



MAKUNDA
CHRISTIAN LEPROSY &
GENERAL HOSPITAL

2023-24

THE LORD HAS DONE
GREAT THINGS FOR US,
AND WE ARE FILLED
WITH JOY.
PSALM 126:3



ANNUAL REPORT

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2023 - 2024



MAKUNDA
CHRISTIAN LEPROSY &
GENERAL HOSPITAL

Society details

Makunda Christian Leprosy and General Hospital Society
(Incorporated unit of Emmanuel Hospital Association)

Registrar of Society

Assam, Guwahati
Registration Number 14 of 1969-70

Address

Makunda Christian Leprosy and General Hospital
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FROM THE DESK OF THE UNIT MANAGEMENT COMMITTEE

Greetings to all,

It brings me immense joy to share about God's goodness and His faithfulness over the past year towards Makunda society as we continue in His work of bringing transformation in the communities we are serving through its various activities.

This year the main hospital saw a total of 129,039 out-patients with an average of 422 out-patients per day and 13,461 in-patients. A total of 10,033 major and minor surgeries were performed in this year. The number of patients accessing the services of the hospital had significantly increased compared to the last year.

Medicine, Critical care, Anaesthesia, Paediatrics, NICU, Surgery, Obstetrics and Gynaecology, Orthopedic, Psychiatry departments continues to provide services for the patients. Dental services restarted after a period of long gap.

The Obstetrics department continues to extend its services for high-risk patients and for referrals, conducting 6,304 deliveries with 2,660 LSCS and other Gynaecological surgeries.

The Psychiatry department continues to grow with new initiatives. Along with the hospital based work the team is reaching out to the communities through community-based psychiatry and this year the services expanded to palliative or long-term care by working along with the Community Health department.

The Community Health department continues to grow with its community engagements focusing on Maternal and Child Health and community based interventions such as .Community antenatal care (ANC) clinics strengthened under public-private partnership with NHM Assam and monthly community mental health clinics in collaboration with DMHP, Karimganj. These clinics are conducted in selected health and wellness centers (HWCs) in the Block. Along with the ARC-SIIMA Research Platform, the second round of demographic surveillance was conducted this year from May 2023 to September 2023

The services at our branch hospital Ambassa continue to grow with upgradation and strengthening of both Laboratory and Radiology services and opening of Inpatient services. This greatly helped to reach out to the communities in Tripura.

Nursing department continues to be the major support and backbone for the hospital through its smooth functioning and delivery of high-quality nursing care to the patients by constant improvement, innovation and in-service training. This year, our nurses took part in several training programs and research and community outreach activities. We aim to encourage nurses to develop personally and professionally.

The Nobi Surin Urang Memorial Award was instituted in 2018 in memory of Mrs. Nobi Urang, the award is given to 14 Nurses as an appreciation for their hard work and sincerity. It is also a proud moment for us to receive 'Champion of Global Surgery' by one of our OT staff, Mr. Basanto Fulmali at the 24th Annual Conference of the Association of Rural Surgeons of India at Maulana Azad Medical College, Delhi on 16th March 2024.

The Nursing School continues to train girls from remote areas in the Northeast to transform the communities through education. So far 288 ANM nurses have been trained and were placed various mission hospitals, government and private sectors continuing to be salt and light in the respective areas. We are in the process of upgrading into a College of Nursing and waiting for NOC from the Assam Government.

Research activities continues with several publications addressing relevant issues of rural communities. We are engaged with NIN (National Institute of Nutrition) in studying prevalence and factors associated with thiamine deficiency among pregnant and lactating mothers in Assam and Tripura, assessing the impact of health and nutritional education as a sustainable model of intervention in preventing infantile Beriberi, and various other research projects. Engaging and collaborating with like-minded groups to address relevant problems in the community has become one of our focus areas. Biodiversity documentation continues this year with new observations and publications. A project in collaboration with Green-Hub was successfully completed in the lesser-known low-altitude dipterocarp forests, resulting in camera trap discoveries and biodiversity checklists. Nature education at the school re-started.

Agriculture and Fisheries department continues to grow with various new initiatives, Intensification of fisheries and piggery, poultry, mushrooms, rubber tapping, planting fruit trees, setting up low-cost greenhouses for vegetables. This year we were able to make a plan for our community outreach program for agricultural livelihood development.

Makunda High School, now Senior Secondary School, continues to provide affordable and quality education to the local communities, with 1290 students from KG to Class 12 and more than 55 Teaching and Non- teaching staff. This year the school had a pass percentage of 98.5% in HLSC and 100% in Higher Secondary. Students are engaged in various academic and extra-circular activities representing the school at district levels bringing laurels to the school.

The year 2023-2024 had its own challenges but provided us with lots of opportunities to grow and serve the community through various activities. In closing, I want to thank each co-worker in Christ who has contributed to the work over the past year for their commitment. May God help us in fulfilling His purposes for His Glory.

Dr. Nalli Chandan, UMC Chairman

THE ORIGINS OF THE HOSPITAL AND ITS REACH

MAKUNDA 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 19 hospitals situated in North, Northeast and Central India with a primary focus on the poor and the marginalized.

| STATE | DISTRICT | POPULATION as per 2011 census |
|-----------|--------------------|----------------------------------|
| Assam | Karimganj | 12,28,686 |
| | Hailakandi | 6,59,296 |
| | Cachar | 17,36,319 |
| Tripura | North Tripura | 6,93,947 |
| | Unakoti | 2,98,574 |
| | Dhalai | 3,78,230 |
| | South Tripura | 4,30,499 |
| | West Tripura | 17,25,739 |
| Mizoram | Mamit | 86,364 |
| Meghalaya | West Jaintia Hills | 2,72,185 |

The communities we serve:

Makunda Christian Leprosy and General Hospital is located in Karimganj district, which is one of the three districts in the Barak Valley of Assam. 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 the neighbouring two states. 70% of the patients accessing care at the hospital are from the state of Assam and 30% from Tripura while Mizoram and Meghalaya constitute less than 1% in a recent survey. The hospital also runs a branch hospital in the town of Ambassa in Dhalai district, Tripura.

Makunda hospital is situated in the Lowairpoa Community Development Block which is predominantly populated by Bengali communities including both Muslims and Hindus, followed by the tea garden tribes who are originally from Central and South Indian states migrated during the colonial era to work in the tea estates of Assam. They are considered as the most vulnerable community in the block. The rest of the population in the block is formed by Manipuris including both Meiteis and Bishnupriyas, Khasis, Chorei/Ranglong tribes from Tripura and Reang communities.

The majority of the population in the block belongs to low socioeconomic status and have low literacy rates. The major occupations include paddy cultivation, fisheries, jhum cultivation, and cultivation of betel nuts, fruits and vegetables apart from plucking tea leaves and other manual labour in the tea estates.

THE EARLY YEARS

The origin of the Makunda Christian Leprosy and General Hospital can be traced back to the year 1935. Dr. Crozier, the father of medical missions in Northeast India started medical work at Alipur, 19 Km east of Silchar, Assam. As the work progressed Dr. Crozier found leprosy patients coming to the Alipur Mission Hospital Assam and did not know what to do with them. Leprosy at that time was not curable and patients had to be admitted to leprosy colonies for lifelong segregation. 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. As the numbers of leprosy patients increased, there was a lack of space to accommodate them.

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. Makunda Christian Leprosy and General Hospital, today, had its beginnings as Makunda Leprosy Colony in 1950 on 1000 acres of land purchased by the Baptist Mid-Missions, USA.



Dr. Crozier with his wife

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.



Rev. J.S.Garlow with his wife

Dr. Gene Burrows, and his wife, Mrs. Bette Burrows, a nurse, moved to remote rural Makunda Leprosy Colony in Assam in the 1950s. Dr. and Mrs. Burrows moved from comfortable homes in the USA to Makunda which was almost a day-long journey on a bad road from the nearest town, Silchar. They found many leprosy patients with very little support.

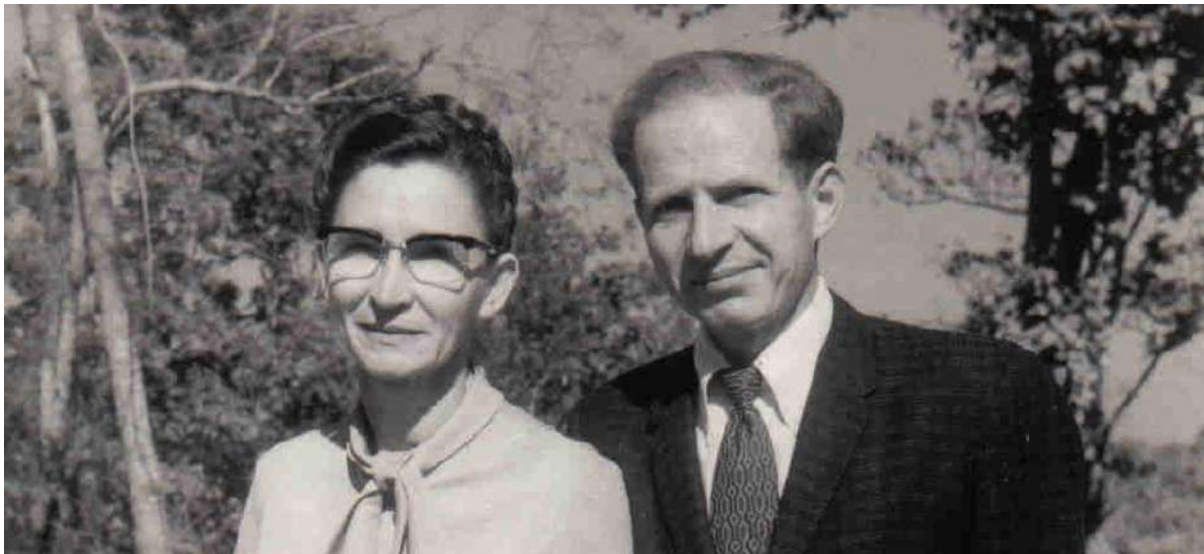
Dr. R.G. Burrows was appointed as medical superintendent and at one time over 250 leprosy patients were accommodated in the campus. The campus also supported the entire colony with rice, sugar, oil, fish, milk, wood, silk, fruits and farm animals all being cultivated/raised on it. The hospital also had several drug distribution points for leprosy patients.

Leprosy patients were admitted for surgery, ulcer care, reactions and often simply because they were thrown out of their homes and villages. The Burrows spent 3 days a week in the community diagnosing patients with leprosy, and the remaining 3 days managing general medical patients in the rapidly growing hospital. They had seven children who went to boarding school as there was no suitable school nearby.

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 1980s, 25 years after they joined Makunda, they had to leave India when the government asked all expatriates to leave the country. They went on to serve in Bangladesh and Sierra Leone till Dr. Burrows was diagnosed with cancer and had to return to the USA where he died. Mrs. Burrows stayed in retirement community till her death. When she was asked whether she had any regrets; She said, ***"I wished we had the privilege of dying and being buried at Makunda. We went out from the USA to the mission field and never expected to return"***.

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



Dr. Gene Burrows and Mrs. Bette Burrows in 1964 in Assam

(BMMTI). They tried by themselves as well as through other agencies to run the institution without success. The hospital remained closed for almost 10 years and the medical work came to a halt.

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.

Dr. Vijay Anand Ismavel and Dr. Ann Miriam moved from Tamil Nadu, South India to Makunda, Assam with a 30 year commitment and restarted the medical work.

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 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 are 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 two 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 work in resource poor settings in India and rest of the developing world.
 - 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.
 - Develop customized residential training programs for members of the health team committed to work in resource poor settings.
 - Upgrade nursing educational services from ANM (Auxillary Nurse and Midwifery) to BSc College of Nursing.
 - 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 homes.
 - 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

Phase-IIV (2024-2028): “Future pathways”

Moving forward in to the next phase of strategic planning as a society we are planning to form a Core Group of like-minded people to think through the further direction along with the ongoing activities, mainly focusing in the areas of improving Quality, Team Building, Community Engagement and Research.

CHRONOLOGY

- 1950** The purchase of this land was done (for the American Baptist Mid-Mission) by Rev. J.S. Garlow. It started as Makunda Leprosy Colony in 1950 on 1000 acres of land.
- 1951** The leprosy work was shifted to the present location at Makunda Medical work was started in the year 1951.
- 1958** Dr. R.G. Burrows was appointed as medical superintendent and at one time over 250 leprosy patients were accommodated in the campus.
- 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).
- 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.
- 1993** The hospital work was re-started under the leadership of a committed doctor couple, Dr. Vijay Anand Ismavel and Dr. Ann Miriam on 3rd March 1993.
- 2003** Dental department was started in January 2003.
- 2004** Started Makunda Christian High school in February 2004.
- 2005** Started branch hospital at Kamalacherra, Ambassa, Dhalai District, Tripura.
- 2006** Restarted Auxiliary Nurse Midwife (ANM) two-years course in January 2006.
- 2008** Private-Public Partnership with Govt. of Assam.
- 2014** Physiotherapy was started on 2nd May 2014.

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 Royal Dutch Tropical Institute (KIT), Amsterdam to train doctors who will work in the most resource-poor settings in the developing world.

2015 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.

Blood storage centre was started in 2015

Best Community Service award on 15th August 2015

Optometry department started on 1st September 2015.

Airox AS-G oxygen generator installed.

The biodiversity department was started in 2015.

2016 Makunda Logo & Nature club logo by Mr. Sukumaran 2016:

Medical record department started in September 2016.

Neuro-Electro-physiotherapy: 5th November 2016.

2018 Accredited to NABH entry level certified Secondary Level Hospital on 11th January 2018

The dietary department received the FSSAI certification on 8th June 2018 with a validity for 5 years

March 2018: MOU with DVN, Netherlands.

2019: 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.

2020 Community department restarted.

The partnership with Ekam Foundation Mumbai was initiated in April 2020.

MOU with Life for A Child.

2021 Awarded as best institute celebrating Breastfeeding week at the National level and was honored at the National Neocon in Bangalore.

Started CT imaging services with our new GE 32-slice CT scanner Machine. Sachin Tendulkar foundation, Genesis foundation, Rotary International.

December 2021: Partnership with St. John's National Academy of Health Sciences, Bangalore .

2022 Palliative care started.

February 2022: Makunda has received the Level-IIIB Accreditation of the National Neonatology Forum for its neonatal care services.

April 2022: The story of the discovery of a new species of Hepialid moth (*Endoclita makundae*) at Makunda has been published by a digital news agency covering northeast India:

December 2022: North Eastern Council - Government of India for funding the project "Upgradation of Services of Makunda Christian Leprosy and General Hospital, Bazaricherra, Karimganj, Assam This completed #NEC project was sanctioned with an estimated cost of Rs. 460.52 lakh.

2023 March 2023: Completed 30 years of service after Incorporation with EHA.

May 2023: Re-start of the Dental Department.

December 2023: Opening of the new 24-bedded medicine ward.

December 2023: Start of higher secondary stream with Prior Permission from Directorate of Secondary Education for Makunda Christian Senior Secondary School.

BLOG BY DR. VIJAY ANAND ISMAVEL

EARLY DAYS AT MAKUNDA

Medical work at Makunda was restarted on 3rd March 1993 (after about 10 years of closure). Ann and me had arrived in Silchar several days earlier but our suitcase containing all certificates and money had been lost – we recovered it 3 days later when a passenger (who had taken it with him to Aizawl) returned it to Indian Airlines. Hospital staff had created local awareness and publicity and the OP consultation room had been cleaned. One patient (a girl with diarrhoea) was admitted but very few patients turned up. The first day's collection was Rs. 20/-. Over the next few days, some people turned up asking for home visits and I went with them (pillion



riding on their bikes) to see sick people at home.

