



HOSPITAL - KALYANDURG

Women & Child Specialty Care Centre



VicenteFerrer

Rural Development Trust

MESSAGE FROM THE
Executive Director



Development is a slow process, and from a majority of deliveries being home-based we have now reached a situation where the majority of deliveries are institution-based. But there is still some way to go towards safe pregnancies and deliveries for all mothers, irrespective of income and social standing.

Kalyandurg was the first area where RDT rented a small room with 10 beds as a hospital in the 1970s with one Doctor and a Nurse. Then in the 1980s, a larger building with 35 beds was availed with a husband and wife medical couple and a small team of nurses.

The work RDT could do was still very limited, and many of the more difficult cases had to be referred elsewhere. It was not until well after the year 2000, with the support of Spanish professionals, that RDT could get the skills to run a good hospital, and the necessary funds for a proper infrastructure.

In 2006, RDT inaugurated the present Kalyandurg hospital with 3 main important departments: Medicine, Paediatrics and Gynaecology & Obstetrics. Since 2006 in the following 10 years it has slowly become a key centre for mothers and children for almost 100 sq. km radius.

Kalyandurg hospital has also made a great effort in the regular treatment and health education for adults and youngsters with diabetes, a major problem in both rural and urban India.

Anne Ferrer

Deliveries

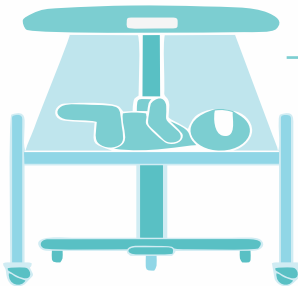
72,000

deliveries carried out since 2007



Impact

Monthly average of
27,000
outpatients and
1,200
inpatients treated



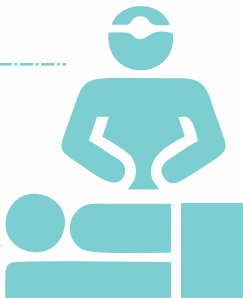
Paediatrics

120
babies admitted monthly
to the baby care ward

Surgeries

60-65

surgical procedures performed weekly



**Kalyandurg
Hospital
Timeline:**

1978

**Established a 10
bedded hospital
with single doctor**

1987

**Started conducting
Family Planning
Surgeries in
collaboration with
the Government**

2009

**Started full
fledged Level 3
Neonatal services
and Blood
Storage centre**

2010

**Advanced
Laparoscopic &
Vaginal Surgeries
started**

2011

**Training of doctors
in Advanced
Surgeries**

About the Hospital

Kalyandurg hospital has made great strides in transforming the quality of healthcare accessible to the residents in and around Kalyandurg, and improving their approach towards health in general.

Today, the hospital staff has expanded to 4 Paediatricians, 7 Gynaecologists, 1 Anaesthesiologist, 12 Junior Doctors, 80 Staff Nurses, 25 Auxiliary Nurse Midwives (ANM), 15 Lab Technicians, 7 Pharmacists, 23 Assistants and helpers, 2 Medico Social Workers, 8 Administration and 78 Supportive staff. The hospital caters to the healthcare needs of 13 Mandals, 354 villages, and about a population of approximately 2.5 lakh people.

At RDT, every disease is looked at and treated in a systematic manner with protocols and tracking. Catering to a largely poor community, it is also the key to improve people's awareness to ensure timely identification of diseases, and enable faster access of treatment by the villagers.

Continuous follow-up care is given to those patients who are referred to higher centres for chronic diseases.

Obstetrics and Gynaecology is a department where patient education is especially important. Mothers are trained by nurses in the various good practices to make them capable of managing their own, and other mothers'/infants' immediate needs. The hospital has also had a centralised supply of Liquid Oxygen installed for all its wards to ensure regularised and efficient oxygen supply to its patients.

