

ANNUAL REPORT 2020 - 2021



MAKUNDA CHRISTIAN LEPROSY & GENERAL HOSPITAL
BAZARICHERRA | KARIMGANJ | ASSAM

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FROM THE DESK OF THE UNIT MANAGEMENT COMMITTEE

Though the functioning of the Makunda Christian Leprosy and General Hospital Society was affected by the covid pandemic, the pandemic itself presented us with a precious opportunity to relook and reignite our vision and mission to reach out to the poor and the marginalised.

The Main hospital saw a 24% reduction in Out Patient Department numbers (89,839) and a 15% reduction in inpatients (13,021) with an average bed occupancy rate of 69%. The statistics of patients attending the hospital during the initial three months of the lock down till May was drastically low with the numbers slowly picking up by June – July 2020. The new outpatient block started functioning during the pandemic and added scope for social distancing for patients, relatives as well as health care workers. A total of 7679 major and minor surgeries were performed in the year. The obstetric department continued to be the busiest department and a referral centre for high risk patients, conducting 6051 deliveries in the year with a LSCS rate of 34%. The Psychiatry department of the Hospital led by Dr Starlin Vijay Mythri initiated community psychiatry outreach programmes while the research team, led by Dr Esther Thejo Rajitha P engaged with the communities to explore areas of felt need.

The services of the branch hospital in Ambassa was sieverly affected during the pandemic but it continued its out-patient services during the post pandemic period. Dr Aldrin Debbarma, DNB Family Physician joined the team in Ambassa and his services have been a blessing for the rural communities in Dhalai District.

The hospital was designated as an Isolation centre for covid patients in Karimganj District by the Government of Assam. We are indebted to the generous contribution of the Azim Premji Philanthropic Initiatives which made it financially viable for us to run a 25 bedded Isolation centre in the refurbished academic block of the Nursing College. A note on the hospital's response to the covid pandemic is inserted as an appendix to the annual report.

With the significant drop in revenue in the hospital during the covid pandemic in 2020 and closure of all our academic institutions during the lockdown, we had to revise our budget for the year. The hospital was finding it difficult to meet the operational expenses of its services for non-covid care patients as well as non- hospital activities. Since April 2020, all staff who earned salaries less than Rs 12,000 were paid their entire salaries while the remaining employees were provided Rs 12,000 per month since April 2020 with the intention of paying the salary arrears as the financial situation improved. The last salary arrear was for the month of August 2020 and it was paid at the end of January 2021. We would like to thank Inspire International for their concern and willingness to meet these operational expenses and for all the staff who worked willingly and whole heartedly in these pressing conditions.

The pandemic disproportionately wrecked the lives of our rural communities. By God's grace, the hospital was able to continue its commitment to poor and marginalized communities with 17% of its income in the year (Rs 3,55,38,6353) spent for free treatment both in the hospital as well as its educational institutions.

We were also blessed this year with the support of several grants with which we were able to upgrade the hospital facilities and provide subsidized treatment. We acknowledge the Grant of the North Eastern council, the grants from EKAM Foundation, Sachin Tendulkar Foundation, Life for a child and Azim Premji Philanthropic Initiatives.

Ms. Mary Ningbiakching of Male ward was awarded "The Nobi Surin Urang Memorial Award in 2020" on 12th May 2020 as part of Nurses day celebration. The Nursing services continued to upgrade their skills

and knowledge the past year through several training programs and are the back bone of the health services at Makunda. The Female Health Worker Training institute saw the last batch of ANM students (2018-2020) passing out and joining the hospital as staff. The Community college offering Diploma in Health Assistants trained 13 students this year. The contribution of nursing staff, health assistants and student nurses towards organising the covid response in Makunda and managing the covid ward is truly appreciated.

Research activities continued with several publications and national and international presentations by consultants from Makunda, highlighting relevant issue of the rural community.

The school academic session was interrupted due to the pandemic and virtual classes were offered by the institution. The time was also used for teachers training and development. The Department of Biodiversity Documentation continued its activities this year and added several publications to its name. The year saw the Department of Agriculture and Fisheries restructuring and rebuilding several projects. The department also framed a 10 year strategic plan, 2021-2031 with a goal of improving the socio-economic condition of local communities as well as expanding the scope of the department to ensure its efficiency and sustainability.

The year 2020-21 was eclipsed by the covid pandemic but it gave the entire staff of Makunda Society a unique opportunity to work together as a team, to appreciate our strengths and weaknesses and build the team up. May God continue to fulfil His Purposes in this land through us.

Dr. Roshine Mary Koshy

On Behalf of the Unit Management Committee

MAKUNDA CHRISTIAN LEPROSY AND GENERAL HOSPITAL SOCIETY

Makunda Christian Leprosy and General Hospital Society is a charitable independent society registered under the Registrar of Societies – Assam, Guwahati , Reg No 14 of 1969-70. The hospital is a member of the Emmanuel Hospital Association, a charitable association of 22 hospitals situated in North, North East, and Central India with a primary focus on the poor and the marginalised.

The communities we serve in the North East

Makunda Christian Leprosy and General Hospital(MCLGH) is located in a remote and predominantly tribal region of Karimganj District the Barak Valley of Assam. The only road connecting the state of Tripura (NH 44) to the rest of the country passes 4 kms from the hospital. Being strategically located at the junction of the three states of Assam, Tripura and Mizoram ,it has a wide catchment population including rural communities from neighboring districts of the other states. The hospital also has a branch hospital serving the communities in Ambassa, Dhalai District of Tripura.

STATE	DISTRICT	POPULATION	PERCENTAGE OF SC/ST POPLN (2011 Census)
ASSAM	KARIMGANJ	12,28,686	13.1% (1,60,957)
TRIPURA	NORTH TRIPURA	6,93,947	14.9% (1,03,398)
	UNAKUTI TRIPURA	2,98,574	44% (1,31,372)
	DHALAI TRIPURA	3,78,230	9% (34,040)
MIZORAM	MAMIT	86,364	95.1% (82,132)
TOTAL		26,85,801	19% (5,11,899)

The hospital is nestled in a tribal area comprising mostly Tripura Tribals (Hallam, Chorei, Ranglong etc.) Manipuris, Bisnupriyas and Khasis as well as a large number of Muslim and Hindu Bengalis. The Muslim Bengali villages, lying close to the border with Bangladesh do not give a high priority to health in their family budgets, tend to have large families and live in poor hygienic environments. The tea garden worker population who hail from Bihar, Jharkhand , Orissa , Andhra Pradesh form another vulnerable community living in abject poverty.

A major part of the population cultivate rice, betel nuts, fruits, rear chicken and cattle and have fishery ponds as their occupation. Some members of the families have migrated to south India in search of better livelihood. The health statistics in these regions are dismal when compared to the State and National Average.

Statistics 2014-16 (Niti Ayog data)

	INDIA	ASSAM	KARIMGANJ
MMR			
Per 100,000 live births	130	237	281
IMR			
Per 1000 live births	34	44	75

THE EARLY YEARS



The origin of the Makunda Christian Leprosy & General Hospital can be traced back to the year 1935 when Dr. Crozier started medical work at Alipur, 19 Km east of Silchar. As the jungle was cleared for the general hospital building two leprosy patients came for treatment. Dr. Crozier did not have the heart to turn them away and began to treat them. Thus a leprosy colony was started with two leprosy patients. By 1948 there were already 50 leprosy patients besides general and TB patients.

After Dr. Crozier retired, the Governor of Assam paid a visit to Alipur Hospital and saw the leprosy colony. He was impressed with what he saw and asked what he could do to help. The need for a large area of land for the care of the leprosy patients was mentioned and the Government gave permission to the American Baptist Mid Mission to buy a large tract of land measuring approximately 1000 acres from the widow of a tea estate owner. This is the land presently in use by the Makunda Christian Leprosy & General Hospital. The purchase of this land was done (for the American Baptist Mid-Mission) by Rev. J.S. Garlow in 1950 and the leprosy work was shifted to the present location at Makunda. Medical work was started in the year 1951.

In 1958, Dr. R.G. Burrows was appointed as medical superintendent and at one time over 250 leprosy patients were accommodated in the campus. The campus also supported the entire colony with rice, sugar, oil, fish, milk, wood, silk, fruits and farm animals all being cultivated/raised on it. The hospital also had several drug distribution points for leprosy patients. After the arrival of a full time doctor there was a lot of pressure to treat general patients as there were no proper facilities for a large area all around. A general hospital was then constructed with operation theatre, x-ray, laboratory and wards for inpatients care. High quality medical care was made available to the population of the area and the institution has also trained many nurses and other health workers.

In the 1980's, the entire expatriate staff were asked to leave by the Government of India and the management of the institution passed on to the Baptist Mid-Missions Trustees India (BMMTI). They tried by themselves as well as through other agencies to run the institution without success.

In 1992, Dr. Vinod Shah and Mr. Lalchuangliana from Emmanuel Hospital Association, a network of mission hospitals with a focus on the geographical north, north eastern and central parts of the country were invited by BMMTI to see the hospital and consider taking it over. The hospital was formally taken over by Emmanuel Hospital Association in December 1992.

STRATEGIC PHASES OF MISSION

The leadership under the guidance of Dr Vijay Anand Ismavel and his team, in far sight, framed a 30 year strategic plan as well as the mission statement for the hospital, which has served as a guide to keep the vision of this serving community focused and alive.

Phase – I (1993-2002): Stability

- Financial stability: Settlement of all pending payments by rescheduling payment of these dues in so that this is done in a time bound and measurable manner without hampering the development of necessary infrastructure.
- Staff welfare and loyalty: Settlement of all pending staff disputes and development of a mechanism to look after their needs without compromising on the hospital's principles.
- Equipment acquisition and repair: Installation of new equipment and repair of existing ones so that the present level of work can be sustained without restraint and no patient is turned away for want of basic facilities
- Establishment of strong relationships with donors and well-wishers: To create a mechanism of active awareness creation about the work and vision of the institution so that well-wishers could support the institution through their prayers, advice, visits and donations. Good e-presence has been established in the past few years.
- Start new projects where most of the requirements are already available and where the hospital is ideally situated to have a significant impact without straining its resources and without undue risk.

Phase – II (2002-2012) Reaching out to the community

- Start financial schemes so that poor patients can get treatment: A barter scheme was started for poor patients in the early years by which poor patients could pay in kind eg instead of in cash. Patients allowed to pay in small installments. Poor identification protocols were developed to enable the poor to get good quality medical care with what they can afford and not sell vital assets to finance their treatment.
- The hospital registered with the government under the Public Private Partnership of the National Rural Health Mission to expand the impact on poor communities
- Start a hospital sustained community health programme that will also allow the hospital to fine-tune its policies to enable the community to maximally access the services provided by the hospital; To be started, initially as part of the community nursing programme, which is a part of the new ANM nursing course.
- Partnership with Govt projects: RNTCP/NLEP/AFP and measles surveillance/ also referred to the regional centres under the AFP Programme and ICTC (Integrated Counselling and Testing Centre) under the ASACS (Assam State AIDS Control Society).

- Start new services that are needed by the community (such as dental services) for which the hospital will need to be stable -- to support in the initial stages. Dental department was started in January 2003. Physiotherapy was started in 2014 and Optometry in 2015.
- Liaise with the government or other agencies to provide special services to 2 needy areas where health infrastructure is poor (Tripura and Mizoram). The new dispensary at Kamalacherra, Ambassa, Dhalai District, Tripura started functioning as part of this initiative
- Start an English medium school with hostel, increasing the classes by one every year. This was started in February 2004.
- Restart an ANM nursing course to train nurse missionaries. It was started in January 2006 with 19 students.

Phase-III (2013-2023): "Reaching out to the North-East and the developing world".

- A. Develop Makunda Christian Leprosy and General Hospital into a high-quality health care facility well equipped to provide secondary and tertiary care health services at affordable costs to the people of North East India.
- Establish competent departments in the main hospital providing care in basic clinical specialties with an active focus on preventive, curative and palliative care therapies customized to the patient population profile at Makunda, with an emphasis on the poor and the marginalized.
 - Establish a department of public health which will:
 - Initiate, develop and strengthen primary preventive strategies in health.
 - Identify and address specific health issues in target communities within the geographic reach of the main hospital through sustainable projects.
 - Partner with the Government / Non-Governmental Organizations committed to improving health and in addressing social determinants of health.
 - Develop tertiary care specialty/s which will address a large unmet health need.
 - Establish high quality relevant diagnostic services which will support and strengthen the clinical work.
 - Establish a department of research that will initiate and support research activities that will add to the scientific body of literature addressing relevant health and health related issues.
 - Establish a department for Continuous Quality Assurance and Improvement (CQAI) that will develop, implement and revise a customized quality assurance program for all hospital services.
 - Develop, modify, review and systematically document strategies (business model and health care delivery models) not only to ensure that the hospital maintains its pro poor focus and is self sustainable but also to offer the "Makunda model" as a financially viable and impact creating model of health facility in the developing world.
- B. Develop the branch hospital at Ambassa into a high quality health care facility well equipped to provide secondary level services at an affordable cost to the people of Tripura.

- C. Develop the main hospital into a training center for members of the health team who are committed to working in resource poor settings in India and rest of the developing world.
 - a. Identify and partner with organizations / institutions who are committed to improving health care and closing the gap in resource poor settings in India and the developing world.
 - b. Develop customized residential training programs for members of the health team committed to working in resource poor settings.
 - c. Upgrade nursing educational services from ANM (Auxillary Nurse and Midwifery) to BSc College of Nursing.
 - d. Establish a community college to provide training for health assistants who will support health teams working in resource poor areas, within a hospital setting /community or at home.
 - e. To provide opportunities to marginalised communities for vocational training/skill development by expanding the scope of community colleges.
- D. Upgrade Higher Secondary School
- E. To study, document and publish scientific observations on biodiversity, wildlife conservation and community involvement in Makunda and surrounding areas.
- F. To establish a retreat center which can provide a platform for spiritual nurture and refreshing for children, youth and leaders committed to mission.
- G. To resolve all court cases and land related issues with the Government

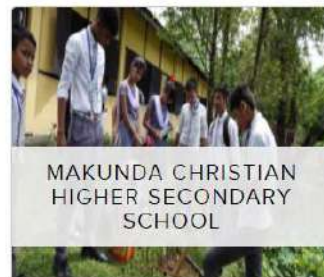
MISSION STATEMENT

Makunda Christian Leprosy & General Hospital aims to provide high quality medical care at costs that are affordable to the people of North-East India through development of appropriate health care models

The hospital also aims to provide comprehensive services to all, irrespective of caste, religion, race or sex, with the assets at its disposal and through collaboration with other like-minded agencies to improve the social, economic and spiritual lives of our target

The hospital further aims to create and sustain a pool of trained manpower and inculcate in them the values of Christian service as exemplified by the life of our Lord Jesus Christ.

Services in MCL&GH



MAKUNDA CHRISTIAN LEPROSY AND GENERAL HOSPITAL

MCLGH is currently a 205 bedded secondary level -NABH pre entry level certified hospital with the following scope of services

SERVICE	REMARKS
PEDIATRIC SURGERY	
GENERAL SURGERY	Including laparoscopic surgery
ANESTHESIOLOGY	
OBSTETRICS AND GYNECOLOGY	Including laparoscopic surgery
PAEDIATRICS	Neonatal Intensive Care Unit
INTERNAL MEDICINE	High Dependency Unit
PSYCHIATRY	
ORTHOPAEDICS	
PHYSIOTHERAPY AND REHABILITATION OCCUPATIONAL THERAPY	
RADIOLOGY	Digital Xray, Ultrasound, IVP, Barium studies, Endoscopy, C Arm
NEUROPHYSIOLOGY	NCV, EEG
LABORATORY SERVICES BLOOD STORAGE CENTER	24 hrs service, Clinical Biochemistry, Clinical Pathology, Microbiology
PHARMACY	24 hours services
DIETARY DEPARTMENT	FSSAI certified
OPTOMETRY	
BLOOD STORAGE CENTER	Affiliated to Karimganj Civil Hospital Blood Bank

CLINICAL AND DIAGNOSTIC SERVICES

A. OUT PATIENT DEPARTMENT:

We thank the Government of Assam for supporting the construction and inauguration of the new Out Patient Block. The new OPD block is able to accommodate more patients and their relatives as well as provide adequate working space for the health team. The year 2020-21 saw a 24% reduction in total outpatient numbers due to the strict lockdown implemented during the first wave of the corona wave pandemic, with repeat visits outnumbering first visits.

