



**MAKUNDA**  
CHRISTIAN LEPROSY &  
GENERAL HOSPITAL



"THE LORD HAS DONE THIS, AND IT IS MARVELOUS IN OUR EYES."  
— PSALM 118:23

# 2024 - 2025 ANNUAL REPORT

BY HIS HAND: STORY OF GOD'S FAITHFULNESS

# ANNUAL REPORT

# 2024

BY HIS HAND: STORY OF GOD'S FAITHFULNESS

# 2025



**MAKUNDA**  
CHRISTIAN LEPROSY &  
GENERAL HOSPITAL



# Serving the poor and marginalized **SINCE 1952**

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## **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  
P.O. Bazaricherra  
Sribhumi, Assam – 788727  
India

## **Website**

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## **Email**

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# Leading with Vision, Inspiring Service

*Dear Partners,*

As I ponder over the past year- I am filled with gratitude for God's faithfulness and His sustaining Grace towards Makunda Society. We could experience His Hand as we continue to serve the communities bringing transformational impact through variety of activities in our scope of work.

Makunda society operates in key areas of Health and Research, Community Health and Development, Education and Training, Agriculture and Bio-Diversity.

I want to acknowledge my dedicated team who journeyed alongside and for their steadfast commitment and hard work in propelling the organization forward. We as a team stayed true to its mission and vision laid out by the pioneers.

As the only secondary hospital in the region, we have worked closely with NHM-Assam to become a vital health service provider to the vulnerable communities around us who face significant barriers to access health care for various reasons.

This year the hospital served a total of 120242 out- patients, 13289 in-patients. Services provided includes Internal Medicine, Intensive Care Unit, Anesthesia, Pediatrics, NICU, General Surgery, Orthopedic Surgery, Psychiatry and Dental. In total we performed 6258 surgeries (both major and minor). The hospital which is known for its maternity services for high risk mothers and acts as referral center, conducted around 6592 deliveries and performed around 1893 LSCS (Caesarean sections).

The Community Health Department continues to expand its reach through its various community engagements focusing on Maternal and Child Health through Community antenatal clinics, Health education, conducting awareness programs and organizing flood relief programs etc.

Community based Psychiatry, Palliative and Rehabilitation services continues to grow this year. Our palliative team visits patients at their home who are disabled and terminally ill providing them end of life care and touching their lives with love and compassion.

The services at the branch hospital in Ambassa, Tripura has continued to grow and the present team has taken initiatives in reaching out to the communities around. Restarting of Ultrasound services is a significant highlight of the year which will be a great benefit to the patients in the surrounding areas.

Our Nursing department is the face of the hospital and it continues to be major support in providing holistic and high quality nursing care to the patients by constant innovation, improvement and training. Every year our nurses take part in various training programs and community outreach programs. We strive to develop our nurses personally and professionally through various initiatives and providing opportunities.

The Nobi Surin Urang Memorial Award which was instituted in 2018 in memory of Mrs. Nobi Urang, is given to the nurses as an appreciation for their hard work and sincerity.

The Nursing School providing ANM training was restarted in 2006 and since then it continues to train girls from remote areas in the Northeast with a deep desire to transform the communities through value-based education and training. So far 288 ANM nurses have been trained and were placed in various mission hospitals, government and private sectors where they continue to be the 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 remains as a key focus with several publications addressing relevant issues of rural communities and adding to the scientific knowledge in the areas of medical science and biodiversity.

Makunda Christian Senior Secondary School was started in the year 2004 with the aim of providing affordable and quality education in english medium to the children of local communities who would otherwise end up in cycle of poverty, limited opportunities and lack of socio-economic growth. This year the school saw a growing student community with a total of 1332 students enrolled from Kindergarten to Class 12. With a dedicated team of 53 Teaching and 11 Non-teaching staff, the school saw a pass percentage of 98% in HLSC and 100% in Higher Secondary. Students are engaged in various academic and extra-curricular activities representing the school at district and state levels bringing accolades to the school.

Biodiversity documentation has continued this year with new observations and publications. Also the department has taken the initiative to educate school children and local youth on the importance of protecting our flora and fauna for future generations. A new species of dragon fly is also being described and published.

Agriculture and Fisheries department continues to grow, managing nearly 200 acres of land surrounding the hospital. The department functions in various areas which includes paddy, fisheries, piggery, poultry, mushrooms, rubber tapping, planting fruit trees, vegetables, Bee keeping. This year we were able to start a dairy on a small scale for the staff.

The year 2024-2025 came with a blend of challenges and opportunities allowing us to experience God's Hand in every area of work.

In closing, I want to extend my heartfelt thanks to each and every staff member of Makunda Community and our partners for their commitment to work towards the betterment of the communities we serve. May we continue to work together to fulfill God's purposes for His glory.

**DR NALLI CHANDAN**  
MANAGING DIRECTOR



## PARTNER WITH US IN

- Setting up Blood Bank
- Upgrading our Branch Hospital Ambassa, Tripura.
- Starting Rehabilitation services.
- Starting of BSC Nursing college and Allied Health training
- Construction of New OT complex, School Classrooms and Staff Quarters.
- Planning for a Retreat center.



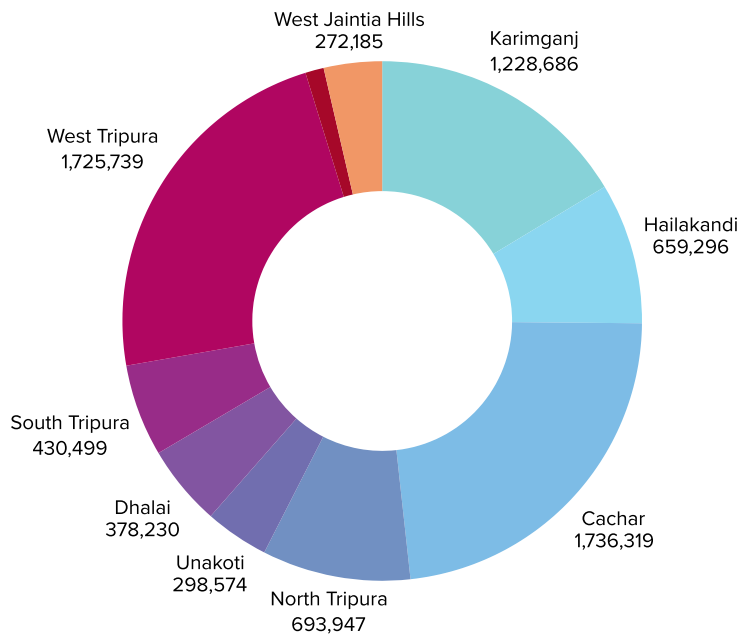
# MAKUNDA SOCIETY, Legacy & Reach

Makunda Christian Leprosy and General Hospital Society is a registered independent charitable society (Reg No. 14 of 1969-70, Guwahati) and a member of the Emmanuel Hospital Association, a network of 19 hospitals across North, Northeast, and Central India serving the poor and marginalized.