The slow start changed quickly when a patient was brought in labor from a forest village – she had obstructed labor and was quickly referred to the Government Hospital in Karimganj for a Caesarean section. However, when we went to the ward on our night

rounds she was still there – they could not take her to Karimganj. The uterus was now tense with a Bandl's ring signifying impending rupture. We did not want her to stay at the hospital when we were not confident of treating her with the facilities available but the relatives said that if we sent them out of the hospital, they would take her home to die. The operation room was quickly searched – linen autoclaved many years ago was found (still in its wrappings), instruments were boiled and a Caesarean section done (with two nurses holding kerosene lanterns for light) under local anaesthesia – infiltration with xylocaine. Blood was scooped out of the wound and the final stitches put in. The baby was sick (died a few days later) but the mother was alive – I remember her name, Sumvankhup. The news quickly spread – major surgeries could be done at Makunda – and we started getting large numbers of patients. Soon the next LSCS was done, this time with a live healthy baby – her name was Hoia Chorei. Elective surgeries followed – all done without the help of electricity or running water! – only those that could be done under local or spinal anesthesia. We had a Schimmelbusch mask for open drop ether as well as ethyl chloride but after a few procedures, were not very keen to use this technique.

We quickly did a complete inventory of the hospital. Many of the equipment (including gensets) had been sold in the past years to pay salaries. We were left with one working blood pressure apparatus, a large amount of assorted surgical instruments and old suture material. The pharmacy contained a large amount of chaulmoogra oil as well as dapsone and some other drugs for the leprosy patients, there were many barrels of “Sanimaster” – universal disinfectant. There was an ancient Picker 15 mA X-ray machine and a Bovie “Spark-Gap” cautery machine as well as a drum dermatome. The laboratory had a colorimeter and a microscope. There was ‘electricity’ from the government – a few hours of electricity with voltage so low that only the red filament of the bulb could be seen. We had been in correspondence with Emmanuel Hospital Association (EHA) in New Delhi and had received Rs. 10,000/- to start off the work. I thought that this was to purchase something that could not be locally bought and had invested it in a BPL Cardiart 108 ECG machine (I was very interested in medicine and cardiology although I had trained as a surgeon). Now, it looked like a foolish decision – there was not even enough current to charge the batteries in the machine! I sent a long list of the equipment that was urgently needed at Makunda to EHA and received a reply several days later – Makunda was an independent society that had to rely on its own income. EHA could try to raise some

funds but there were needs elsewhere too. We did receive small amounts but soon realized that we were on our own...

When we first arrived, the local staff held a welcome for us at the local Church with paper garlands and told us that we were an answer to their many years of prayer. The leader of the church pointed us out during his messages in Bengali with murmurs of assent from the congregation. However, after the first few weeks, we realized that their hopes were to first get benefits for themselves – gifts, jobs, even land. We disagreed – all the staff (including us) lived in difficult conditions but we had come primarily to serve the poor people of the area and making our lives better was not the priority. Soon he was pointing us out to tell God that we were not being very helpful – we had to stop going to church and spent Sundays at home, waiting for the days when more like-minded staff would join.

The staff at the hospital had been receiving their salaries for years without any work. Now they rebelled at the expectation of work. There were a few nurses and aides – one was nearly blind, another deaf, another handicapped, we did not know the local language – it was going to be difficult to change this situation.

A lot of time was spent with the 60 leprosy patients – many of them had been in the hospital for decades. We quickly put them on modern chemotherapy and the fit ones were given, “Released From Treatment”

certificates allowing them to mingle with the outside population. Many did not want to go, fearful of stigma – we slowly convinced the able-bodied ones to leave. The staff quarters were far away from the leprosy wards and many of the leprosy caretakers were themselves leprosy patients. This was with good reason – in the past leprosy was incurable. Having been taught that it was just an ordinary bacterial disease curable with drugs, we did not worry about contagion – until some years later when I developed leprosy and then went through two years of chemotherapy, severe reactions and drug induced problems. It was a painful reminder that we are not immune and cannot afford to be careless.

Supplies soon ran out and we went to Silchar to buy more – we soon realized that dues were outstanding with most shops. All of them wanted cash and we spent hours going in and out of all the wholesale drug stores looking for the best bargains. I was the pharmacist and store-keeper and had to learn quickly to maintain the right amount of stock. We went once a month, on a Saturday evening, bought our medicines, spent time with Christian medical students at the Silchar Medical College, a night with one of the officers of the Baptist compound in Silchar and returned the next day. At Makunda, we were soon engulfed in legal and land problems which we did not understand. We did not know who was a dependable person and who was not. We did not understand why documents were

worded in the manner that they were. It took many months of visits and talking with many different people before some clarity appeared and we could understand what was happening within this community. We could not understand how people could be so violent and hostile just to get land and property illegally – many criminal cases would be filed against us in the years to come in an attempt to get rid of us but we did not know it at that time – it is good that each day is revealed in its time!

Life at home was also a different experience. When we started work, Ann and me had been married for a little over a year. She had done her MBBS and I had completed my MS. We had a combined salary of Rs. 2000/- per month in Madurai and now at Makunda this had doubled! When we arrived, we were allotted the Doctor's Bungalow – 3rd Bungalow – connected by 'party-line' intercom to the hospital and other Bungalows. There was a wood-burning stove in the back in a separate kitchen. We quickly invested in a kerosene stove. It took a long time to get a gas connection – only one cylinder would be given after waiting for many anxious hours at Karimganj. There was no electricity at home but we had kerosene lanterns and hand-fans. We hoped this would change quickly – it did, 14 years later! Water was carried to our homes at Re.1/- per bar of two 15 liter cans. This was muddy water from the fishery ponds, we allowed it to settle or used alum to clear it. The weather could be quite cold – we

could not afford the warm blankets in the shops or it could be really hot and humid – we just prayed to God to turn on his ‘airconditioner’ – for the rains. There were cement tanks in all the toilets and as soon as the sound of rains was heard, both of us ran out to fill these tanks with buckets – clean water which was free! There were colorful birds and butterflies as well as tarantulas and snakes – Ann found a bamboo pit viper in our hall one night when we returned from hospital. Communication was difficult – the nearest phone was in Karimganj, 50 kms away on a really bad road (often blocked completely by floods). When we reached Karimganj and placed our ‘trunk’ call, it would often not go through and we would return without talking. Talking on the phone was not very encouraging – many friends and relatives thought that we were quite mad! Telegrams arrived many days after the incidents that they described. Many small inconveniences – but temporary and trivial compared to eternal life with God in heaven – we should learn to look at them from a heavenly perspective.

This is just a short glimpse of life 25 years ago. It was what we had expected when we signed up with God to go as medical missionaries. At the EHA (Emmanuel Hospital Association is an Association of many independent hospital running societies created in the 1970s to support several Christian mission hospitals which were teetering on the brink of closure following the departure of expatriate missionaries)

office in Delhi (in October 1992), we had given a 30-year commitment to work at Makunda till retirement and we were planning to keep our promises.

The early life at Makunda was full of surprises – we looked forward to the future not knowing what it would bring. Would we be able to stay on? There were threats – could we be beaten up or even killed? It was also full of promise – God’s promise that He was with us. He had given us a vision of a great work that would transform communities in the future, only visible through God-given eyes of faith! Our human eyes could only see it as an impossible dream. We do not appreciate God’s presence until we are vulnerable and helpless. Our obedience was our duty, the results were His. He had promised to take us by our hands and lead us one day at a time. Most of the early days were not pleasant, they were difficult days, but we can testify that God was with us. The vision of a flourishing work would come true in the years to come – He simply wanted us to stay on and plod on, one day at a time, simply trusting Him. He would be the source of all wisdom, strength and encouragement. *That vision has become reality in the following 25 years and God has allowed us to see it with our eyes. Great is His faithfulness.*

Retrieved from:

<https://the-sparrowsnest.net/2018/05/12/early-days-at-makunda/>



Dr. Vijay Anand Ismavel and Dr. Ann Miriam

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 people.

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.

SOCIETY ACTIVITIES



MAKUNDA HOSPITAL



KAMALACHERRA BRANCH
HOSPITAL, TRIPURA



MAKUNDA NURSING SCHOOL



COMMUNITY COLLEGE



COMMUNITY HEALTH



MAKUNDA CHRISTIAN SENIOR
SECONDARY SCHOOL



AGRICULTURE & FISHERIES



BIODIVERSITY & WILDLIFE CONSERVATION

SCOPE OF SERVICES

| | |
|----------------------------------|--|
| GENERAL SURGERY | Including laparoscopic surgery |
| ANAESTHESIOLOGY | |
| OBSTETRICS AND GYNAECOLOGY | Including laparoscopic surgery |
| PAEDIATRICS | Including Neonatal Intensive Care Unit |
| INTERNAL MEDICINE | Including Intensive Care Unit |
| PSYCHIATRY | |
| ORTHOPAEDICS | |
| DENTAL SERVICES | |
| COMMUNITY HEALTH | Community based Psychiatry, Palliative Care, Maternal and Child Health |
| PHYSIOTHERAPY AND REHABILITATION | |
| RADIOLOGY | Digital Xray, Ultrasound, IVP, Barium studies, Endoscopy, C Arm, CT scan |
| NEUROPHYSIOLOGY | NCV, EEG |
| LABORATORY SERVICES | 24 hrs service, Clinical Biochemistry, Clinical Pathology, Microbiology |
| BLOOD STORAGE CENTER | Affiliated to Karimganj Civil Hospital Blood Bank |
| PHARMACY | 24 hours services |
| DIETARY | FSSAI certified |
| OPTOMETRY | |

STATISTICS 2023 - 2024

| | 2021-2022 | 2022-2023 | 2023-2024 |
|--|-----------|-----------|-----------|
|--|-----------|-----------|-----------|

| ADMISSIONS | | | |
|--------------------------------|--------------|--------------|--------------|
| Admission through Out Patients | 13496 | 10359 | 10469 |
| Admission through Emergency | 0 | 3344 | 2992 |
| Total admissions | 13496 | 13703 | 13461 |

| OUT PATIENT SERVICES | | | |
|------------------------------|---------------|---------------|---------------|
| New Patients | 53612 | 52595 | 46245 |
| Repeat Patients | 60373 | 67448 | 69170 |
| Emergency Patients | 5039 | 4253 | 13624 |
| Average Out Patients per day | 389 | 406 | 422 |
| Total Out Patients | 119024 | 124296 | 129039 |

| SURGICAL SERVICES | | | |
|-------------------------|-------------|--------------|--------------|
| General Major | 1409 | 914 | 645 |
| General Minor | 3697 | 6344 | 4779 |
| Total General Surgeries | 5106 | 7258 | 5424 |
| OBGY Major | 2030 | 2066 | 2468 |
| OBGY Minor | 63 | 79 | 192 |
| Total OBGY Surgeries | 2093 | 2145 | 2660 |
| Ortho Major | 131 | 81 | 154 |
| Ortho Minor | 693 | 834 | 1795 |
| Total ORTHO Surgeries | 824 | 915 | 1949 |
| Total surgeries | 8023 | 10318 | 10033 |

| MATERNAL SERVICES | | | |
|-------------------------|-------------|-------------|-------------|
| Normal | 2834 | 3730 | 4110 |
| LSCS | 1450 | 1983 | 1957 |
| Breech | 24 | 41 | 29 |
| Vacuum | 163 | 267 | 164 |
| Forceps | 39 | 37 | 44 |
| Total deliveries | 4510 | 6058 | 6304 |

| LABORATORY | | | |
|--|---------------|---------------|---------------|
| Clinical Pathology | 55654 | 70141 | 96165 |
| Clinical Biochemistry | 64622 | 82665 | 95758 |
| Clinical Microbiology | 4141 | 7364 | 13568 |
| Serology | 47770 | 57720 | 57005 |
| Outsourced tests | 10155 | 16247 | 677 |
| Crossmatching tests (Blood Bank /Blood Storage center) | 797 | 1258 | 1582 |
| Blood Borne Virus screening (Blood Bank /Blood Storage center) | 0 | 0 | 14678 |
| Total Lab Tests | 183139 | 235395 | 279433 |

| RADIOLOGY | | | |
|------------|-------|-------|-------|
| X-ray | 18634 | 21502 | 23145 |
| ECG | 6866 | 8033 | 7545 |
| Ultrasound | 11088 | 11074 | 10494 |
| CT Scan | 390 | 2642 | 3798 |

| ENDOSCOPIES | | | |
|-------------|-----|-----|-----|
| Endoscopies | 604 | 674 | 318 |

| OUTREACH | | | |
|--|----------|----------|-------------|
| Total camps conducted | 21 | 74 | 99 |
| No. of Outreach clinics | 0 | 0 | 8 |
| Total villages covered | 157 | 142 | 150 |
| Total outreach patients treated | 0 | 0 | 3615 |

CLINICAL AND DIAGNOSTIC SERVICES

CLINICAL SERVICES

OPD and IPD Services

The hospital saw a significant increase in Outpatient and Inpatient numbers compared to last year. We are in the process of building new wards in order to reallocate the Inpatients into new spacious building. This year we are planning to come up with new Accident and Emergency Room.

| ADMISSIONS | 2021-2022 | 2022-2023 | 2023-2024 |
|--------------------------------|--------------|--------------|--------------|
| Admission through Out Patients | 13496 | 15126 | 13909 |
| Admission through Emergency | 0 | 1912 | 3563 |
| Total admissions | 13496 | 17038 | 17472 |

| OUT PATIENT SERVICES | 2021-2022 | 2022-2023 | 2023-2024 |
|------------------------------|---------------|---------------|---------------|
| New Patients | 53612 | 52595 | 57989 |
| Repeat Patients | 60373 | 67448 | 81851 |
| Emergency Patients | 5039 | 4253 | 10126 |
| Average Out Patients per day | 389 | 406 | 490 |
| Total Out Patients | 119024 | 124296 | 149966 |

Obstetrics & Gynaecology Department

We thank the Lord for all the good work done in the past year. The work was well supported by our efficient group of nurses, health assistants, Junior medical officers and visiting Residents from OIGT. This year there is significant increase in the number of deliveries compared to last year. We appreciate the constant efforts of Dr. Sunayana and Dr. Mridul during the times of need.

After completion of his Mch in Reproductive Medicine, Dr. Parisuddharao joined the team in February 2024. He took up the department's responsibility along with Dr. Angelin Emmanuel and Dr. SK Gaithaoliu.

We are looking forward to improve the quality of care at the department by initiating monthly perinatal audits along with the department of Paediatrics. We thank God for Miss Jisha (Andrology technician) who has joined the hospital for initiation and standardization of andrology related procedures and IUI (Intrauterine insemination).

We thank God that we could initiate the weekly teaching programs in the department as well.

The hospital also 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.

Community ANC clinics had been a great blessing in the communities to identify high risk mother and their timely referral. These Clinics are conducted in Manikbond H.W.C, and in tea estates of Shephinjuri T.E hospital, Tilbhum and Kukital

Future needs & plans:

- Establishment of Assisted Reproductive Technology services like In vitro fertilization (etc) for infertile couples.
- We look forward to have a new laparoscopy and hysteroscopy equipment.

| MATERNAL SERVICES | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------------|-------------|-------------|-------------|
| Normal | 2834 | 3730 | 4110 |
| LSCS | 1450 | 1983 | 1957 |
| Breech | 24 | 41 | 29 |
| Vacuum | 163 | 267 | 164 |
| Forceps | 39 | 37 | 44 |
| Total deliveries | 4510 | 6058 | 6304 |



Obstetrics & Gynaecology staff

Department of Surgery and Anaesthesiology

The scope of the surgical services had been expanded with various procedures like: Anatomic Nephrolithotomy, Laparoscopic feeding jejunostomy, Mesh rectopexy, Grade 4 perineal tear repair- levatoplasty with sphincteroplasty, Urethroplasty.