Particulars		2017-18	2018-19	2019-20	2020-21
TOTAL OUT PATIENT SERVICES		98941	109549	118117	90939
Makunda	New Patients	46942	52547	59690	44840
	Repeat Visits	41789	49164	58427	45940
	Emergency				159
Ambassa					943
	New Patients	6127	4832	5003	542
	Repeat Visits	4083	3006	3262	401

B. IN PATIENT DEPARTMENT

There was a 15% reduction in number of admissions in the year, with the lowest bed occupancy during the lockdown months of April, May and June 2021. As part of the budgeted infra structure plans for the hospital, the construction of a new 22 bedded ward on the second floor for female patients was completed and the ward was made functional towards the latter half of the year.

Particulars	2017-18	2018-19	2019-20	2020-21
IN PATIENT SERVICES				
Total bed strength	162	162	178	205
No of Admissions	13458	14731	15297	13021
No of available bed days	59130	59130	65148	72270
No of occupied bed days	51022	52295	55466	47032
Bed occupancy	83.24%	88%	92%	69%
Average In-patient stay	3.79 Days	3.6 days	4 days	4 days

C. OBSTETRIC DEPARTMENT

The hospital partners with the National Health Mission, Assam and is a referral center for high risk obstetric cases in Karimganj, Assam as well as neighboring districts of Tripura. There was a 10% decline in the number of deliveries compared to the previous year with instrumental deliveries accounting for nearly 8 % of deliveries. The Caesarian Section rate stood at 34%, comparable with last years numbers, with primary C sections accounting for 69% of LSCS cases. Low Birth weight babies constituted 30% of the total live births .

Particulars	2017-18	2018-19	2019-20	2020-21
Total Deliveries	5034	5890	6749	6051
Birth Weight				
Less -1000	37	46	42	51
1000 - 1500gms.	85	110	136	126
1501 - 2000gms.	300	354	319	387
2001 - 2500gms	1088	1378	1510	1366
Above - 2500gms	3592	4100	4721	4179
Foetal Results				
Total Live Births	4919	5741	6666	5924
IUD	165+18=183	188+43	158+21	205
Caesarean Sections				
Total number of cases	1547	1642	2335	2077
Incidence against total Deliveries	31%	27.95%	34.6%	34.29%
Primary - 'C' Section	1014(65%)	1052 (64%)	1750	1431
Repeat - 'C' Section	533	603	584	644
Instrumental deliveries	274	299	413	464
Incidence against total deliveries	5.44%	5.09%	6%	7.66%
Forceps Delivery	116	157	256	275
Vacuum Deliveries:	158	142	157	189

D. DEPARTMENT OF SURGERY AND ANAESTHESIOLOGY

The scope of the surgical services had been expanded the last year with the setting up of the Orthopedic department. Ortho surgeries accounted for 10% of the surgeries performed in the last year. Major surgeries accounted for 49% of all surgeries performed in all the departments.

	2018-19	2019-20	2020-21
<u>SURGICAL SERVICES</u>			
GENERAL SURGERIES			
Gen Major	591	942	937
Gen Minor	3696	4122	3089
Total General Surgeries	4287	5064	4026
OBSTRETIC SURGERIES			
LSCS	1642	2335	2077
Major Other	317	645	659
Minor	342	238	150
Total obstetric surgeries	2301	3218	2886
ORTHO SURGERIES			
Major			113
Minor			654
Total Ortho Surgeries			767
TOTAL SURGERIES	6588	8282	7679

E. PEDIATRIC DEPARTMENT

Paediatric patients are admitted in a 20 bedded paediatric ward equipped with customised beds to accommodate mother and child. Critically ill children are managed in the 11 bedded High Dependency Unit used for both adult and paediatric patients. Healthy new born babies are admitted along with the mother in the 30 bedded post natal ward. The hospital also has a 21 bedded Neonatal Intensive Care Unit, organised into 3 levels of care with critically ill neonates requiring invasive or non invasive ventilation being managed in the first cubicle, while step down care is provided in 2nd and 3rd cubicles. The NICU is well equipped with a GE warmers, ventilators and phototherapy units.

Particulars	2018-19	2019-20	2020-21
Total no of NICU admissions	1545	1505	1113
Inborn admissions	1071(69%)	1028(68%)	764(69%)
Outborn admissions	474	477	351
Total number of live births	5740	6666	5924
NICU admission rate	69%	68%	69%

	2018-19	2019-20	2020-21
A. Term babies	1062 (69%)	982(65%)	717
B. Preterm babies	483 (31%)	450(30%)	332
C. Weight at birth			
>4000 g	23 (1.5%)	45	37
2500-3999 g	682 (44%)	1409	4184
2000-2499 g	380 (25%)	1515	1026
1500-1999 g	338 (22%)	279	276
< 1500 g	125 (8%)	178	166

F. MEDICINE DEPARTMENT

Critically ill adults are managed in the 11 bedded High Dependency Unit, with 3 beds reserved for ventilating patients. This is the only functioning ICU in the district. The HDU is an open type high dependency unit with consultants from respective departments managing their patients. Immediate post operative patients are also managed in the HDU. The HDU is equipped with multi paramonitors , defibrillators and ventillators. Non critically ill medical patients are admitted in the male and female general wards.

The year saw a 21% reduction in the no of admissions into the HDU.

Particulars	2017-18	2018-19	2019-20	2020-21
Total No of HDU Admissions	773	854	990	783

G. DEPARTMENT OF PSYCHIATRY

The Department of psychiatry has a Psychiatrist and a mental health nurse and conducts regular OPD, IP and Community psychiatric services. Community psychiatry visits are conducted once a week where home visits for uncooperative or poor patients are done. Follow up of patients is also done at two outreach clinics – St Joseph’s Mission dispensary in Manikbond, Assam and Ambassa branch of Makunda Hospital in Tripura.

	2020-2021
Out-patients (primary psychiatric consultations)	576
Psychiatric in-patient admissions	135
Home visit & Community follow up patients	56

H. DEPARTMENT OF PHYSIOTHERAPY AND REHABILITATION

The department of Physiotherapy and Rehabilitation is equipped to provide timely intervention and rehabilitation. The department provide services to both the In-patient and Out Patients of the hospital. The department is now shared with the Physiotherapist and the new occupational therapist. The department is now able to provide Physiotherapy and Occupational therapy services to

Orthopedic rehabilitations / Post trauma rehabilitations / Neuro Rehabilitation / Spine Rehabilitation / Sports Rehabilitation / Pulmonary Rehabilitation / Pain management and Electrotherapy / Antenatal and Postnatal care / Pediatric and neonatal Rehabilitation / Occupational therapy health care.

The department has received several equipment through the NEC grant and is now well equipped with the following – SWD / IFT / MWD / Laser Therapy / CPM / Infrared therapy / Ultra sound therapy / Muscle stimulator / Hydro collator Bolster / Wax bath / Cervical Traction / Lumber Traction / Hand exercise table Five peg boar

Service	2019-20	2020-21
OP	833	1369
IP	1293	1217
Total	2126	2586

DIAGNOSTIC SERVICES

1. LABORATORY AND BLOOD STORAGE CENTER

The scope of services provided by the laboratory include clinical biochemistry, hematology, microbiology and serology. The year saw a 17% reduction in the total number of tests done.

LABORATORY	2017-18	2018-19	2019-20	2020-21
Clinical Pathology	52366	26048	54689	44268
Clinical Biochemistry	40535	54230	60932	49476
Microbiology	2870	5950	9666	4186
Serology & Others	40502	88851	59743	56302
TOTAL	136273	175079	185030	154232

The laboratory is part of the EQAS run by the department of Clinical Biochemistry and the Clinical Pathology and Transfusion Medicine Department of Christian Medical College Vellore..Future plans include ensuring quality using NABL as an external assessment tool.

The Blood storage center affiliated to the mother blood bank in the District Hospital in Karimganj has been a crucial support to the clinical services of the hospital.We are also allowed to receive blood from the Dharmanagar blood bank in Tripura, which has helped the large number of patients who hail from Tripura.

Particulars	2017-18	2018 -19	2019-20	2020-21
Blood storage center				
Total no of blood units issued	878	1008	940	838
<i>No of patients transfused in Assam</i>	423 (48%)	588(58%)	502(53%)	568(68%)
<i>No of patients transfused in Tripura</i>	444 (52%)	420(42%)	440(47%)	270(32%)

With increasing number of patients requiring emergency blood transfusion and Makunda becoming a referral center for high risk obstetric patients, upgrading the blood storage center to a blood bank would be a great boon. The bottle neck for this upgradation being the lack of infrastructure (1000 sq feet building) and a pathologist / doctor trained for a year in a blood bank.

2. RADIOLOGY DEPARTMENT

The scope of service offered include digital X rays including barium studies, IVP's, ECG. Ultrasonographies, Echocardiograms and upper gastro intestinal endoscopies. Expanding the scope of services to include CT imaging is being planned in the new year.

Particulars	2017-18	2018 - 19	2019-20	2020-21
RADIOLOGY				
X-Ray	17612	17920	19443	131613
Ultrasound	13345	16402	20969	14713
ECG	4648	4871	4546	3734
Endoscopy	87	67	292	550

3. NEUROPHYSIOLOGY STUDIES

Particulars	2018 - 19	2019-20	2020-21
Total no of new patients who underwent nerve conduction studies	565	542	423
NCV study findings			
<i>Normal</i>	205(36%)	181 (33%)	110(26%)
<i>Diabetes</i>	44	40	43
<i>Carpal Tunnel syndrome</i>	34	34	22

<i>Others</i>	5	2	
<i>Suspected thiamine deficiency induced peripheral neuropathy</i>	275(49%)	248(46%)	213(50%)
EEG	119	228	157
<i>Abnormal EEG</i>	28	45	22

4. OPTOMETRY

We would like to extend our gratitude to Aloka Vision interns who carried out the work in the optometry department in the hospital last year. The need for a consultant ophthalmologist to set up and develop a new department in Makunda has been a felt need for several years.

Particulars	2018 - 19	2019-20	2020-21
Total no of refractions	2725	2253	448
Patients referred for glasses	713	664	80
Patients with cataract identified	280	180	26

NURSING SERVICES

The nursing services form the backbone of the health team. As on March 31st 2020, the nursing team comprised of 141 health professionals - 4 M Sc nurses ,23 BSc nurses, 27 GNM nurses, 4 ANM nurses with RCH / Anesthesia training, 59 ANM nurses and 24 health assistants.

The MSc nurses co- ordinate the overall services of the respective clinical areas (Medical- surgical/ pediatric/ obstetric/ community health) while the ward in charges organize and take responsibility for the day to day functioning of the clinical areas. All new nursing staff undergo an orientation to their clinical areas after which they are given responsibilities to manage the ward independently. The Community college graduates with a diploma in Health Assistants engage in basic nursing work in the wards (bed making/ nursing care / health education) and strengthen the quality nursing care provided.

The Nobi Surin Urang Memorial Award was instituted in 2018 in memory of Mrs Nobi Urang, nurse mid-wife who served in several capacities in Makunda for more than a decade and passed away after a long struggle with breast cancer. The award is given to the nurse who demonstrates good skills at bedside as well as show kindness and compassion in caring for patients. Ms. Mary Ningbiakching of Male ward was awarded "The Nobi Surin Urang Memorial Award in 2020" on 12th May 2020 as part of Nurses day celebration.

The Nursing team conducts regular in-service classes and evaluations department wise in their commitment to continuing medical education. The year saw nurses being part of several training programmes and taking the lead in research and community outreach.

- 1) Ms. Diana Chorei- PG Diploma in Mental Health, CMC Vellore, Tamil Nadu
- 2) Ms. Denling Khartu
 - Safeguarding-Adult & Children, Tearfund
 - Virtual Capacity building program for midwifery faculty- INC & UNPF-India
 - TOT on Simulation, CMAI
- 3) Ms. Melody Lalsangpui
 - Virtual Capacity building program for midwifery faculty- INC & UNPF-India
 - TOT on Simulation, CMAI
- 4) Ms. Jasmine Susan Koshy- Beyond NABH-Master class in Achieving Excellence in Quality
- 5) Mr. Comely Gassah- Safe Surgery Together, Seminar- CMC Vellore
- 6) 8 ward in-charges- Ward Managers Training, CMAI
- 7) 10 NICU nurses- Essential Newborn Care, NNF Kerela
- 8) 18 nurses - Foundation Course in Palliative Nursing, Pallium India Trust
- 9) 3 nurses- Covid vaccination, Karimganj District Hospital, Assam
- 10) 4 nurses- COVID-19 Preparedness-Critical Care, CMC Vellore & TATA Trusts

SUPPORT SERVICES

1. PHARMACY

The licensed pharmacy provides 24 hrs. services with 9 registered pharmacists. There are 4 windows for dispensing drugs to patients in the pharmacy building with a separate stockroom. One of our nurses manages the stockroom. Outpatients are seen in the doctors consulting room where drugs are prescribed and charged. The patient then goes to the cash counter to pay and then onto the pharmacy to get his drugs. Future plans include upgrading the infrastructure and facilities available for drug storage.

2. MEDICAL RECORDS

The work in the Medical records department is carried out by trained medical records technicians. All outpatient records are retained in the hospital and are issued to patients coming for the second or subsequent visit on production of patient identity cards. Each patient is given a unique OPD number at the first visit and all subsequent data is entered and stored using this number. In patient records are also hospital retained and are stored in chronological order. The data is entered into the software Hospital Information System (HIS) for easy retrieval and customized reports. Future plans include upgrading the infrastructure and facilities available for storage of medical records. The medical record Department is also involved in collection and reporting of statistical data needed by the Government National Health program.



IT SERVICES

The HIS system runs on a Dell T610 server running Red Hat Linux and with about 25 computers running on Ubuntu. A new IBM System 3500 M4 server has been made available so that in the event of an emergency, the old one will run as a back up. Work is on to ensure that the HIS meets all the recent regulations regarding Electronic Medical Records. It is also proposed to purchase an additional server to accommodate PACS and digital data such as laparoscopic/ operative findings, vital signs trend of patients in the HDU etc.



DIETARY SERVICES

Fully stainless steel furniture, chapathi making machine, steam-based cooking system, Bain- Marie, atta kneader, gas cooking range, cutlery washing system etc. were acquired and have been installed during the year. The entire building was rebuilt to ensure excellent flow of users, staff, cutlery and food. The dietary services for in patients are overseen by the nutritionist who provides appropriate nutritional counselling and orders specific diet from the canteen for the inpatients.

The nutritional needs of severe acute malnourished children admitted in the hospital is also addressed by the nutritionist and the dietary department. The nutritionist also provides counselling to the patients in the out patient department. The dietary department received the FSSAI certification on 8/6/2018 with a validity for 5 years. Future plans include upgrading the services of the dietary department.

MAINTENANCE DEPARTMENT

A. ELECTRICITY

Electricity is obtained from Assam State Electricity Board -11kV High Tension line. The total sanctioned load is 473 KVA. The power is obtained through a 500 KVA HT to LT transformer with a standby of 250 KVA HT to LT transformer. This power is regulated through a servo stabilizer, to minimize the power fluctuations.