Continuous paramedical training of field health workers and counselling of people has reduced the workload of doctors and nurses. Medical professionals from Spain visit the hospital to give voluntary services to improve the quality care of the hospital, and it is one of the reputed centres for laparoscopic & vaginal surgeries in the district.

“If we join hands, we will transform this world.”

Vicente Ferrer, Founder - RDT

MESSAGE FROM THE Hospital Director



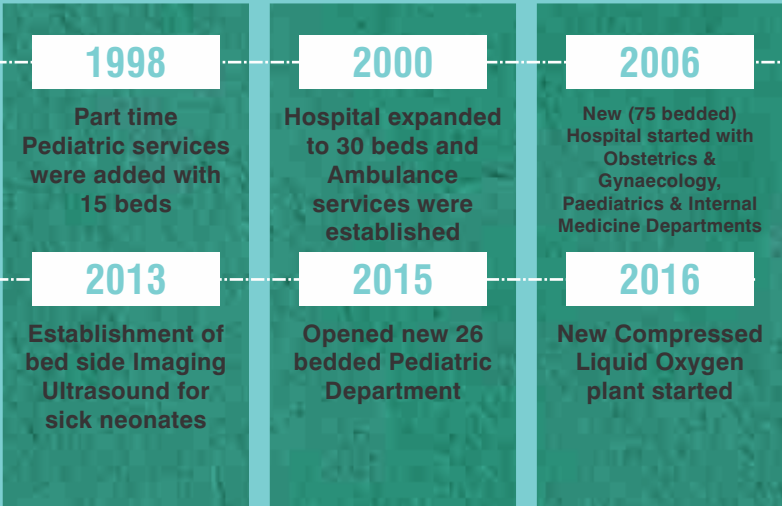
RDT is making tremendous efforts in bettering preventive care, by collecting medical data, training people about health and hygiene, and conducting methodical follow-ups with patients.

Before Kalyandurg hospital started, people were either unaware about where to seek medical advice/care, or found the sources too far for regular access. Women's health and infant-care was particularly shrouded by taboo and misconceptions, but slowly, with awareness-building activities and constant follow-up, the rural poor now have access to specialist doctors and modern medical facilities and remarkable improvements in the fields of Paediatrics and Gynaecology also ensure that most villagers today enjoy a far higher level of wellness and longevity than their forebearers did. Today, nearly all deliveries are carried out in hospitals and health clinics safely and hygienically. Mothers are counselled for self-care, to ensure their emotional and physical well-being, and children are provided nutritious food to eradicate malnutrition.

Immunisation programmes are conducted to cover maximum number of children. Patients who require specialized care are referred to higher RDT centres or other centres in cities. Such referral cases are completely funded by the organization.

With the help of RDT's continuous efforts and support, the face of healthcare in rural areas has evolved enormously and continues to evolve each year.

Dr. Ashok Karnam





Neonatology & Paediatrics

In rural areas, children generally grow up in the midst of health risks like Respiratory Infections, Gastroenteritis, Malnutrition and Communicable Diseases like Measles, Whooping Cough, Dengue, Malaria and Typhoid Fever. In more recent years, the instances of Dengue, Malaria, Chicken Guniya and Rickettsial Fevers have gone up.

The Paediatrics ward was started in 2008, and now has 30 beds, of which 9 are for high-dependency children. Medical support is also provided to children with disabilities that are referred in from RDT's various centres for Children with Visual/hearing Impairments, Cerebral Palsy, Intellectual Disabilities and Orthodontic Problems.

The hospital also cares for babies and children with chronic illnesses such as Thalassemia, Epilepsy, and Diabetes. They are supported in varied ways, through timely and regular Transfusions, Serum Ferritin Testing or Insulin Supply.

All major procedures, treatments and follow-up support are free of cost. Children who need auxiliary care, or for high risk cases, are referred to higher RDT centres or other hospitals sponsored by the organisation. With the help of Community Health Workers (CHWs), parents in the villages are sensitised about how timely immunisation is an important part of preventive care.

