

Though a performance appraisal process was in place for the permanent employees and doctors, Nampoothiriensured that everyone was given a performance appraisal. In fact, going by his philosophy of no distinction between the hierarchies, he had asked the staff to appraise him as well honestly leaving aside any form of adulation or flattery as would have been expected.

Impact

Overall, the center made ripples not only within the state of Kerala but within the neighbouring states as well indicating the demand for disability care institutions for children. The center with its state-of-the-art techniques and up to date infrastructure to support the operationsdefinitely fulfilled the needs of many. Even without all the hurdles of working in a bureaucratic system, Nampoothiri 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 from a level where programs and policies are being formulated. He felt there was a need for a reliable system to appreciate such passionate efforts.

At the current stage though things are positive and he is managing between his two roles of the center incharge and the DMO, the government order to float the center as a separate entity is still stalled. The issue of temporary staff that are due for renewal in April was still doubtful. He feels that the center is still not steady yet and will need a year or two to be self-sufficient and hopes that he gets an extension to serve the center beyond his retirement in July. The situation is ripe for running such a center as it has been recognized well across the public; parents are insisting for more resources and are interested in the development of the center. There are 24 beds for patients right now and another 150 are still in line, which in itself is indicative of the demand. Though the pressure is there, things were not moving as they should be. Parents and staff at the center are the most appropriately placed to apply pressure for progress of the center. However, Nampoothiri was helpless and felt like just another pawn in the game called bureaucracy. With glistening eyes, staring outside at the sandstone mounds he knew that if the situation does not improve the center will be yet another case of aneffortin vain that couldn't see the light of the day.

Exhibit 1

Declaration

I declare that I am good. I love, accept and value myself as I love, accept and value the world around. I am responsible for what I am, where I am and how I am. I enjoy the life I live and I am committed to offer myself to the world I live.

Exhibit 2

Service Offered

- Out-patient services, In-patient services
- Treatment for Autism, hyper activity, cerebral palsy, epilepsy, genetic disorders, behavioural problems and learning disabilities.

Specialised Services

- Occupational therapy, speech therapy, learning assessment and remedial training and psychology clinical yoga.