As an alternate source of electricity, the hospital has 3 Diesel Generators of 45KVA, 200 KVA & 320KVA. It has a 900 litres capacity Diesel tank to ensure uninterrupted electricity supply.

The hospital has also installed a modern control panel with displays of incoming electricity from gensets and mains as well as loads on 4 different output lines. The generator room staff can decide which power source to use and also cut-off electricity as required to different parts of the campus.

During the time lapses in electricity supply from ASEB or from Diesel Generators, electricity for essential lines are provided from power banks (UPS / Invertors) in critical areas.

Under the supervision of Maintenance In-charge, 6 personnel of maintenance department are available round the clock as well as in the event of any emergency.



B. PORTABLE WATER

Portable water is obtained after treating the water from a perennial tributary of Longai River. The hospital has its own 100,000 liter treatment plant (a generous gift from the Government of Assam), with a reservoir of 2 days storage capacity of treated water. In-case of emergency, tube well water with a submersible pump can be used as a secondary source. The existing main water tank is inadequate. It is proposed to construct a new 50,000 liter water tank and put in piping to connect this tank to the entire campus.

C. Oxygen / Medical gas

In 2015, Makunda purchased and installed an Airox AS-G oxygen generator and gas pipelines to all areas requiring oxygen and pressurized gas in the hospital. Prior to this, oxygen was obtained in the form of filled cylinders from oxygen plants located in Silchar (120 kms) and Guwahati (400 kms) away. With poor road conditions, the supply was erratic and there was frequent necessity to ration oxygen to the most needy patients.

The model that is being used (AS-G) is capable of an oxygen flow of 320 SCFH, equivalent to 253 litres of liquid oxygen/day and 31 bulk cylinders (Standard 'K' – 244 SCF) per day.

The entire set of equipment includes an air compressor, dehumidifier, oxygen generator and storage tank. An oxygen purity meter indicates the oxygen content of the gas mixture at the point of generation. The equipment is automatically switched on as soon as pressure in the storage tank drops and is switched off as soon as a set maximum pressure is reached. The generated oxygen is piped using copper piping to all points in the hospital requiring oxygen. Maintenance staff are available 24/7 to attend to any emergency so that uninterrupted supply of high-quality oxygen is always ensured.

A central suction and compressed medical air system were installed with 3 zone pressure alarms with associated pipelines. 1000-liter tanks for oxygen, compressed air and vacuum allow ventilators and other critical equipment to run for several hours without the need to switch to genset power during power cuts. Last year, we installed Cistron Oxygen plant with the capacity of 300 liters/min.



D. Intercom

The hospital has a BPL EPABX but this has been largely superseded by staff using the cell phone network. However, with intermittently poor cell phone coverage, the EPABX has been put back into use and it is proposed to add more lines to it.

E. Vehicles

A Tata Winger is used to transport student nurses to the community. A Mahindra shuttle van is used to pick up and drop staff at nights from their homes within the campus. A TATA 207 DI truck is used to transport the large numbers of oxygen cylinders as well as bring the increasing amounts of supplies from nearby towns. The hospital also uses a Maruti EECO Ambulance and an Isuzu Pickup truck. The Ambassa branch hospital has a Bolero Camper 2WD.

F. HUMAN RESOURCE DEPARTMENT

The HR Department in coordination with the Clinical Service/Support service/Nursing services Coordinator and respective department in charges plan for the right number and mix of staff, commensurate with the volume and scope of services of the department for the financial year.

This is conveyed by the HR department to the Unit Management Committee every month. A collective decision is taken by the management of the hospital regarding the matter keeping in mind the following principles

- All statutory requirements of the land are met.
- Decisions on staffing are based on objective evidence eg time audits / clinical audits etc that clearly show that the change in number of staff is deemed necessary to improve quality of patient care and safety.
- Recruitments will be done against an approved manpower budget and the changes proposed do not affect the business strategic plans for financial sustainability.

The HR department also supervises the staff development and training programs and aids in addressing staff grievances and issuing disciplinary actions as per the EHA policy.

1. Total Number Of Staff With Break Up

Category of staff	2018-19	2019-20	2020-21
Medical staff	24	17	16
Nursing staff	92	93	117
Diploma in Health Assistants	24	29	24
Administration	18	21	27
Allied health	29	35	37
Technical staff	8	10	5
Support staff	59	61	41
Others staff / Teachers	44	38	35
TOTAL NUMBER	298	304	302

2. Refer Annexure A : List of staff appointments, confirmation, service obligations, resignations and transfers.
3. Refer Annexure B: List of Training, Workshops and Conferences by staff
4. Refer Annexure C: List of candidates sponsored for higher education

RESEARCH AND PUBLICATIONS

Research that is relevant to rural communities is often not a priority among research circles. As the beneficiaries have no power to voice their concerns, a lot of perseverance is required from research teams in these areas to gather data systematically, document observations, publish them on a scientific platform and disseminate them in relevant circles so that the effort taken is translated into changes at the grass root level and communities are ultimately benefitted.

The hospital has identified relevant research questions of interest that will aid in ensuring that clinical entities seen in patient populations in Makunda with significant morbidity and mortality are systematically studied. We have been blessed to have partners who have invited us to work alongside them to tackle these problems. We have also benefitted from their partnership in terms of strengthening of our clinical and diagnostic services and inputs on how to conduct sound scientific research.

CURRENT PROJECTS:

1. Maternal & Perinatal Health Research Collaboration, India (MaathRI): Improving outcomes in pregnant women with iron deficiency Anemia : Dr Vijay Anand Ismavel, Dr Carolin Solomi V, Dr Roshine Mary Koshy
2. Cluster randomized trial of sterile glove and instrument change at the time of wound closure to reduce surgical site infections (CHEETah): Dr Moloti, Dr Vijay Anand Ismavel, Dr Carolin Solomi V
3. The Antenatal Postnatal Research Collective (ARC) -Antenatal, Intrapartum and Postnatal Care : A Prospective Longitudinal Study of Maternal and Newborn Health of the pregnancy risk: Dr Roshine Mary Koshy, Dr Shajin T, Dr Carolin Solomi V, Dr Esther Thejo Rajitha P
4. Assessment of Socio Economic Status (SES), Below Poverty Line (BPL) and behavioural indicators of poverty among inpatients from Lowairpoa Block in MCL&GH, Ms Jasmine Susan Koshy, Ms Denling Khartu, Ms Melody Lalsangpuii, Dr Starlin Vijay Mythri
5. Infantile Encephalitic beri beri in Northeast India: Dr Shajin T, Dr Vijay Anand Ismavel
6. How an Artificial Intelligence based Chest Xray algorithm helped battle the pandemic in rural India: Experiences from Mission Hospitals across India; clinicians from EHA hospitals including Dr Roshine Mary Koshy
7. Retrospective study of experience with biliary duodenal anastomosis in a remote rural secondary level hospital: Dr Vijay Anand Ismavel, Dr Moloti Kichu, Dr Ann Miriam

Publications based on clinical/non-clinical work in Makunda during 2020-21:

- a. Thiamine deficiency disorders: A clinical perspective, Annals of the New York Academy of sciences: 10 December 2020 Taryn J. Smith, Casey R. Johnson, Roshine Koshy, Sonja Y. Hess, Umar A. Qureshi, Mimi Lhamu Mynak, Philip R. Fischer
- b. The rediscovery of thiamine deficiency disorders at a secondary level mission hospital in Northeast India, Roshine Mary Koshy, Shajin Thankaraj, Vijay Anand Ismavel and Carolin V Solomi, Annals of the New York Academy of Sciences, 2020.
- c. Infantile Cardiac beriberi in Rural North East India, Shajin Thankaraj, Roshine M Koshy, Vijayanand Ismavel, Indian Paediatrics, 2020
- d. The call for an urgent public health response to thiamine deficiency in North East India, Roshine M Koshy, Shajin T, Micronutrient Forum 5th Global Conference 2020: Building new evidence and alliances for improving nutrition.
- e. Shoshin beriberi - a preventable cause of infant mortality in Northeast India. Shajin, Roshine Koshy. Micronutrient forum 5th global conference: Building new evidence and alliances for improving nutrition
- f. A biblical model for a Christian hospital in India in the time of COVID-19, Vijay Anand Ismavel, Christian Journal for Global Health, April 2020.
- g. Identifying enablers and barriers for healthcare organizations to deliver equitable healthcare in a sustainable manner, Prof D.V.R Seshadri, ISB Hyderabad; Dr Devendra Tayade, ISB, Hyderabad; Prof Prakash Satyavageswaran, IIM Udaipur; Mr Thlasiraj Ravilla, Aravind Eye Care System, Madurai.
- h. Impact Rating System for Hospitals in Low Resource Settings :Sarah Mayner,Cibdi Li, Chip Stine, Lydia Lu: Wharton Global Healthcare Volunteers: The Wharton school of business , University of Pennsylvania
- i. First photographic record of the Asiatic Brush-tailed Porcupine *Atherurus macrourus* (Linnaeus 1758) (Mammalia: Rodentia: Hystricidae) from the Barak Valley Region of Assam, India, Rejoice Gassah, Vijay Anand Ismavel, Journal of Threatened Taxa, December 2020.
- j. Ethical complexities of emergency psychiatry research- reflections on the experience of an RCT participant, Starlin Vijay Mythri, selected for short presentation in the Global Forum for Bioethics Research conference in Toronto, 2021.
- k. The Makunda Model: An observational study of high quality, accessible healthcare in low-resource settings , Caleb Flint, Vijay Anand Ismavel, Ann Miriam, Christian Journal for Global Health, June 2020.
- l. Advanced abdominal pregnancy- a case series based on single center experience from a rural secondary level hospital in northeast India, Dr Carolin Solomi, Dr Vijay Anand Ismavel, Dr Ann Miriam, Current Medical Issues 19(2):122-125, April 2021
- m. Vein finder- A cost effective tool to screen pneumothorax in a neonatal intensive care unit: T Shajin, Pranab Reang; Indian Journal of Medical Research: Innovations: Volume 152/issue 7/pg 25: 25th May 2021
- n. Toxic epidermal necrolysis- Managed successively in a remote rural hospital in Assam: T Shajin, Tejavath Vamshi; Indian Journal of Medical Research; Clinical Image;Volume 152/Issue 7/Page 221: 25th May 2021

BUSINESS AND STRATEGIC PLANNING AT MAKUNDA:

Over the past 25 years, Makunda has studied the target population (the poor and marginalized people who use the services of Makunda from the states of Assam, Mizoram and Tripura) and formulated and fine tuned a business plan that provides high quality services at affordable costs. Some elements of this plan are:

- Ensuring that poor people do not sell vital assets and become destitute following medical expenditure and are able to comply with effective treatment at affordable costs by
 - Proactive identification of the poor and provision of charity to those in danger of selling vital assets
 - Creation of 'Revised Gold Standard' protocols that are effective and affordable for patients on chronic medication
 - Retrieval of sold vital assets at hospital expense
 - Writing-off of bills in the event of unexpected complications
 - "Target-pricing" to ensure that costs in high-expense departments such as Intensive Care Units are kept low and subsidized by other departments
- Pro-poor branding of services by
 - No private wards – all patients are treated equally irrespective of their financial status.
 - No private consultation – all patients wait in queues and are seen by the same doctors. Internal referral is made as required to the appropriate consultants.
- Makunda is able to
 - Ensure low overhead costs due to multi-tasking staff and low investment in staff related expenditure.
 - Ensure low costs for services by high capacity utilization of all departments
 - Run at a stable financial situation inspite of receiving small amounts (1-2% of income) as external grants
 - Able to set aside significant amounts towards infrastructure costs from own funds
 - Able to subsidize costs to poor students in the school and nursing school as well as farm and branch hospital at Ambassa
- The business plan at Makunda can be adopted by any other similar institution working in a low-resource setting anywhere in the world based on a high volume, low cost, high quality service provision to poor people with changes to accommodate local cultural, regulatory and other constraints.
- Across the developing world, the gap between those who can and those who cannot access effective affordable services has not closed due to many factors – including poverty, geographical

remoteness, political factors and war-like situations. Makunda has successfully demonstrated that it is possible to help close the gap in such situations.

- In such situations, governments are not interested in this vulnerable population due to political reasons and corporates are not interested as their profit motive is not satisfied. Short-term work is done successfully by groups such as MSF, UNICEF, WHO, Red Cross etc. but long-term permanent work has been done only by mission hospitals.
- Unfortunately, mission hospitals all over the world are in a state of decline due to severe local adverse situations, failure to recruit and retain high quality staff, inability to raise funds, poor governance and a number of other factors. Makunda has demonstrated that it is possible to recover from such problems and thrive with God's help, careful planning and highly committed staff.

CONTINUOUS QUALITY ASSURANCE AND IMPROVEMENT PROGRAM

In keeping with the mission and vision of the hospital to provide high quality care, the management has recognized the need for a self-assessment and external peer assessment process so that the hospital can objectively assess its level of performance in relation to established standards and implement ways to continuously improve.

The quality team embarked on the journey of developing and implementing the quality program using the entry level NABH (National Accreditation Board for Hospitals and Health Care Providers) accreditation process. We were awarded the renewed NABH Pre Accreditation Entry Level Certificate by the Constituent Board of NABH on January 8th 2018 with a validity for 2 years. The hospital had a reassessment on January 18th 2020 by Dr Hirakjyothi Das, Narayan Super speciality Hospital Guwahati and was awarded the renewal of pre entry level NABH certification for another two years.

The Continuous quality assurance and improvement program has been developed using the framework of the 5 patient centered standards and the 5 administration centered standards. The program is supervised by the Quality coordinator, Ms Jasmine Susan Koshy while the implementation process is coordinated by the Quality Officer, Mrs Heema Sharma.

Various protocols used in the hospital have been incorporated into Manuals and have been implemented by the department in charges in their respective departments. Several committees have been formed to implement the various aspects of patient quality and safety as described in the NABH standards. The quality program is continuously monitored by identifying Continuous Quality Indicators

Key Performance Indicators and reviewing them by the various departments. These CQIs have been incorporated onto the hospital information system so that they can be viewed by every staff of the concerned department, so that the entire hospital team is encouraged to constantly improve its services.

We thank God for all the staff who have put in a lot of effort to ensure that we retain NABH pre-entry level accreditation. This is our first step to ensure that the poor and the marginalized who access our health services are receiving and will continue to receive high quality and safe medical care at affordable costs.

The coming years, we will strive to develop, customize and refine our Continuous Quality Assurance and Improvement program.

PATNERSHIPS

The Hospital engaged with the following partnerships in the year 2020-21

Government of Assam:

- The private public partnership with National Health Mission, Assam initiated in 2008 continues to play a valuable role in ensuring comprehensive treatment of maternal and pediatric patients.
- Janani Suraksha Yojana (JSY) programme : Under this scheme, patients undergoing delivery in the hospital are provided cash incentives with about Rs. 1 crore having been disbursed under this scheme by the hospital so far.
- Pradhan Mantri Surakshit Matriva Abhiyan: Launched by the Ministry of Health and Family Welfare, Govt of India, the scheme guarantees a minimum package of antenatal care services to women in their 2nd and 3rd trimester of pregnancies. The 9th day of every month is kept apart for this scheme. In Makunda, the scheme is spread across the first week of every month and includes free investigations including ultrasound abdomen to the eligible women from Assam.
- The ICTC, RNTCP, NLEP, Immunisation and AFP programmes run in collaboration with the government. The hospital continues to run the RNTCP DOTS facility and laboratory facility with the government.