NICU

The hospital has well-equipped 15-bedded, Level 3 Neonatal Intensive Care (NICU). It has 2 doctors with Fellowships in Neonatal Intensive Care. High-risk new-borns, those that are pre-term, and underweight are assisted with early intervention services and ventilator support. As there is a high probability that these babies would have received some damage to their brain development, early interventions help to minimise the risk of disabilities. The NICU routinely receives ELBW, VLBW and LBW babies (Extremely, Very and Low Birth Weight babies). They are closely monitored at the NICU till they gain the target 1,750 grams of weight before discharge.

After discharge, a separate early intervention team attends to each new-born till he or she is 2 years of age. Babies' weight, height and vaccination schedules are meticulously tracked to ensure early identification of any problems and timely preventive care.

Baby-care ward

In this 10-bedded ward, new mothers are given training on proper feeding and Kangaroo Mother Care (KMC) techniques. The ward is manned by doctor-supervised Level 1 trained staff who counsel mothers on the benefits of exclusive breast-feeding in the early months of a baby's growth.

Highlights

- 300 children visit the hospital daily
- 120 admissions to the baby-care ward, 65 to the NICU and 250 paediatric admissions received on average every month.

Procedures

- Intubation
- Intercostal drainage
- Lumbar puncture
- Bedside imaging
- Placement of central IV lines
- Invasive and non-invasive ventilation
- Stab gas for ABG analysis
- Surfactant administration
- Conventional hypothermia provided for asphyxiated babies

Infrastructure

- Level 3 NICU
- Baby warmers
- Invasive and non-invasive ventilators
- Mobile X-ray machine
- ABG machine
- Cardiac monitors
- Pulse oximeters

We are looking for...

Qualified and trained Paediatricians with a Post-Graduate degree or Diploma in child health. A fellowship in Neonatal or Paediatric Intensive Care will be an added advantage.



Obstetrics & Gynaecology

Improving the state of Obstetric and Gynaecological Care has been a slow process. Especially since women had such low awareness about their own health and good pregnancy practices for so long. Pregnancy control was unheard of, institutionalised follow-up non-existent, and mortality rates for mothers and infants were high. The hospital's Obstetric and Gynaecology department was started in 2007 to bring about tangible improvements in women's healthcare.

Obstetrics

For many years couples didn't think pregnancy care and antenatal check-ups were important for the health of the mother and baby. During pregnancy they didn't go for check-up and expected to see a doctor only if there was a problem. After many years of motivation and awareness, women and men have understood the need for antenatal care and to have the delivery in a hospital or health centre. Mothers are aware to come to our hospitals for regular pregnancy check-up during which the required number of scans are also carried out to detect any problems during pregnancy or delivery.

Antenatal health education programs are conducted with the help of audio-visual aids for a better understanding of pregnancy and related complications. The hospital encourages husbands to accompany their expecting wives to these sessions, so as to be sensitised early on about the changes and challenges their wives will undertake. The importance of nutrition and mental well-being is extensively explained to ensure that the expectant mother receives good nutrition throughout her term and thereafter. Couples are also briefed about why each and every visit to the hospital is crucial. Around 10-12 couple counselling sessions are held for a group of 35 expecting mothers at a time.

Screening for Cervical Carcinoma is done in the early stages of pregnancy. Abnormal uterine bleeding examination and treatment, Infertility workup till Intrauterine Insemination (IUI), evaluation of primary Amenorrhea cases, advanced Laparoscopic Procedures, family planning counselling, high risk pregnancies, Obstetric Emergencies like Postpartum Haemorrhage, and postnatal follow-up care, are all handled in the hospital. Obstetric emergencies are well managed, from early diagnosis and timely treatment, to methodical follow-up, thereby, resulting in decreased maternal and neonatal morbidity and mortality.

Family Planning

RDT has been associated with the Government of India's Family Planning Programme since 1987. The vision is to promote measures to have a small, happy and healthy family. Counseling sessions are held for couples in villages, as women also have a say in family planning now. Besides this, Laparoscopic Tubectomies for women are also performed at the hospital.