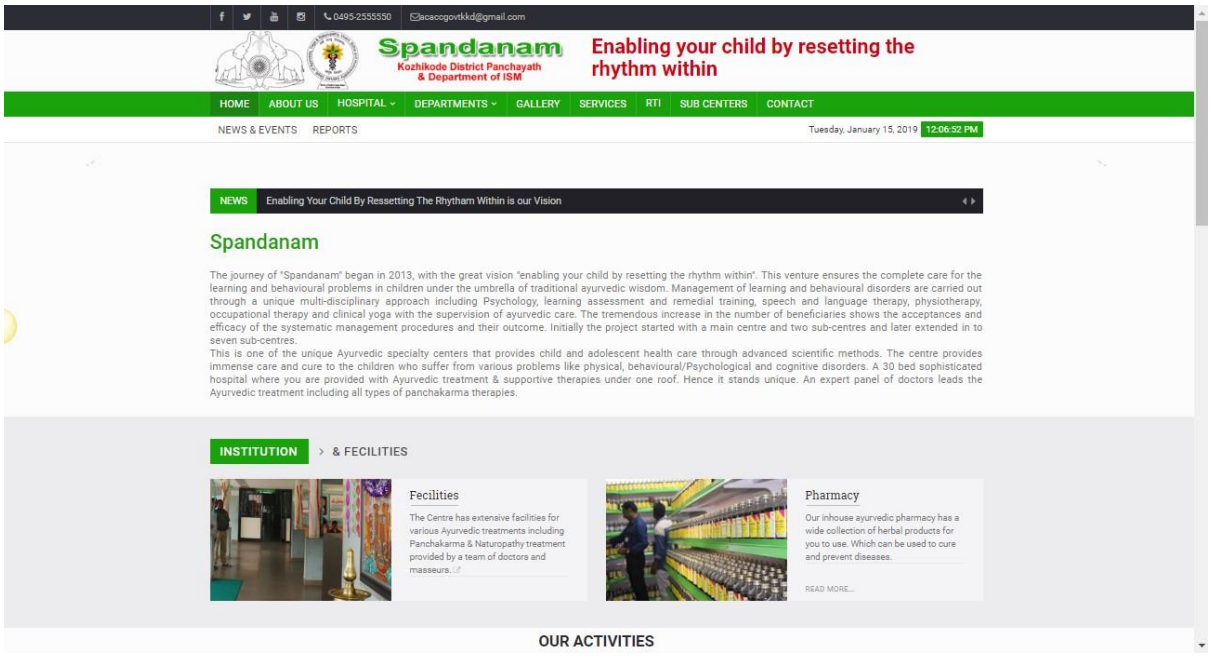
Other services

- Group therapy, counselling, training sessions for parents, training sessions for employees, awareness sessions

Exhibit 3

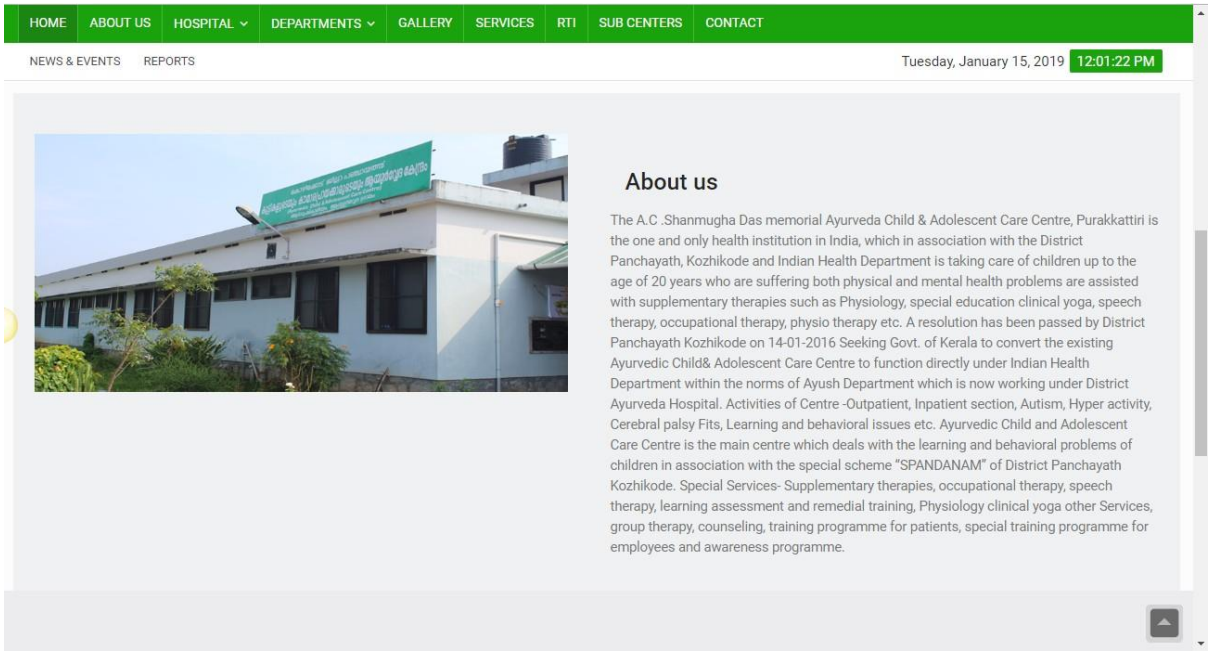
Project Spandanam Website (Src: http://spandanamkozhikode.in/index.html)


0495-2555550
acaccgovtkkd@gmail.com
Spandanam
Kozhikode District Panchayath
& Department of ISM
Enabling your child by resetting the
rhythm within
HOME
ABOUT US
HOSPITAL
DEPARTMENTS
GALLERY
SERVICES
RTI
SUB CENTERS
CONTACT
NEWS & EVENTS
REPORTS
Tuesday, January 15, 2019
12:05:46 PM