World Vision

A MoU signed between the Karimganj District Health Officials, World Vision and Makunda Hospital for addressing the problem of under 5 malnutrition was initiated during the year. The partnership involves Makunda hospital serving as a nutritional rehabilitation center, where facility based management of under 5 children who are acutely severely malnourished can be initiated. The Pediatrician, a medical officer trained in NRC and the nutritionist run the program.

ALOKA VISION PROGRAM

The "Aloka Vision Programme", initiated and supported by ZEISS, an internationally leading technological enterprise, aims to change the landscape of vision care in rural areas through entrepreneurial network, technology, innovation, quality spectacles and raising awareness for the benefits of clear vision.

Makunda hospital became part of program last year with the work being organised by our optometrists. Appropriate glasses are ordered for patients which are despatched from Bangalore so that patients receive affordable high quality glasses. Monthly refraction camps are also held in nearby villages so that the local communities are benefitted.

DOCTOR IN GLOBAL HEALTH AND TROPICAL MEDICINE:

This program has been started by the Royal Dutch Tropical Institute (KIT), Amsterdam to train doctors who will work in the most resource-poor settings in the developing world. A theory curriculum has been developed in management, tropical medicine and global health with clinical training in obstetrics, surgery and pediatrics in the Netherlands. Following this, the residents are posted to one of 8 global low-resource settings for practical exposure to high-quality sustainable work in low- resource settings. Makunda is privileged to be one of these settings (the others are in Papua New Guinea and Africa, and Duncan Hospital, Raxual in Bihar) .A total of 26 residents have completed their training in Makunda till date and are working in various health care settings in the developing world or engaged with marginalized groups in the Netherlands.

GRANTS

1. NORTH EASTERN COUNCIL GRANT 2020-21

We are indebted to the North-Eastern Council, which has supported us this year for upgrading our services with a cost of Rs 460.52 lakh for procurement of equipment for various departments of the Hospital. We would like to thank Mr Calvin Kharshiing, Planning Advisor and his team for facilitating the implementation of the project and the Regional Resource Centre Guwahati for monitoring the project.

The upgraded services of Makunda Christian Leprosy and General Hospital, being situated strategically at the junction of Assam, Tripura and Mizoram will have a positive significant impact on the health of communities in rural North East India.

	Out Patient Numbers			In Patient Numbers		
	2017	2018	2019	2017	2018	2019
Assam	47,231	54,078	65,992	6164	7012	8212
Tripura	38,634	43,384	47,891	6843	7359	7289
Mizoram and other North-East States	902	1004	1484	69	105	123

NEC project: Upgradation of services of Makunda Christian Leprosy and General Hospital

Financed by NEC vide: NEC/MED/AS/MAKUNDA/38/2014 Vol-1

Date of Sanction: 20th September 2020

Cost of Scheme: 480.00 Lakh Rupees

	Item	Particulars
1	32 slice CT Machine	GE
2	Portable Ultrasound	GE
3	Adult Ventilator	GE
4	Upper GI Scope	Olympus
5	Bubble CPAP machine	Fischer and Paykel
6	Airvo Machine	Fischer and Paykel
7	Medical operation Theatre Lights	Brandon
8	Operation theatre table(2)	Palakkad
9	Radiolucent tabletop attachment	Palakkad
10	Universal Return electrode	Megadyne
11	AGSS- upgradation of active scavenging system in anaesthesia machines (4)	Penlon
12	TOF-X Stimpod Nerve mapper, Locator	Xavant Technology
13	Laparoscopic stack instruments	Promis
14	Arthroscopic instruments	Smith and Nephew
15	TURP stone instruments	Karl Storz
16	Trauma instruments	Nebula
17	Ortho Drill System	Stryker
18	Dermatome Skin grafting and Mesher	Zimmer
19	Physiotherapy and Occupational Therapy Equipment	Assorted
20	Anaesthesia Work Station	Penlon
21	Bair Hugger 3M	3M
22	Bilirubinometer	Drager
23	Washing machine and dryer	Stefab
24	Pediatric systourethroscopy	Wolf
25	Labour delivery table	Midmark
26	Sewage treatment Plant	Premeirtech Brisanzia pvt Ltd
27	Intrauterine Insemination Equipment	Ketan,Magnus and Supraclean
28	Cautery machine	Shayala
29	Hysteroscope	Karl Storz
30	Hysteropump	Shayala
31	Dry Chemistry Analyser	Vitros 250
32	ICU/NICU monitors (7)	Philips
33	Anaesthesia Gas Module	Philips

2. EKAM FOUNDATION MUMBAI

The partnership with Ekam Foundation Mumbai was initiated in April 2020. Ekam foundation Mumbai works with the motto 'Healthy child, Happy child' and their mission is to strive for better quality of health, education and wellbeing of every child irrespective of their economic status, race and religious background.

Makunda's partnership is with the EKAM surgery support program in which the treatment costs of paediatric and neonatal surgeries and management of critically ill children in Intensive care are supported through various donors. The last year, they have supported the treatment of 45 such children belonging to vulnerable and poor tribal communities and we are thankful to God for their partnership.



Picture showing a child who got admitted with Severe Acute Malnutrition and Night blindness, recovered completely after Nutritional rehabilitation and Vitamin A supplementation. The entire treatment was supported by Ekam foundation

3. SACHIN TENDULKAR FOUNDATION

The Sachin Tendulkar foundation focuses on children's health, education and sports. The partnership with Sachin Tendulkar Foundation has helped us to expand the equipment base available in our hospital. The Neonatal Intensive Care Unit received a big support from the foundation and this gesture helped us to have two more neonatal ventilators including a high frequency oscillatory ventilator, two warmers, Cradles, Phototherapy units, Neopuff machines for neonatal resuscitation, Multipara monitor, breastpumps, syringe pump, Peabody scale for Occupational therapy and loupes for Pediatric surgery. We offer our sincere gratitude to the Sachin Tendulkar Foundation and thank God for this timely blessing, which has helped us to enhance the clinical care being given to the children at our hospital.



4. LIFE FOR A CHILD (LFAC)

Life for a child supports children with type 1 diabetes mellitus. Over the last one year, LFAC has supported six children with type 1 diabetes mellitus getting for their daily Insulin requirements, including home blood glucose monitoring.



Picture showing a six month old infant with newly detected type 1 diabetes, at discharge from the hospital.

TRAINING PROGRAMS

1. SECONDARY HOSPITAL PROGRAM

The hospital has welcomed students from CMC Vellore for their secondary hospital programs. The structured 10 day program provides the students with the opportunity to have an experience of being a part of the health team in a rural , resource poor setting. Apart from exposing them to the rich clinical experience gained in a hospital setting, they interact with the hospital staff to understand the inspiration behind the work and the challenges of working in such settings. They are also encouraged to do small projects during their posting which was well received by the health team.

2. TRAINING CENTER FOR GNM NURSES

The hospital provides clinical exposure to GNM nursing students from Burrows Memorial Christian Hospital (Alipur), Baptist Christian Hospital (Tezpur) and Christian Institute of Health Sciences and Research (Dimapur) for their obstetrics postings.

3. TRAINING CENTER FOR SKILLED BIRTH ATTENDANTS

The hospital provides the Skilled Birth Attendant training for nurses recognized by NRHM Assam. 108 nurses from 48 Government PHC's and subcenters have completed the course since 2012.

BRANCH HOSPITAL, AMBASSA



Starting and sustaining new hospitals in remote areas of the northeast is one of the aims of Makunda hospital society and with this in mind, a survey of the state of Tripura was conducted in 2005. Kamalacherla (near Ambassa) in the Dhalai district of Tripura was selected as the site of the first such project.

Dhalai, Tripura has a population over 3,75,000, principally tribals, an overwhelming majority of them being daily wage workers, for whom health care is just another burden. Most of them wouldn't even consult a health care professional till they are unable to perform activities of daily living. The concentration of health care services in the cities, the prevailing militancy (at the time of establishment

– 2003), the high cost of travel [they hire vehicles for the express purpose of the trip to a hospital], the lack of access to emergency medical care were all factors in the establishment of the branch.

Started in 2005 on rented premises (one large hall, with sections divided into registration, consultation, pharmacy & ECG), the Kamalacherla branch of Makunda Hospital (referred to as Ambassa amongst the doctors and staff), has blossomed into a OPD building with facilities for registration, laboratory, X-Ray, ECG, an OR for performing minor procedures, Ultrasound (a GE V2 with 2 probes) and independent pharmacy with its own drug license, with plans for expansion into a secondary health center.

In addition to providing health care, there has also been a shift to focus on prevention and protection. Patients are advised as to dangers of the current health style and suggested lifestyle modifications, so as to reduce the health care costs. Eye camps and health camps are conducted in the surrounding villages, in concert with the main hospital in Assam. Special OPD for patients requiring psychiatric and orthopaedic consultation are conducted once on a month on Ambassa by Consultants from main hospital.

Dr. Aldrin Debbarma has joined the hospital in the month of April, 2021. He is the medical officer in charge and has completed his DNB in Family Medicine. The staff consists of a full-time medical resident doctor, 4 nurses (all trained in Makunda), a laboratory technician, X-ray technician, a pharmacist, 2 clerks, 5 general workers and a driver presently comprise the staff there. The branch also serves as a useful training ground for staff in managing finance, administration, personnel as well as independently and confidently managing medical problems.

NURSING SCHOOL

HISTORY

The institution had a school of nursing for many years when it was run by the Baptist Mid- Missions, USA. The course was recognised by the Assam Nurses, Midwives and Health Visitors Council as well as by the Indian Nursing Council. When the hospital was closed down in the 1980s, the school of nursing also stopped functioning.

The ANM course was restarted in February 2006. The school is recognised by the Indian Nursing Council and is also registered with the National Commission for Minority Educational Institutions.

Our aim is to provide high quality training to girls from remote areas in the northeast so that these communities may be transformed. Majority of the ANM graduates are absorbed as staff in various EHA hospitals during their service obligation while others continue to work in remote areas in the North East.

Mission statement : *Nursing education institute of EHA exists to transform communities through educating and training nurses to serve in the name and spirit of Lord Jesus Christ.*

INFRASTRUCTURE AND ACADEMICS

There are 2 classrooms of size 20' x 20' to accommodate 25 students each, an office room and a storeroom. There are two laboratories used for academic activities. The nursing school hostel has the capacity to accommodate 25 students in dormitory type accommodation and 25 students in single rooms with toilets and bathrooms.

The students are encouraged to use the library for self-learning and to update their knowledge on nursing and other health topics. With the unique composition of patients seen in Makunda Hospital the student nurses are able to get hands on experience in handling very difficult and rare cases during the clinical postings in the wards. In-house doctors, visiting doctors and others, give periodic guest lectures for the students. The ANM students are also the back bone of the community work offered by the hospital in the neighbouring villages.

The Student Nurses Association provides students an active platform to develop leadership skills and engage in extra curricular activities. In addition to the above regular sports, games and recreational activities are conducted.

The weekly Evangelical Union fellowship has been a source of spiritual nurture for the students. Missionary and inspirational movies are screened periodically to inculcate the missionary spirit.

THE YEAR 2020-21:

The year saw academic sessions being affected by the covid pandemic. The college of Nursing academic building was refurbished into a covid isolation center admitting and treating mild to moderately ill patients. The nursing students were involved in making personal protective equipment , masks etc for the health team. The last batch of ANM nurses, 2018-20 passed out with flying colours. Makunda student nurse, Ms Lucy Halam was awarded the first rank in ANM studies in the state of Assam.

FUTURE PLANS

In 2016, the Assam Government made it mandatory for ANM courses to take in students from the state of Assam alone. This has been a setback to the mission of the Nursing school which has been instrumental in training nurses to work in rural parts of all North Eastern States. The Government also has plans to phase out both ANM and GNM schools and use BSc graduate nurses as the primary nursing personnel in secondary and tertiary level hospitals.

The bottle neck in upgrading the ANM school to BSc Nursing College had been the requirement for major investments for infrastructure and facilities for all batches of Bsc students.

We are grateful to God for providing us the opportunity to realize this dream through the generous contribution of the Pharos Foundation, Netherlands. The nursing academic block for 40 students and a hostel block was inaugurated on September 2019 by Mr Piet Mars and Mrs Marianne Mars. The application for NOC for the first batch of BSc nurses has been submitted and inspection is awaited to formally start the College of Nursing.

COMMUNITY COLLEGE

CONCEPT OF COMMUNITY COLLEGE: DIPLOMA IN HEALTH ASSISTANTS

Community colleges have been developed as an alternative system of education aimed at empowerment of disadvantaged, marginalized and underprivileged communities through appropriate skill development. It responds to exclusions- economic (low income <3000/month), social (lower castes), educational (drop outs) and aims at education, empowerment and employment thus making them "fit for life, fit for job".

The Motto of community colleges is aptly captioned , *"Including the excluded and giving the best to the least"*

A needs assessment was done in Makunda which identified students passing 10th grade and not able to pursue further studies and school drop outs as group which would benefit from vocational skills and training as a nurse health assistant.

They would also be an additional cadre for health care workers in the taking care of the basic nursing needs of the patients, other non critical elements of patient care and providing health education, thereby improving overall quality and outcomes in health care .

The Makunda Christian Community College for Diploma in Health Assistants was started in the year 2015 in collaboration with Indian Centre for Research and Community Education (ICRDCE), Chennai, a Non-Governmental Organization. It is a 1 year course with an entry qualification of 10th standard pass female candidates with a curriculum which emphasizes 30% theory, 30% skills and 40% attitude. The Curriculum includes Life skills namely life coping skills, Interpersonal relationship and communication skills, Developmental English, Basic Computer applications and Work skills namely Nutrition, Basic anatomy, Fundamentals of Nursing, Maternal and Child health Nursing, Community Health Nursing and Health Education.

On completion of the course, the Health Assistant will be able to

- Render skilled care to patients in various health care settings.
- Provide assistance to the staff nurse in the care of the patients in hospital and community setting.
- Coordinate and collaborate with other health care team members in the care of the patient.
- Provide first aid care in the community setting.
- Provide health education to patients in various health care and community setting.
- Participate in National health and family welfare programs at the community level.

43 students have passed out from the course so far and around 25 are currently employed in Makunda and 13 students are currently doing the course. Future plans include expanding the scope of the community college to offer other vocational training programs relevant to our communities.

MAKUNDA CHRISTIAN HIGHER SECONDARY SCHOOL



Makunda Christian H. S. School is situated in a remote village in the district of Karimganj, Assam neighbouring Tripura and Mizoram. It was established in 2004 with an initial aim to educate the Hospital Staff's Children. It has completed seventeen years of existence providing high quality education at low cost. Registered under National Commission for Minority Educations, our primary focus is to educate children belonging to Christian minority community while also providing opportunities for learning from children from other faiths and cultural backgrounds.

The school has a strength of more than 1250 students coming from nearby villages from LKG to Higher Secondary and about 220 children stay in 2 hostels with more than 55 Teaching and Non-teaching staff.

Students/Year	2015	2016	2017	2018	2019	2020
No of students	803	855	917	949	1081	1206
No of Hostellers/%	167 (21%)	171 (20%)	160 (17%)	127 (14%)	174 (16%)	168(14%)
No of Staff Children	49	51	49	70	77	104

Our Vision:

- We believe that every child is a valuable creation of God. We want to help them discover, develop and reach their full God-given potential.
- We are committed to ministering to the whole child - physically, socially, emotionally and spiritually.
- We want to provide High quality education within the affordability of poor communities.
- We want to impact the families and communities through the change brought in their children's lives.
- We want to ensure that every child in the school hears the gospel and has the opportunity to trust in Jesus. We hope to lead children into a lifestyle of faith and commitment to God.
- Our vision is to see the school attain academic excellence and be considered one of the foremost Schools of the Barak Valley region and promote the school to an "Institution of Academic Excellence and Centre for Career Development".