Highlights

- 600-650 deliveries done every month
- 600 outpatients seen on an average daily
- 120 Laparoscopic Tubectomies performed every month

Procedures

- Cervical Cerclage
- Surgical management of Postpartum Haemorrhage (PPH) by Devascularisation
- Peripartum Hysterectomy
- Internal Iliac-artery Ligation
- Colposcopy-directed Biopsy
- All Laparoscopic and Vaginal Surgeries
- Radical Hysterectomies
- Vaginal Hysterectomy Prolapses

Infrastructure

- 60-bedded OB/GYN department
- Fully-equipped delivery tables
- Ultrasound machines
- Non-stress Test (NST) machines
- Cardiac monitors
- Infusion pumps

We are looking for...

Experienced Gynaecologists with a Post-Graduate degree or Diploma who can handle high-risk deliveries and trained nurses.



Internal Medicine

The Department of Internal Medicine was started at Kalyandurg Hospital in February 2010, and since then provides protocol-bound treatments for Diabetes, Hypertension, Respiratory Infections, Pancreatitis, Myocardial Infarction(MI), COPD, Gastric Ulcers, Malaria and Dengue Fever, and post-operative care.

Diabetes

Nowadays, the incidence of diabetes is on the rise more than ever due to multiple diet and lifestyle factors. The biggest challenges faced by the hospital are people discontinuing their medicines midway and/or not following the dietary advice given by doctors. Spanish volunteers' monitoring and follow-up guidelines are followed by the hospital's staff for the management of diabetic patients and of metabolic problems like Hypertension, Diabetic Foot and Retinopathy. Monthly Retinopathy screenings are held by experts and Diabetic Foot follow-up is offered to affected patients on an OPD basis, including prepping for skin-grafting. Additionally, every patient is screened for Serum Creatinine, HbA1c, fasting lipid profile, and administered ECGs twice a year.

Emergency

The hospital routinely receives cases like Communicable Diseases, MI, Poisoning, Snake Bite, Road Accident Casualties, Cardiac Arrests, Diabetic Ketoses, Scorpion Sting, Emphysema, etc. Basic treatments are available on-site, but patients needing higher medical attention are transported to higher RDT centres or city hospitals depending on the requirement. The hospital has a separate 7-bedded Emergency ward where the doctors attend casualty cases 24x7 on a rotation basis.



We are looking for...

An MD Physician with Post-Graduate degree or DNB in Internal Medicine

Highlights

- 15-20 diabetic patients treated in OPD daily
- Around 200 patients visit the OPD every day

Procedures

- Cardiopulmonary Resuscitation
- Intubation
- Nebulisation for asthmatic patients
- Incision and drainage
- Pleural Tapping and Ascitic Fluid Tapping

Infrastructure

- 16-bedded general ward, 8 for males, 8 for females
- 7-bedded emergency ward
- OPD diabetic clinic
- Digital X-Ray and portable X-ray machines
- Multi parameter monitors

Staff

- Medical Officers – 5
- ANMs – 2
- Sisters – 12



Anaesthesiology

For the comfort of the patient undergoing surgery, Anaesthesia is a must. A trained Anaesthesiologist assists doctors right from the beginning till the end of a surgery.

This includes Pre-anaesthesia Check-up (Pre-operative), Consulting with the Surgical Team, Intra-operative Management, Administering General and Regional Anaesthesia, Mechanical Ventilator-support for Critical Patients, Monitoring Anaesthesia Care for Critical Patients during Transportation, and Supervising Care after Surgery (Post-operative).

The hospital has a dedicated pain management team to manage chronic pain (conservative and interventional) and relieve patients from their suffering. The team takes care of the patients who visit the Orthopaedics and OB/GYN departments as well.