0495-2555550
acaccgovtkkd@gmail.com
Spandanam
Kozhikode District Panchayath
& Department of ISM
Enabling your child by resetting the
rhythm within
HOME
ABOUT US
HOSPITAL
DEPARTMENTS
GALLERY
SERVICES
RTI
SUB CENTERS
CONTACT
NEWS & EVENTS
REPORTS
Tuesday, January 15, 2019
12:06:52 PM
NEWS
Enabling Your Child By Ressetting The Rhytham Within is our Vision
Spandanam
The journey of "Spandanam" began in 2013, with the great vision "enabling your child by resetting the rhythm within". This venture ensures the complete care for the learning and behavioural problems in children under the umbrella of traditional ayurvedic wisdom. Management of learning and behavioural disorders are carried out through a unique multi-disciplinary approach including Psychology, learning assessment and remedial training, speech and language therapy, physiotherapy, occupational therapy and clinical yoga with the supervision of ayurvedic care. The tremendous increase in the number of beneficiaries shows the acceptances and efficacy of the systematic management procedures and their outcome. Initially the project started with a main centre and two sub-centres and later extended in to seven sub-centres.
This is one of the unique Ayurvedic specialty centers that provides child and adolescent health care through advanced scientific methods. The centre provides immense care and cure to the children who suffer from various problems like physical, behavioural/Psychological and cognitive disorders. A 30 bed sophisticated hospital where you are provided with Ayurvedic treatment & supportive therapies under one roof. Hence it stands unique. An expert panel of doctors leads the Ayurvedic treatment including all types of panchakarma therapies.
INSTITUTION
& FECILITIES
Fecilities
The Centre has extensive facilities for various Ayurvedic treatments including Panchakarma & Naturopathy treatment provided by a team of doctors and masseurs.
Pharmacy
Our inhouse ayurvedic pharmacy has a wide collection of herbal products for you to use. Which can be used to cure and prevent diseases.
READ MORE...
OUR ACTIVITIES


0495-2555550
acaccgovtkkd@gmail.com
Spandanam
Kozhikode District Panchayath
& Department of ISM
Enabling your child by resetting the rhythm within
HOME
ABOUT US
HOSPITAL
DEPARTMENTS
GALLERY
SERVICES
RTI
SUB CENTERS
CONTACT
NEWS & EVENTS
REPORTS
Tuesday, January 15, 2019
11:58:59 AM
Home › About-us


0495-2555550
acaccgovtkkd@gmail.com
Spandanam
Kozhikode District Panchayath
& Department of ISM
Enabling your child by resetting the rhythm within
HOME
ABOUT US
HOSPITAL
DEPARTMENTS
GALLERY
SERVICES
RTI
SUB CENTERS
CONTACT
NEWS & EVENTS
REPORTS
Tuesday, January 15, 2019
12:07:31 PM



References

Bernier, L. (2014). Public enterprises as policy instruments: the importance of public entrepreneurship. *Journal of Economic Policy Reform*, *17*(3), 253-266.

Borins, S. (2002). Leadership and innovation in the public sector. *Leadership & Organization Development Journal*, *23*(8), 467-476.

Kearney, C., Hisrich, R. D., & Roche, F. (2009). Public and private sector entrepreneurship: similarities, differences or a combination? *Journal of Small Business and Enterprise Development*, *16*(1), 26-46.

Maguire, S., Hardy, C., & Lawrence, T. B. (2004). Institutional entrepreneurship in emerging fields: HIV/AIDS treatment advocacy in Canada. *Academy of management journal*, *47*(5), 657-679.

Poonamallee, L., & Joy, S. (2018). Connecting the micro to the macro: An exploration of micro-behaviors of individuals who drive CSR initiatives at the macro-level. *Frontiers in psychology*, *9*, 2417.

Tracey, P., Phillips, N., & Jarvis, O. (2011). Bridging institutional entrepreneurship and the creation of new organizational forms: A multilevel model. *Organization science*, *22*(1), 60-80.

Wart, M. V. (2003). Public-Sector leadership theory: An assessment. *Public administration review*, *63*(2), 214-228.