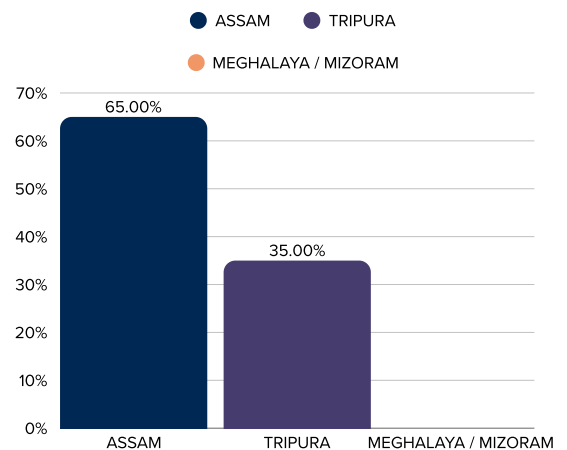


## STRATEGIC LOCATION & REACH

Located in Sribhumi district, Assam, at the tri-junction of Assam, Tripura, and Mizoram, the hospital serves rural and underserved populations from multiple states:



Catchment Population



Patient Access



## COMMUNITIES WE SERVE

Lowaripoa Block where Makunda situated is home to:

- Bengali Muslims & Hindus
- Tea garden tribes (migrated during the colonial era; highly vulnerable)
- Manipuris, Khasis, Ranglong, Chorei, Debbarma, Mog, Reang and other Tripura tribes

Most are from low socioeconomic background, engaged in:

- Paddy cultivation, fisheries, jhum cultivation and tea garden labor

## MAKUNDA SOCIETY, Origin & Reach

The roots of Makunda Christian Leprosy and General Hospital trace back to 1935, when Dr. Crozier, a pioneer of medical missions in Northeast India, began treating patients at Alipur, near Silchar, Assam. As the number of leprosy patients grew and existing facilities proved inadequate, a need arose for a dedicated space to care for them.

In 1950, through the support of the Governor of Assam, a 1000-acre tea estate was purchased at Makunda by Rev. J.S. Garlow on behalf of the American Baptist Mid-Mission (USA). This marked the birth of Makunda Leprosy Colony, dedicated to caring for the rejected and forgotten.

In the 1950s, Dr. R.G. Burrows and Mrs. Bette Burrows, a nurse, left behind comfort in the USA to serve in remote rural Makunda. Despite the isolation, they committed themselves to loving care—treating patients with dignity, raising their seven children in boarding school, and turning the colony into a self-sustained community with rice fields, livestock, and orchards.

The Burrows dedicated 25 years, providing not just medical care, but hope. They managed over 250 resident leprosy patients, built operating rooms, labs, and general hospital wards, and trained local health workers and nurses. Their legacy was one of love-in-action. Bette later said, "We never expected to return. I only wish we could have died and been buried at Makunda."

In the 1980s, following a government directive, all foreign missionaries had to leave. With no successor organization able to sustain it, the hospital closed for nearly a decade. The land and facility were held in trust by BMMTI (Baptist Mid-Missions Trustees India).

In 1992, hope returned when Emmanuel Hospital Association (EHA) responded to the call for revival. Dr. Vijay Anand Ismavel and Dr. Ann Miriam, committed to a 30-year mission, moved from Tamil Nadu to Makunda and restarted the medical work. Their vision and leadership marked a new chapter, building not just a hospital, but a community committed to healing the most marginalized.



Dr. Crozier with his wife



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



Rev. J.S. Garlow with his wife



# A LEGACY OF Faith and Service

Obeying God's call in the prime of their lives, Dr. Vijay Anand Ismavel and Dr. Ann Miram moved from Tamil Nadu to Makunda Hospital, Assam, committing themselves to 30 years of medical mission work.



When they arrived in March 1993, the hospital had been closed for over a decade and was in a despair state. There is no proper medical facility available and patients have to travel very far to access the medical care. There were no medical supplies and most of them were expired, equipment was missing and non-functional, buildings were dilapidated, and supplier dues were long unpaid. Internally, the hospital faced resistance from staff, many of whom were unwilling to work. Externally, the couple encountered hostility from sections of the local community, including false legal cases, threats, and land encroachment issues.

Life was far from easy. There was no electricity, no running water, limited communication, and a shortage of support staff who shared their vision. Yet, in the midst of these overwhelming challenges, Dr. Vijay and Dr. Ann persevered — anchored by faith, prayer, and a long-term vision to serve the underserved.

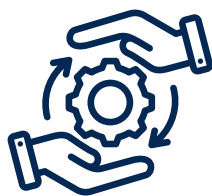
Their obedience to God's call and unwavering commitment laid the foundation for a remarkable transformation. Over three decades, Makunda Hospital grew into a thriving institution, providing quality healthcare, training, and transforming the communities around. Their life has inspired many to take up the call of missions and has brought lasting change to communities that once had little access to medical care.

Having faithfully completed their 30-year commitment, Dr. Vijay and Dr. Ann have now passed the baton to the next generation, trusting that the God who began the good work will carry it on to completion.

For More Information:

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





# STRATEGIC PHASES OF MISSION

MAKUNDA HOSPITAL'S 30-YEAR ROADMAP HAS STEADILY EVOLVED TO SERVE THE POOR WITH PURPOSE, COMPASSION, AND EXCELLENCE.

## 1 PHASE I: STABILITY (1993–2002)

- Cleared pending payments and stabilized finances
- Built staff welfare systems
- Repaired & acquired essential equipment
- Engaged donors through communication & e-presence
- Launched impactful, resource-sensitive new projects

SECURE FOUNDATIONS FOR FUTURE GROWTH.



EXPAND REACH & DEEPEN LOCAL IMPACT.

