

Aurobindo Child Hospital

A Case Study of Public-Private Partnership in Child Health Care at Dinajpur Bangladesh

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Disclaimer

The case study has been compiled after primary and secondary research on the organizations and published with their approval. The case has been compiled after field visits to the organization in October 2011. The author of the case or ACCESS Health International is not obliged or responsible for incorporating any changes that may have occurred in the organization thereafter. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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Executive Summary

Aurobindo Child hospital is in Dinajpur town nearly 350 kilometers northwest from the capital of Bangladesh, Dhaka. The hospital is built on the land of Sri Aurobindo's ashram¹. Sri Aurobindo was born in Kolkata in 1872. He led a vibrant life of service and politics but later on distinguished his life in the spiritual world. Afterward, his followers voluntarily built ashrams in different places of India and Bangladesh. In course of time, ashram based spiritual activities' dedicated their serving of humanity by means of providing health care.

Aurobindo Child Hospital, Dinajpur, received land from Aurobindo Ashram for this novel initiative. A number of dedicated social activists established this hospital in 1987 with help of the ashram committee, district administration and a group of volunteers, local elites and doctors. There was no childcare hospital as such in this district or even the neighboring districts. Initially, it started operating as a free outpatient service in a small room. Two or three dedicated doctors came forward to provide voluntary health care services to neonates and children. As of today, there are three or four famous pediatric doctors who extend voluntary support to this hospital. On a weekly roster basis they provide services to children during their own working hours. The doctors do not charge the children or the hospital any fee. Further, they facilitate the process of sustainability. This group of dedicated doctors is the key resource for this hospital. In addition, the hospital has other dedicated employees including the Medical staff who work with a lower remuneration than the market rate.

With relentless efforts by the management committee and from different corners of the town, many local elites, social activists, doctors and donors joined hands with the Aurobindo Child hospital understanding the importance of child health. The small room was replaced by a three-storied building, as the numbers of patients are increasing every day. Patients from other neighboring districts are being referred and come regularly for better quality of services that are being offered here. Currently, 80-100 children receive outpatient consultation services every day. The in-patient service had started with a 10-bed capacity but there is continuous demand for more than 30-40 admissions every day. Most of them are neonates and infants. In the absence of an alternate facility Aurobindo hospital authority allows admission of patients by providing extra beds more than its actual bed capacity so as to be able to save the lives of children.

Meanwhile, the Ministry of Health and Family Welfare has recognized the need for a children's hospital in this district. It has acknowledged the contribution of Aurobindo

¹ Traditionally, an **ashram** (Sanskrit/Hindi) is a spiritual hermitage

Hospital in reducing infant mortality. The Ministry has therefore sanctioned money for a new five-storied building to build a 100-bed, comprehensive mother and child hospital. The construction of the new building is under way.

The local parliament members have expressed solidarity to support child health and the efforts of Aurobindo hospital, building a comprehensive maternal and child hospital. This hospital is a unique example of public private partnership in sense that government extends its supports and allocated money for building the infrastructure in a private premise, it helps sustaining the private initiative and the public sector doctors volunteered services. Further, it is an example of social movement and volunteerism for child health. However, the hospital has a funds constraint in establishing a full-fledged neonatal incentive care unit for neonates and children. Necessary medical equipment including neonatal ventilators and blood analyzers is vital for the Incentive Care Unit. The management committee and the doctors urge for help on behalf of the neonates who need the equipments' support for their survival.

Introduction

Dinajpur is a northern district of Bangladesh 350 kilometers from the capital city Dhaka. The majority of the people live in villages and live on agriculture. The district is famous for agricultural crops that contribute to the national food products and national economy significantly. The social indicators for health and education are better in this district within the national context. There are a number of health care facilities both in public and private sector including a public medical college hospital. Aurobindo Child Hospital is a private initiative started in 1987 built on land donated by the Dinajpur Aurobindo Ashram. A number of social activists joined together to build this child hospital in a district which had none to save the lives of children and to provide better care to this invaluable future generation of this country before 1987.