Ortho surgeries accounted for 10% of the surgeries performed in the last year which included complicated trauma, tumor resection, nerve and vascular repairs and arthroplasty. Major surgeries accounted for 49% of all surgeries performed in all the departments.

Dr.Moloti went for further super specialty training in Neuro-Surgery. Dr. Justin who completed M.S Orthopaedics from CMC Vellore had joined team.

| SURGICAL SERVICES | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------------|-----------|-----------|-----------|
| General Major | 1409 | 914 | 645 |
| General Minor | 3697 | 6344 | 4779 |
| Total General Surgeries | 5106 | 7258 | 5424 |
| OBGY Major | 2030 | 2066 | 2468 |
| OBGY Minor | 63 | 79 | 192 |
| Total OBGY Surgeries | 2093 | 2145 | 2660 |

| | | | |
|------------------------|-------------|--------------|--------------|
| Ortho Major | 131 | 81 | 154 |
| Ortho Minor | 693 | 834 | 1795 |
| Total ORTHO Surgeries | 824 | 915 | 1949 |
| Total surgeries | 8023 | 10318 | 10033 |



OT staff

Paediatric Department

By the grace of our Lord Jesus Christ, Makunda Christian Hospital has been catering to the needs of children in our community and in neighboring states.

We have been providing high quality care in terms of OPD, Ward care, ICU care and Neonatal care. MCLGH's NICU is NNF accredited busy setup with almost 100 % occupancy rate and more, catering to the needs of extremely sick babies needing ventilatory support, therapeutic hypothermia in case of HIE, surfactant therapy in case of extreme preterm babies with RDS, Exchange transfusion with IVIG infusion as needed for babies with Rh incompatibility. Screening is being done for congenital hypothyroidism, Retinopathy of Prematurity and hearing screening. Regular reviews are conducted to keep the quality of NICU as high as possible so as to render the best care to the neonates. Mothers are educated on safe practices in caring for preterm babies. MCLGH is BFHI accredited and in keeping with this, mothers and baby are roomed-in for Kangaroo Mother Care (KMC) and other Baby Friendly Hospital Practices are done. The neonatal graduates are being followed up

in OPD bases for complications and with physiotherapy department the children with evolving or established cerebral palsy are being taken care.

The ICU caters to a wide spectrum of diseases. The very sick ones being with encephalitis, GBS, Septic shock, Pneumonia, Congenital heart Diseases, suspected wet beriberi and others. For children with prolonged ICU stay, Psychiatry department pitches in for counselling.

OPD services are rendered on a daily basis. Birth vaccines are being given for the babies and subsequent ones are taken to neighbouring subcenters.

Retinopathy of Prematurity (ROP) screening is a complication which can cause blindness among preterm neonates.

Activities and collaboration of the department:

- Breast Feeding Week Celebration: It was successfully conducted during the first week of August 2023 with various programs including slogans, poster competition, Essay writing, Team activities on educating mothers, Quiz for doctors and nurses. Prizes were distributed for all the activities.
- Training: Junior doctors are being trained on a regular basis. Classes being taken in bed side and on Paediatric Advanced Life Support and on critical illness. Classes are taken for nurses on various topics.
- Collaborations: MCLGH has been in Collaboration with several organization to cater to the needs of the downtrodden community. We are grateful for the same. Some of the collaboration include Sachin Ramesh Tendulkar Foundation, Ekam Foundation. Children requiring Surgery for congenital heart disease are being referred to Amritha Institute Kerala where surgeries are done on a charity basis. ROP interpretation is done by Sankra Nethralaya Guwahati and if needed children are being referred for further treatment. Life For A Child has partnered with Makunda for treating type 1 diabetes children of our community.

Future needs & plans:

- Continuous EEG monitoring for Therapeutic hypothermia and for refractory status epilepticus.
- Routine vaccination to be setup in the future.



Paediatric staff



Doctors Team

STORY OF HOPE

THE HARROWING ORDEAL OF MR. SISOUHA REANG: A TALE OF SURVIVAL

A Tragic Incident

Mr. Sisouha Reang, a lively and curious 6-year-old boy, lived a simple yet joyful life in his small village. His days were filled with playful adventures and laughter, often shared with his younger cousin sister, who was just two years his junior. However, one tragic day, their lives took a devastating turn.

Unbeknownst to the children, they had accidentally consumed a poisonous substance. The specifics of the poison were unknown, but its effects were immediate and deadly. Mr. Sisouha's cousin succumbed to the poison almost instantly, leaving the family in shock and grief. Acting swiftly, Mr. Sisouha's parents rushed him to the nearest hospital, hoping to save their son from the same fate.

A Race Against Time

Upon arrival at the local hospital, the severity of Mr. Sisouha's condition was clear. He was unconscious, his small body unresponsive, and his lips had turned a concerning shade of blue. Recognizing the critical nature of his condition, the local doctors quickly referred him to Makunda Hospital, a facility better equipped to handle such emergencies.

Mr. Sisouha was admitted directly to the Intensive Care Unit (ICU) at Makunda Hospital. He was intubated immediately to assist his breathing, as the medical team worked tirelessly to stabilize him. The following 72 hours were a tense and emotional time for his family, who could only watch and pray as the doctors and nurses fought to save their son.

The Battle in the ICU

The ICU staff at Makunda Hospital were relentless in their efforts. Monitoring Mr. Sisouha's vital signs around the clock, they administered treatments aimed at countering the effects of the unknown poison. The boy's condition was precarious, and each passing hour was fraught with uncertainty. His parents, overwhelmed with fear and grief, clung to each small sign of hope the medical team provided.

Gradually, signs of improvement began to emerge. Mr. Sisouha's vital signs stabilized, and the blue tint of his lips started to fade, indicating that oxygen levels in his blood were improving. After three arduous days in the ICU, his condition was deemed stable enough for transfer to the Paediatric ward, marking the beginning of a hopeful turn in his recovery.

Recovery in the Paediatric Ward

The Paediatric ward at Makunda Hospital became a beacon of hope for Mr. Sisouha and his family. Surrounded by the compassionate care of the Paediatric nurses and doctors, he began to show significant signs of recovery. Although still weak and under close observation, he started slowly responding to his surroundings.

Over the next three days, his condition continued to improve steadily. The medical team, pleased with his progress, gradually reduced the intensity of his treatments. His parents, who had feared the worst, watched in awe and gratitude as their son regained his strength and vitality. Each small improvement was celebrated as a significant milestone on his road to recovery.

A Joyful Departure

The day of Mr. Sisouha's discharge from the hospital was a moment of immense relief and joy for his family. His parents, who had braced themselves for the worst after witnessing the tragic loss of their niece, were now filled with gratitude and happiness. They couldn't believe that their son, who had been at death's door just days before, was now stable and ready to return home.

The staff at Makunda Hospital, who had grown fond of the brave little boy and his resilient family, shared in their joy. The nurses and doctors received heartfelt thanks from Mr. Sisouha's parents, who expressed their deep

appreciation for the care and dedication that had saved their son's life.



Epilogue

Mr. Sisouha Reang's story is one of tragedy, resilience, and the remarkable power of timely medical intervention. The swift actions of his parents, the critical care provided by the ICU team, and the nurturing environment of the Paediatric ward all played crucial roles in his survival and recovery. His journey from the brink of death to walking out of the hospital with his family is a testament to hope, medical expertise, and the unwavering spirit of a young boy who defied the odds.

As they left Makunda Hospital, the Reang family carried with them not just their beloved son, but also a renewed sense of hope and gratitude. They returned home, their hearts filled with profound appreciation for the miracle of life and the compassionate hands that had helped save hi

STORY OF HOPE

STORY OF A BRAVE GIRL

Last year on September 9th we had received a baby girl, B/O Naphuiti Reang, who weighed 1.355 kgs, was born only at 30+3 wks. of gestation got admitted in our NICU for Very low birth and Preterm management.



She had been intubated and was ventilated because of respiratory distress. On day 3 of life the baby had respiratory arrest and condition worsened, yet the NICU team did not give up and they resuscitated back after lot of efforts by the team.

Finally, the baby battled through for her life, with many complications like developing Pneumothorax, feed intolerance, fungal sepsis and apnoea and made it through. She was treated with care and all the modalities

available in our setting by doctors and nurses in the NICU.

She had intercostal chest drain, was weaned to Bubble Cpap and had also received blood transfusion.

With thin chances of survival, she was able to get discharged after 2 ½ months of hospitalization from hospital.

The family is glad and feel so overwhelmed with all the efforts put in to keep the baby thrive on and made her to grow healthy. It is such a joy for the entire NICU team to witness God's grace in being able resuscitate a precious little girl baby.

This is one such miracle story among many others which motivates and encourages the team to be a protector of the tiny beings getting admitted in our NICU.



Medicine and Critical Care Department

The Medicine department was able to continue its work and extend some services by God's grace:

- Infectious disease care was improved including TB care. TruNAAT services were initiated and optimised helping in management of many critically ill TB patients.
- Rheumatology and autoimmune diseases work was upgraded with management of new diseases and addition of newer biologics for therapy .
- Intensive care was enhanced with acquisition of more ventilators and better streamlined protocols.
- Peritoneal dialysis and new USG guided procedures like PCN were attempted successfully for poor patients who needed emergency treatment and could not go to higher centers due to financial, social and logistical constraints.

Future plans include a NCD clinic runned by nurses, and plan for a systematic telephonic follow-up programme for patients with autoimmune disorders and other chronic diseases.



Medicine and Critical Care staff

Department of Psychiatry and Palliative Care

The Department of Psychiatry and Palliative Care provides Outpatient and Inpatient services in the hospital. The department was started in 2018 by Dr. Gunaseelan as a department of Psychiatry with the in-patient and the out-patient work. After 2 years, the new team consisting of Dr. Starlin, Sister Diana and Brother Roben continued the work in order to address the issue of indirect costs of chronic care for the patients, conceived of two wings within the department: a hospital-based psychiatry wing and another community psychiatry wing. For this we set

aside Saturdays as the days for community outreach and rest of the week for hospital-based work.

During the COVID-19 Pandemic, we were encouraged by the then Managing Director, Dr. Roshine to venture into End-of-Life care and community-based care of people with chronic disease especially various organ failure states, disability and cancers. Consequently, we expanded our department to include both psychiatry and palliative/ long-term care in the year 2022. This change is reflected in the kind of work we do in the hospital and in the community. This year we have increased the use of Morphine in Patients admitted under Palliative care for pain and breathlessness management.

From 2023 onwards, all of our community work happens in collaboration with the hospital's Community Health department. Our community-based psychiatry and palliative/ long-term care work is taken care by a separate team which includes Sister Banrilang, Sister Merciful, Brother Roben and is supervised by Dr. Starlin and Sister Sasomchun.

During February 2024, we were able to facilitate observership of one student who is pursuing her MSc in Neuropsychology in Christ University, Bengaluru. We have applied for hospital RMI status this year and we are waiting for approval.

| | Psychiatry | Palliative Care |
|--|------------|-----------------|
| Number of OP patients | 1848 | 254 |
| Number of IP admissions/ referrals | 271 | 314 |
| Number of Morphine ampoules used for hospitalized Palliative care patients | - | 184 |



Psychiatry and Palliative Care staff

Dental Department

By the Grace of God and with his guidance Dental services was restarted on the 3rd of May 2023.

Presently I am the only dentist working in the department, together with 1 assistant. The department has 1 dental chair with 1 RVG X-RAY machine and we have done procedures like Extractions, Scaling, RCT, restorations, and Minor Surgical Procedures.

The challenge faced by us is that the local population are afraid of undergoing dental procedures due to lack of knowledge. General oral hygiene is very poor in the population as they are not aware of it.

The main goal is to provide proper dental care to each and every person and to help them know more about the importance of proper care of their oral cavity as well as their overall health.

The annual EHA Dentist's Conference from 25th-28th March at Duncan Hospital, Raxaul, Bihar was attended on the Theme: Salt and Light in Dentistry.

Future plan is to work on Community Dentistry, and starting an Oral Health Screening Programme in the nearby schools.

I would like you all to kindly lift our Hospital and the Dental Department in your prayers. Without God nothing is possible but with God everything is possible.

| DENTAL | 2023-2024 |
|---------------------------------|-------------|
| Extractions | 249 |
| Oral prophylaxis | 197 |
| Restorations | 159 |
| Root Canal Treatment | 15 |
| Minor Surgical Procedures | 107 |
| Total number of patients | 1887 |



Department of Physiotherapy and Rehabilitation

The department of Physiotherapy & Rehabilitation is equipped to provide timely intervention and rehabilitation. The department provide service to both In-patient and Out-patient in the hospital.

The department is currently manned by two physiotherapists. The department focuses on people living with physical neurological & orthopedically impaired to maintain and restore their maximum independence. Some of the various health condition seen for the FY 2023-24:

- Orthopedic rehabilitation: Rehabilitation following fracture, dislocation & amputation. Post orthopedic & surgery rehabilitation of TWB, PFN, DHS, hemi arthroplasty, IM nailing, ORIF, K-wires, external fixation.
- Musculoskeletal rehabilitation, Sciatica, osteopenia, osteo arthritis. Infective arthritis, osteopenia, Rheumatic arthritis, fibromyalgia, ankylosing spondylosis, prolapse inter vertebral disc (PVD), tendinitis, spondylolisthesis, frozen shoulder, impingement syndrome, sprain, strain, tendinitis, facitis.
- Neurological rehabilitation: Stroke (Hemiplegia), SCI (paraplegia & quadriplegia) Parkinson's disease, neuropathy, peripheral neuropathy, facial paralysis.
- Paediatric rehabilitation: Cerebral Palsy, Delay Development Milestones, CTEV, Speech and hearing impairment, Intellectual disability, seizure Disorder, Autism, Hypoxic Ischemic Encephalopathy, Muscular dystrophy, Down syndrome.
- Burn rehabilitation: Prevention of post burn contracture & deformities.
- Ante-natal & post-natal care for the mothers: Ergonomics education, Therapeutic exercise and electro therapy for both OP and IP patient.

| PHYSIOTHERAPY AND REABILITATION | 2021-2022 | 2022-2023 | 2023-2024 |
|---------------------------------|-------------|-------------|-------------|
| OPD (Adult) | 1758 | 2605 | 2766 |
| IP (Adult) | 410 | 596 | 451 |
| OP (Paediatric) | - | 346 | 125 |
| Neonates | - | 68 | 6 |
| Total number of patients | 2168 | 3615 | 3348 |

STORY OF HOPE

FROM THE MEDICINE DEPARTMENT

We want to thank God regarding a young lady who presented to us with severe generalised tetanus. She developed an aspiration pneumonia with multi-organ dysfunction- Encephalopathy, AKI, severe septic shock with ischemic hepatitis. She had prolonged anuria with gradual development of metabolic complications. Her family could not afford to take to a higher centre. After discussion with family and Dr Ashita Singh's guidance, she was initiated on Peritoneal dialysis and underwent tracheostomy in view of prolonged ventilation. After around 5-7 days of PD, her renal functions gradually improved. She continued to require ICU care due to VAP, acute tracheostomy block due to thick secretions, prolonged spasms up to day 22 post admission, difficulty in weaning and spasms related vertebral fractures.