## 2 PHASE II: REACHING THE COMMUNITY (2002–2012)

- Launched poor-friendly payment schemes (barter & installment)
- Partnered with Govt (NRHM, RNTCP, ICTC)
- Initiated Community Health Program
- Opened new services (Dental, Physio, Optometry)
- Expanded to underserved regions (Tripura)
- Started ANM Nursing & English Medium School



## 3 PHASE III: REACHING THE NORTH-EAST & DEVELOPING WORLD (2013–2023)

- Developed high-quality secondary/tertiary care
- Launched departments for Public Health, Research & CQAI
- Designed sustainable business models (Makunda Model)
- Upgraded ANM to BSc Nursing; started Community College
- Focused on biodiversity, spiritual growth & legal clearances
- Developed branch hospital at Ambassa

STRENGTHEN CLINICAL CAPACITY, EDUCATION & SUSTAINABILITY.



BUILD THE NEXT CHAPTER WITH WISDOM AND UNITY

## 4 FUTURE PATHWAYS (2024–2028)

- Forming a Core Group to envision future direction
- Focus on: Quality, Team Building, Community Engagement & Research







# 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 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.

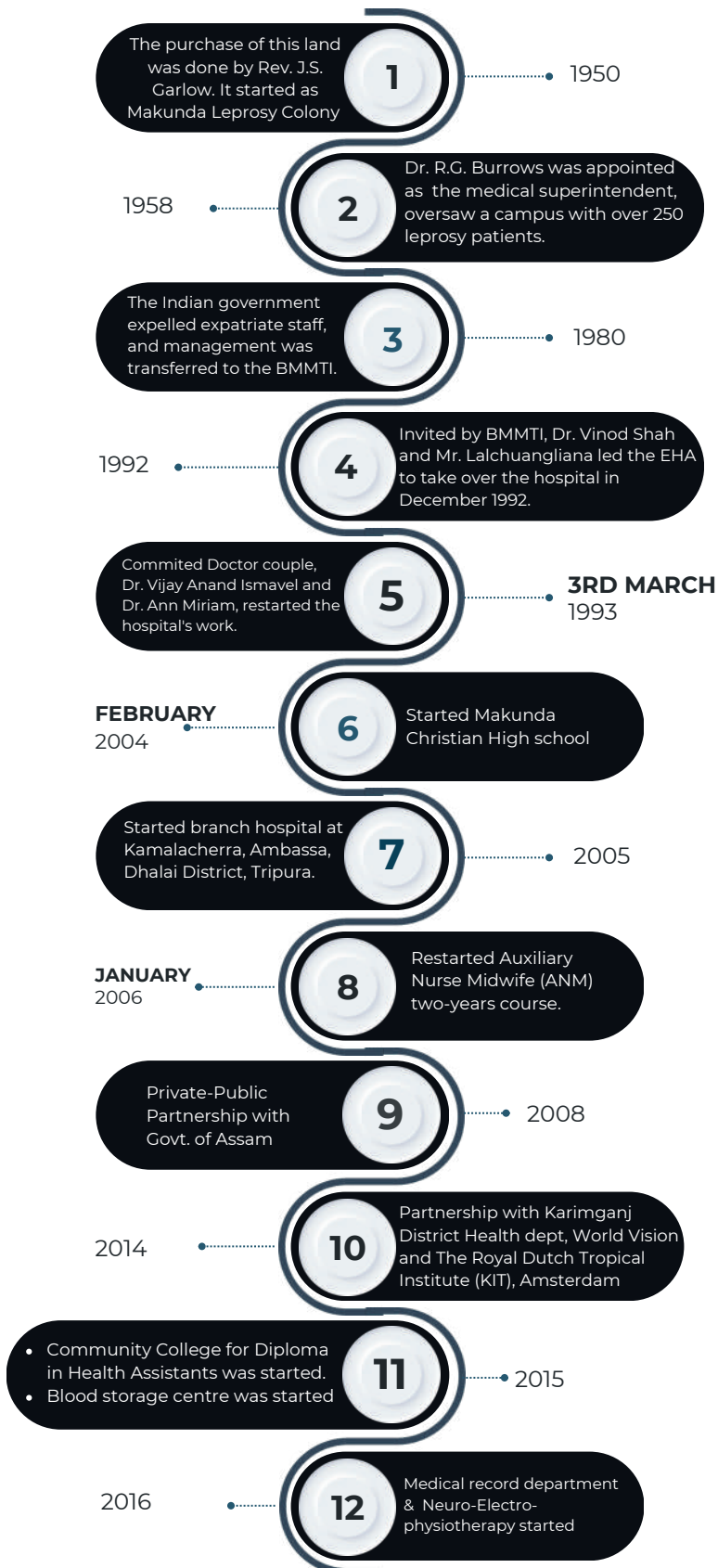


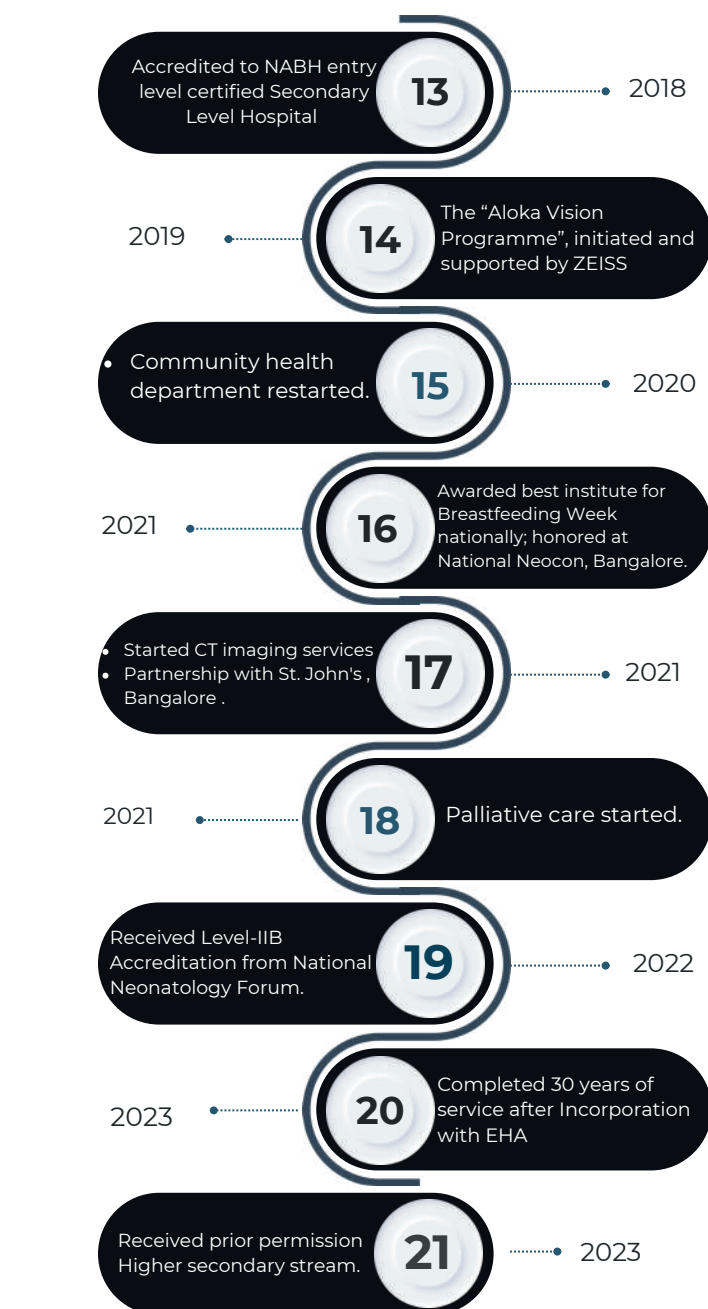
The hospital also aims to provide comprehensive services to all, irrespective of caste, religion, race or sex, with the assets at its disposal and through collaboration with other like-minded agencies to improve the social, economic and spiritual lives of our target people.