A Brief on Sri Aurobindo

Sri Aurobindo (15 August 1872 – 5 December 1950), born Aurobindo Ghosh or Ghose was an Indian nationalist, freedom fighter, philosopher, yogi, guru, and poet. He joined the Indian movement for freedom from British rule and for a while became one of its most important leaders, before developing his own vision of human progress and spiritual evolution. The central theme of Sri Aurobindo's vision was the evolution of human life into the life divine. Sri Aurobindo synthesized eastern and western philosophy, religion, literature, and psychology in his writings. Aurobindo's conversion from political action to spirituality occurred gradually. In 1914, after four years of concentrated yoga, Sri Aurobindo proposed to express his vision in intellectual terms².

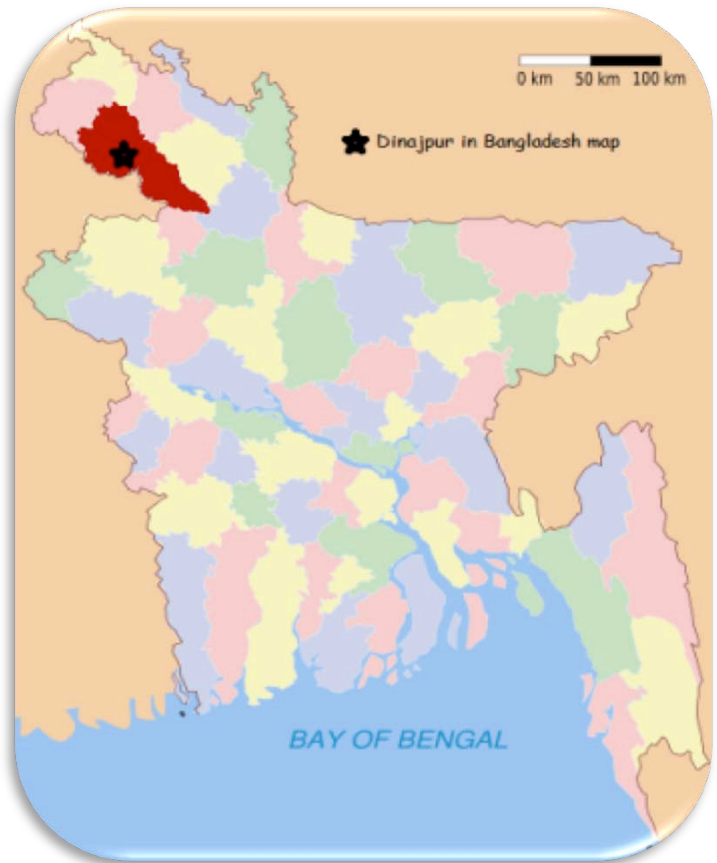
Sri Aurobindo had many followers all over India and Bangladesh. In 1946, some of his followers established the Aurobindo Ashram at Dinajpur and the then sovereign of Dinajpur district donated adequate land for establishing the Ashram. However, after all the political turmoil and division of Indian subcontinent in 1947 most of the followers left Dinajpur for India. Finally, the management committee of the Ashram decided to donate a major portion of land to build the hospital in the name of Sri Aurobind in 1987. The legal procedures and formalities were completed accordingly with supports from district administration.

² http://en.wikipedia.org/wiki/Sri_Aurobindo

The Journey Begins

In 1986, a group of social activists of the town joined together to build a complete children's hospital, none of which existed at the time in this region of Bangladesh. They were able to negotiate the land for the Aurobindo Ashram, which became dormant after 1947 subsequent to the political and social division of Indian sub-continent. The land was almost abandoned after Bangladesh got its independence in 1971. It was granted in 1987 to the founding committee of the hospital, which was headed by the famous physician of the town Dr. Samir Uddin Ahmed. Finally, the hospital started functioning in the same year with the great enthusiasm of a group of committed social workers. The then deputy prime minister of Bangladesh government laid the foundation stone for this hospital in ceremonial fashion.

In the beginning, the hospital operated out of two rooms that were temporarily built at a low cost. The service was limited to outpatient services free of cost. Few local medical practitioners extended their support in providing care to the children. They used to provide free services on the weekend during their official day off. Dr. Reazul Haque and Uma Bhattacharia (paramedic) were always remembered for their immense contribution in making this initiative viable.



