

## KABLIJI HOSPITAL AND SCHOOL

### Lecture Notes

#### Slide 1

Kabliji Hospital and Rural Health Centre was founded in 1979 on the principal that people living on low incomes in rural areas had the right to low cost, high quality healthcare, close to their homes. The hospital was originally funded by a Trust set up by the parents of Patwant Singh an eminent political commentator and author. The land was gifted by the villagers in perpetuity.

#### Slide 2

Over the years the hospital has provided this service to the villages surrounding the hospital at Village Ghamroj on the Gurgoan-Sohna Road in Haryana.

#### Slide 3

The hospital is built out of sustainable local materials. This reduced the CO<sub>2</sub> from transporting expensive materials across long distances and makes it easier to repair using re-useable or recycled materials. The design of the hospital means air passes through easily, reducing the need for air conditioning and improving the ambience for the patients. Years before rainwater harvesting became an urgent focus of global attention, a nala (streambed) was built through the hospital land to preserve rainwater and replenish the ground water level.

Over the years Kabliji hospital has been supported by the Aga Khan Foundation, Canadian International Development Agency, Canada India Village Aid and the Mahatma Gandhi College of Medical Science, to provide improved sanitation in the houses in five villages surrounding the hospital. We have conducted several social welfare and income generation schemes and training programmes for midwives and health workers. Extension schemes have included repairs; improvement and purification of wells, provision of toilet facilities, pitching village ponds, paving lanes and covering open drains, clearing refuse sites and encouraging kitchen gardens.

When we first saw women they arrived at the hospital with very low haemoglobin levels causing significant anaemia. The women were exhausted from having too many children and their diet was poor. Babies died because of poor post natal information and advice, and the children that survived were often suffering from malnutrition leading to failure to thrive. The children's poor nutritional state meant they were prey to diarrhoeal diseases and upper respiratory tract infections.

#### **Slide 4**

I was the first nurse at the hospital so all the set up staffing and health service planning was developed by the resident doctor, the visiting consultant specialists and me. I employed local people keen to learn healthcare and many of them are still there. We threaten each other about who will retire first.

#### **Slide 5**

Over four generations, as a result of the hospital's presence, the health status of the villagers it serves has improved markedly. Women who once had poor health and no ante-natal care, had high morbidity and suffered high child mortality now have regular ante-natal screening at Kabliji. This has enabled successive generations to remain healthy during pregnancy and produce healthy children. Increasing survival rates have meant families produce fewer children. These children are in better health and families can afford to educate their children.

#### **Slide 6**

Eye care has also changed the life experience of many. Kabliji ophthalmologists offer cataract operations and intra-ocular lens implants regardless of ability to pay. This has transformed the lives of over 63,000 people who have regained their sight as a direct result of their treatment. Countless others have been affected by the operation as patients once again become fully involved in family life and can maintain their independence. Some have been able to return to work improving the income of their families.

#### **Slide 7**

Our operating theatre for eye surgery is done in a purpose built building. Patients come for assessment in the ophthalmic opd and then are scheduled for surgery often

on the same day. Improvements in surgical practices have reduced length of stay. Only patients who may need extra support because of multiple health problems remain in hospital following the surgery.

### **Slide 8**

We have many individual donors and their donations are celebrated as part of our fundraising. I know this looks a bit weird but the patients love it and every time we suggest stopping the practice there is resistance. These patients received their surgery free and they want to say thank you I suppose

### **Slide 9**

The general medical clinic provides patients with the advice and treatment they need to reduce communicable and non-communicable diseases. Communicable diseases such as upper respiratory tract infections and gastro-intestinal disorders are the most often seen. Non-communicable diseases, such as high blood pressure, diabetes and arthritis are increasingly prevalent. Every effort is being made to diagnose these conditions early, provide dietary and lifestyle information in the first instance, and treat the conditions when necessary to prevent long-term morbidity.

### **Slide 10**

We offer blood screening on site and xray. This has been invaluable because the malaria season is managed by doing onsite blood testing and immediate treatment. We also screen for TB and a range of parasites.