## MAKUNDA SOCIETY TIMELINE









MAKUNDA HOSPITAL



KAMALACHERRA BRANCH HOSPITAL,



NURSING SCHOOL



COMMUNITY COLLEGE



COMMUNITY HEALTH



MAKUNDA CHRISTIAN SENIOR  
SECONDARY SCHOOL



AGRICULTURE & FISHERIES



BIODIVERSITY & WILDLIFE CONSERVATION

# Our Services



What we provide?

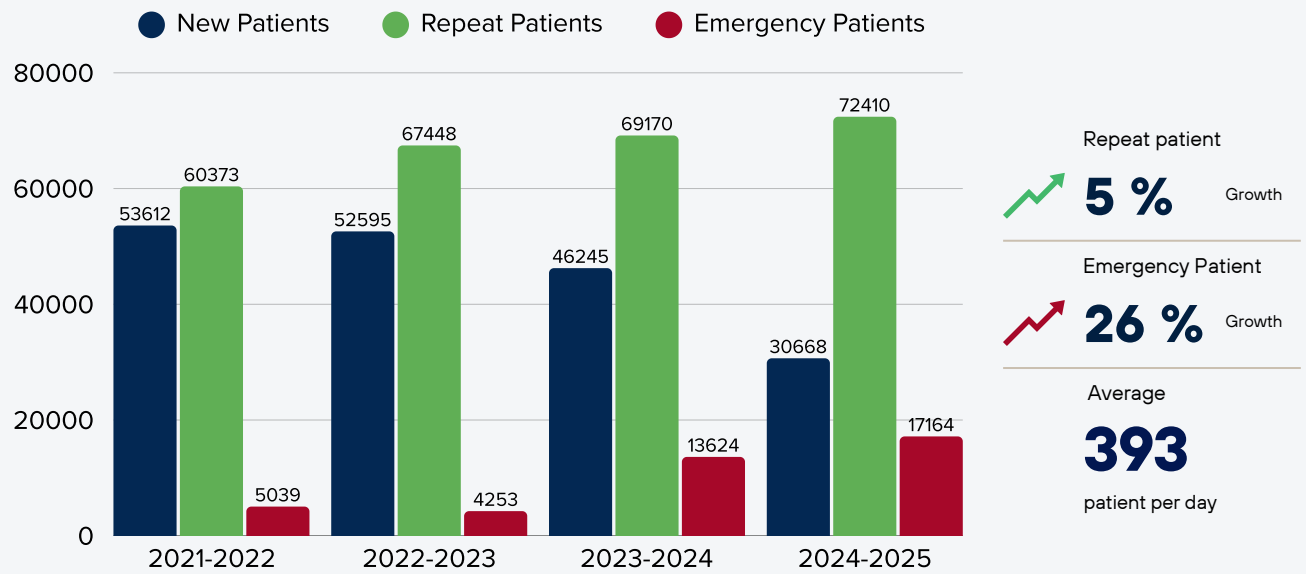


- GENERAL SURGERY >
- OBSTETRICS AND GYNAECOLOGY >
- INTERNAL MEDICINE >
- INTENSIVE CARE UNIT >
- PSYCHIATRY >
- ORTHOPAEDICS >
- DENTAL SERVICES >
- COMMUNITY HEALTH >
- PHYSIOTHERAPY >
- RADIOLOGY >
- LABORATORY >
- BLOOD STORAGE CENTER >
- PHARMACY >
- DIETARY >
- OPTOMETRY >