The District Commissioner and district Civil Surgeon of Dinajpur expressed solidarity with this novel initiative of building a private children's hospital. Both of them came together at the inauguration ceremony and committed full support to the district and hospital administration. A management committee of 27 members was formed for two years (1987-1988). Dr. Samiruddin Ahmed, a well-known physician at the time led the committee. Since then, there is a system of election for management committee every two years. The general members elect their committee. Until 2010 there have been more than 200 members who have contributed substantially to the hospital.

The hospital committee has worked relentlessly to collect more funds for the hospital. It uses personal connections to convince the wealthy people, businesses and industrialists to



collect money for the hospital. Finally, it was able to build a three-storied building for the hospital including laboratory and inpatients facilities.



Goal and objective of Aurobindo Child Hospital

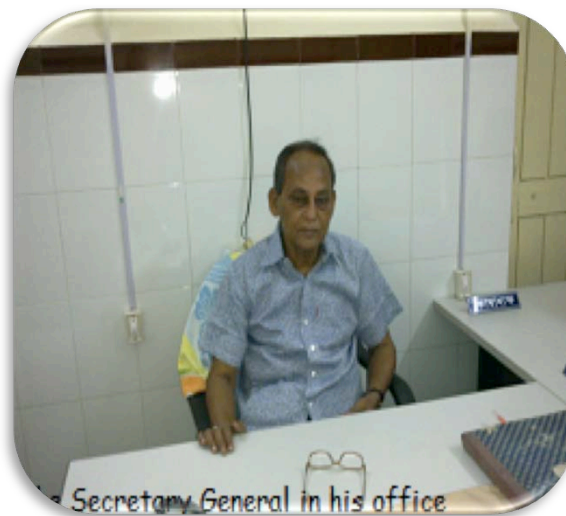
Goal: To provide health care to children and to help them for being healthy citizens of the country by ensuring full cooperation from the public and private sectors.

Objectives:

1. To provide quality health care to all children and thereby prevent diseases and make them a national asset.
2. To increase awareness of parents and guardians on prevention of disease and immunization for disease prevention.
3. To provide maternal care to ensure healthy mother and health baby.
4. To increase awareness on nutrition and to prevent child malnutrition
5. To organize a mobile medical team that provides child health care to remote places and to increase awareness of parents and guardians.
6. To provide child health information to parents and guardians.
7. To organize training and research to increase capacity on maternal and childcare.
8. To partner with local, national and international organizations to improve hospital capacity and strengths to provide comprehensive highest quality child health care.

Management Committee

In the year 1987 there were total 16 members, who formed the organization and formed the management committee for two years (1987-88). Gradually, the number of members has increased. The members pay an annual membership fee. There is a provision to become a life member by giving fixed amount of money at a time for the hospital. The management committee oversees the overall hospital performance. It regularly organizes meetings for other members to assess the status and performance of the hospital. The management committee runs for a term of two years. A new committee takes office every two years. The member status as of 2010 is as follows:



Member	Male	Female
Founding member	16	
Donor member	20	
Life member	199	12

This study realizes the need for more participation of female members in the hospital management committee. A higher female presence the committee would make things easier for the female patients and mothers visiting the hospital.

Current Activities of Hospital

- **Curative**

Outpatient department- one resident medical officer and two medical officers provide regular services in the outpatient department. Apart from this, six more senior specialist pediatricians of the town come on a weekly basis (one specialist once in a week) voluntarily and provide services to the children.

Inpatient department-The official capacity of the hospital for inpatients is 10 beds, which is insufficient to meet the requirements of patients. Considering the increased demand and the need to save lives, it always accommodates 2-3 times more patients.

- **Preventive**

Immunization – this hospital is a well-known immunization center. The Expanded Programme of Immunization (EPI)³ is a government-run program and the government extends its partnership with Aurobindo hospital to provide EPI to save the lives of children. All vaccines and other logistic support are provided by the government and the execution is done by Aurobindo staff. A notable monitoring system is in place for EPI. Other than routine EPI, there are provisions for hepatitis B, Pneumonia, Typhoid, chicken pox and other vaccines.

Awareness and demand creation among parents and guardians - the hospital organizes awareness and group counseling sessions both at the hospital premises and slum areas of the town to increase child health knowledge among the mothers. These sessions give information on nutrition, family planning, EPI, and prevention of diseases. It facilitates demand creation for health and for changing health care behavior.