Academics and co-curricular Activities:

The school follows the syllabi of the Secondary Education Board of Assam (SEBA) and Assam Higher Secondary Education Council (AHSEC).

The extra-curricular activities of the school include sports, NCC, Literature, Science and Nature club activities. The school has made it possible for children belonging to tribal communities and other backward communities from neighbouring villages to pursue and excel in their studies. This will pave the way for their families to improve their standard of living and ensure that future generations are educated too. At present, 4 students who graduated high school or/and higher secondary in our school are pursuing MBBS. Some are serving the hospital in various areas like Nursing, X-ray, pharmacy, eye and Lab. Some have been able to get gov't jobs while seven of them have joined the school after their graduation in various subjects and are teaching.



DEVELOPMENTAL TRAINING PROGRAMMES FOR TEACHERS:

Learning is a never-ending process and we will continue to learn and grow. We are mindful of the fact that - our students are our nation builders of the coming days; hence we shall not spare any effort to fulfil their dreams and aspirations. The last year has been unusual and we, as teachers had to struggle to adapt to online mode of teaching. Last year's lock down was a blessing in disguise as we got time to assess our teaching and learning; and to hone our teaching skills. We got invaluable training sessions from our trained teachers which provided opportunities for self-assessment. We believe that our endeavour to develop the school in particular and the community in general will be fruitful.



INFRASTRUCTURE:

The school has two blocks- Lower Block and Upper Block. The Lower Block is for LKG to 5 standard and the Upper Block for classes 6 to 12. The school blocks include classrooms up to class XII as well as school library, science laboratories, computer lab, Headmaster's room, NCC room and a football ground.



The current year saw a compound wall being built around the school to ensure security and a Dining cum study hall in the boys' hostel. Future plans include upgrading these facilities so that the school is well equipped as per state mandatory requirements and children can learn in a safe and healthy environment.



ANNUAL FEES STRUCTURES:

The school predominantly serves communities from poor socio economic backgrounds and the fees structures are kept much lower than the limits set by Fee Regulatory Committee of Assam.

School fees LKG - X	Rs. 10000.
Hostel accommodation for LKG - XII	Rs. 19,750.
Annual School+hostel fees for LKG - X	Rs. 29750/-
Annual expenditure for each student for XI & XII Arts	Rs. 15000/-
With Hostel facilities (Rs. 19,750+15000)	Rs. 34750/-
Annual expenditure for each student for XI & XII Science	Rs. 19200/-
With Hostel facilities (Rs. 19,750+19200)	Rs. 38950/-

(The above fees structures are exclusive of Books and Uniforms' expenses.)

The school also provides free education to students for their annual fees and hostel fees through sponsorships and support from well-wishers.

DEPARTMENT OF BIODIVERSITY DOCUMENTATION AND WILD LIFE CONSERVATION

The Biodiversity department was started in 2015. A biodiversity trail was developed within the campus and the "Makunda Nature Club" (MNC) was formed with interested staff and students as members. Rejoice Gassah, who had studied at the Makunda Christian High School was sent for training in wildlife photography and videography and completed the "Green Hub Fellowship".

Photographic observations of all sorts of wildlife have been uploaded to iNaturalist, the top citizen science portal in the world. The members of the MNC have contributed about 7% of all observations from India in this portal.

One article was published during the period from 1st April 2020 - 31 March 2021

- First Photographic Record of the Asiatic Brush-tailed Porcupine *Atherurus macrourus* (Linnaeus, 1758) (Mammalia: Rodentia: Hystricidae) from the Barak Valley Region of Assam, India: Rejoice Gassah, Vijayanand Ismavel; December 2020 : Journal of Threatened Taxa 12(17):17383-17384

One manuscript on Odonatas (Dragonflies and Damselflies) of Karimganj has been submitted to "Oriental Insects" and is under review.

Research is in progress on Butterflies and Birds of Makunda and surroundings as well as a few rare species, Thyridid moths of Makunda, Tortoises and Turtles of Makunda and surroundings and a new species of Hepialid moth.

PUBLICATIONS OF THE DEPARTMENT OF BIODIVERSITY DOCUMENTATION AND WILD LIFE PRESERVATION

1. Mating of the Greater Coucal: Dr Vijay Anand Ismavel: Bird Ecology Study Group; January 2011
2. Sighting of purple-throated, or Van Hasselt's Sunbird *Leptocoma sperata brasiliana* in Karimganj District, Assam, with notes on its status in India: Vijay anand Ismavel, Praveen J; Indian Birds Vol 10 No 3&4; Publ 29th August 2015
3. Forest ghost moth fauna of northeastern India (Lepidoptera: Hepialidae: Endoclita, Palpifer, and Hepialiscus): John R Grehan, Dr Vijay Anand Ismavel: Journal of threatened taxa: Vol. 9 No 3(2017)
4. Illustrated redescription of two large coreid bugs from Assam including *Schroederia feana* (Distant, 1902) as the first record for India (Hemiptera, Heteroptera, Coreidae, Coreinae, Mictini); Hemant Ghate, Siddharth Kulkarni, Vijay Anand Ismavel: ENTOMON 42(2):165-172 ;January 2017

5. Report of *Platythomisus octomaculatus* (C. L. Koch, 1845) and *Platythomisus sudeepi* Biswas, 1977 from India (Araneae, Thomisidae); Swara Yadav, Vinayak Krishna Patil. Dr Vijay Anand Ismavel: Biodiversity Data Journal 595:8 ;January 2017.
6. Sighting of the Golden-crested Myna *Ampeliceps coronatus* in Karimganj District, Assam, with notes on its distribution: Dr Vijay Anand Ismavel, Rejoice Gassah: Indian Birds 14(5)168-172: December 2018
7. Sighting of Particolored Flying Squirrel in Assam, India By Rejoice Gassah, March 17th, 2019: Chosen as picture of the week: Conservation India
8. Sighting of the Asian Stubtail (*Urosphena squameiceps*) in Karimganj district of Assam, and its status in the India Subcontinent- Dr. Vijay Anand Ismavel, Rejoice Gassah: Indian Birds Vol 15 No 1: Pub 10th May 2019
9. Tawny breasted Wren Babbler *Spelaornis longicaudatus* in the Jaintia Hills, and an update on its status in Meghalaya: Dr Vijay Anand Ismavel, Rejoice Gassah: Indian Birds Vol 15 No 1: Pub 10th May 2019
10. Golden Jackal - *Canis aureus*, Linnaeus 1758 - Occurrence in North East India :Dr. Vijay Anand Ismavel; Chapter in the book," Natural History of North East India:"Vol 1 (Mammals): June 2019
11. Otters- Occurrence in North East India: Dr Vijay Anand Ismavel - In book: Natural History of North East India, Volume 1(Mammals): First Edition; Chapter 30: July 2019
12. Siberian Blue Robin *Larvivora cyane* from the Barak Valley of Assam, with a status update for India:Dr. Vijay Anand Ismavel, Rejoice Gassah: Indian Birds 15(4):123-125: December 2019
13. First Photographic Record of the Asiatic Brush-tailed Porcupie *Atherurus macrourus* (Linnaeus, 1758) (Mammalia: Rodentia: Hystricidae) from the Barak Valley Region of Assam, India: Dr. Vijay Anand Ismavel, Rejoice: Journal of threatened taxa: Vol 12. No 17(2020)

AGRICULTURE AND FISHERIES

Makunda society runs an agriculture and fisheries department on its 350 acres campus out of which around 200 acres are undisputed land (purely used by the hospital). Apart from hospital and residential areas, 25 acres have been used purely for farming and rest others are forested land and fisheries. The year of 2020-21 has been a year of restructuring, rebuilding and planning for the Agriculture department. This year the department invested in a few major projects. Four large fisheries (8 acres) were made by converting water logged paddy fields. The paddy fields were incurring a huge cost in the land preparation process every year since ploughing was only possible manually. A new concrete threshing floor was built for the post-harvest processing purpose. A tilla/hillock (one acre) is being developed as a horticulture plot which will produce round the year vegetables and seasonal fruits. Existing piggery was extended to 21 rooms from its earlier 16 rooms. Among the other new initiatives, Broiler meat farm was started this year on a small scale which was successful in providing meat in the campus at a lower cost.

On the farming side, along with the traditional rice cultivation, the department started the cultivation of vegetables and pulses. Soil testing of all the plots was done this year which showed almost all the farmlands are moderately to severely acidic. Although it is normal for the paddy fields in this region, it needs to be limed for growing vegetables. Fishery in Makunda has a huge potential to grow. Currently, fisheries are not stocked with fish to its optimum capacity which needs to be done by streamlining the fishery and creating a sub-department. After the addition of 8 acres of land in fisheries currently the society has fisheries spread across 45 acres of land.

A 10 years broad strategic plan has been developed for the Agriculture Department with timeline and Goals. A plan for community initiative to help local farmers has been added to the strategic plan. The new initiatives planned for the next financial year are semi-intensive and sustainable fishery management in two larger ponds with conventional feed, mushroom cultivation, plantation of black pepper, dairy farm + vermi Compost unit, bee-keeping (starting with 10 boxes) and rubber tapping. The department has been constantly networking with the likeminded experts and institutions in order to convert agriculture in Makunda to a model which will create opportunities for the local communities in improving their agricultural livelihood.

STRATEGIC PLANNING

Agriculture & Fisheries, Makunda Christian Leprosy and General Hospital

Vision and Mission of Makunda



Goals of Agriculture Department:

1. To help improve the socio-economic condition of the local communities by creating steady and higher-income opportunities in the field of Agriculture within 10 years using sustainable practices.
2. To increase the income of the department which will in turn contribute to the broader aim of Makunda Society in serving the poor communities through high quality medical care at costs that are affordable to the local communities.

Core Values:

Poor-centric, Sustainable (environmentally, economically and socially), Low-cost (in relation to the community), transferable & teachable and non-profit middleman service (not seeking profit while helping the community in selling their produce).

Agriculture Department in 10 years (2030-31) – Major Initiatives

Animal Husbandry:

- Dairy farm – Milk Production, Processing unit, Piggery – steady meat production, Chicken farm – meat and eggs

Fishery:

- Semi-intensive farming in 10 big ponds & Intensive farming in 1-2 ponds if sustainability can be ensured.
- Value addition unit: Processed fish products.

Horticulture :

- Vegetables, fruits, flowers and Orchids
- Organic / organic-green-house vegetables and flowers
- Plant nursery & Medicinal herbs – selling to the industries
- Spices

Crops, pulses and grams:

- Multiple times rice cultivation (high quality), Pulses, Grams & Maize

Other Major initiatives:

- Mushrooms – established market linkage and promotion in the local community.
- Organic fertilizers – Vermi compost – for internal use and selling
- Forest Gardening – natural farming area – a model
- Bee-keeping – Harvesting multiple products & Rubber Tapping

Community Engagement:

- Community is engaged in producing and selling through the link we provide.
- Providing technical supports to the community.
- Continuously helping them in improving their agricultural livelihood.

Makunda Agriculture – Timeline

Year 2021-22

- Fishery: Semi-intensive and conventional feed in 2 ponds
- Mushroom
- Black Pepper
- Dairy farm + Vermi Compost
- Bee-keeping-10 boxes
- Rubber tapping

Year 2022-23

- Ground work for the organic plot
- Expansion of Black pepper – Propagation
- Expansion of the semi-intensive methods to 5 ponds
- Nursery for plants
- Medicinal Herbs plot
- Forest natural farming ground works

Year 2023-24

- Certification for organic farming + market + beginning
- 10 ponds semi-intensive + full capacity stocking in all.
- Add new spices
- 30 boxes of bee-keeping
- Community initiative for black pepper.

Year 2024-25

- Forest Gardening – full fledge including a staff quarter
- Flower and orchids export link set-up – green house method
- Community engagement – Black pepper

FINANCIAL STATEMENTS

A SUMMARY OF INCOME & EXPENDITURE AS PER THE MAJOR HEADS IS GIVEN BELOW

EXPENDITURE

Details	Amount	Percentage %
INDIAN ACCOUNT		
Establishment	6,63,83,045.00	34.68
Administrative	16,41,170.36	0.86
HRD	11,69,192.00	0.61
Hospital(Other)Supplies	4,81,62,551.09	25.16
Maintenance	87,75,359.15	4.58
Vehicle	2,57,531.40	0.13
Utility	86,26,814.35	4.51
Charity	3,35,53,490.00	17.53
taxes	26,070.00	0.01
School Expenses	10,39,273.00	0.54
Nurshing School	10,26,599.00	0.54
School hostel Expenses	9,66,909.00	0.51
Depreciation	97,86,535.00	5.11
Others Expenses	1,00,00,458.93	5.22
TOTAL EXPENDITURE	19,14,14,998.28	100.00

INCOME

Details	Amount	Percentage %
INDIAN ACCOUNT		
Fees Received	17,72,75,927.00	87.69
Donation & grants	90,50,358.40	4.48
Agriculture, fishery, Graden & piggery	21,22,697.00	1.05
Canteen	40,96,954.48	2.03
School	67,90,337.00	3.36
Nurshing School	13,07,776.00	0.65
Others	7,83,784.11	0.39
School hostel	7,37,675.00	0.36
Total Local	20,21,65,508.99	100.00

FINANCIAL MONITORS

Financial Ratios	
Current Assets	4,19,46,299.02
Current Liabilities	1,02,79,846.54
Inventory	58,61,218.00

INVENTORY

Current Ratio =Current Assset/Current Liabilities =	4.08
Quick Assets =Current Asset -Inventory =	3,60,85,081.02

CHARITY DETAILS

	Amount
IP	2,21,35,240.00
OP	1,14,18,250.00
MCH School	6,39,355.00
ANM school	
Canteen	6,14,764.00
Leprosy	4,26,843.00
MCH -Hostel	2,87,650.00

INCOME

Particulars	2020-21 Actual		
	Makunda	Ambassa	Total:
Fees:IP	7,85,61,856.00		7,85,61,856.00
Fees:OP	3,08,61,837.00	5,28,529.00	3,13,90,366.00
GST SALE: Medicine	6,17,96,824.00		
Local Donation	7,82,858.40		7,82,858.40
Grants	82,67,500.00		82,67,500.00
Bank Interest	1,28,844.00	7,367.00	1,36,211.00
Agri,piggery,garden & fishery	21,93,077.00		21,93,077.00
Breakdown: Poultry	10,23,219.00		
Piggery	1,55,377.00		
Crops and vegetables	5,06,679.00		
Fisheries	4,37,422.00		
Fruits and trees	70,380.00		
Canteen	1,01,52,364.48		1,01,52,364.48
High School	67,90,337.00		67,90,337.00
Nurshing School	13,07,776.00		13,07,776.00
Interest on Securities	99,165.11		99,165.11
Community college	65,000.00		65,000.00
School Hostel	7,37,675.00		7,37,675.00
Miscellaneous	4,19,147.00		4,19,147.00
Excess of Expenses_Ambassa		7,05,186.00	
TOTAL	20,21,64,260.99	12,41,082.00	20,34,05,342.99