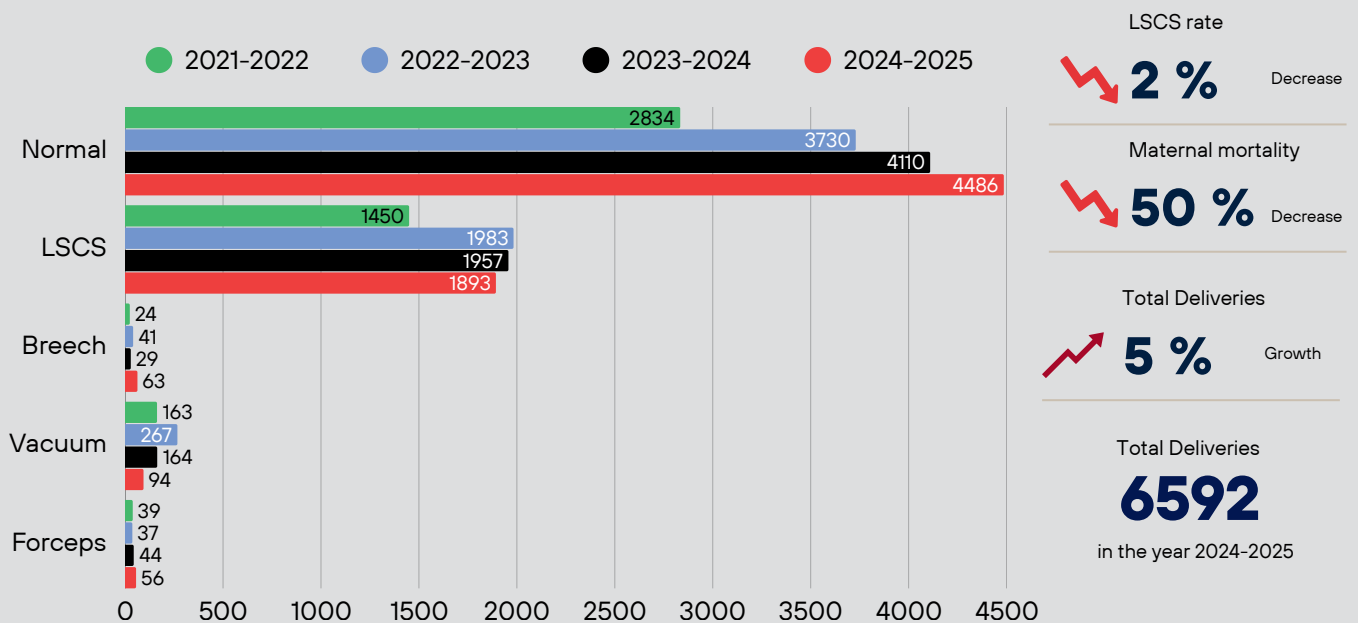


# PATIENT STATISTICS

## OUTPATIENT SERVICES



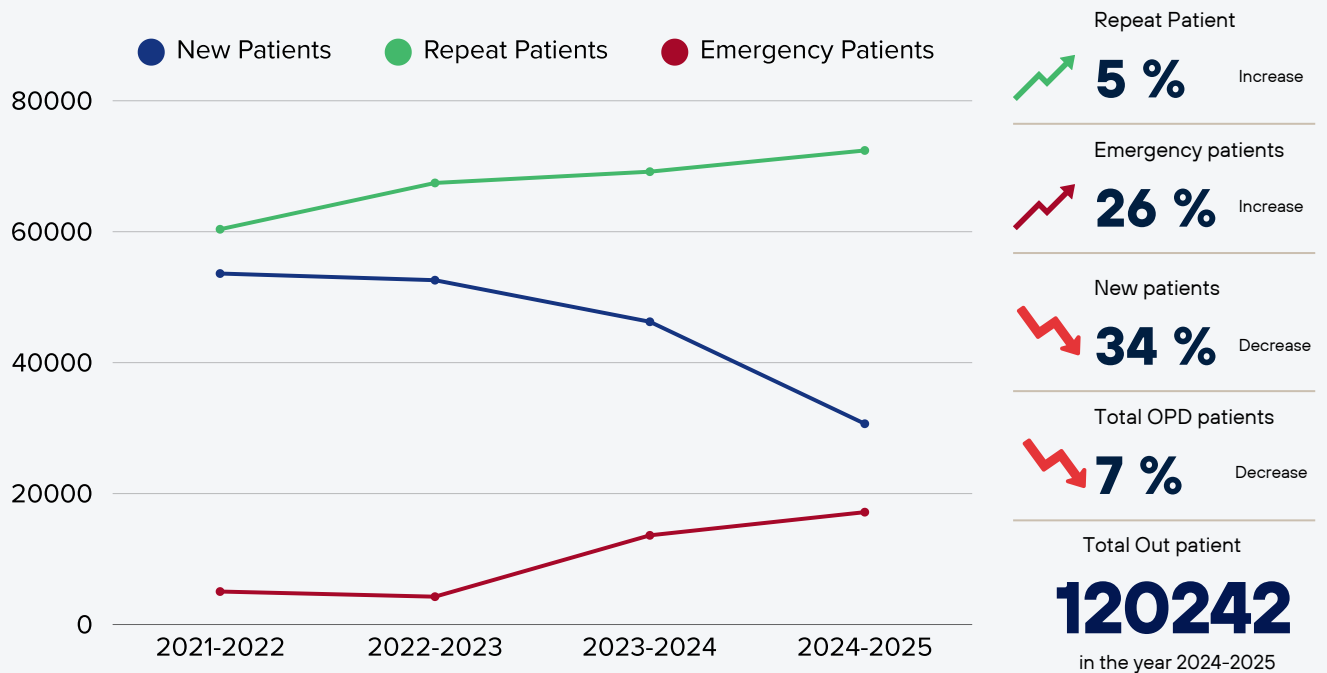
## MATERNAL SERVICES



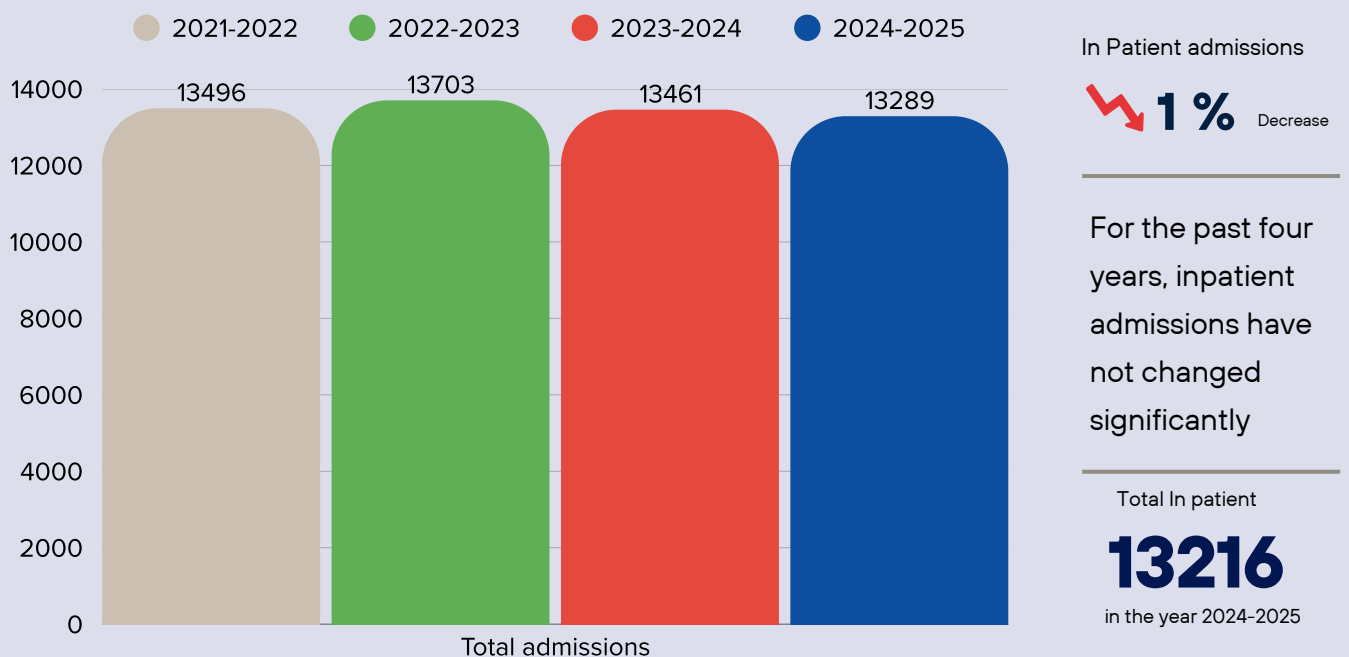




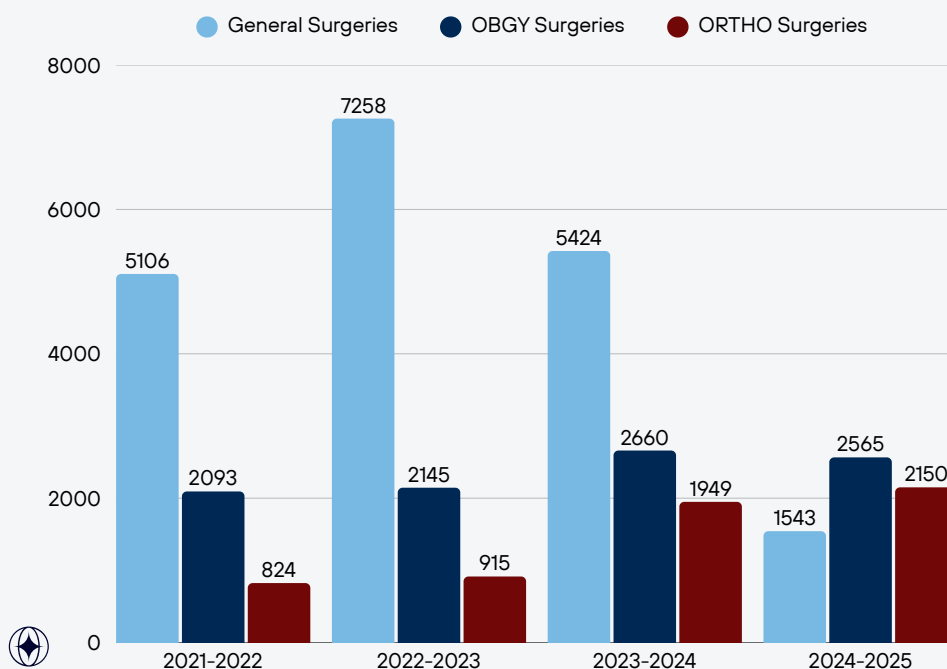
## OUT PATIENT SERVICES



## IN PATIENT ADMISSIONS



## SURGICAL SERVICES



Ortho Surgeries  
**10 %** Increase

OBGY Surgeries  
**4 %** Decrease

General Surgeries  
**72 %** Decrease

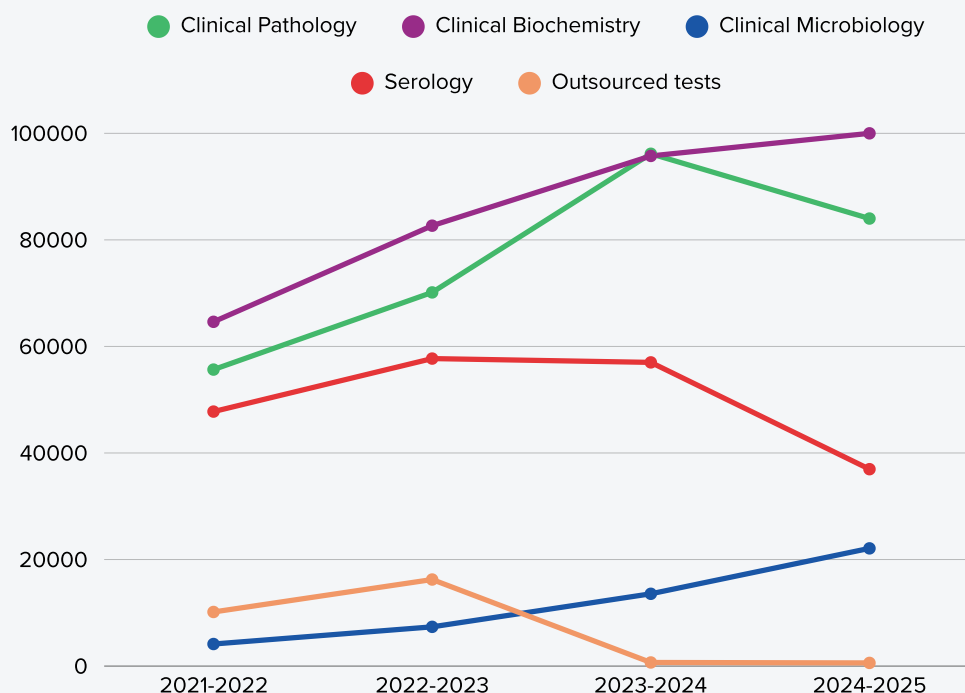
The General surgery numbers dropped significantly, primarily due to the unavailability of a general surgeon, affecting the service during the year.

Total Surgeries

**6258**

in the year 2024-2025

## LABORTARY SERVICES



Total Lab tests  
**10 %** Increase

Laboratory services have shown significant expansion and diversification over the past four years, especially in diagnostic capacity and in-house testing.

Total Lab tests

**290636**

in the year 2024-2025



## STATISTICS OVERVIEW - 2024-25

### HIGHLIGHTS



**120242**  
Out patients



**13289**  
In patients



**6592**  
Deliveries

in the year 2024-2025

### Operational beds



**211**

### Bed Occupancy



**62%**

in the year 2024-2025

### Average Length of Stay



**3.6**  
**DAYS**

in the year 2024-2025

### Radiology

X - ray **16559**

ECG **5625**

CT Scan **2637**

USG **9302**



**6258**  
Surgeries

in the year 2024-2025



**290636**  
Lab tests

in the year 2024-2025

### Community Outreach

**188**

Camps conducted

**8**

Monthly Outreach clinics

**137**

Villages covered

**4399**

Patients treated through outreach



**2179**  
Dental procedures

in the year 2024-2025



**1456**  
Eye checkup

in the year 2024-2025

# CLINICAL SERVICES



## OPD, IPD AND EMERGENCY SERVICES:



For the past four years, inpatient admissions have remained largely unchanged. The recently launched 24x7 Accident and Emergency Services marked a significant increase in patient influx. Emergency cases were efficiently managed by on-call medical officers in coordination with the nursing department, facilitating timely triage and emergency care. While new patient numbers declined, repeat visits increased, keeping overall outpatient flow steady at around 393 patients per day. Infrastructure development is ongoing with new wards and OPD building expansion planned.

## DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY



By the grace of God, the department has experienced significant growth—both in manpower and in the quality of care provided to our patients. This progress has been made possible through the dedication and hard work of our committed team, including nurses, health assistants, junior medical officers, visiting residents from OIGT, and senior residents. We extend our heartfelt gratitude to Dr. Satya for joining the department for nine months period. Additionally, three senior residents have joined the department to gain advanced clinical exposure and training, further strengthening our team.

The total number of patients presenting for deliveries has increased significantly. At the same time, the rate of primary caesarean sections has decreased markedly, and neonatal outcomes have improved, with a notable reduction in birth asphyxia rates. By the grace of God, we were able to successfully manage a rare case of postnatal myiasis involving an episiotomy wound and the uterine cavity through conservative treatment. We have documented this case in a report published in Women's Health.

A 27-year-old woman with non-mosaic Down syndrome underwent a targeted imaging for fetal anomalies (TIFFA) scan, which revealed features suggestive of Down syndrome. Subsequently, non-invasive prenatal testing (NIPT) indicated a high risk for Down syndrome. At 28 weeks of gestation, she went into preterm labor and had a spontaneous vaginal delivery. Both the mother and baby are doing well postpartum. Karyotyping of the newborn revealed a normal chromosomal pattern. A proposal for the submission of a case report to the International Journal of Obstetrics and Gynecology (IJOG) has been prepared.

This year, we witnessed a notable increase in the number of gynecological surgeries. We are also pleased to announce the opening of the Reproductive Medicine services, which has already benefited many couples struggling with infertility.



## REPRODUCTIVE MEDICINE:

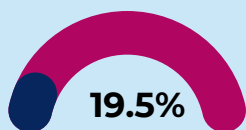
### PCOS

OVULATION INDUCTION  
WITH LETRAZOLE

67

CONCEIVED

13



PREGNANCY RATES PER CYCLE

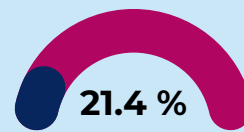
### INTRAUTERINE INSEMINATION

PROCEDURE DONE

14

CONCEIVED

3



PREGNANCY RATES PER CYCLE

### Summary of Initiatives (2024–2025)



The hospital introduced a range of clinical and infrastructural improvements to enhance obstetric and gynecological care:

#### Clinical & Operational Initiatives



- Monthly perinatal audits and bi-weekly obstetrics team classes to improve quality of care.
- Antibiotic use minimized in elective cases to reduce antibiotic resistance.
- Transitioned  $MgSO_4$  administration from IM to IV for better patient management.
- Implementation of a new ANC OPD card and a wound infection register.
- Minor gynecological procedures are now largely handled within the Gynae OPD.
- Established an additional obstetric OPD room for improved patient flow.

#### Infrastructure & Equipment Enhancements



- Procured a new ultrasound machine with a mechanical examination bed.
- Installed extra warmers in the labour room and new CTG machines in the Antenatal ward.
- Added cushions to delivery cots, shifting trolleys, and pillows in wards for patient comfort.

#### Tentative Plans for coming year



- Establish IVF facilities & HDU for OBGYN
- Launch DNB OBG post-graduate program
- Strengthen Ambassa unit OBG work and community antenatal clinics in & around Makunda



## PEDIATRIC 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. In spite of not having an in-house Pediatrician we were able to manage and provide the services without any break. We want to thank CMC Vellore, Baptist Christian Hospital, Tezpur and Bissamcuttack for helping us by sending us pediatric consultants in order to run the services.

Dr.Ebor Jacob (Sr. Professor, Critical Care Specialist, CMC Vellore), Dr.John Mano (CMC, Vellore), Dr.Bianchi (BCH, Tezpur), Dr. Lilly and Dr.David Mano from Christian Hospital, Bissamcuttack helped us in continuing the services at Makunda.

We have been providing high quality care in terms of OPD, Ward care, ICU care and Neonatal care. Our NICU is a NNF accredited busy setup with almost 100 % occupancy rate and more, catering to the needs of extremely sick babies needing ventilator 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. Our hospital 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 basis for complications and the children with evolving or established cerebral palsy are being taken care by physiotherapy department.

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.

OPD services are rendered on a daily basis. Birth vaccines are being given to the babies and subsequent ones are taken in nearby subcenter.

Retinopathy of Prematurity (ROP) is a complication which can cause blindness among preterm neonates. ROP screening is being done and the Images are being reviewed by experts.

### Future Plans

- Upgradation of NICU
- Waiting hall for Mothers whose babies are admitted in NICU
- Routine vaccination to be setup.





## DEPARTMENT OF GENERAL SURGERY AND ORTHOPEDICS



We thank God for the last year. Many patients received care through surgical services at Makunda. The scope of the surgical services had been expanded with various procedures ranging from General Surgery, Laparoscopic Surgeries, Pediatric Surgery, Urology and other procedures. Major challenge was absence of an in-house general surgeon, but we thank God for the help we received from Dr. Arpit Mathew from Madhepura Christian Hospital. He has visited us regularly and conducted surgical camps which have benefited many patients. We also want to thank Dr. Abraham, Dr. Stephen from Believers Medical College, Dr. Laji Varghese and Dr. Ashish from CMC Vellore who helped us with the surgical services during the year.

There is significant increase in number of Ortho surgeries performed in the last year which included complicated trauma, Pediatric Ortho tumor resection, nerve and vascular repairs and arthroplasty. Dr. Benget from Sweden Pediatric Orthopedic Surgeon visited during this year & provided his expert services in Pediatric Orthopedics.

Dr. Sushritha Nicholas-Joined as an in-house consultant surgeon which will further strengthen the Surgical services at Makunda.

## DENTAL DEPARTMENT

The dental department annual report provides an overview of our activities and challenges for the past year. Our mission is to provide high quality dental care to our patients while promoting oral health and wellness. Currently one dentist and one assistant are working in the dental department.

### Highlights:

- Total number of patients (April 2024- April 2025)- 2178
- Dental procedures: Extractions- 402, Filling- 140, RCT- 28, Scaling- 137, RVG Xray- 35, Biopsy- 5, Minor procedure- 208

**Dental School Screening camp:** The dental school screening camp was held at Makunda Christian Senior Secondary School. The camp aimed to provide free dental screening and awareness to the students and community at large.

### Activities conducted:

- Dental Screening: Total number of students screened were 958. They were screened for various dental problems such as tooth decay, gum diseases, oral cancer/ ulcer, oral hygiene status.
- Oral health education: Students were educated about the importance of oral hygiene, diet and regular dental checkup.
- Dental treatment: Patient requiring dental treatment were referred to the hospital for further management. Number of patients who came to the hospital for treatment are 65.