Pain Clinic

Started in May 2014, the purpose of this weekly clinic is to focus on diagnosis and management of chronic pain. All kinds of pain interventions are managed in the pain clinic. Effective management of chronic pain frequently requires coordinated efforts of the pain management team.

It also includes communication with the patient to understand the severity, location, and trigger factors of pain. Patients to the clinic are counselled and offered interventional pain management for chronic osteo-arthritic pains, lower back issues and sports injuries.

C.B.R. Orthopaedics

The Orthopaedics clinic was started with guidance and support from Spanish doctors to better enable the Community-Based Rehabilitation (CBR) sector in the work they did for Persons with Disabilities.

The services of RDT Hospitals includes Orthopaedic Rehabilitation Surgeries like Knee Procedures, Tendon Lengthening, ETA, etc. Spanish doctors visit Ananthapuram one month every year between August and September and work in conjunction with RDT's medical team in treating children with Club-Foot and on other Orthopaedic Procedures.

Post-surgery, the patients and their families are given counselling about the appropriate follow-up and post-OP visits are then made by the CBR team to track their progress.

We are looking for...

An experienced or fresher Anaesthesiologist with an MD, DNB, or DA degree

Highlights

- 200 to 250 procedures across the OTs, OB/GYN and Ortho departments
- 50 to 60 patients seen in the Pain Clinic and 15-20 OP procedures carried out

Procedures

- Regional, Spinal, Epidural and General Anaesthesia
- Labour Analgesia
- Ventilator Support of Critical Patients
- Basic and Advanced Cardiovascular Life Support (BLS & ACLS)
- Intra-Articular Steroids
- Trigger Point Injections

Infrastructure

- 2 fully-equipped Operation Theatres
- Modern Anaesthesia DatexOhmeda work stations - Astiva and Aspire
- Multi-parameter monitors
- 2-bedded recovery room
- Controlled digital drug delivery systems
- Crash trolley with Defibrillator to manage emergencies

Staff

- Anaesthesiologist – 1
- Nurses – 8
- O.T. Technicians – 3

Support Services

Pharmacy

A 24-hour pharmacy is available at Kalyandurg hospital for the convenience of patients and their families. All the common prescribed medicines and aids such as syringes, first-aid, etc. are available at the store for OPD patients aside from what is needed for in-patient treatment.

Laboratory

Basic Haematological and Biological investigations are done in the hospital. If needed advanced investigations are done at Bathalapalli Hospital and Tie-up Centre at Ananthapuram.

Radiology & Imaging

With the help of imaging techniques, doctors are able to provide early and reliable diagnoses to the patients, bettering the identification of disease. It also helps in non-invasive follow-up of patients' cases after treatment and discharge.

Nutrition & Dietetics

Kalyandurg hospital offers nutritious and ailment-specific diets to its patients, e.g. high protein diets, heart-friendly, diabetic and renal diets are provided free of cost to in-patients.

Blood Storage Centre

The hospital has a round-the-clock blood storage centre for keeping a reserve to be utilised in case of emergencies.

Biomedical Waste Management

It is indispensable to dispose of the biomedical waste from hospital properly as it can be extremely dangerous for the health of people. The waste is collected thrice a day from the hospital and the collection bins are colour-coded in accordance with the WHO guidelines and appropriately disposed of.