EXPENDITURE

Particulars	2020-21 Actuals		
	Makunda	Ambassa	Total:
Salaries	5,89,40,822	4,36,578	5,93,77,400
Gratuity			0
PF emp	69,56,746		69,56,746
PF Adm	4,85,477		4,85,477
Postage	32,971	330	33,301
Telephone	1,29,238	12,263	1,41,501
Travel & Conveyance	6,92,748	4,460	6,97,208
Assesment & Affiliation	1,44,932.70		1,44,933
Legal Charges	29,300		29,300
Bank charges	3,36,734.66	1,540	3,38,275
Audit fees	96,000		96,000
Journal Subscription	1,79,246		1,79,246
Staff Health	2,38,442		2,38,442
Staff Welfare	5,19,083	3,720	5,22,803
Staff Training	1,38,727		1,38,727
Staff Uniform	64,368		64,368
LTC	2,08,572		2,08,572
MIF			0
Matual Health Fund			0
Taxes	26,070		26,070
Pharmacy	2,41,78,492.77	2,23,501	2,44,01,994
Lab	91,98,937.29	75,180	92,74,117
X-ray	5,98,250	30,781	6,29,031
ECG	5,472		5,472
Linen	5,08,995		5,08,995
Stationery	13,22,171	7,799	13,29,970
Med/Surg	1,22,71,361.03		1,22,71,361
Opthalmic	26,880		26,880
Orthopaedic Supplies			0
USG	51,992		51,992
Building Maint	30,22,745	32,010	30,54,755
Elect Maint	7,39,685	21,341	7,61,026
Equip Maint	32,74,077	600	32,74,677
Furniture Maint	1,808		1,808
General	6,35,764.16	18630	6,54,394

P.H & W.S	63,969		63,969
Power tiller	23,280		23,280
Road repairs	4,76,095		4,76,095
Generator	76,674		76,674
Computer	4,62,172	500	4,62,672
Vehicle Maint	1,56,871.40	11,780	1,68,651
Veh Insurance/ Tax	67,136	10,940	78,076
Veh Running	33,524	22,400	55,924
Electricity	50,19,573.35	35,721	50,55,294
Generator running	36,07,241	1670	36,08,911
Charity -OPD	1,14,18,250	9709	1,14,27,959
Charity-IPD	2,21,35,240	6824	2,21,42,064
Charity-Leprosy	4,26,843		4,26,843
Charity-School	6,39,355		6,39,355
Charity-canteen	6,14,764		6,14,764
Housekeeping	8,71,812	3,328	8,75,140
Canteen	57,40,157		57,40,157
Waste Management	5,76,986		5,76,986
Agri/Fishery/Poultry	15,26,058		15,26,058
Garden & ground	6,216		6,216
School	3,99,918		3,99,918
School Hostel	9,66,909		9,66,909
Nurshing School	10,26,599		10,26,599
Community College	1,910		1,910
Miscellaneous	1,04,542.93	12,918	1,17,461
Literate	22,299		22,299
Taxes			0
Function Exp			0
House rent	35,000	49,000	84,000
Meeting & Confrence	73,871		73,871
Consultation fee			0
Excess of Income	10748352.7		1,07,48,353
Depreciation	97,86,535	2,07,559	99,94,094
TOTAL	20,21,64,260.99	12,41,082	20,34,05,343

BALANCE SHEET AS ON 31ST MARCH 2021

LIABILITIES	Makunda	Ambassa	ASSETS	Makunda	Ambassa
LIABILITIES:			FIXED ASSETS:	9,16,50,484.00	22,95,189.00
Capital Fund	12,81,45,057.98	(42,13,779.50)			
Makunda A/C		69,66,631.00			
Secured Loans	33,096.50				
Grant for Building	10,00,000.00				
Loan from EHA					
CURRENT LIABILITIES			CURRENT ASSET		
Sundry Creditors	74,99,480.54	1,78,221.00	Closing Stock	58,61,218.00	3,25,977.00
I.P Advances	9,62,187.00	47,875.00	Security Deposits	9,21,926.00	500.00
Payable others	12,66,253.00		Temporary Advance	1,81,79,992.00	
NRHM Unutilized Fund	1,45,790.00		Ambassa A/C	69,66,631.00	
SBA- trainig program	45,213.00		Sundry Receivable	38,69,851.58	
GST -Payable	3,60,923.00		Cash & Bank Balances	1,09,24,373.55	3,01,574.50
OP Advance		1,073.00	Loan &adv	2,000.00	
PF Employees Share		42,441.00	IP Due RSBY	7,81,289.00	1,05,183.00
P tax Payable		1,806.00	FDR-school	7,424.00	
Salary Payable		12,544.00	TDS	90,651.88	
			NRHM-Allahabad Bank	1,45,790.00	
			SBA-Allahabad Bank	45,213.00	
			OP Dues		8,388.00
			TCS	11,157.01	
TOTAL	13,94,58,001.02	30,36,811.50	TOTAL	13,94,58,001.02	30,36,811.50

ANNEXURE A

APPOINTMENTS

Sl. No.	Name	Designation	w.e.f	UMC
1	Ms. Anjona Pala	Staff Nurse (GNM)	1st April 2020	79/20(2)
2	Ms. Kennedy Narzary	Civil engineer	21st April 2020	79/20(3)
3	Dr. Vani Balla	Medical Officer	30th June 2020	128/20
4	Mr. Ranjan Paul	General worker	1st August 2020	156/20(1)
5	Ms. Liza Margaret	Staff Nurse (GNM)	3rd August 2020	156/20(2)
6	Mr. Barjona Hmar	PG Teacher	3rd August 2020	156/20(3)
7	Mr. Rukuve Tenyi	Graduate Teacher	12th August 2020	156/20(4)
8	Dr. Jane S.Sathiavidu	Medical Officer	25th August 2020	181/20(1)
9	Dr. Angelus Bharati Jude	Medical Officer	25th August 2020	181/20(2)
10	Mr. Sam Weslin	Biomedical Engineer	1st September 2020	181/20(3)
11	Ms. Sombolokhi Hrangkhawl	Nurse Midwife	1st September 2020	181/20(4)
12	Mr. S.Micheal Reang	Lab Technician	2nd September 2020	181/20(5)
13	Ms. Kiirii Diana	Staff Nurse (B.Sc.N)	14th September 2020	181/20(6)
14	Ms. D.Khansiliu	Lab Technician	14th September 2020	181/20(7)
15	Ms. Lalrawngbawl	Staff Nurse (GNM)	21st September 2020	181/20(8)
16	Mr. Sundara Pandian S	Lab Technician	30th September 2020	211/20(1)
17	Mr. Jeff Lalremruata Chorai	Pharmacist	2nd October 2020	211/20(2)
18	Mr. Niyamat Ali	General worker	1st October 2020	211/20(3)
19	Mr. Shariff Uddin	General worker	1st October 2020	211/20(4)
20	Mr. Romeo Halam	Non Graduate clerk	1st October 2020	211/20(5)
21	Mr. Lalramzuava	General worker	1st December 2020	262/21(1)
22	Mr. Raju Goala	General worker	1st December 2020	262/21(2)
23	Ms. Erin Grace Zhimomi	Staff Nurse (B.Sc.N)	8th December 2020	262/21(3)
24	Ms. Kensiliu	Staff Nurse (B.Sc.N)	10th December 2020	262/21(4)
25	Mr. Maybornroy Thma	OT Technician	5th December 2020	262/21(5)
26	Ms. Joymantingnei Chorei	Xray Technician	2nd January 2021	262/21(6)
27	Mr. Michael Baglari	Xray Technician	2nd January 2021	262/21(7)
28	Ms. Kembi Basak	Senior Nurse Officer	8th January 2021	262/21(8)
29	Mr. Johnson Darlong	General worker	1st January 2021	262/21(9)
30	Ms. Manvanlee Chorei	Radiographer	1st February 2021	298/21 (1)
31	Mr. Hershal Srinivasan R.	Lab Technician	1st February 2021	298/21 (2)
32	Mr. Kamrul Uddin	General worker	1st February 2021	298/21 (3)
33	Mr. Laldavid Halam	General worker	1st February 2021	298/21 (4)
34	Dr. Aldrin Debbarma	Consultant	5th March 2021	325/21/2
35	Dr. Benedicta Sthuti	Medical Officer	20th March 2021	325/21/3
36	Ms. Hoineo Khongsai	Pharmacist	22nd March 2021	325/21/10

37	Ms. Sade Veera Lakshmi	Pharmacist	22nd March 2021	325/21/11
38	Mr. Kankipati Sudarsankumar	Lab Technician	22nd March 2021	325/21/12
39	Ms. Christina Zoremsangi	Staff Nurse (P.P.B.Sc.N)	15th March 2021	325/21/13
40	Ms. Aibansi Rani	Staff Nurse (GNM)	22nd March 2021	325/21/14
41	Mr. Rahan Debbarma	Pharmacist	8th February 2021	349/21/1
42	Mr. Mecklyash Marak	Radiographer	1 st March 2021	349/21/2
43	Ms. Oyam Dai	Pharmacist	29 th March 2021	349/21/3
44	Mrs. Dayakumari Molsom	Nurse Midwife	26 th March 2021	349/21/6
45	Mr. Jemrish Kaipeng	Physician Assistant	3rd November 2020	251/20/1
46	Ms. Phularsorry Reang	Staff Nurse (GNM)	11th January 2021	302/21/1
47	Ms. Kyrmen Pothmi	Staff Nurse (GNM)	11th January 2021	302/21/2
48	Ms. Rakili Pachuau	Staff Nurse (GNM)	3rd February 2021	302/21/3
49	Ms. Malsawmzuali	Staff Nurse (GNM)	3rd February 2021	302/21/4

RESIGNATIONS

Sl. No.	Name	Designation	DoJ	w.e.f	UMC	Reason
1	Mr. Putulong Walling	Lab Technician	1st March 2019	20th April 2020	82/20(1)	To work@hometown
2	Mr. Teman Peter	Lab Technician	1st March 2019	20th April 2020	82/20(2)	Personal
3	Ms. Mhaletuno Sophie	Staff Nurse (GNM)	27th April 2019	30th April 2020	60/20(6)	To work@hometown
4	Ms. Shungmei Jhempang	Staff Nurse (GNM)	27th April 2019	30th April 2020	60/20(7)	To work@hometown
5	Dr. Mhasino Neikha	Medical Officer	2nd December 2018	30th April 2020	60/20(8)	PG preparation
6	Dr. Onesimus Kolapudi	Medical Officer	31st January 2019	6th June 2020	96/20(1)	Personal
7	Mrs. Joymati Chakma	General Worker	15th January 2001	14th April 2020	96/20(2)	Personal
8	Ms. Rimpay Begum	Staff Nurse (GNM)	23th May 2018	18th June 2020	42/20(11)	Completion of service obligation
9	Ms. Priyanka Pando	Staff Nurse (GNM)	23th May 2018	30th June 2020	42/20(12)	Completion of service obligation
10	Mr. Phrakirang Lapasam	Lab Technician	26th August 2019	29th June 2020	130/20(1)	To work@hometown
11	Ms. Yona Lyngdoh	Lab Technician	16th July 2018	16th June 2020	130/20(2)	To work@hometown
12	Ms. Roselin Lakashiang	X-Ray	5th October 2018	16th June 2020	130/20(3)	To work@hometown
13	Mr. Viketo Sema	PG Teacher	27th July 2019	31st July 2020	130/20(4)	Higher study
14	Mr. Nahpan Konyak	PG Teacher	27th July 2019	31st July 2020	130/20(5)	Higher study
15	Mr. Kedukhro Khupfe	PG Teacher	27th July 2019	31st July 2020	130/20(6)	Higher study
16	Ms. Kenningpeule D.Haikube	Nursing Superintendent	15th November 2010	3rd October 2020	130/20(7)	Married+Govt.job
17	Ms. Lallawmzuali	Optometry	19th August 2019	20th August 2020	135/20	Discontinuation after 1 year
18	Ms. Lalrinpuui	Staff Nurse (GNM)	5th April 2019	20th August 2020	157/20(1)	To work@hometown
19	Mr. P.Samson	Biomedical Engineer	2nd May 2018	31st August 2020	157/20(2)	Married
20	Mr. Daniel Anandaraj	Graduate Teacher	27th August 2018	31st August 2020	157/20(3)	Higher study
21	Ms. Greadency Mynthu	Pharmacist	23th September 2019	30th September 2020	182/20(1)	To work@hometown
22	Ms. Chunglaldam Halam	Health Assistant	1st November 2016	30th September 2020	182/20(2)	Higher study
23	Ms. Tinrilnei Halam	Health Assistant	1st February 2019	30th September 2020	182/20(3)	Higher study
24	Ms. Ruponi Baglari	Lab Technician	26th August 2019	3rd October 2020	182/20(4)	To work@hometown
25	Ms. Manisha Pohlong	Staff Nurse (B.Sc.N)	31th January 2019	30th November 2020	182/20(5)	Personal

26	Dr. Balla Vani	Medical Officer	30th June 2020	29th September 2020	212/20(1)	Personal
27	Mr. Kamginmang Kipgen	Pharmacist	16th March 2017	23rd October 2020	212/20(2)	Health issue
28	Ms. Ann P Mary	PG Laboratory Technologist	7th January 2019	14th October 2020	212/20(3)	Married
29	Ms. F.Lalduhawmi	Staff Nurse (GNM)	1st November 2019	30th October 2020	212/20(4)	To work@hometown
30	Dr. Anagha Santhosh David	Medical Officer	8th April 2017	30th September 2020	212/20(5)	PG preparation
31	Mr. Jabbar Ali	General Worker	1st March 2004	7th November 2020	224/20(1)	Health issue
32	Ms. Hepziba Sharma	Staff Nurse (B.Sc.N)	15th November 2018	14th November 2020	224/20(2)	Completion of service obligation
33	Ms. Gifta S	Staff Nurse (B.Sc.N)	15th November 2018	14th November 2020	224/20(3)	Completion of service obligation
34	Mr. Sentikumla Lemtur	X-Ray Technician	11th November 2019	30th November 2020	224/20(4)	To work@hometown
35	Ms. Lalzarkim	Nurse Midwife	1st April 2018	30th November 2020	224/20(5)	To work@hometown
36	Ms. Lalsiemthar	Nurse Midwife	1st April 2018	30th November 2020	224/20(6)	To work@hometown
37	Dr. Rungneh Roel	Medical Officer	10th January 2019	10th January 2021	224/20(7)	PG preparation
38	Ms. Sp. Christani	Staff Nurse (B.Sc.N)	1st September 2017	30th November 2020	255/20(1)	Personal
39	Ms. Emmanuel Rosangpui	Staff Nurse (GNM)	12th April 2018	1st January 2021	255/20(2)	To work@hometown
40	Ms. Tiasangla Longkumer	Staff Nurse (GNM)	3rd June 2017	1st January 2021	264/20(2)	Personal
41	Dr. Pranab Reang	Medical Officer	12th January 2019	16th January 2021	264/21(1)	PG preparation
42	Mr.. IK Rachungai	Pharmacist	13th October 2014	6th March 2021	301/21(1)	To work@hometown
43	Ms. Baby Ruth Hmar	Nurse Midwife	1st April 2019	28th February 2021	301/21(2)	To work@hometown
44	Mrs. Gita Kairi	DHA	1st November 2016	28th December 2020	301/21(3)	Got married
45	Ms. Cheeru Harilal	Medical Record Officer	11th March 2019	11th March 2021	327/21/11	Completion of service obligation
46	Mr. Bimal Singha	Clerk	4th March 2013	1st January 2021	327/21/14	Disciplinary issue
47	Ms. Malsawmzuali	Staff Nurse (GNM)	3rd February 2021	3rd March 2021	327/21/17	Health issue