- **Diagnostic**

The hospital has a laboratory facility for diagnostic help. It performs electrolytes, biological and serological test and other pathological test. This service provision gives small income to hospital too. Further, the hospital has provision of ultra sound, X-ray and imaging provision for diagnostic purposes at a lower rate.

- **Income generation**

A small-scale distilled water plant is available in this hospital for internal and external (outside Aurobindo) use. Service providers, small private clinics and medical professionals other than Aurobindo buy distilled water from this facility that is necessary for medical care and other aseptic measures. It charges for inpatients' care depending on the facilities used by the patients considering the affordability of the users.

³ The Expanded Program on Immunization (EPI) is the most successful public health intervention in Bangladesh, and has contributed significantly to reducing mortality and morbidity from vaccine-preventable diseases. The EPI of the Government of Bangladesh has approved inclusion of Hib vaccine in its routine vaccinations for children SINCE 2009. This, being a pentavalent conjugate vaccine, promises to prevent not only pneumonia and meningitis but also diphtheria, tetanus, pertussis, and hepatitis B.

Hospital Performance

There is progressive increase in patient numbers with each year since the beginning of the hospital. It has been adding more doctors, staff and other facilities for the children. In the year 2010, a total of 7308 children received services from this hospital. Out of this, the numbers of inpatients patients were 2719. Laboratory and diagnostic services were used by 881 patients. It is noteworthy that Bangladesh is one of the few countries on track for achieving Millennium Development Goal (MDG) 4 to reduce child mortality. However neonatal mortality⁴ is still a concern. The common causes of neonatal deaths in Bangladesh are:



- Septicemia
- Low birth weight
- Birth asphyxia
- Diarrhea
- Tetanus
- Birth injury/birth trauma
- Congenital abnormalities

Most of the Aurobindo patients are neonates in the group of 0-60 days. Pneumonia/Acute Respiratory Infection (ARI) is the most common reason for visiting the hospital. Other reasons for hospital admission include septicemia, diarrhea, and neonatal jaundice and birth asphyxia.

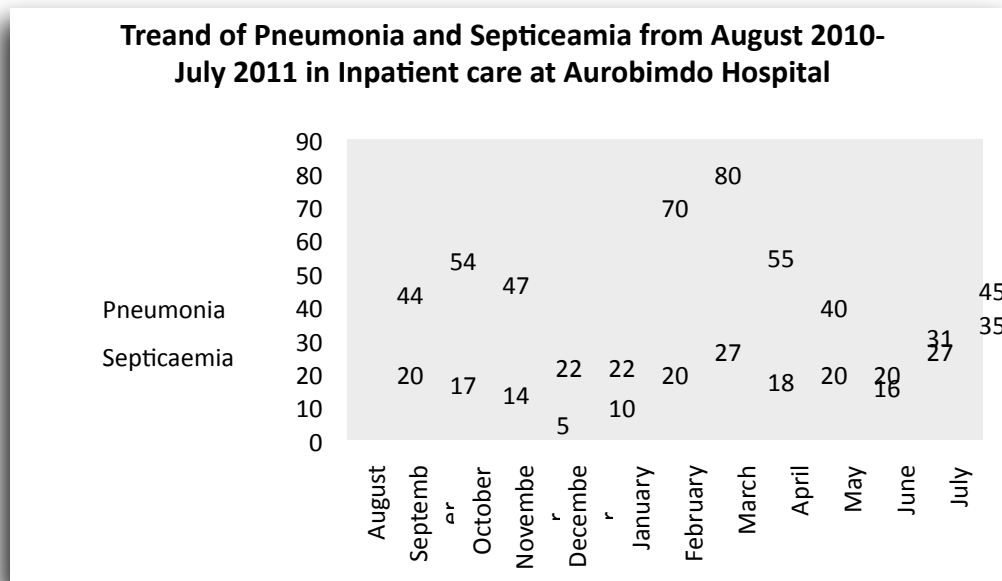


The hospital acts as a referral center from upazillas and other remote places and from neighboring districts where childcare is seriously lacking. Parents find this place as a hope for new life for their ailing children.