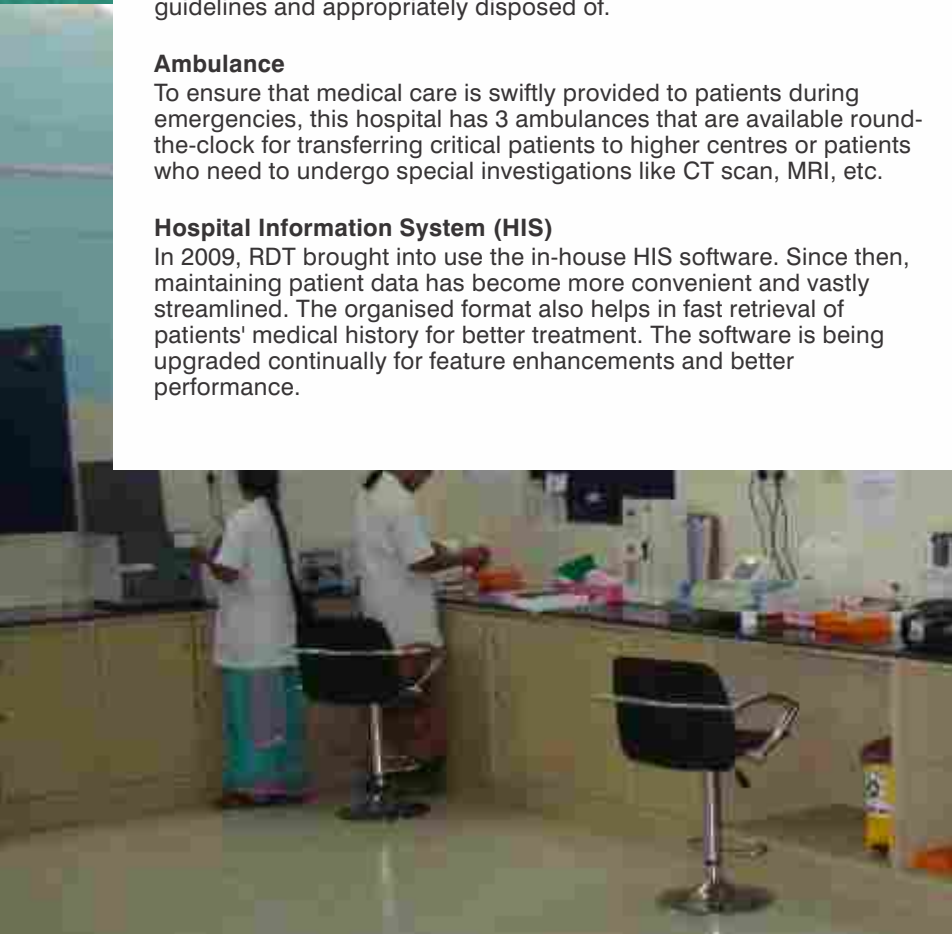
Ambulance

To ensure that medical care is swiftly provided to patients during emergencies, this hospital has 3 ambulances that are available round-the-clock for transferring critical patients to higher centres or patients who need to undergo special investigations like CT scan, MRI, etc.

Hospital Information System (HIS)

In 2009, RDT brought into use the in-house HIS software. Since then, maintaining patient data has become more convenient and vastly streamlined. The organised format also helps in fast retrieval of patients' medical history for better treatment. The software is being upgraded continually for feature enhancements and better performance.

Much of RDT's ground work is carried out by support services that facilitate better diagnosis and treatment of diseases.



Outreach Services

RDT conducts a rigorous and multi-faceted outreach programme in rural areas with the help of CHWs and HOs in the form of Rural and Mobile Clinics to spread awareness related to prevention and treatment of diseases.

CHWs and HOs counsel villagers on Family Planning, Track And Ensure Antenatal Check-ups for Pregnant Women, Administer Preventive Measures against Hypoglycaemia, and Supply Anti-Diabetic and Anti-Hypertensive Drugs.

Mobile Clinics

Since April 2013, two doctors, each with an ambulance, provide services to villages in the four regions of Srisailam, a thickly-forested region populated by, among other communities, Chenchu tribals. In areas which are really hard-to-reach, mobile clinics lend support to the network of rural clinics and grassroots staff. The ambulances assemble people from the surrounding villages into one village and check-ups are done. These clinics focus on antenatal care and children's health. Two mobile clinics are situated in Dornala and Acchampeta.