Gradually by God's grace she improved and after almost 2 months of ICU stay went home ambulant and taking orally. She came back for follow-up and is doing well by God's grace.

It was a massive team effort along with Medicine department, others involved were:

- a) Surgeon Dr. Moloti
- b) Nursing staff headed by Sis Jasmine and Sis Golden
- c) Staff trained for peritoneal dialysis - Bro. Loli, Sis Percy, Sis Hoipi
- d) Dr. Chandan with his gracious support throughout



STORY OF HOPE

FROM THE PSYCHIATRY DEPARTMENT

Ms. Subeda Bibi (name changed), a 55 years old lady was suffering with psychotic symptoms for the past 20 years. She was divorced due to her illness and had no children. She was being taken care of by her two brothers. The illness started 20 years ago with hallucinating behavior, wandering about in the village and a marked disturbance in her usual personality. Her brothers tried their best to provide medical and magico-religious treatments and to get her to become better. However, she continued to suffer with her mental illness which led her family to give up on looking for improvement in her condition.

Morning of 27th March 2024 saw her come to our Psychiatry OPD. Her younger brother narrated her mental health problems with a heavy heart to our Mental Health Nurse hoping for any help. As our psychiatrist was out of

station, she took a primary role in diagnosing and starting the first line treatment for her in consultation with the Psychiatrist over phone. She was given one month of medication with an advice to follow up once medicines were over.

During the second hospital visit on 30th April 2024, the brother greeted the Psychiatrist and the Nurse with a big smile and tearful eyes thanking them and the hospital for their expertise and care, which had made a real difference in Subeda's life. We were happy to know that she is now able to take care of herself and eat and sleep well. Her psychotic symptoms have been reduced significantly and she started to socialize with others family members. We praised God for her healing and understanding that He works through people like us and shows Himself to be the real healer.

DIAGNOSTIC SERVICES

Laboratory and Blood Storage Center

The Lab department consist of Ms. Sukmon Syad as Lab – In- charge and fourteen Lab staffs. The scope of services provided by the laboratory include clinical biochemistry, haematology, microbiology and serology. This year saw a significant increase in number of tests performed.

| LABORATORY | 2021-2022 | 2022-2023 | 2023-2024 |
|--|---------------|---------------|---------------|
| Clinical Pathalogy | 55654 | 70141 | 96165 |
| Clinical Biochemistry | 64622 | 82665 | 95758 |
| Clinical Microbiology | 4141 | 7364 | 13568 |
| Serology | 47770 | 57720 | 57005 |
| Outsourced tests | 10155 | 16247 | 677 |
| Crossmatching tests (Blood Bank /Blood Storage center) | 797 | 1258 | 1582 |
| Blood Borne Virus screening (Blood Bank /Blood Storage center) | 0 | 0 | 0 |
| Total Lab Tests | 183139 | 235395 | 265141 |

The laboratory is part of the EQAS run by the department of Clinical Biochemistry and the Clinical Microbiology of Christian Medical College Vellore. Future plans include in expanding the lab and also ensuring quality using NABL as an external assessment tool. This year we started TRUNAAT testing for MTB in partnering with Government of Assam.

The Blood storage centre is headed by Ms Amy Alexander and it is affiliated to the mother blood bank at 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. We also organized blood donation camps conducted by the Karimganj Blood Bank. A total of 86 voluntary blood donations were given this year.

With increasing number of patients requiring emergency blood transfusion and Makunda becoming a referral centre 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.

Radiology Department

The department of radio diagnosis consist of eight radiographers and one health assistant to help with smooth flow of patients in the department. The scope of service offered include digital X-rays including barium studies, IVP, ECG. Ultrasonography, Echocardiograms, upper gastro intestinal endoscopies and CT scan.

| RADIOLOGY | 2021-2022 | 2022-2023 | 2023-2024 |
|------------|-----------|-----------|-----------|
| X-ray | 18634 | 21502 | 23145 |
| ECG | 6866 | 8033 | 7545 |
| Ultrasound | 11088 | 11074 | 10494 |
| CT Scan | 390 | 2642 | 3798 |

Neurophysiology Studies

| NEUROPHYSIOLOGY STUDIES | 2021-2022 | 2022-2023 | 2023-2024 |
|---|-----------|-----------|-----------|
| Total number of new patients who underwent nerve conduction studies | 118 | 317 | 352 |
| NCV study findings | - | - | - |
| Normal | 36 | 38 | 77 |
| Diabetes | 28 | 4 | 16 |
| Carpal Tunnel Syndrome | 0 | 13 | 47 |
| Suspected thiamine deficiency induced peripheral neuropathy | 18 | 34 | 2 |
| EEG (Normal) | 74 | 199 | 335 |
| EEG (Abnormal) | 13 | 59 | 79 |

Optometry

The department of eye runs with two optometrists. The optometrists perform a comprehensive eye examination for all the patients which include dry and wet refraction, Funduscopy and slit lamp examination to rule out any abnormalities of eye. Spectacle are dispensed at affordable price through our partnership with Aloka Vision Programme by Zeiss. Retinopathy of Prematurity (ROP) screening is also done for neonates in the NICU as ordered by the attending paediatrician.

Dr. Roshine Mary Koshy, MD, and Ms. Ciin Hoih Kim attended the Aloka Summit 2023 that was held in Bangalore on 12th and 13th September 2023.

| OPTOMETRY | 2023-2024 |
|----------------------------------|-----------|
| Total number of refractions | 2832 |
| Patients referred for glasses | 1087 |
| Patient with cataract identified | 367 |
| ROP Screening | 69 |
| Diabetic Retinopathy | 67 |
| Hypertensive Retinopathy | 18 |



Laboratory and Blood Storage Center staff



Radiology Department staff

SUPPORT SERVICES

Pharmacy

The Makunda Christian Leprosy and General Hospital provides 24 hours pharmacy service with ten registered pharmacists. There are 5 windows for dispensing drugs to the patients in the pharmacy building. There is a separate pharmacy store room for all the stocks. The stock manager maintains the pharmacy store. Patients are seen in the doctors consulting room where drugs are prescribed and charged. The patients then come to the pharmacy to pay and collect medicines. All medicines are dispensed by a registered pharmacists as per the prescription.



Medical Records Department (MRD)

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.

The medical record Department is also involved in collection and reporting of statistical data needed by the Government National Health program. This year we started scanning of all the IP charts and also new HIMS was started. Future plans include upgrading the infrastructure and facilities available for storage of medical records.



IT Services

The Hospital HMIS runs on Lenovo Think System SR550 that runs Windows 2019 Server. The new upgraded HMIS system enables the Doctors to enter clinical diagnosis, prescriptions and investigations order directly into the system making the whole OPD process online without the need to write them down on the OPD Card. The hospital also collaborated with VR Logicals that supply IT Equipment's, about 20 newly purchased Dell OptiPlex Mini PC are installed to main OPD to make the OPD process online. The system also interfaces Lab, CT and Xray Machines, USG Machine and feed those results and findings directly into the systems without the need to send manual reports back to the doctor for diagnosis.

Currently our hospital manages about 100 desktop computers running both on windows and Linux across various departments. The hospital also run PACS Server and runs newly install Network Attach Storage (NAS) to store and maintain CT Images, Xray and scanned IP charts of the patients. The old Lenovo M4 Server which houses the old HMIS System acts as back-up in the event of any emergency. The Hospital Network Security is protected by Sophos XGS Firewall to ensure data security, encryption and access controls in compliance with relevant regulations. The server room has two separate UPS power back up supply in the event of any power failure to power up the servers.



In March 2024, the department started with the implementation of the new HMIS software Accesserve.

Dietary Services

Dietary Department provides nutrition counselling in health and disease; developing, implementing, and managing nutrition care systems; evaluating and maintaining appropriate standards of quality in food and nutrition care services. The dietary department is FSSAI certified by the Commissionerate of Food Safety, Government of Assam.

Dietary Department mainly operates in two areas:

1. Nutrition counselling
2. Food service management

New initiatives:

- Therapeutic Diet: Update of Dietary Assessment, Route feed ready to serve powder, High Protein Energy Diet (HPED), Albumin water, Protein powder, Soyabean powder, Prevention of diarrhoea food puree, and Diabetes Daliya (diabetes wheat rice)
- Food Service Canteen: Lassi (cold drinks), Donuts and pancakes, Eggroll, Pasta, Chicken pakoda, Manchurian chicken, and Chicken soup

Future plans:

- Setting up dining areas with attention to ambiances.
- Prepare meals under the supervision of a dietary manager or cook.
- Deliver dishes for Therapeutic diet patients at designated times and rooms.
- Separate food preparation bench for the therapeutic diet and pure vegetarian diet.
- To open the bakery hut.
- To purchase the list of Bakery Kitchen Equipment.
- To prepare high fibre high protein biscuits, cakes, cupcakes.
- To make fresh juice corner.



Allied Health staff

Engineering & Maintenance Department

Electricity

Electricity is obtained from Assam State Electricity Board via an 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 power fluctuations.

As an alternate source of electricity, the hospital has two Diesel Generators of 320 KVA and 500 KVA. It has a 900-liter capacity Diesel tank to ensure an 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 four 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 lapses in electricity supply from ASEB or from Diesel Generators, electricity for essential lines is provided from power banks (UPS/Inverters) in critical areas.

Under the supervision of the Maintenance In-charge, maintenance department with electricians-8, Plumber -2 Carpenter -2, Welder -2, Helper -3 are available round the clock, as well as in the event of any emergency.

New upgrades:

- The hospital load has increased, leading to continuous breakdowns of the 200 KVA generator. Consequently, the 200 KVA generator was replaced with a 500 KVA Greaves generator.
- The overhead LT line from the powerhouse to the hospital was converted to an underground armoured cable due to continuous issues with the old LT line.
- Floor-wise electrical distribution boxes were installed to improve the distribution and management of electrical loads.



Engineering and maintenance staff

Portable water

Portable water is obtained after treating water from a perennial tributary of the Longai River. The hospital has its own 100,000-liter treatment plant (a generous gift from the Government of Assam), with a reservoir of two 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 connect this tank to the entire campus. A new Pneumatic Water pumping system was installed this year.

New Upgrades:

- Two new Grundfos hydro pneumatic pumps were purchased for water distribution to the hospital, staff hostel, and ANM student hostel.
- Sand filters and carbon filters were also installed for additional filtration.
- An automatic control panel was designed by Mr. Franklyne Dayalan and installed in various places. It operates automatically with valve actuators and sensors, reducing the manpower needed to operate and greatly reducing water wastage.

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 60 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. We installed Cistron Oxygen plant with the capacity of 300 liters/min.

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.

Vehicles

A new Maruti EECO was purchased to transport student nurses to the community and to pick up and drop off staff at night from their homes within the campus. The Isuzu Pickup truck is used to transport large numbers of oxygen cylinders and to bring increasing amounts of supplies from nearby towns. The hospital also uses a Maruti EECO Ambulance. Additionally, a new Mahindra Bolero 7-seater was purchased this year.

The Ambassa branch hospital is equipped with a Bolero Camper 2WD for various transportation needs.



Staffs from top left to right: Accountancy & HR, Registration, Security, Housekeeping and Canteen

COMMUNITY HEALTH DEPARTMENT

The community health work is primarily focused in the geographic area of Lowairpoa Community Development Block in the district of Karimganj.

The activities can be categorized under three major heads.

- A. Community health clinics
- B. Home-based care services
- C. Research activities

With an objective to increase the physical accessibility of health services to the community, we have started monthly community antenatal care (ANC) clinics under public-private partnership with NHM Assam and monthly community mental health clinics in collaboration with DMHP, Karimganj since 2022. These clinics are conducted in selected health and wellness centers (HWCs) in the Block.

Community Health Clinics

ANC Clinics

- 1. Tilbhum HWC – Every 1st Saturday of the month
- 2. Manikbond HWC – Every 2nd Saturday of the month
- 3. Kukital HWC/ Shephinjuri tea estate – Every 3rd Saturday of the month

Pregnant women are mobilized for these clinics by the ASHA workers of the HWC and a team of doctor, nurse and a lab technician from Makunda along with the CHO and ANM of the HWC provide antenatal care to the mothers. The high risk mothers are identified and referrals are made to Makunda hospital for further management after which back-referrals are being made to the CHO/ANM/ASHA workers of the respective HWCs.

| Community ANC Clinics | 2023-2024 |
|--|-----------|
| Total villages covered through ANC clinics | 31 |
| Total number of clinics conducted | 32 |
| Total visits of pregnant women at clinics | 979 |
| Total pregnant women who received care at clinics | 433 |
| Total pregnant women identified with high risk factors | 313 (72%) |
| Mean gestational age at the time of first visit | 19 weeks |

Mental Health Clinics

- 1.Kukital HWC - Every 1st Saturday of the month
- 2.Shephinjuri tea estate – Every 1st Saturday of the month
- 3.Manikbond St.Joseph’s dispensary – Every 2nd Saturday of the month
- 4.Bhubrighat HWC – Every 3rd Saturday of the month
- 5.Ambassa branch hospital, Tripura – Every 4th Saturday of the month

The psychiatrist and nurse team from Makunda provide medical care and referral services to the mentally ill patients in the community clinics. The team along with the ASHAs monitor drug compliance of the patients.

| Community Mental Health Clinics | 2023-2024 |
|---|-----------|
| Total villages covered through Mental Health Clinics | 70 |
| Total number of clinics conducted | 62 |
| Total visits of patient at clinics | 1,352 |
| Total number of patients who received care at clinics | 652 |

*Home-based Care Activities**Maternal and Child Health Home Follow Ups*

All the high risk pregnant women (HRPW) from Lowairpoa Block who are identified in the hospital are followed up at their homes by the field staff. Any HRPW who has missed coming for check-up to the hospital are being tracked, visited at home, basic vitals measurement and symptoms recognition is done by the field staff and they are encouraged to come to the hospital for treatment along with the ASHAs.

| Maternal & Child Health Home Follow Ups | 2023-2024 |
|---|-----------|
| Total HRPW home follow-up visits done | 339 |
| Total HRPW who have received care | 308 |
| Total postnatal care home follow-up visits done | 100 |
| Total women and infants who have received care | 94 |

Palliative & Long-term Care

The Long Term Care and Palliative Care team conducts home visits in the Lowairpoa development block, 3 days a week (Tuesday, Thursday and Friday) and attends to emergency calls from the patients. Telephonic follow ups are also being done for the patients who live outside the Lowairpoa block.