### **Slide 11**

All the consultants (ophthalmology, obs and gynae and general medicine) come from Delhi and are paid a tiny honorarium. Many of them have seen and treated several generations. They are trusted by the local population. We also have a resident doctor and a nurse onsite so we can provide 24 hour care when necessary.

### **Slide 12**

We carry out regular Health Impact Assessments to assess the health status of our patients. Whilst it is difficult to take all the credit for the improvement there have been impressive changes to general health status and to the control of

communicable diseases. Our next challenge is to reduce the negative environmental impacts modernisation and urbanisation are having on our patient group

### **Slide 13**

#### **Kabliji School -**

In 1991 and in response to requests from the elders in Village Ghamroj; Kabliji school opened on the hospital grounds. The elders had been particularly enthusiastic about having a school that taught in English. Previously the children were sent some miles on the public bus and this was a great cause for concern for their parents.

Both boys and girls encouraged to qualify for entrance exams in some of the top Delhi schools and colleges. Children stay at the school for 10 years, from 3+-14 years old, through nursery, kindergarten and then classes I – VII. The CBSE curriculum is followed so the children are prepared to take the X and XII Board examination.

The children support their studies by using the on campus library and they are trained in IT using lap top computers to explore the world.

Currently we have 122 pupils, (currently 72 boys and 50 girls) which in the small classrooms is sometimes a challenge.. Parents are required to pay a nominal sum for their child's education. Girls tuition fees are subsidised by 50 percent. Fifteen of the children receive free places.

#### School successes

Deepti, a girl student from the school has been selected for engineering college to study architecture and was amongst the top ten students to qualify in the entrance examination. Another female pupil has joined the air force through the sports quota; a fellow student is following a computer science course at Amity University.

### **Slide 14**

The children all get involved in celebrating festivals and they get health training from the hospital staff

**Slide 15**

The older children are encouraged to take care of younger ones and pass on their knowledge.

**Slide 16**

The classrooms are tiny and yet the children seem to cope. We have been donated laptops and this has helped enormously in broadening the possibilities of the curriculum

**Slide 17**

The main common room

**Slide 18**

In the last 10 years the whole landscape has changed near the hospital. Rapid urbanisation has meant the land between Delhi and our tiny rural medical centre has been transformed. With the construction has come jobs and prosperity to many of the villages. We are surrounded by huge skyscrapers. The nearest town Gurgaon has become an IT hub and has drawn the new rich to build huge houses.

**Slide 19**

Primary healthcare has taken a back seat as large private hospitals go up along the road

Every now and again a tragedy brings the need for good primary care back into focus. For example in 2017 in Gorakhpur UP over 60 children died between August 7 and 11 at the Baba Raghav Das Medical College, a referral hospital in Gorakhpur of eastern Uttar Pradesh, amid allegations that supply of oxygen to the neo-natal and encephalitis wards was cut over unpaid bills. A Central probe team rejected the allegation, but it is still not clear how so many children died.

The role of primary health centres and preventative health care was then back in focus momentarily. But public memory is short and we move on to some other tragedy and lives lost in a train accident.

### **Slide 20**

With the changes in the economy 1<sup>st</sup> world diseases are more prevalent and we now screen for high blood pressure and are seeing more obesity and cancer. In addition, the pollution (Delhi recorded pollution levels 6 times higher than those of Beijing this year) people just cant breathe. In Delhi the wealthy wear masks but in our villages people carry out their daily lives without protection. In such a heavily agricultural area, the new builds are draining the water table and again people with little suffer.

### **Slide 22**

We have to move with the times. We can still provide a free or minimal cost service for the very poor and we still have a reputation for working along side the local population. However real estate is premium and a few local people who gifted the land have taken us to court to win the land back. The Delhi judiciary works incredibly slowly and it has taken years to win our claim. They cant win but they can still fight it in the courts and delay our development.

We plan to use the land for a medical school and hospital which will support the charitable wing of Kabliji hospital and mean we wont have to constantly battle for funds to keep us going. We have a Charitable hospital in Delhi who is keen to work with us.

In the meantime the work has to go on and we struggle for funding as usual