Rural Clinics

Access to quality healthcare for villagers who had to travel long distance for treatments has eased with rural clinics. There are 5 rural medical clinics (each comprised of 1 doctor and 1 nurse, and averaging 3 beds) providing 24-hour medical service, located at Narpala, Gangampalli, Rekkamanu, Venkatadripalli and Kokkanti Cross. Basic medication to treat general illnesses like fever and infections is provided. These clinics administer symptomatic treatment, monitor local villagers' blood sugar levels and hypertension, and as necessary, refer patients to hospitals for advanced treatment.



Govt. Tie-ups

RDT works jointly with the government and private health sectors to benefit the rural population and meet their rising health care needs. There are various tie-up programmes run to provide medical access to people in the most remote places.

BHT Programme

As part of incorporating family planning in rural areas, free-of-cost Buttonhole Tubectomies (BHT) are performed for consenting women. Free-of-cost BHT camps are organized in the hospital thrice in a month.

SAATHI

Solidarity and Action Against the HIV Infection (SAATHI) in India is an initiative to prevent HIV transmission from pregnant mothers to their unborn children. All antenatal mothers are screened, and HIV and cross-check kits are given. Diagnosed RV-positive mothers are counselled regarding an overview of the disease, how to prevent disease transmission from mother to child, CD4 count, importance of treatment through ART and its adherence and of undergoing a supervised hospital delivery.

RDT works jointly with the government and private health sectors to benefit the rural population and meet their rising health care needs.



Why RDT?

- The exposure to a mix of high-risk patients under different categories adds to their professional knowledge.
- Doctors who associate with RDT get an exposure to international medical practices, as RDT attracts a host of high-calibre Spanish medical professionals and paramedical staff and other specialist faculty who visit the hospitals regularly.
- Selected medical and paramedical staff who are committed and want to study further are sponsored by RDT for their higher education. After completion of their studies, they should join the organisation for long term, under a mutually beneficial programme.
- The doctors and their families are provided residential quarters in eco-friendly campus along with free water and electricity.
- They get an employee-friendly work atmosphere with flexibility.
- They have access to sports facilities to help maintain a healthy work-life balance.

A chance to serve people in the rural areas with a well-equipped hospital and experienced staff.

Building your career with RDT Hospitals

We are always keen to partner with talented and impassioned healthcare professionals across a range of functions. We are as committed to our employees as they are to our patients and their families – you can be assured of competitive compensation and benefits to help you secure your future, and safeguard you and your family's healthcare needs.

The eligible candidates can send in their application, duly-filled in the prescribed format along with the essential documents, i.e. Mark Sheets, Education Certificates, Experience Certificate, Date of Birth Certificate, etc. to

hospitalkalyandurg@gmail.com

You can also apply through our website www.rdtvf.org



Way Forward

Envisioning sustainable growth

RDT understands that each patient is different from the other, and needs personalised care. The health care team at the hospital works in coordination with patients to have a better idea of their medical condition. They are closely monitored for treatment and improvement.

With modern facilities and infrastructure and its existing base of trained health care staff, the hospital is working tirelessly to meet the needs of people in Kalyandurg and nearby villages. The hospital is presently seeing a rise in the number of complicated cases that need special attention and higher-level intervention. To

serve these patients better and fulfil their expectations, the hospital needs to expand further, introduce its own ICU and have more committed doctors who join hands with RDT in achieving its objectives and vision.

PWDs who undergo surgeries need to be observed more closely and for a longer duration. Having a dedicated ICU will help the hospital deliver better services to these patients.

The spread of health education leads to more awareness about healthy living. RDT will continue to build greater health-awareness, especially regarding

gynaecological health among rural women as the number of high-risk pregnancies and complications referred to the hospitals are rising steadily. Also, counselling and follow-up sessions for the mothers to have a healthy pregnancy will definitely make a difference in improving overall female reproductive health care.

By providing continuous and effective treatment to all its patients, and with regular follow up, RDT is optimistic about bringing down the incidences of preventable illnesses, acute and chronic, and of providing better lives to its patients.





VicenteFerrer

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