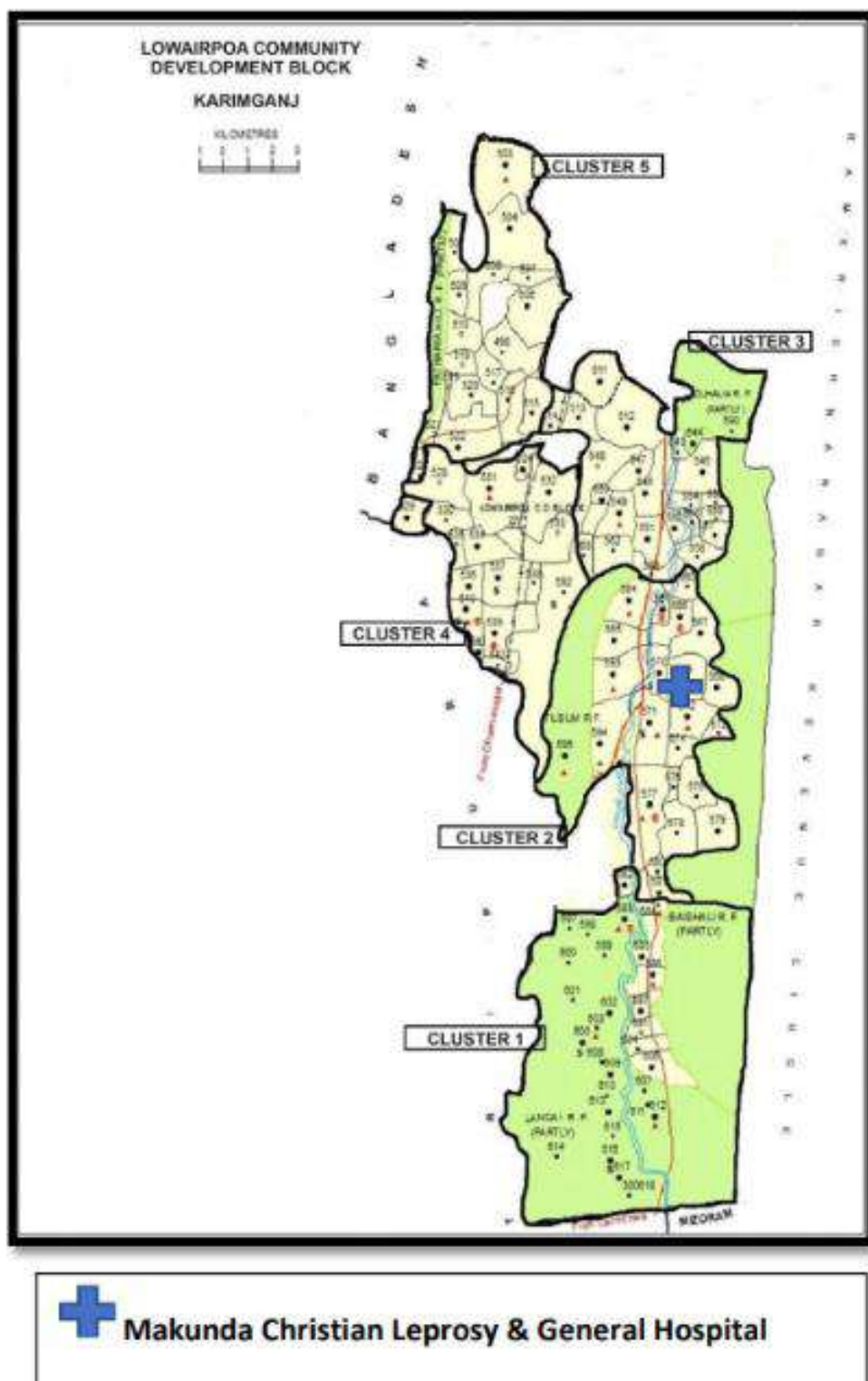
During 2023-24, Dr. Starlin and Ms. Sasomchun have completed the National Fellowship in Palliative Care course conducted by CMAI & IPM, Calicut. Two of our nurses, Ms. Merciful and Ms. Adenmoy are currently pursuing an online course called 'Foundation Course in Palliative Nursing' by Pallium India. Our Social Worker, Ms. Banrilang Dhar has done a short observership at the Institute of Palliative Medicine, Calicut during June 2023.

Following are the procedures done during the home visits:

1. Checking BP, RBS, temperature, pulse rate, respiratory rate.
2. Insertion of Foley's catheter and Nasogastric tube
3. Wound dressing
4. Education and compliance management of chronic medication
5. Basic physiotherapy for people with Stroke, Paraplegia, Parkinson's disease, Rheumatoid Arthritis and those who are bedridden
6. Advising and monitoring diet plan for NG tube feeding and Diabetes patients
7. Administration of Intra-articular Tricot injections for people with Chronic arthritis
8. Administration of long-acting antipsychotic injections (Haloperidol Depot) for people with severe mental illnesses who refuse oral medication.

| Palliative Care & Long-term Care | 2023-2024 |
|---|-----------|
| Number of home visits | 630 |
| Number of villages visited for home-based care | 94 |
| Number of patients received care | 223 |
| Number of phone call follow-up | 565 |
| Number of nursing intervention done at home (NG tube & Foley's insertion, wound dressing, injections) | 103 |
| Number of wound dressing | 28 |
| Number of Foley's catheter insertion | 20 |
| Number of NG tube insertion | 1 |
| Haloperidol depot injections given to people with severe mental illness | 51 |
| Number of intra-articular tricot injections given | 3 |
| Equipment given for home-based care patients (air mattress, oxygen concentrators, rollator walker, back rest) | 20 |
| Number of patients and their relatives who were taught physiotherapy at home | 171 |

| | |
|--|--------------------------------------|
| Number of bereavement visits | 108 |
| Number of students who had palliative care exposure | 30 (16 ANM, 1 MSc, 8 MBBS, 5 others) |
| Number of 10mg morphine tables dispensed for palliative care | 15,545 |
| Number of awareness meetings conducted | 1 |



STORY OF HOPE

HOME-BASED CARE PATIENT'S TRANSFORMATIONAL STORY

During the home visits in the community, we were informed regarding one stroke patient who was bedridden and paralyzed for quite a few months. We visited Mahi (name changed), who was lying on her bed alone while her daughter-in-law was busy with chores. She shared of how helpless she felt lying on that bed and how she wished she would be able to walk again. She also shared that sometimes she had suicidal thoughts assuming that she is a burden to her family.

We brought her to the hospital where after assessment she was given medication and physiotherapy was

taught. From then on, she regularly took her medication and was sincerely doing physiotherapy. After 1 year of regular home visits and encouragement, she is now able to walk with the help of a bamboo stick and is looking after their small grocery shop. She is overjoyed that she could walk and look after the shop and said that she "feels alive again" and thanked the team and the hospital for the great change that had happened in her life.

As a team, we thanked God that He used us to answer her cry and came to know that He cares for each one of us in our pain and suffering.

THEN



NOW



Research Activities

Demographic Surveillance - Second Round

Under the ARC-SIIMA Research Platform, the second round of demographic surveillance was conducted from May 2023 to September 2023. Demographic and mortality data was collected from all the households in 110 villages of the Lowairpoa Community Development Block. The data was validated, cleaned and analyzed in collaboration with the CMC Vellore.

| Demographic Surveillance | 2023-2024 |
|--|-----------|
| Total number of households surveyed | 33,293 |
| Total population | 1,58,988 |
| Total female population | 77,593 |
| Number of women in reproductive age | 37,940 |
| Currently pregnant women at the time of survey | 1,815 |

Verbal autopsies

Verbal autopsies of all the maternal, neonatal and infant deaths identified in the second round of demographic surveillance were done using WHO 2016 VA questionnaire in the months of December 2023 to February 2024. The data is being analyzed.

Anemia Project

Under the anemia project, the implementation of an adapted model of Anemia Mukht Bharat (AMB)-a national health program, was done in selected health & wellness centers to assess the change in prevalence of anemia in tea garden pregnant women. A total of 203 pregnant women were enrolled into this study and were followed up throughout pregnancy and 6 weeks postpartum following the AMB treatment protocol with periodic hemoglobin assessments. The data is being analyzed. A formative research to understand the beliefs and behaviors associated with anemia was also conducted parallelly..

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 mind, a survey of the state of Tripura was conducted in 2005. Kamalacherra (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 Kamalacherra 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. Molhouwa Tantanga medical officer in charge of the branch hospital. 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.



Entrance Kamalacherra branch hospital, Ambassa, Tripura



Waiting area

NURSING DEPARTMENT

Introduction

The nursing services form the backbone of the health team. Nurses play a pivotal role in rendering quality and holistic care for patients and their families in the hospital as well as community settings. Makunda Christian Leprosy & General Hospital aims to improve the quality of care while providing services at affordable care and in the spirit of Jesus Christ. The hospital also aims to encourage nurses to develop personally and professionally. We seek God's grace to help and sustain our efforts.

Present Nursing Strength

As on March 31st 2024, the nursing team comprises of 158 health professionals – 7 M.Sc. Nurses, 22 B.Sc. Nurses, 67 GNM, 6 ANM/GNM with RCH/Anaesthesia training, 62 ANM and 33 Health Assistants. The M.Sc. Nurses co- ordinate the overall services of the respective clinical areas (Medical-surgical/ paediatric/ 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/ basic nursing care/ health education) and thereby supplement and strengthen the quality of care provided.

Regular Programmes and Training

The Nursing team conducts regular in-service classes department wise in their commitment to continuing nursing education. Key Performance Indicators (KPIs) are monitored department wise and presented during meetings on a regular basis.

Nurses from Maternal and Child Health, Psychiatry & Palliative Care Department participate in the antenatal and palliative care visits regularly. Antenatal clinics are conducted in Kukhital, Manikbond and Sephinjuri subcentres once a month and Psychiatry clinics once a week in partnership with the PPP with government as part of NHM programmes. Palliative care team conducts home visits thrice a week.

Induction programmes are conducted for all new staff by the respective nursing department incharges. CPR training was conducted for all the staff.

Students from Baptist Christian Hospital, Tezpur and CIHSR, Dimapur, Nagaland were posted for their Obstetrics and Gynaecology postings during the year 2023-24.



Nursing staff



Inservice Education for Nurses and DHA



World Breastfeeding Week activities



Role play by DHAs and Volunteers in General OPD

HUMAN RESOURCE DEPARTMENT

HR Report

Makunda Christian Leprosy and General Hospital being a diverse community, every day, we are realizing the value of merging different perspectives and backgrounds into our group of creative people. This year 14 Nurses have received certificates of appreciation for their hard work and sincerity. It is also a proud moment for us to receive 'Champion of Global Surgery' by one of our OT staff, Mr. Basanto Fulmali at the 24th Annual Conference of the Association of Rural Surgeons of India at Maulana Azad Medical College, Delhi on 16th March 2024.

Hiring the best talent has always been a priority, as our employees are the ones in charge of innovating and boosting the service growth. However, being able to recruit and, most importantly, retaining staff / right talent is a challenge. Makunda has selected few candidates for financial assistance or seats for higher studies and which the candidate has to pay back in the form of service or pay back without interest as per agreement signed with the institution.

We also have intern Allied health students and Nurses clinical posting from Martin Luther University, Meghalaya, Tezpur, Assam and CISHR, Dimapur, Nagaland to complete the necessary requirements of their procedures.

In-service education for all the departments continues on a regular basis. Policies of EHA are in place and all the new joining staff are informed as part of their orientation. Annual routine physical check-up for all the staff has been conducted in the later year of 2023. Hospital sports is one of the many social activities organized every year, mostly in the month of November, led by one of the senior consultants. All staff participated and prizes were distributed on the closing day.

Staffing

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 e.g. time audits / clinical audits 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.

In the Annexures, the following information is presented:

- Annexure A - List of staff appointments, confirmation, service obligations, resignations and transfers.
- Annexure B - List of training, workshops and conferences by staff.
- Annexure C - List of candidates sponsored for higher education.

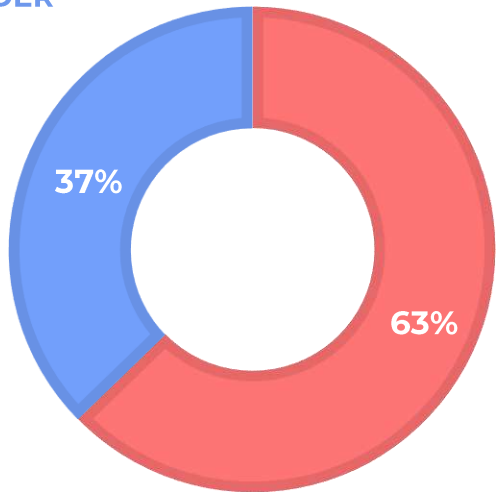
| STAFF BREAKDOWN | 2021-2022 | 2022-2023 | 2023-2024 |
|------------------------------------|------------|------------|------------|
| Medical | 21 | 23 | 21 |
| Nursing | 151 | 188 | 185 |
| Allied health | 35 | 43 | 54 |
| Technical | 15 | 20 | 32 |
| Administration | 23 | 34 | 33 |
| Other staff (e.g. school teachers) | 38 | 43 | 49 |
| Community health department | 59 | 48 | 36 |
| Support | 62 | 57 | 74 |
| Daily Wage | 97 | 109 | 113 |
| Outsourced | 0 | 0 | 0 |
| Total | 501 | 565 | 597 |

Employee Demographics

TOTAL EMPLOYEES (MARCH 2024)

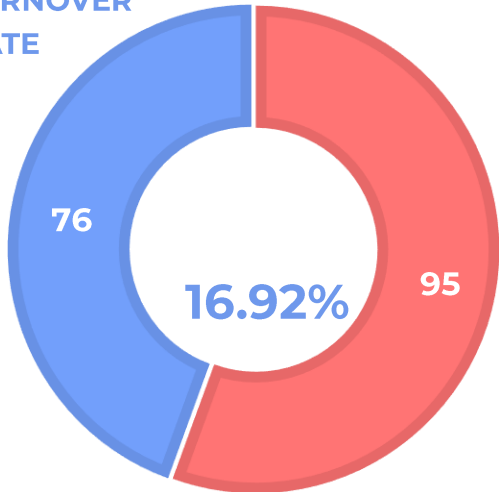


GENDER



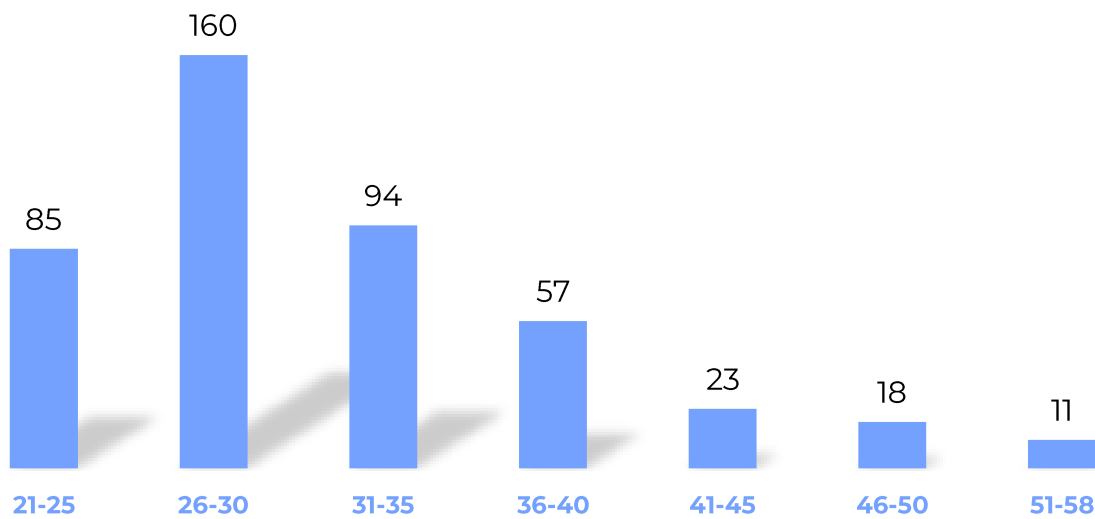
Female Male

TURNOVER RATE



New joining Leaver

AGE GROUP



RESEARCH AND PUBLICATIONS

Publications

- Burden of Typhoid and Paratyphoid Fever in India, Published in New England Journal of Medicine (NEJM), April 20, 2023. Drs. Roshine Mary Koshy and Shajin Thankaraj from Makunda are co-authors. Available from: <https://www.nejm.org/doi/full/10.1056/NEJMoa2209449>
- Exploratory study of ultraviolet B (UVB) radiation and age of onset of bipolar disorder, Published in International Journal of Bipolar Disorder, June 22, 2023. Dr. Starlin Vijay Mythri from Makunda is a co-author. Available from: <https://journalbipolardisorders.springeropen.com/articles/10.1186/s40345-023-00303-w>
- Health research priorities in low resource settings – perspectives from rural North-east India, Presented by Starlin Vijay Mythri in Global Forum on Bioethics in Research (GFBR) 2023, in Montreux, Switzerland on 28th & 29th November 2023; Published on their website: <https://www.gfbr.global/past-meetings/17th-forum-montreux-switzerland-28-29-november-2023/>

EHA-IEC approvals

- Sustainable and Scalable Interventions to Improve Maternal and new born health in India (SIIMA): Implementation of adapted model of Anemia Mukht Bharat at a Health and Wellness Center in Barak Valley of Assam to assess the change in prevalence of anemia among tea garden mothers at delivery. Protocol no. 282 (Version 2) was approved in July 2023.
- Induction of Labour and risk for emergency cesarean birth: a retrospective cohort analysis in pregnant women in a charitable mission hospital in rural Assam. Protocol no. 294 was approved in July 2023.
- Effectiveness of a targeted counseling and mHealth bundle on compliance to follow-up among pregnant mothers attending antenatal clinics at a rural, secondary level hospital in Assam. Protocol no. 304 (Version 3) was approved in February 2024.