On the contrary, the hospital has limited bed capacity and a neonatal intensive care unit (NICU) service is yet to start. Fund constraint is the main reason for the absence of NICU. The management committee and the local leaders try for resource mobilization to add intensive care services with appropriate instruments like blood analyzer and ventilator to

⁴ Deaths occurring in the first 28 days of life are called neonatal death.

save neonates from birth asphyxia and other critical conditions. The hospital authority is looking for donors to come forward and help in saving newborns



Public Private Partnership

Since the beginning of this private hospital, the district administration and health department have been involved with Aurobindo Hospital. It provided legal, administrative and moral support to the organizers and the management committee. During the initial days, doctors from the public hospital used to provide services voluntarily in the weekend or their personal time. This involvement by public sector doctors and specialists still continues. The district health authority considers it as supplementary and complementary to the public sector services for the people. There are six child specialists of Dinajpur Medical College Hospital (public sector) who visit patients once a week by roster, voluntarily for 5-6 hours a day for both outpatients and in-patients. The

Areas of unique partnership:

- *Legal and administrative supports from government*
- *Public sector doctors offer service and time voluntarily to this private facility*
- *Vaccines are regularly supplied by municipality for immunization program*
- *MOH&FW sanctioned money for expanding service coverage and infrastructure development.*
- *The local parliament member expressed solidarity and provided necessary supports reducing government bureaucratic formalities for receiving sanctioned money.*

patients are being nominally charged but the collected money goes to the hospital fund towards its improvement. Contribution of the providers from public sector to a private hospital is a unique example in a service delivery model. Apart from this, the municipal authority continuously supplies the vaccines for hospital's immunization programme. The EPI is a free intervention in Bangladesh.

Several private entrepreneurs and persons have donated money for the construction of individual wards or cabins in this hospital; the management committee recognizes those persons and companies by showcasing their name in front of the ward or cabin.

Further, the MOH&FW realized and appreciated Aurobindo Hospital's performance and contribution to the national child health program. The government has sanctioned money for building a 100-bed mother and child hospital in the year 2008-2009. The said hospital building is under construction under direct supervision of respective government engineering department. The government allocated a portion of money equivalent to USD 110,000 for necessary procurements of this hospital in the year 2009-2010. The parliament member (MP) of that constituency M. Iqbalur Rahim laid the foundation stone for the new building and expressed his solidarity towards improvement of the hospital and further resource mobilization. Several renowned personalities and private companies are continuously supporting the hospital for its growth as part of their social responsibility.



This hospital is a unique example of private-public partnership in health care in Bangladesh. However, since it is a not-for-profit entity, the operation cost requires more support to reach a break-even point. The donors who support child health, newborn and other relevant issues might get interested in working with this hospital in the capital city.

The Future Plan

The dream to establish a 100-bed comprehensive maternal and child hospital has been achieved by the management committee and the people of the town with government support. Nevertheless, the physical structure is not enough to run the hospital. Qualified human resources, medical instruments, logistics, drug supply, diagnostic test facilities, quality control and overall management are important for full execution of hospital. The management committee hence plans a comprehensive service delivery system in curative, preventive and diagnostic aspects. To see a fully functional neonatal intensive

care unit (NICU) is a dream for the management committee and for the service providers. However, the future plans involve two issues:

- Demand generation for health care- it plans for mobile teams to reach maternal and child health care at the village level. Further, it plans to increase health awareness of rural people especially for maternal and child health, and nutrition by organizing behavioral change communication intervention. Increased awareness is able to change health seeking behavior for maternal and child health thereby reducing maternal and child mortality. During discussions with the study team, the Secretary General Bimal Kumar Dev and the Treasurer Jahir Shah have mentioned fund constraints in implementing this initiative.
- Income generation for sustainability- the hospital authority would like to establish a comprehensive diagnostic laboratory including modern and technology-based facility not only for child health but for total health care as an income generating intervention for sustainability of the hospital.

Conclusion

Aurobindo child hospital is an important health institute in the northern district Dinajpur that has been contributing to child health with a humanitarian zeal. On the other hand, financial contributions from local people, distinguished personalities and organizations have facilitated organization development. The unique example of partnership is a mainstay of this hospital dedicated to child health.