CONFIRMATIONS

SL. No.	Name	Designation	w.e.f	UMC
1	Ms. Lalrinchani	Staff Nurse (GNM)	1st June 2020	80/20
2	Ms. Mary Ningbiakching	Staff Nurse (P.P.B.Sc.N)	8th July 2020	133/20
3	Mr. Comely Gassah	Staff Nurse (B.Sc.N)	2nd September 2020	160/20(1)
4	Mr. Lovelymon Lamin	Staff Nurse (B.Sc.N)	2nd September 2020	160/20(2)
5	Ms. Sukmon Syad	Lad Technician(Microbiologist)	20th November 2020	185/20(1)
6	Ms. Sahera Nessa	Health Assistant	1st October 2020	185/20(2)
7	Ms. Gita Kairi	Health Assistant	1st October 2020	185/20(3)
8	Ms. Mina Keot	Health Assistant	1st October 2020	185/20(4)
9	Ms. Rengdampui Halam	Health Assistant	1st October 2020	185/20(5)
10	Ms. Bansaralin Bareh	Nurse Midwife	27th December 2020	214/20
11	Ms. Anjeli Sungoh	Staff Nurse (GNM)	18th October 2020	226/20(1)
12	Ms. Chunglaldam Halam	Health Assistant	1st October 2020	226/20(2)
13	Ms. Lalruatfeli	Staff Nurse (GNM)	16th January 2021	253/20(1)
14	Ms. Manikka	Nurse Midwife	27th December 2020	253/20(2)
15	Mr. Clinton Gassah	Graduate Teacher	1st January 2021	253/20(3)
16	Mr. Wellbeing Suting	Pharmacist	1st March 2021	266/21(4)
17	Ms. T. Assinate Chawang	Pharmacist	1st January 2021	266/21(5)
18	Mr. Bitu Debbarma	Clerk	26th March 2021	301/21(2)
19	Mrs. Jeredy Banmaher Halam	Nurse Midwife	22nd March 2021	301/21(3)

SERVICE OBLIGATION

Sl. No.	Name	Designation	w.e.f	UMC
1	Ms. Fermily Syad	Staff Nurse (GNM)	1st April 2020	83/20
2	Ms. Elbethel Lalrinsangi Lalsim	Nurse Midwife	5th May 2020	131/20(1)
3	Ms. Esther Lalringum	Nurse Midwife	5th May 2020	131/20(2)
4	Ms. Jany Lalrinpui Ngente	Nurse Midwife	5th May 2020	131/20(3)
5	Ms. Florence Chorei	Nurse Midwife	5th May 2020	131/20(4)
6	Ms. Gayatri Madrajee	Nurse Midwife	5th May 2020	131/20(5)
7	Ms. J.Lalremkim Tuolor	Nurse Midwife	5th May 2020	131/20(6)
8	Ms. Lianjuingak Halam	Nurse Midwife	5th May 2020	131/20(7)
9	Ms. Linda Lungtau	Nurse Midwife	5th May 2020	131/20(8)
10	Ms. Lalthuoikim	Nurse Midwife	5th May 2020	131/20(9)
11	Ms. Lalropar Parate	Nurse Midwife	5th May 2020	131/20(10)
12	Ms. Linda Lalringdiki Hmar	Nurse Midwife	5th May 2020	131/20(11)
13	Ms. Linda Thiemlhai Changsan	Nurse Midwife	5th May 2020	131/20(12)
14	Ms. Lalneingak Chorei	Nurse Midwife	5th May 2020	131/20(13)
15	Ms. Lalngrihoi Halam	Nurse Midwife	5th May 2020	131/20(14)
16	Ms. Lipui Halam	Nurse Midwife	5th May 2020	131/20(15)
17	Ms. Merry Laldinoui Hekte	Nurse Midwife	5th May 2020	131/20(16)
18	Ms. Nenglamkin Singson	Nurse Midwife	5th May 2020	131/20(17)
19	Ms. Nemhoitheng Singson	Nurse Midwife	5th May 2020	131/20(18)
20	Ms. Ngahnei Changsan	Nurse Midwife	5th May 2020	131/20(19)
21	Ms. Ngaibang Rody Lalsim	Nurse Midwife	5th May 2020	131/20(20)
22	Ms. Obed Lalnunhlmi Hmar	Nurse Midwife	5th May 2020	131/20(21)
23	Ms. Rebica Chorei	Nurse Midwife	5th May 2020	131/20(22)
24	Ms. Ruthi Lalringdik Hmar	Nurse Midwife	5th May 2020	131/20(23)
25	Ms. Vahneithem Lhouvum	Nurse Midwife	5th May 2020	131/20(24)
26	Ms. Venia Darthanghnem Hmar	Nurse Midwife	5th May 2020	131/20(25)
27	Ms. Asha Kairi	Nurse Midwife	15th June 2020	131/20(26)
28	Ms. Dolma Lalenkawli	Staff Nurse (GNM)	8th December 2020	159/20(1)
29	Ms. Neelam Sangma	Staff Nurse (GNM)	8th December 2020	159/20(2)
30	Ms. Krishsagar Saloni Rajesh	Occupational Therapist	31st September 2020	184/20
31	Ms. Kripa Mathew	Staff Nurse (B.Sc.N)	21st November 2020	254/20
32	Ms. Ibathiang Jungai	Staff Nurse (GNM)	7th December 2020	265/21/1
33	Ms. N. Adaziia A Kosu	Staff Nurse (GNM)	16th January 2021	265/21/2
34	Ms. Merciful Sumer	Staff Nurse (GNM)	15th December 2020	265/21/3
35	Ms. Ashima John	Medical Sociologist	25th January 2021	299/21(1)
36	Ms. Jessica Mukhim	DMRT	11th October 2020	225/20(3)
37	Dr. Joshua Jaberson Wesley	Medical Officer	15 th February 2021	325/21/1

TRANSFER

Sl. No.	Name	Designation	w.e.f	UMC
1	Ms. Rachel Belda Raj	Project Manager	15th June 2020	132/20

RETIREMENT

Sl. No.	Name	Designation	w.e.f	UMC
1	Mr. Abdul Hannan	General Worker	30th June 2020	116/2020

Change in salary

Sl. No.	Name	Designation	w.e.f	UMC
1	Mr. Joinskhem Dhar	Non Graduate Teacher	1st January 2021	273/21(2)
2	Ms. Varnami Chorei	Non Graduate Teacher	1st January 2021	273/21(1)
3	Mr.. Neiranglian Halam	Welder	1st July 2020	137/20 (1)
4	Mr.. Gabriel H.T.Lala	AC maintenance	1st July 2020	137/20 (2)
5	Mr. Kingsley Joshua	Teacher	1st October 2020	176/20

ANNEXURE B:

Trainings, Workshops and Conferences

Sl. No.	Name	Course	Venue	Duration
1	Dr. Roshine Mary Koshy	Virtual Shiloh Conference	CMC Vellore, Tamil Nadu	1 st to 4 th October 2020
2	Dr. Roshine Mary Koshy	PG Diploma in Mental Health	CMC Vellore, Tamil Nadu	
3	Ms. Diana Chorei	PG Diploma in Mental Health	CMC Vellore, Tamil Nadu	
5	Dr. Starlin Vijay Mythri	Foundation Course in Palliative Medicine	online course-Pallium India Trust	
6	Ms. A.Jullie	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
7	Ms. K.Malsawmtluangi	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
8	Ms. Tiasangla Longkumer	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
9	Ms. Deimaia Emi Lyngdoh	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
10	Ms. Diana Chorei	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
11	Ms. Dorcas Gassah	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
12	Ms. Manisha Pohlang	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
13	Ms. Kiruba Ananthi	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
14	Mr. Lovelymon Lamin	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
15	Ms. Mimosa Raul	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
16	Ms. Rajuseno Kense	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
17	Ms. Rebekah Vincent	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
18	Ms. Sinle Khing	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
19	Ms. Anjeli Sungoh	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
20	Ms. Lalruatfeli	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
21	Ms. Lalrozami	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
22	Mrs. Anjela Joan	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
23	Ms. V.Vanlalchhanchhuuahi	Foundation Course in Palliative Nursing	online course-Pallium India Trust	25 th January to 24 th May 2021
24	Mr. Michael Baglari	CT room & Radiology exposure	Christian Fellowship Hospital, Oddanchatram, Bishop Herber College, Trichy, Tamil Nadu	23rd January to 22nd February 2021 (one month)
25	Ms. Joymanting Chorei	CT room & Radiology exposure	Christian Fellowship Hospital, Oddanchatram, Bishop Herber College, Trichy, Tamil Nadu	23rd January to 22nd February 2021 (one month)
26	Mrs. Nibedita Singha	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
27	Mrs. Veronica Mukhim	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
28	Mrs. A.Nomita Devi	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)

29	Mrs. Golden Lemin	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
30	Mrs. Lotirung Molshoy	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
31	Mrs. Rabina Singha	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
32	Mrs. Sabitri Singha	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
33	Mrs. Sukla Rani Halam	Ward Managers Training	online course-CMAI	25 th August 2020 onwards (eight weeks)
34	Dr. Roshine Mary Koshy	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
35	Mr. James A.	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
36	Mr. Nahum Mishra	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
37	Mr. S.T. Muonga Hmar	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
38	Ms. Cogency Gassah	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
39	Mr. Bitu Debbarma	FCRA and Income Tax Training	online course-EHA CO	20 th & 21 st August 2020
40	Mrs. Zonunsangi	Covid Vaccination	Karimganj District Hospital, Assam	2nd February 2021
41	Mrs. Roslyn Molshoi	Covid Vaccination	Karimganj District Hospital, Assam	2nd February 2021
42	Mr. James A.	Covid Vaccination	Karimganj District Hospital, Assam	2nd February 2021
43	Ms. Denling Khartu	Covid Vaccination	Karimganj District Hospital, Assam	2nd February 2021
44	Ms. Denling Khartu	Safeguarding-Adult & Children	Online-Tearfund	23rd & 30th May 2020
45	Ms. Denling Khartu	Building Capacity of Midwifery Faculty	Virtual Capacity building program-INC & UNPF-India	1st-8th December 2020
46	Ms. Melody Lalsangpui	Building Capacity of Midwifery Faculty	Virtual Capacity building program-INC & UNPF-India	1st-8th December 2020
47	Ms. Melody Lalsangpui	TOT on Simulation	online course-CMAI	
48	Ms. Denling Khartu	TOT on Simulation	online course-CMAI	
49	Mrs. Sukla Rani Halam	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
50	Mrs. Anjela Joan	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
51	Ms. Dipika Chanu	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
52	Ms. Dorcas Gassah	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
53	Mrs. Jeredy Banmaher Halam	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
54	Mrs. Lalnunhlmi	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
55	Ms. Lalrozami Hrangkhaw	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
56	Ms. Lalruotkim Hmar	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
57	Ms. Nenglamkin Singson	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020
58	Ms. Ngaibang Rody Lalsim	Essential Newborn Care	online course-NNF Kerala	25th September to 27th December 2020

59	Ms. Mimosa Raul	COVID-19 Preparedness-Critical Care	online course-CMC Vellore & TATA Trusts	
60	Ms. Lalruatfeli	COVID-19 Preparedness-Critical Care	online course-CMC Vellore & TATA Trusts	
61	Ms. Tiasangla Longkumer	COVID-19 Preparedness-Critical Care	online course-CMC Vellore & TATA Trusts	
62	Ms. K.Malsawmtluangi	COVID-19 Preparedness-Critical Care	online course-CMC Vellore & TATA Trusts	
63	Mr. Immanuel Manickaraj	Financial Management	online course-CIM	Four months
64	Mr. Comely Gassah	Safe Surgery Together	e-Seminar-CMC Vellore	21st November 2020
66	Ms. Jasmine Susan Koshy	Beyond NABH_Master Class in Achieving Excellence in Quality	Online Certificate Course ACME	
67	Dr. Vijay Anand Ismavel	Transformational Impact Rating System	Wharton School of Business - May 2020	
68	Dr. Vijay Anand Ismavel	Keynote address	CMAI National AHP Conference 2020	
69	Dr. Vijay Anand Ismavel	6 sessions on "Medical Missions"	ICMDA South Asia Regional Conference in November 2020.	
70	Dr. Vijay Anand Ismavel	Bicentenary Sermon on "Medical Missions"	St. Andrews Kirk, Chennai in March 2021.	
71	Dr. Vijay Anand Ismavel	Updates on Thiamine Deficiency in Assam	Global Thiamine Alliance (New York Academy of Sciences) - March 2021	
72	Dr. Vijay Anand Ismavel	15th Annual International Conference of Association of Minimal Access Surgeons of India	Attended as participant	
73	Dr Ann Mariam	Professional Certificate Course in International Medicine and Public Health	INMED, USA	
74	Dr Ann Mariam	Foundation course in Palliative medicine		
74	Mrs. Heema Kumari Sharma	Executive Programme in Christian Management	online course-CIM	

ANNEXURE C

Staff/Students undergoing Higher Training

Sl no	Name	Course	Address	
1	Dr. Andrew David	MD Paediatrics	CMC Vellore, Tamil Nadu	2 nd year
2	Dr. Justin John	MS Ortho	CMC Vellore, Tamil Nadu	2 nd year
3	Dr. Samuel Sunder Singh	MD Medicine	CMC Vellore, Tamil Nadu	1 st year
4	Ms. Sasomchun Halam	M.Sc.Nursing	CMC Vellore, Tamil Nadu	2nd year
5	Ms. Abhigel Rai Thulung	P.B.B.Sc.Nursing	CMC Vellore, Tamil Nadu	2nd year
6	Ms. Lalrinchhani	P.B.B.Sc.Nursing	CMC Vellore, Tamil Nadu	1st year
7	Ms. Sherly Suchen	B.Sc. Nursing	CIHSR, Dimapur, Nagaland	3rd year
8	Ms. Merciful Sumer	GNM	CIHSR, Dimapur, Nagaland	3rd year
9	Ms. Jesika Mukhim	MRD	CIHSR, Dimapur, Nagaland	2nd year
10	Ms. Lutmon Lating	MRD	CIHSR, Dimapur, Nagaland	1st year
11	Mr. Mohila Reang	DRT	CIHSR, Dimapur, Nagaland	
12	Mr. David Suchiang	DMLT	CIHSR, Dimapur, Nagaland	2nd year
13	Mr. Kelison Pasyad	DMLT	Bangalore Baptist Hospital, Bangalore	
14	Ms. Amy Alexander	M.Sc.MLT	St. John's Medical College, Bangalore	
15	Mr. Jabish Murmu	BMLT	SRM University, Chennai, Tamil Nadu	
16	Mr. Joseph Murmu	B.Pharm	Assam University, Silchar, Assam	
17	Mr. SK. Obedient	B.Sc.Radiology	Assam Downtown University, Guwahati	
18	Mr. Clinton Gassah	M.Sc.Zoology	Acharya Nagarjuna University, Andhra Pradesh	
19	Mr. Mintu Patra	M.Ed	Acharya Nagarjuna University, Andhra Pradesh	
20	Mr. Elvis Halam	B.Sc.Mathematics	Bishop Herber College, Trichy, Tamil Nadu	
21	Ms. Julie Sumer	B.Sc.Chemistry	Bishop Herber College, Trichy, Tamil Nadu	
22	Mr. Samuel Reang	B.Sc.Chemistry	Bishop Herber College, Trichy, Tamil Nadu	
23	Mr. Pynshngain	B.Commerce	Bishop Herber College, Trichy, Tamil Nadu	
24	Ms. Somlita Patwat	B.Commerce	Bishop Herber College, Trichy, Tamil Nadu	
25	Ms. Thelinda Suchiang	B.Sc.Zoology	Bishop Herber College, Trichy, Tamil Nadu	
26	Mr. Steve Lalrinfela Darlong	B.Sc.Zoology	Bishop Herber College, Trichy, Tamil Nadu	
27	Mr. Chris Darlong	B.Tech. Civil	Tripura Institute of Technology (TIT), Agartala, Under Tripura University.	
28	Ms. Etalang Suchen	B.Sc.Physical Education	MCC, Chennai, Bishop Herber College, Trichy, Tamil Nadu	
29	Ms. Kavita Lydia	B.Sc.Plant Biology	MCC, Chennai, Bishop Herber College, Trichy, Tamil Nadu	

30	Mr. Toikhouhrai Reang	B.A.Political Science	Holy Cross, Agartala, Tripura	
31	Ms. Merry Halam	B.Sc. Nursing	Christian Fellowship Hospital, Oddanchatram, Bishop Herber College, Trichy, Tamil Nadu	
32	Ms. Nahlang Papang	B.Sc. Nursing	Christian Fellowship Hospital, Oddanchatram, Bishop Herber College, Trichy, Tamil Nadu	
33	Ms. Bethsheba Mukhim	GNM	Bangalore Baptist Hospital, Bangalore	
34	Ms. Resme Sungoh	GNM	Bangalore Baptist Hospital, Bangalore	
35	Ms. Ibathiang Jungai	GNM	Baptist Christian Hospital, Tezpur, Assam	
36	Ms. Bayomika Sutnga	GNM	Burrows Memorial Christian Hospital, Alipur, Assam	
37	Ms. Rebica Chorei	ANM	FHWTC, Makunda, Assam	
38	Ms. Gayatri Mazumdar	ANM	FHWTC, Makunda, Assam	
39	Ms. Tuloni Reang	ANM	FHWTC, Makunda, Assam	
40	Ms. Phuihsarung Reang	ANM	FHWTC, Makunda, Assam	
41	Mrs. Zeirilnei Halam	DHA	MCCC, Makunda, Assam	

ANNEXURE D

WE WOULD LIKE TO THANK OUR WELL-WISHERS WHO VISITED US AND SUPPORTED US THROUGH THEIR PRAYER AND GENEROUS CONTRIBUTIONS.