Research projects which were conducted

- 'Prevalence and Factors Associated with Thiamine Deficiency among Pregnant, Lactating Mothers in Assam and Tripura and Assessment of Impact of Health and Nutritional Education as a Sustainable Model of Intervention in Preventing Infantile Beriberi', Protocol No. 280, approved by EHA IEC in September 2022 is in the interventional phase (Phase II). It is a

project run in collaboration with NIN, Hyderabad. Annual report of this project was submitted to the EHA IEC in December 2023.

- 'Assessment of Cord Blood Thiamine Levels in Institutional Delivered Women in Assam' a sub-study of the above-mentioned study in collaboration with NIN, Hyderabad was conducted in Makunda, during September-October 2023.
- Antenatal, Intrapartum and Postnatal Care: Longitudinal Study of Maternal and Newborn Health (abbreviated as ARC-PRS study) was started in 2020 in collaboration with CMC Vellore and BMGF India and has completed recruitment and is currently following up the recruited women. Follow up will be completed in 2025.
- Garbhini – India Pregnancy Risk Stratification Platform Alignment (abbreviated as GIPA) which was started in 2021 in operational alignment with ARC-PRS study, in collaboration with CMC Vellore and THSTI Delhi has completed recruitment and data collection in March 2024.
- Maternal and perinatal Health Research collaboration, India (MaathRI) study which was started in 2018 in collaboration with University of Oxford, UK is continuing.
- SIIMA (Anemia) study was started in July 2023 as an arm of ARC-PRS study and has completed recruitment and data collection.
- Study titled 'To verify the proof of concept of a point of care test for pre-eclampsia' with Protocol no. 260, approved in 2021 was conducted in 2023. Recruitment and data collection is completed.

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 15th October 2022 by Dr Pramod Paharia, SMO, Nazareth Hospital,

Shillong and was awarded the renewal of pre-entry level NABH certification for another two years valid till 2nd July 2024. Process for renewal of our NABH certification has been started and we hope to retain our certification for another 2 years again.

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, Mr. Pranjal Christopher while the implementation process is coordinated by the Quality Officer Ms Joymantingnei Chorei.

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 are reviewed 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. Monthly or Quarterly audits that include canteen audits, prescription audit, cut strip audit, OP card audit and medication administration audit are being carried out by the quality team.

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.

PARTNERSHIPS

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 Matruva 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 for 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 since 2016
- 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.

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). Majority of the residents who have completed their training in Makunda are working in various health care settings in the developing world or engaged with marginalized groups in the Netherlands.

GRANTS

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 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

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.

TRAINING PROGRAMS

Secondary Hospital Program

The hospital has welcomed students from CMC Vellore and Believers Medical College come 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.

Internship Training Program

Interns From Believers come to Makunda for hands on training for 6 weeks along with the training the students get the opportunity in working in a Rural setting and also understand the needs in regard to health care in Rural India.

Training Center for Student 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.

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.

NURSING SCHOOL

ANM school report

The institution had a school of nursing for many years when it was run by the Baptist Mid-Missions, USA. The course was recognized 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 two years ANM course was restarted in January 2006 after all the requirements for the course such as bed-strength, delivery and other statistics, adequate staff, hostel, classrooms, teaching aids etc. had been acquired as described in the latest syllabus of the Indian Nursing Council. The Registrar of the Assam Nurses' Midwives' and Health Visitors' Council (ANC) was invited to inspect the facilities and this inspection was completed in February 2006. The school is recognized by the Indian Nursing Council (INC). The nursing school is also registered with the National Commission for Minority Educational Institutions.

| Year | INC/ANC seats allotted | Intake |
|---------|------------------------|--------|
| 2022-23 | 25 | 15 |
| 2023-24 | 25 | 20 |
| Total | 50 | 35 |

Our aim is to provide high quality training to girls from remote areas in Northeast India and transform their communities. 288 ANM have been trained so far.

| State | Trained | Under training |
|-------------------|---------|----------------|
| Arunachal Pradesh | 7 | 0 |
| Assam | 178 | 22 |
| Manipur | 10 | 0 |
| Meghalaya | 7 | 3 |
| Mizoram | 29 | 4 |
| Nagaland | 19 | 3 |
| Tripura | 38 | 2 |

| West Bengal | 0 | 1 |
|----------------------------|------------|-----------|
| Total | 288 | 35 |
| ANM employment status | Number | |
| Government | 101 | |
| Private | 50 | |
| Other mission | 9 | |
| Makunda Christian Hospital | 57 | |
| Higher study (GNM/B.Sc.N) | 2 | |
| Home-maker | 26 | |
| Not working | 32 | |
| No information | 10 | |
| Deceased | 1 | |
| Total | 288 | |

Future plans towards Makunda Christian College of Nursing (MCCON)

Application

Application is submitted and waiting for No Objection Certificate to run the MCCON from the Government of Assam.

Infrastructure

The building (Academic and Hostel) is completed as per INC.

Library

Additional books were procured and journals are subscribed to meet the requirements as per INC curriculum. We have employed a librarian to take care.

| Subject | M.Sc.N Faculty | Study leave at CMC Vellore |
|--------------------------|----------------|----------------------------|
| Child Health Nursing | 2 | 1 |
| Community Health Nursing | 1 | 0 |
| Maternal Health Nursing | 2 | 2 |
| Medical Surgical Nursing | 2 | 0 |

| | | |
|-----------------------|----------|----------|
| Mental Health Nursing | 0 | 1 |
| Total | 7 | 4 |

Laboratory

5 laboratories are semi furnished. Praying for few requirements:

| Type of mannequin (Laerdal) | Cost per unit (with GST) | Number required |
|-----------------------------|--------------------------|-----------------------------------|
| High Fidelity | 38 Lakhs INR | 1 |
| Medium Fidelity | 13 Lakhs INR | 1 |
| Simple mannequins | 70 Thousand INR | 10 |
| Bus – 40 seaters | 40 Lakhs INR | 1 |
| Classroom and hostel | 3,9 Crores INR | 12,778 + 15,000 = 27,778 sq ft |



Home visit Isabheel T.E.



World Oral Health day



ANM students (2023 batch) & faculties

MAKUNDA CHRISTIAN COMMUNITY COLLEGE

Makunda had initiated an affiliation with the Indian Centre for Research and Development of Community Education (ICRDCE), an NGO based in Chennai in 2015 to start a “Community College”. The Community College for General Duty Assistants (GDA), commonly known as ‘Health Assistants’ was started in 2015 and since then 5 batches of 73 students have been trained.

As of 31st March 2024, 38 of them are working as Health Assistants in the hospital and 5 have completed ANM training, 2 have completed GNM training, 1 is currently pursuing GNM training and 2 are currently pursuing ANM. This course has helped to provide education and training to the girls in the local community and has also improved the quality of services and has provided additional manpower for the hospital services.

Certifications & Recognitions

- The NABH entry level certification renewal was obtained for the year 2022-2024.
- Makunda Christian Leprosy and General Hospital was awarded the certificate of accreditation for “Breastfeeding Friendly Hospital” for 3 years from August 2022 to August 2025.
- The Nobi Surin Urang Memorial Award was instituted in 2018 in memory of Mrs. Nobi Urang, Nurse Midwife 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 nurses who demonstrates good skills at bedside as well as show kindness and compassion in caring for patients. In her memory, quiz was organized for various department and excellent performers were awarded with the “The Nobi Surin Urang Memorial Award in 2023” on 12th May 2023.
- There were several other programmes conducted as part of Nurses Day and World Breastfeeding Week for the staffs and patients, prizes were awarded for the same.
- On a daily basis, group health education is given to all the in-patient wards and antenatal OPD. Mass health education and role play is conducted in the general OPD and antenatal OPD once a month. Important health days are observed and health education is given based on the given theme.
- Training programmes: The year also saw nurses being part of several training programmes and taking the lead in research and community outreach.

Trainings & Programmes in which Nurses and Nurse Assistants participated

1. Mr. Athikho Loli, Staff Nurse (B.Sc.N) completed Short Course on Peritoneal Dialysis Nursing in May 2023 from CMC,Vellore.
2. Ms. Hoipi Guite (ANM) and Ms.Percyle Raime (ANM) went to CMC, Vellore to observe Dialysis Unit for a period of one week, 1st -7th May 2023.
3. The department incharges /middle level managers attended the “Servant Leadership” training organised by ICMDA from August 2023 for a period of 12 weeks.
4. Ms. Sasomchun Halam, Deputy Nursing Superintendent, completed National Fellowship in Palliative Nursing on 5th September 2023.
5. Ms Denling Khartu, Prinipal Nursing Officer, attended a workshop on “Strengthening of Nursing Education and Cadre in Assam” held on 12th-13th March 2024.
6. In October 2023, as part of Breast Cancer awareness programme, Breast Examination using mannequin was demonstrated and redemonstrated by all female staff working in hospital, school and agriculture depts, which was initiated by Nursing department.
7. Incharges meeting on sentinel events, Incident reports & KPI (bedsores, surgical site infections, reintubation rates, needle prick injuries, medication error) to improve the quality care.

Staffs who are pursuing Master in Nursing at College of Nursing, CMC, Vellore

- Ms. Rebecca Vincent, MSc Nursing (Obstetrics-Gynaecology Nursing)
- Ms. Imebadashisha Mukhim, MSc Nursing (Paediatric Nursing)
- Ms. Deimaia Emi Lyngdoh, for MSc Nursing (Obstetrics-Gynaecology Nursing)
- Ms. Diana Chorei, for MSc Nursing (Psychiatry Nursing)



Diploma in health assistants and volunteers

MAKUNDA CHRISTIAN SENIOR SECONDARY SCHOOL

History and context

The Makunda Christian Leprosy and General Hospital Society has been operating a charitable hospital serving rural communities in NorthEast India since 1993. Situated strategically at the convergence of Assam, Tripura, and Mizoram, the society attends to a diverse population representing various linguistic, cultural, and religious backgrounds.

In the early 2000s, under the leadership of Dr. Vijay Anand Ismavel and Dr. Ann Miriam, the Society recognized a significant gap in educational opportunities within the communities residing in the Lowairpoa block. With existing schools predominantly Bengali medium, many tribal children struggled to pursue education beyond primary school. Leveraging the advantage of having tribal languages transcribed in English scripts, the Society identified the necessity for an English medium school to accommodate these communities. This need was particularly evident within a 10 km geographical radius, encompassing diverse cultural backgrounds and encompassing over 20 languages and dialects.

Thus, the Makunda Christian School, functioning in English Medium and adhering to the Secondary Education Board of Assam Syllabus, was established in 2004. Initially staffed with 6 teachers, it served approximately 150 students. The school is officially registered as a Christian Minority institution. Over the years, it has experienced growth, with its inaugural batch of 10th-grade students graduated in 2012.

To ensure continuity of educational opportunities, the school collaborated with a local Government School in 2014, incorporating a Higher Secondary section offering Arts Stream. Furthermore, in 2015, a Science stream branch was introduced, expanding the scope of educational offerings to better serve the diverse needs of the community.

Academic Year 2023-2024

The academic year 2023-2024 witnessed a total enrollment of 1290 students spanning from Kindergarten to Class 12. Each class, except for Class 3, is divided into 2 sections to accommodate the students effectively. Notably, Class 3 has an additional section to accommodate the specific needs of the students.

In terms of class size, the primary classes up to Class 10 have an average of 50 students per class. However, there are variations in class sizes for the higher

secondary (HS) sections, with an average of 37 students in HS Arts and 25 students in HS Science.

To support the educational needs of these students, the department is staffed with a total of 53 teachers and 11 non-teaching staff members. This dedicated team plays a crucial role in providing quality education and fostering the holistic development of the students.



Early years of MCHSS & Teacher family

Fee Structure

Since the school caters to predominantly economically disadvantaged communities, school fees are kept reasonably low for education to be affordable to the majority. Apart from this policy, around 20% of students are provided additional financial assistance after an assessment.

Fee structure for Academic Year 2023-2024 – Class KG 1 to Class X

| Sl.no | Particular | Re-admission | New admission |
|-------|------------------------|--------------|---------------|
| 1 | Admission Fee | 600 INR | 600 INR |
| 2 | School Examination Fee | 450 INR | 450 INR |
| 3 | Electricity Fee | 400 INR | 400 INR |
| 4 | Sports Fee | 350 INR | 350 INR |
| 5 | Maintenance Fee | 500 INR | 500 INR |
| 6 | Establishment Fee | 500 INR | 500 INR |
| 7 | Progress Report Fee | 100 INR | 100 INR |

| | | | |
|----|--|-------------------|-------------------|
| 8 | School Handbook Fee | 100 INR | 100 INR |
| 9 | ID Card Fee | 150 INR | 150 INR |
| 10 | New Enrolment fee | NA | 1,000 INR |
| 11 | First Aid Fee | 150 INR | 150 INR |
| 12 | Extra and Co-Curricular Activities Fee | 300 INR | 300 INR |
| 13 | Tuition Fee (600*12) | 7,200 INR | 7,200 INR |
| | Total (per annum) | 10,800 INR | 11,800 INR |

Fee structure for Academic Year 2023-2024 – Class XI and XII

| Sl.no | Particular | Re-admission | New admission |
|-------|--------------------------|-------------------|-------------------|
| 1 | Admission Fee | 2,000 INR | 2,000 INR |
| 2 | Tuition Fee | 8,400 INR | 8,400 INR |
| 3 | Establishment Fee | 1,000 INR | 1,000 INR |
| 4 | Laboratory Fee | NA | 3,600 INR |
| 5 | Electricity Fee | 400 INR | 400 INR |
| 6 | Maintenance Fee | 1,000 INR | 1,000 INR |
| 7 | School Handbook Fee | 100 INR | 100 INR |
| 8 | School Examination Fee | 1,000 INR | 1,000 INR |
| 9 | Enrolment Fee | 1,000 INR | 1,000 INR |
| 10 | ID Card Fee | 100 INR | 100 INR |
| | Total (per annum) | 15,000 INR | 19,200 INR |

Fee structure for Academic Year 2023-2024 – Hostel Students

| Sl.no | Particular | Amount |
|-------|--------------------------|-------------------|
| 1 | Admission Fee | 300 INR |
| 2 | Electricity and Water | 400 INR |
| 3 | Mess Fee (1,600*12) | 19,200 INR |
| 4 | Establishment Fee | 500 INR |
| | Total (per annum) | 20,400 INR |

Infrastructure

During the current academic year, a notable addition to the school's infrastructure has been made in the form of a new building comprising three classrooms. With this latest expansion, the school now boasts a total of 33 classrooms, each designed to accommodate up to 45 students comfortably.