- Mr. Pinku Basal Debbarna, Mr. Bikash Debbarna and Mr. Ezekiel Reang, government officers and members of the Evangelical Graduates Fellowship Agartala (Agriculture, Horticulture and Fisheries)
- Dr. Rosemary from CIHSR, Dimapur
- Drs. Lara de Ruiter and Olga Knaven from Global Health and Tropical Medicine, Netherlands.
- Dr. Joyce and Mr. Dahru from Manipur
- Drs. Martha and Judith Pekelharing from Netherlands.
- Ms Nidhya Joghee, Mr Devendra M Ghodki, Mr Purushottam and colleagues; SPARSH BIRAC Fellows from IIT Madras
- Dr. Hannah, postgraduate resident in Obstetrics at CMC Vellore
- Dr. Sanjeeth Peter (Cardiac Surgeon and Director, DDMM Heart Institute, Nadiad)
- Brig. Dr. Bhupesh Goyal (Director, Military Hospital, Bagdogra)
- Dr. George, Paediatrician from Christian Fellowship Hospital, Oddanchatram
- Dr. Nokchur, Physician from CIHSR
- Dr. Aida Joseph from department of Obstetrics at CMC
- Ms. Chumbeni Kithan Kithan and Mr. John Calvin Debbarna from Christian Medical Center at Wokha, Nagaland
- Dr. Gaurav and Ms. Snehal from West Champaran District of Bihar
- Drs. Manoj Koiri and Eden Rongmei and Ms. Ruth Singha from Burrows Memorial Christian Hospital, Alipur.
- Dr. Glennys Carvalho, Physician from Pondicherry
- Dr. Gifty Devarajan, resident in Obstetrics and Gynecology from CMC
- Ms. Sandhya Debbarna, UESI staff worker Agartala
- Ms. Aien Changkiri, Student Coordinator Agartala
- Dr. John Lalliandinga, MCh (Pediatric Surgery), from Aizawl
- Pastor Kiran Joel and family working with student's ministry at Silchar
- Mr. Alfred Daniel
- Mr. Subhasis Mukharjee
- Dr. Roshine
- Ms. Meera R. Paul
- Ms. Shermela Stella Grace
- Ms. Sarita Kanoo

- Mr. Joseph
- Ms.Stella Tucker
- M/s ALOKA SOHUM INOVATION
- Mr.Aju Varghese
- Dr. Sathiyapriya
- Dr. Parthana
- Mr.Immanuel Arun
- Mr.Kalavathy S.
- Mr.Sanjen Jeeth Peter
- Dr. Abhinayas
- Mr.Simon Thomas
- Mr.Moham Asha
- Dr. Abinya
- Dr. Diana
- Dr. Mary Priyadarsini
- Dr. Anisha Pauline
- Dr. Suganya
- Dr. Malavizhi & Family
- Dr. Kavitha
- Dr. Kenneth Sharon Wilma
- Dr. Parvathy Devi
- Dr. Vibia
- Dr. Mylda
- Dr. Sundaravalli
- Dr. Parthana

A special word of thanks to the various departments of Christian Medical College Vellore and the Missions Department, Oddanchatram & CIHSR Dimapur for deputing consultants to support the clinical work.

- ✓ Dr. Aida Joseph from department of Obstetrics at CMC
- ✓ Dr. George, Paediatrician from Christian Fellowship Hospital, Oddanchatram
- ✓ Dr. Gifty Devarajan, resident in Obstetrics and Gynecology from CMC
- ✓ Dr. Hannah, postgraduate resident in Obstetrics at CMC Vellore
- ✓ Dr. Nokchur, Physician from CIHSR
- ✓ Dr. Rosemary from CIHSR, Dimapur

ANNEXURE E

January 25, 2021

The District Magistrate,
Karimganj

Respected Sir/Madam,

Makunda Christian Leprosy and General Hospital is a Charitable Registered Society,
Registration number RS/14 of 1969-70,
Address: Bazaricherra, Karimganj Dist. Assam - 788727

Telephone number: 03843-287868, 287811

This report is sent under Section 22 of the Act

Annual Report of the Internal Complaints Committee (ICC) for Prevention of Sexual Harassment at Workplace of Makunda Christian Leprosy and General Hospital

The **Makunda Christian Leprosy and General Hospital** ICC has been functioning well during the reporting period and has met quarterly or 3 times. The Current ICC members are:

- | | |
|----------------------|-----------------------------|
| 1. Presiding officer | Dr. Ann Miriam |
| 2. Members | Dr. Esther Thejo Rajitha P. |
| | Ms. Denling Khartu |
| | Mrs. Zonunsangi |
| | Mr. Rangula Darlong |
| | Mr. Chihan Shimray |

The activities during 01.01.2020 to 31.12.2020 are as follows: (Please write a few sentences about the following)

- | | |
|--|--|
| 1. Quarterly meetings held | - Yes (7 th January, 4 th June, 23 rd October) |
| 2. Training staff | - Yes, when new staff joined, orientation is given, also mandatory online test for all staff (once in six months) |
| 3. Awareness meetings | - Yes, 13-15 February 2020, also quarterly whatsapp reminder for staff, extended to all our guests, visitors and Contractors and their construction workers. |
| 4. Sticking PSHW posters | - Yes |
| 5. Flow chart stuck | - Yes |
| 6. Committee meetings to deal with sexual harassment cases during the year | - nil |

During the period January 1 to December 31, 2020, there were **nil** no cases of sexual harassment referred to the Internal Complaints Committee of **Makunda Christian Leprosy and General Hospital** by any staff or others.

Report submitted by,

Annamm

Presiding Officer of the ICC
Makunda Christian Leprosy and General

Chairman
Prevention of Sexual Harassment
Makunda Christian Leprosy &
General Hospital Society
Bazaricherra, Karimganj-788727 Assam

ANNEXURE F

COVID RESPONSE 2020:

Providing Health care for vulnerable communities in a pandemic setting in rural Assam



The tea garden community in Assam contributes to 25% of the working population of Assam. While the Assam tea industry is flourishing, the plight of the tea garden workers in many tea gardens in Assam are dismal. Poverty is rampant and contributes to the poor health of these communities in general. Health care for them is a luxury not a right. Being poor and vulnerable, they very often get exploited and land in deeper pits of debts to pay their hospital bills when sick. The pandemic has hit the world hard but for communities like the tea garden families, it has been one more shove to the sidelines.

“Anjali” comes from such a tea garden family located within a 10km radius of the Makunda Christian Leprosy and General Hospital. Makunda Hospital is committed to serving poor and marginalized communities and Anjali’s family brought her to the covid isolation ward of Makunda when she developed breathlessness. She had been ill for almost a week but the family, already fearful of a pandemic, had been trying their native medicines with no improvement.

When the doctor and nurse team in the covid ward received Anjali, they knew she was critically ill. She was requiring high flow of oxygen, was delirious and a quick evaluation with rapid antigen tests and a bedside Chest Xray diagnosed her with COVID Pneumonia. What was more worrying was her poor nutritional state and severe anemia and her need for urgent blood as her hemoglobin was only 3 gm/dL.

She was admitted to the COVID ward and started on appropriate treatment. The hospital staff offered to donate blood and she was transfused within a few hours. It took almost 5 days for her to recover and to be able to feed on her own. The health team in the ward were encouraged by her recovery and the thought that she could have succumbed to a potentially treatable illness if the family didn’t have access to a facility like ours was a hard truth to swallow for all of us. She arrived just in nick of time. She was discharged in good health and with The no hospital expenses for her family to be worried about.

Severe anemia in tea garden families is common and reflects poor health of the community. A pandemic situation pushes them to greater vulnerability and being able to provide services to such communities is the reason why Makunda exists.

Her story has taught us several lessons. What the poor need is our availability and our willingness to treat them with compassion with whatever resources we have to the best of our ability.

In Makunda, the opportunity of being able to function as the isolation ward for the District, admit and manage sick covid positive patients with a lean and committed health team has been a privilege. We would like to thank the Azim Premji Philanthropic Association for granting us this opportunity to partner with them to render service to those in greatest need in the time of this pandemic.



**COVID Command Centre - Training Team,
CMC Vellore Invites you to**

COVID 19 RESPONSE: LESSONS FROM RURAL INDIA

**A panel discussion on experiences in Covid management, lessons learnt,
challenges faced, Post covid-preparedness & areas to work together.**

SEPT 26TH @ 9AM - 10:30 AM

Zoom Link : [https://us02web.zoom.us/j/86314947912?](https://us02web.zoom.us/j/86314947912?pwd=dnlpPWGN1aXNOOFJzVVpjbG0zZExnQT09)

pwd=dnlpPWGN1aXNOOFJzVVpjbG0zZExnQT09

Meeting ID: 863 1494 7912

Passcode: 389971

Panelists from Mission hospitals:

**Dr. Roshine Koshy
Dr. Arpit Mathew
Dr. Ashita Singh
Dr. Anbu Suresh
Dr. Sedevi Angami
Dr. Johnny Oommen
Dr. C D Moses
Dr. George Mathew**

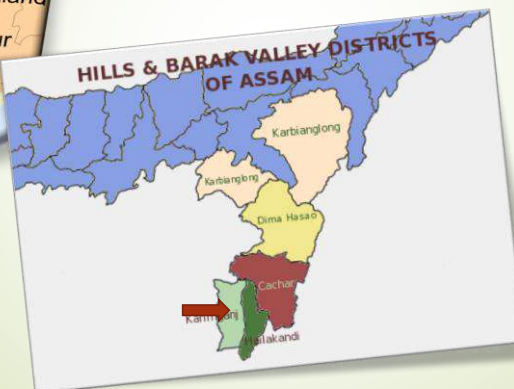
Moderators:

**Dr. Anand Zachariah
Dr. Winsley Rose
CMC Vellore**

Introduction: Where we are, Who we serve

For non covid care:

Nearest referral center if Silchar medical college in Assam, Agartala Medical College in Tripura (5-6 hrs), Guwahati Medical college (12hrs), NGRIMS Shillong (8 hrs)



Covid care in Assam and Tripura

Covid treatment centers
Mild patients: District hospital
Moderate/severe: Medical colleges

Makunda designated as a isolation center in the district

Challenge 1:

How much of a priority should “covid care” take over “non covid care” in a resource poor setting

2014-16 Niti Ayog data	India	Assam	Karimganj
MMR per 100,000 LB	130	237	281
IMR per 1000LB	34	44	65

190 bedded hospital -10 consultants, 6 junior docs

Med(HDU) /surg- gen, paeds surg /paeds(NICU) obst /ortho/ psychiatry)

OUT PATIENT DEPARTMENT	1,25,774 (400 pts per day)
IN PATIENT DEPARTMENT	15,731 (92% Bed occupancy)
DELIVERIES	6749 (18 per day)
MAJOR SURGERIES	3277 (10 per day)

Challenge 2:

Brainstorming protocols as teams to ensure safe care for patients and staff - challenges of social distancing and sustaining behaviour change of the public



Opportunity 1: Time to learn from others and receive their support

- Funds for PPE / setting up of isolation ward (Azim Premji Philanthropic Initiatives)
- Qure.AI (artificial intelligence software for flagging chest Chest X-Rays)



Date	Patient ID	Name	Covid-19...	View X-Ray	Report
0-09-07	20-25111	Fakrun Nessa	NONE	View X-Ray	Download
0-09-07	20-25288	Reba Rani Deb	LOW	View X-Ray	Download
0-09-07	20-22362	Hemangee S...	MEDIUM	View X-Ray	Download
0-09-07	20-25083	Usha Rani N...	NONE	View X-Ray	Download
0-09-07	20-25126	Dipak Das	NONE	View X-Ray	Download
0-09-07	20-25096	Mahmad Ali	LOW	View X-Ray	Download
0-09-07	20-25062	Angur Bibi	HIGH	View X-Ray	Download

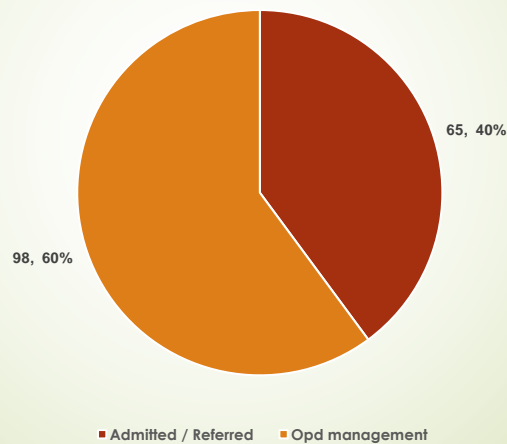


Opportunity 2 :

Understanding the evolving scenario to prepare effectively for the wave


(Based on Data of pts on whom RAT was done from August 1st to 21st September 2020)

Total pts seen in Isolation complex n=163




Clinical profile of patients admitted with symptomatic covid illness and RAT from August 1st 2020 till 21st September 2020 n=40 / 65

	TOTAL	RAT POSITIVE	RAT NEGATIVE
SEVERITY OF ILLNESS (WHO)	37	19	21
MILD	3 / 37 (8%)	1	2
MODERATE	15 / 37 (41%)	6	9
SEVERE	18 / 37 (49%)	12	6
CRITICAL	1 / 37	1	0
AGE MORE THAN 50 YRS	21 / 40 (53%)		
RISK FACTORS	25 / 37 (68%)		
DIABETES MELLITUS	10 / 37 (27%)		
HYPERTENSION	10 / 37 (27%)		
COPD/BA	7 / 37 (19%)		
OTHERS (anemia, pregnancy, obesity, renal or liver disease)	5 / 37 (14%)		



	AVERAGE LENGTH OF STAY IN DAYS (RANGE)
MODERATE	4 days (1-8)
SEVERE/CRITICAL	4.75 days (1-9)

	AVERAGE COST OF TREATMENT AT DISCHARGE
MODERATE	Rs 10,692 (6533-22,614)
SEVERE/ CRITICAL	Rs 29,965 (2280 – 92,537)



	TOTAL	RAT POSITIVE	RAT NEGATIVE
OUTCOMES (Medical records/telephonic call)	38/40		
ALIVE	27 /38 (71%)	13	15
DIED	11/38 (29%)	6	5
Died after referral	6		

Opportunity 3:

**Re-ignite the team's vision to care for the poor and the marginalized :
To do the best we can with what we have with God's help!**