In addition to the classrooms, the school offers four well-equipped laboratories, providing facilities for 24 students to engage in practical experiments simultaneously. This setup ensures that students have ample opportunities for hands-on learning experiences across various subjects.

The school also features a dedicated library, serving as a hub for academic research, self-study, and the cultivation of a reading culture among students. Furthermore, there are two staff rooms to facilitate collaboration among teachers and administrative staff, and promote effective communication and coordination.



Inauguration of the new academic block by Dr. Rebecca Sinate, Regional Director of EHA-NE

Board Results

The summary of Board Examination results for the last three years is tabulated below.

| | 2020-2021 | | | 2021-2022 | | | 2022-2023 | | |
|-------------------------|-----------|-------------------|----------------|-----------|-------------------|----------------|-----------|-------------------|----------------|
| | Class X | Class XII Science | Class XII Arts | Class X | Class XII Science | Class XII Arts | Class X | Class XII Science | Class XII Arts |
| No of students appeared | 87 | 19 | 34 | 68 | 23 | 36 | 80 | 19 | 36 |
| No of students passed | 75 | 19 | 34 | 67 | 23 | 36 | 80 | 19 | 36 |
| Pass percentage | 86% | 100% | 100% | 98,5% | 100% | 100% | 100% | 100% | 100% |

Curricular Activities

- An awareness program was conducted in observance of World Ovarian Cancer Day on May 8, 2023.
- A special program was conducted about the G20 Summit on May 13, 2024.
- Class XII students visited Makunda Hospital powerhouse for a practical demonstration about electrical appliances on May 21, 2023.
- A poster drawing competition and a classroom decoration competition were conducted in observance of World No Tobacco Day on May 31, 2023.

Extra / Co-Activities

- Inspector Shri Dipak Das, OC of Bazaricherra P.S., visited our students and had an interaction with them regarding social issues around the school campus.
- Dr. Rebecca Sinate, Regional Director of EHA – North East, visited us and felicitated the school toppers of the HS and HSLC examinations in 2023 on June 24, 2023.
- Ms. Priti Rani Sinha, Lieutenant Officer in the Indian Army (Former Student), visited the school and had an interaction with the students on July 6, 2023.
- The 77th Indian National Independence Day was observed on August 15, 2023.
- The school football team participated in the "Sani Bazar Football Tournament" and won the second prize.
- Thirty-four students from classes VI to IX participated in the District Level NCSC-2023 on October 15, 2023.

- The students of Class XII participated in an Educational Exposure Trip to Shillong (Air Force Museum, Dawki, Don Bosco Cultural Museum, Cherrapunji) from October 24, 2023, to October 28, 2023.
- Our school team represented Bazaricherra GP in LAC level Khel Meharan and won Gold Medals in U-19 Boys Kabaddi, U-19 Girls Kabaddi, U-19 Girls Volleyball, and U-19 Girls Kho Kho events, and Silver Medals in U-19 Boys football and U-19 Girls football events. Our students achieved Gold, Silver, and Bronze medals in Athletic events.
- The Sports Week for the academic year was conducted from December 14 to December 20, 2023.
- Fancy Dress Competition, Essay Competition, Handwriting Competition, Debate Competition, Storytelling Competition, and Speech Competition were conducted as part of the School Annual Program Litericia 23.
- Our students, along with other athletes from Patherkandi LAC, represented Patherkandi LAC in District Level Khel Meharan and achieved Gold medals in U-19 Boys Kabaddi, U-19 Girls Kabaddi, U-19 Boys football, U-19 Girls volleyball, and U-19 Boys Volleyball events, and won the Silver Medal in the U-19 Girls football event.
- Thirty-two students of Class XII received a Scooty and an Award from the Assam State Government for achieving First Division Marks in HS Exam-2022.
- The farewell program for outgoing HS and HSLC students was conducted on January 27, 2024.
- National Cadet Corps (NCC 2023-2024):
 - 100 students from Class VII to Class X enrolled for NCC in the year.
 - 27 students of NCC attended a training camp conducted by the NCC Karimganj unit.
 - 18 students achieved NCC A Certificate.
 - School NCC team won the Gold medal in District level CATC football event.



Inauguration of Annual Sports



Educational exposure trip



LAC Level Khel Meharan



Educational trip power house



LAC Leve Sanskriti Mahasankram



HS Science with Merit Certificate

Challenges and potential

Lack of family support

A significant number of students in our school come from families where they are the first to pursue formal education. Unfortunately, many parents in these families face challenges in providing the necessary emotional support and encouragement for their children to excel academically. As a result, study time often takes a backseat, and students struggle to revise their lessons at home.

Early marriage

While there has been a decrease in the number of girls getting married before completing their studies, early marriage remains a persistent social issue that disproportionately affects the academic performance of female students. Recognizing the detrimental impact of early marriage on girls' educational attainment and overall well-being, we have implemented proactive measures to address this challenge.

Future Plans

Addition of Commerce Stream

Recognizing the growing demand and the absence of educational opportunities in the vicinity, we are keenly considering the addition of a Commerce stream to our higher secondary section. This decision stems from the need to cater to the diverse interests and career aspirations of our students, particularly those who seek alternative vocational pathways beyond traditional science or arts streams.

The introduction of a Commerce stream would not only broaden the educational offerings of our school but also provide students with valuable skills and knowledge relevant to various fields such as business, finance, and entrepreneurship. By bridging this gap in the local educational landscape, we aim to empower students with diverse career options and equip them with the academic foundation necessary for success in their chosen fields.

Furthermore, offering a Commerce stream would enhance the holistic development of our student body, fostering a dynamic learning environment that encourages critical thinking, problem-solving, and practical application of concepts in real-world contexts. Through rigorous academic coursework, experiential learning opportunities, and personalized guidance from experienced educators, students enrolled in the Commerce stream will be well-prepared to pursue further studies or enter the workforce with confidence and competence.

As we continue to assess the feasibility and implementation of this initiative, we remain committed to providing inclusive and high-quality education that meets the evolving needs of our students and prepares them for the challenges and opportunities of the future. We look forward to the positive impact that the addition of a Commerce stream will have on our school community and the broader educational landscape in our region.

Additional capacity for higher secondary section, Science stream

Expanding the capacity of our higher secondary section, particularly in the Science stream, is imperative to meet the growing demand for quality higher education within our community. As an increasing number of students complete Class 10, there is a pressing need to offer accessible pathways for pursuing advanced studies, especially in science-related fields.

Currently, our capacity to accommodate students in the Science stream is limited to 25 students per class. However, this falls short of meeting the rising demand, leaving many students without access to quality higher education in their preferred field of study. This disparity is further exacerbated by the lack of affordable educational opportunities in neighbouring cities, making it difficult for students to pursue their academic aspirations outside of our locality.

In response to this challenge, we are committed to building additional capacity in our higher secondary section, specifically in the Science stream. This initiative will involve expanding our infrastructure and human resources to accommodate a larger number of students and ensure that every aspiring student has the opportunity to pursue their academic interests and career goals.

By investing in the expansion of our Science stream capacity, we aim to create a more inclusive and equitable learning environment that empowers students to excel in their studies and pursue fulfilling careers in science, technology, engineering, and mathematics (STEM) fields. Through collaborative efforts with stakeholders and strategic planning, we are confident that we can successfully build up additional capacity and provide enhanced educational opportunities for our students in the coming year.

Our Immediate Needs

Establishment of Drinking Water Treatment Plant And Construction of Water Distribution Tanks

Currently, the school serves a total of 1,279 students, with 158 students residing in two hostels on campus. While striving to ensure the well-being of its students, the school faces challenges in providing adequate drinking water, particularly as the demand continues to grow.

Despite efforts to provide drinking water through steel water filters stationed at various locations on campus, these measures have proven insufficient, especially given the increasing need for hydration, particularly during periods of extreme heat. Many students encounter difficulties due to inadequate access to safe drinking water.

To address this pressing issue and ensure the health and well-being of its students, the school recognizes the urgent need to establish water treatment plants and construct distribution tanks. These vital infrastructural enhancements will facilitate the provision of safe and reliable drinking water to all students, alleviating concerns about water quality and availability.

To complete the construction of New Academic Block

In order to introduce Commerce stream, we are expanding the seating capacity for the Science stream, and addressing the growing demand for admissions in lower primary classes, additional classroom infrastructure is indispensable. Additionally, consolidating staff members in a common staff room would streamline communication and collaboration among faculty members.

To address these needs, we have outlined a construction project for a new building, which upon completion, will contribute significantly to our educational endeavours. This new building is designed to house 11 classrooms, providing the necessary space to accommodate the planned expansion of both the Commerce and Science streams. Furthermore, the addition of an office room and a staff room will enhance administrative efficiency and foster a cohesive work environment among staff members.

By investing in this construction project, we are taking proactive steps to meet the evolving needs of our school community and ensure that every student receives the quality education they deserve. Through careful planning and resource allocation, we are confident that the completion of this new building will contribute to the continued growth and success of Makunda Christian Higher Secondary School.



Existing water filters and ground floor of new academic block

Conclusion

In conclusion, the annual report of Makunda Christian Higher Secondary School highlights a year of significant achievements, challenges, and aspirations. Over the past year, our school has continued its steadfast commitment to providing quality education to underprivileged children in the region, as well as the children of our dedicated hospital staff.

The dedication and hard work of our faculty, staff, and students have been instrumental in our success, as evidenced by our continued academic achievements, extracurricular activities, and community engagement efforts.

Looking ahead, we remain committed to our mission of providing holistic education and empowering our students to reach their full potential. By prioritizing the safety, well-being, and academic success of our students, we will continue to strive for excellence and make a positive impact in the lives of our students and the community at large.

As we embark on the next chapter of our journey, we express our gratitude to all our supporters, partners, and stakeholders for their unwavering commitment and support. Together, we will continue to build a brighter future for the students of Makunda Christian Higher Secondary School and inspire positive change in our community.

"For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope." - Jeremiah 29:11

DEPARTMENT OF AGRICULTURE AND FISHERIES

As Agriculture Department in Makunda community we are called to be stewards of the beautiful creation and the natural resources which God has given us. Our job is to facilitate the flourishing of the creation which includes flourishing of human societies. We have a unique opportunity to intimately interact with the environment by facilitating and nurturing the natural organisms and processes to our end. We need to appreciate all creations, trees, plants, soil, sky, clouds, rain, sun, animals, insects, birds and people every time we step in to our work. Not only the fruit of our work but also the work itself has been a blessing. We thank God for all the success and learnings through challenges in the financial year and also for protecting all our staff who sincerely work in the field and fisheries often under difficult conditions.

New Initiatives

In last financial year we were able to start few new initiatives as per our previous year's proposed plan.

1. Two large ponds have been used for semi-intensive aquaculture. This transition has not been easy. We experienced some small and big challenges in the process but we are able to learn and implement the learnings.



2. We were able to plant 200 dragon fruits plants along with coconut plants and 300 good quality fruit saplings (mangoes, oranges, guava, pomegranate, bananas, lemon etc.) in our farm. We also planted 300 silver oak saplings which will be used from black pepper plantation in coming years.



3. We were able to start the building of low-cost poly houses for vegetable farming. We have built two bamboo structures for it however the work will be completed in the next financial year.



4. This year we were able to make a plan for our community outreach programme. The aim is to help the local communities in improving their agricultural livelihood. We visited various communities around our hospital and in the Lowaripoa block to understand their practices and challenges. We helped the community health department in implementing the mushroom programme in one of the tea garden villages. Agriculture department helped in training of women beneficiaries, demonstration and providing the technical supports for oyster mushroom cultivation in the community.





Regular Activities

Paddy Cultivation: In the year 2023-24, six different types of local paddy were cultivated. The total harvest was 19 tonnes. Paddy was cultivated for two seasons – autumn and winter (major) mostly with traditional methods. The autumn paddy was adversely impacted due to late and erratic rainfall during May and June however the winter paddy yielded good harvest.



Fishery: This year fishery bunds were repaired where necessary. Removal of water hyacinth and other aquatic weeds were carried out on 4 ponds. A good amount of time and labour is dedicated towards the maintenance of ponds. Semi-intensive aquaculture was done in two large ponds.

Total 7.5

tonnes (approx.) fish was harvested and the income from fishery was Rs. 14,80,431.



Poultry: Poultry farming continued to be steady

through the year. The focus was to provide meat to staff, canteen and school hostels. The profit margin from poultry has been low but sustainable. There was no effort or plan to expand the poultry farm in recent future.

Piggery: Piggery focuses on both the production of pork and piglets. Out of 26 pig pens 11 pens are dedicated for meat production and others are for reproduction. Regular deworming, vaccination, cleanliness and proper care with medication was carried out. There is a high demand for healthy piglets and pork among our staff and nearby community.



One white Yorkshire boar and one white Yorkshire sow and one landrace sow were added to the farm this year with an aim to increase the piglet production. These three pigs depend on the commercial feed whereas all others are given waste food generated from hospital canteens, quarters and hostels.

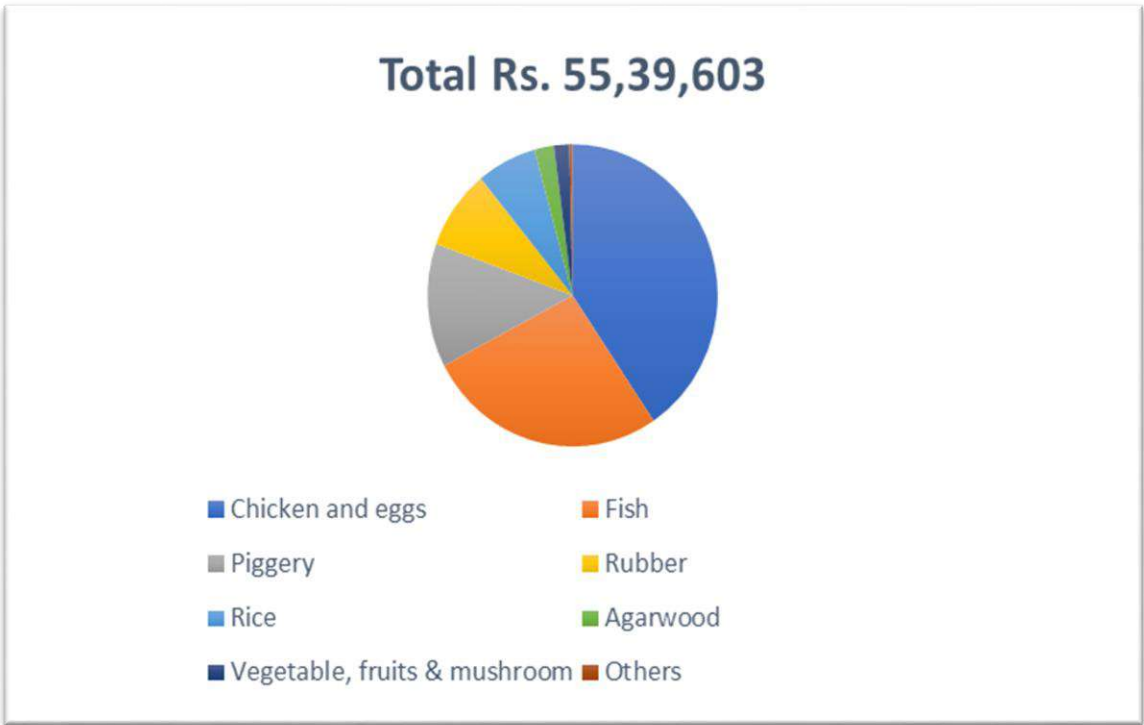


Vegetable/fruits/Mushrooms: There was an increase in winter vegetable yield this year. Apart from vegetables, litchis, jackfruits and mangoes were harvested. Mushroom cultivation was done in a small scale throughout the year and all the mushrooms harvested was sold among the staff.

Rubber & Agar: Agarwood (*Aquilaria malaccensis*) tree which was planted many years back are now being sold. Around 200 agarwood saplings were planted this year. Rs. 1,20,000 worth of agar trees were sold during this financial year. Total 2180kg of rubber sheets and 263kg scrap were harvested. Total Rs 314890/- worth harvested rubber was sold.



Area Wise Income Distribution



Plan for 2024-25

1. Dairy and goat farm along with vermi-compost unit – The plan is to start it in a small scale and scale up year by year.
2. Horticulture – Plantation of more fruit trees and spices in strategic locations.
3. Expanding the bee-keeping initiatives.
4. Low-cost green house and demonstration for the interested farmers.
5. Small scale aquaponic vegetable cultivation trial.
6. Community initiatives – More strategic engagement with the communities and supporting them in the development of livelihood generation activities.

DEPARTMENT OF BIODIVERSITY AND WILDLIFE PRESERVATION

Makunda Nature Club

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. The story of a new species of Hepialid moth (*Endoclita makundae*) at Makunda has been published by a digital news agency covering northeast India. The ghost moth species was found on February 28, 2019. Assam: New moth species gets named after hospital in Karimganj (eastmojo.com)

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.



Discovered Endoclita makundae



Rare spider discovered by student

Activities

- *Biodiversity Documentation* - In 2022 the Makunda Nature Club got a grant from The Royal Enfield called DFF- RE-Royal Enfield Ambassadors for Responsible Tourism/Resilient Future (Small Grants) with an amount of Rs 215000 for the project entitles "Biodiversity documentation in lesser known low-altitude dipterocarp forests of Karimganj". The 12 months project from

October 2022- October 2023 aimed to systematically document wildlife for the first time in and around Makunda hospital and five surrounding forest areas. This led to wildlife checklist and community engagement in conducting the research.

- *Awareness Programs* – In January 2024, Makunda Nature Club re-started nature awareness activities. Students from Makunda Christian Senior Secondary School engaged in forest expeditions and Class 9 until 12 took part in a 3-class nature education program. The interactive lessons covered the importance of nature/biodiversity for human health and well-being, observation and documentation, and career opportunities in related fields.



Student excursion to Biodiversity Research Trail

Plans and Needs for 2024-25

- The biodiversity department aims to extend its documentation activities, specifically for mammals, butterflies, amphibians and reptiles, as part of a longer-term nature conservation strategy. For this, new resources for equipment like camera traps, and training of community members to engage in systematic biodiversity monitoring are needed.
- In the next year, a group of enthusiastic students will be formed as part of the Makunda Nature Club. They will engage in monthly organized activities such as excursions, seminars, screenings and photo competitions. Inspirational inputs and educational materials are most welcome.

Publications

Makunda Nature Club published 15 scientific articles. Recently, an article entitled "Homogenizing Design Thinking Process with Avitourism: Solving Industry Problems Using Traditional Knowledge System" was submitted for publication.

1. Mating of the Greater Coucal: Dr Vijay Anand Ismavel: Bird Ecology Study Group; January 2011
2. Dragon flies and damselflies (Insecta: Odonata) of karimganj District, Assam, India with four additions to the Indian checklist.
3. Habitat suitability modeling for the endangered Bengal slow loris (*Nycticebus Bengalensis*) in the Indo-Chinese subregion of India: a case study from southern Assam (India): Vijay Anand Ismavel, Rejoice Gassah, published online on 21st January 2022 by Primates/Springer.
4. Sighting of purple-throated, or Van Hasselt's Sunbird *Leptocoma sperata brasiliensis* in Karimganj District, Assam, with notes on its status in India: Vijay Anand Ismavel, Praveen Indian Birds Vol 10 No 3&4; Published 29th August 2015
5. Forest ghost moth fauna of northeastern India (Lepidoptera: Hepialidae: Endoclitia, Palpifer, and Hepialiscus): John R Grehan, Dr Vijay Anand Ismavel: Journal of threatened taxa: Vol. 9 No 3(2017)
6. Report of *Platythomisus octomaculatus* (C. L. Koch, 1845) and *Platythomisus* Sudeep Biswas, 1977 from India (Araneae, Thomisidae); Swara Yadav, Vinayak Krishna Patil. Dr Vijay Anand Ismavel: Biodiversity Data Journal 595:8; January 2017.
7. 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
8. Sighting of Particolored Flying Squirrel in Assam, India by Rejoice Gassah, March 17th, 2019: Chosen as picture of the week: Conservation India
9. 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
10. 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
11. 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
12. 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
13. 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: Decem ber 2019
14. A full revision of the account of Cachar Bulbul (*Iole cacharensis*) done Dr. Vijay Anand Ismavel has been published on "Birds of the World": <https://birdsoftheworld.org/bow/species/cacbul1/cur/introduction>

15. 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)

VISITORS

1. April 2-10, 2023: Mr. Jonathan Sushil for Passion week
2. April 12, 2023: Dr. V.K. Sarkar, District TB Officer, Karimganj for inaugurating our new Trunat Machine
3. April 29-2 May 2023: Mr. L.T. Jayachandran
4. May 4, 2023: Dr. Tarun Jacob and Dr. Anne George + 2 sons
5. May 8-11, 2023: Auditors-2 male
6. May 17, 2023: Ms. Monmoyuri Dutta, STSU, National TB Elimination Program, Assam visited our Institution along with Joint Director and TB team.
7. June 7-12, 2023: Mr. Roshan Pynummood
8. June 24-26, 2023:
 - a. Dr. Rebecca Sinate, RD-NE
 - b. Mr. George, EMFI
 - c. Mr. Kiran, Missionary base at Silchar Assam
 - d. Mr. Anil Birru, Professor from NIT, Imphal, Manipur
9. June 24-26, 2023: Medical students from AGMC, Agartala, Tripura - 2 boys and 4 girls.
10. July 9 (2/3weeks): Dr. Naveen (Surgeon) from Uttraula, EHA
11. 28th to 31st August 2023: Mr Anand and Mr Govinda from APPI visited Makunda. □□□
12. 1st September 2023 (2-3 months): Mr. John Rajan, Mr. Jean and Mr. Mahesh from Tezpur for installation and monitoring of new software in Makunda. □
13. 18th to 21st August 2023: Dr. Narayan Sharma, Professor, Cotton University, Guwahati and Ms Bonty Saikia, Program □Director, Greenhub, Tezpur. □
14. 30th September: Mizoram Pastor-2 with driver to meet Leprosy patients.
15. 30th September (2 months): DNB OBGY (2doctors)
16. 30th September (1 month): Dr. Andrew
17. 14th November 2023: Dr. Jesudas from Christian Hospital Fellowship, ODC
18. 21st November 2023: Mr. Ajit, IT from Tezpur
19. 7-15 December 2023: Dr. Paul Yohan George, Consultant (Surgeon), CMC Vellore
20. 8-12 January 2024: Mr. Ashok Pradhan and team for Internal Auditors
21. 29th February 2024: Ms. Valerie Rhoda Reade.
22. March 2024: 6 Medical students from Agartala

- 23. 4th March 2024 (3 weeks): Dr. Monisha, Anaesthesiologist who came from ODC to help us
- 24. 4 – 9 March 2024: Dr. Arpit Mathew & Dr. Amruth from Madhepura Christian hospital.
- 25. 6 – 8 March 2024:-Dr. Rebecca Sinate with daughter, Elizabeth & her mother.
- 26. 18th March 2024: The Greenhub fellows visited us for a week to document the hospital and forest around here on their project called One Health. It is about understanding the intersection between humans and nature and wildlife.
- 27. 24 – 30 March □2024: Rev Joshua (West Bengal)
- 28. 30th March to 1st April: Mr. Poudikhon Pamei and Mrs. Hatis and family
- 29. 30th March 2024: Brother Philip and Mrs. Solomi and family

ANNEXURE - A

List of training, workshops, and conferences by staff.

Training provided

1. April 1- May 2023: 15+14 GNM from CIHSR, Dimapur for Maternity posting to complete their requirements.
2. May 8-20, 2023: Medical students from CMC Vellore for Secondary Hospital Posting. 2 boys & 4 girls.
3. April 10, 2023 (2 weeks): Dr. Jitin and Dr. Sangeeta with their 9 year and 7-year-old children. Along with SHP students from CMC Vellore-1 boy and 7 girls
4. May 1-9 June, 2023 (40 days): 4 Seminary students for internship. 2 girls & 2 boys from Shalom Seminary, Nagaland
5. 31st July 2023 (six weeks): Three medical students from Believers Medical College, Kerala came for internship exposure
6. 4th to 8th September 2023: Ms. Mesele Duolo and her parents from Nagaland for mission exposure visit.
7. 7th September 2023: Dr. Konga Ashok Kumar as a trainee for the ongoing thiamine study by NIN.
8. 10th October 2023 (7 months): Mr. Wapongtemsu Jamir, a Radiography student from Christian Institute of Health and Science Research, Dimapur, Nagaland will be posted at Makunda for their five months Internship. Accommodation will be provided but he will pay his mess fee and his Medical expenses.
9. 31st July (six weeks): three medical students from Believers Medical College, Kerala came for internship exposure from
10. 23rd September (5weeks): 3 MBBS students from Kerala
11. 17th October (5weeks): 3 MBBS students from Kerala
12. Four Internee from Martin Luther University will be extended for six months till 14th June 2024.
 - i. Ms. Aitinoris Sohshang, B.MLT
 - ii. Ms. Balasara Rynjah, B.MLT
 - iii. Ms. Baiahun Majaw, BSOTT
 - iv. Ms. Pancirose Hadem, BSOTT
13. Dutch Global Health Training for six months:
 - i. January 6: Dr. Lotte & Mr. Jeroen,
 - ii. January 13: Dr. Maran Fazzi,
 - iii. January 27: Dr. Naomi Boyd,
 - iv. February 27: Dr. Yael

14. 14th February 2024 (one month): Ms. Kiranmai, Psychology Student from Christ University, Bangalore

Staff training

15. 1-31 May 2023 (one month): Mr. Athikho Loli, Staff Nurse (B.Sc.N) Short course on Peritoneal Dialysis
16. 1-7 May 2023 (one week): Visitor-Observer in Dialysis Unit:
- Ms. Hoipi Guite Nurse Midwife (ANM)
 - Ms. Percyle Raime, Nurse Midwife (ANM)
17. 17th May 2023: Resolved to record that the following staff has attended TrueNet Lab Training:
- Mr. Jabish Murmu
 - Mr. Tarh Lohring
18. 14 & 15 July 2013: Conference at CMC Vellore for Nurse Anaesthetist (conference)
- Ms. Florence Chorei, Nurse Midwife (ANM)
 - Mrs. Sushmita, Nurse Midwife (ANM)
19. 30th August 2023: All the department incharges/middle level managers will attend the "SERVANT LEADERSHIP" training by ICMDA every Wednesday for 12 weeks.
20. 21-26, August 2023: Mr Immanuel, Mr Selvin and Mr Gabriel's visit to Duncan hospital for exposure in electrical panel planning, installation and distribution.
21. 13 & 14 October 2023: Christian Medical Association of India (CMAI) at Guwahati, Assam.
- Mr. N. Roben Singha, Chaplain
 - Dr. N. Hang Suan Hau, Medical Officer
 - Mr. Jeff Lalremruata Chora, Pharmacist
 - Ms. Ciinhoikim, Optometrist
 - Mr. Lienlallien Halam, Physiotherapist
 - Ms. Joymantingnei Chorei, Radiographer
 - Ms. Jesika Mukhim, Medical Record Technician
 - Mr. Richie More Saingshai, Staff Nurse (B.Sc.N)
 - Ms. T. Kungpui Darlong, Staff Nurse (GNM)
 - Ms. Lalrozami, Staff Nurse (GNM)
 - Ms. Lamneichong Mate, Nurse midwife (ANM)
 - Ms. Hoikim, Nurse midwife (ANM)
 - Ms. Banrilang Dhar, Social Worker
22. 9th January 2024 to 2nd February 2024 (3 weeks): Ms. Adeline Hepsibah, Senior nurse Officer (M.Sc.N-Med-Surg), TOT on Strengthening the Basics of Nursing Care at Baptist Christian Hospital, Tezpur.
23. 11 & 12 April 2024: Ms. Denling Khartu, Changing Landscape of Nursing: Equipping Nurses for the Future at CIHSR, Dimapur, Nagaland.

Consultant/ Resource person:

1. Dr. Roshine Mary Koshy has attended meeting at CMC, Vellore w.e.f. 9-11 April 2023
2. Dr. Starlin attended the European Congress on Tropical Medicine and International Health (ECTMIH) in Utrecht, The Netherlands, w.e.f. 20-23 November 2023

ANNEXURE - B

List of candidates sponsored for higher education.

Higher education

1. Mr. Alvish Halam, M.Sc. Mathematics at Bishop Heber College, Tamil Nadu.
2. Mr. Pynshngain Sumer, M.A. Economics at Bishop Heber College, Tamil Nadu.
3. Dr. Sharon Rose Nadar, MD (Paediatrics) at Christian Medical College, Vellore, Tamil Nadu
4. Mr. Kantipati Sudharshan Kumar, M.Sc.Haematology at St. John's Medical College, Bangalore.
5. Mrs. Rengdampui Halam, ANM at Female Health Worker Training Centre at Makunda Christian Leprosy and General Hospital, Assam.
6. Ms. Lienringhoi Chorei, ANM at Female Health Worker Training Centre at Makunda Christian Leprosy and General Hospital, Assam
7. Mr. Elasme Lyngdoh, studying Diploma in Electrical engineer at Christian Polytechnic College, Oddanchatram, Tamil Nadu
8. Ms. Resme Sungoh, studying GNM (3rd year) at Bangalore Baptist Hospital-
9. Ms. Merry Halam, 3rd year B.Sc. Nursing at College of Nursing, Christian Fellowship Hospital Oddanchatram, Tamil Nadu,
10. Ms. Nehlang Papang is granted educational assistance. She is studying 3rd year B.Sc. Nursing at College of Nursing, Christian Fellowship Hospital Oddanchatram, Tamil Nadu.
11. Mr. Comely Gassah to enroll in the Post-Graduate Diploma in Medical Law and Ethics (PGDMLE) one-year course duration.
12. Ms. Deimaia Emi Lyngdoh, for M.Sc. Nursing (Obstetrics & Gynaecology Nursing) in CMC Vellore
13. Ms. Diana Chorei for M.Sc. Nursing (Psychiatry Nursing) in CMC Vellore.
14. Mr. Banshemlad Khonglah for Orthotics in CMC Vellore.

MAKUNDA CHRISTIAN LEPROSY AND GENERAL HOSPITAL