**Challenges:**

- Patient access: We identified areas for improvement in patient access, particularly for underdeveloped populations.

**Goals for the upcoming year:**

- Improve patient access: Develop strategies to increase access to dental care for underdeveloped populations.
- Upgrade equipment: Invest in new equipment to improve efficiency and quality of care.

*Dr.Lalrinkimi - Dentist*

## DEPARTMENT OF PHYSIOTHERAPY & REHABILITATION

The Department of Physiotherapy & Rehabilitation continues to provide timely and comprehensive physiotherapy services to both in-patients (IP) and out-patients (OPD) at the hospital. The department is currently staffed by two physiotherapists, and has extended its reach through community-based rehabilitation, especially for early childhood development and palliative care.

Special focus has been placed on community outreach through the “PARIVARTAN Clinic”, a community-based rehabilitation initiative that targets underserved populations through home visits, awareness, and early intervention.

**Community Engagement:**

The department actively serves palliative patients in the community, with regular home-based visits and therapy sessions for Spinal cord injury, CVA patients, Cerebral palsy, Global Developmental Delay, HIE (Hypoxic Ischemic Encephalopathy), Chronic bedridden patients, Geriatric and end-stage care support, Palliative patient care.





Service	No. of Patients
Out-Patients (OPD)	1850
In-Patients (IP)	551
Total	2401

**Achievements:**

- Continued operation of the PARIVARTAN Community Clinic.
- Enhanced outreach for early childhood intervention and disability management.
- Increased physiotherapy coverage in palliative care and long term illness for children and adult in the community.
- Strengthened documentation and patient tracking through monthly field reports.

**Challenges:**

- Need for additional community transport and mobile equipment.
- Gaps in follow-up care due to geographical spread.
- Enhancing departmental space for both adult and children physiotherapy.

## DEPARTMENT OF INTERNAL MEDICINE AND CRITICAL CARE

By God's grace, the Medicine department and critical care was able to continue its work and progress in services provided.

- Nurse run NCD clinic services were started in both IPD and OPD.
- Rheumatology services were continued with addition of newer biologics like Rituximab, acquisition of inhouse ELISA machine for ANA testing and close follow-up of patients with SLE.
- Improvement of quality measures were undertaken both in ward and ICU
  - a. BLS, ALS classes for all staff by Dutch residents. Regular lectures on management of medical ward cases and other basics of critical care were started and are ongoing for staff and doctors.
  - b. As part of capacity building, doctors attended Ventilator workshop, ACLS training course and CME on Medical disorders including obstetric medicine.
  - c. Lectures and hands on training for ECHO, Lung and Abdomen USG and ECG was conducted for doctors by Dr. Anand (CMCV Cardiologist), Dr. Ruben and Dr. John Selvam
  - d. Improvement in Critical care including cost reducing measures were initiated.
- Respiratory therapist Mr. Samuel Joash joined Makunda strengthening Critical care services and with future plan for expansion of services - Spirometry, IP patient physiotherapy, Bronchial hygiene therapy, cardiopulmonary rehab

## DEPARTMENT OF PSYCHIATRY AND PALLIATIVE MEDICINE



In order to address the unmet mental health needs of the surrounding rural and tribal people, Makunda hospital started the department of psychiatry in the year, 2017. Dr. Gunaseelan was the first psychiatrist and Ms. Priya Hrangkhawl was the first social worker, who together have organized the outpatient and inpatient mental health services. When during the COVID-19 pandemic, the need for starting the hospital based palliative care was felt, the department came forward to include it into the mental health work. As years passed, by God's grace we integrated palliative care with mental health work, both in the hospital and in the community. Ever since God has been moving among us and touching the lives of many disabled and terminally ill patients.

In this year, our department, which is made up of Merciful Sumer, Banrilang Dhar, Jennifer Remruotmoi Zate and Starlin Vijay Mythri, has seen positive changes in the areas of capacity building and community interventions.

Following are the highlights of this year –

### Capacity building:

- Merciful Sumer and Jennifer Remruotmoi Zate have completed Foundation Course in Palliative Care Nursing (Online), conducted by Pallium India.
- Starlin Vijay Mythri and Banrilang Dhar attended a two-day practical skills workshop in Psycho-Oncology in September 2024 in AIIMS, Guwahati.
- Jennifer Remruotmoi Zate and Monica Vanlalhlmpuii attended Palliative Care CNE in September 2024 in Lalitpur, UP.
- Starlin Vijay Mythri was involved in facilitating Mental Health training for Community Health Officers and Teachers of Sribhumi District, conducted by the District Mental Health Programme in December 2024.
- Starlin Vijay Mythri was involved in facilitating Counselor's training course on Gender identity and Sexual Orientation in February 2025, conducted by Person to Person Institute for Christian Counseling in Mumbai.
- Nitika Sindhwal completed an online course named Post Graduate Diploma in Child and Adolescent Mental Health in February 2025.

### Awareness programs:

We conducted multiple awareness meetings on Harmful consequences of Substance use among the staff of Agriculture and Fisheries department and the students of Makunda Christian Senior Secondary School. We trained our hospital nurses in taking care of their mental health at workplace as part of the International Nurses Day, May 2024. Further details regarding community interventions are included in the report on Community health.

### Our plans for the future:

We are praying and working towards

- Starting a community-based deaddiction program and
- Upgrading the existing hospital based mental health work by making Neuromodulation services available for benefitting people with severe mental illnesses





## DEPARTMENT OF ANAESTHESIOLOGY

By the grace of our Lord Jesus Christ, the department could run smoothly throughout the year. This was made possible through the dedication and hard work of our committed team. We have 1 Anaesthesia Consultant, and 2 senior anaesthesia nurses and 6 anaesthesia nurses. We extend our gratitude to Dr. Dominique, Anaesthetist for helping the department for 3 months period and training our staffs by taking classes. OT team consists of 1 Senior nurse incharge, 9 scrub staffs, 5 theatre assistants and 3 ortho scrub nurses. We have 4 Anaesthesia work stations and monitors with gas module, ETCO2, 5 leads ECG, SPO2 module and various sizes of LMA's, and ultrasound machine (shared with ICU). We provide neuraxial anaesthesia, general anaesthesia, peripheral nerve blocks, epidural steroid injections, and various minor procedures under sedation. With God's help, we could do almost 3000 surgeries in various departments - Obstetrics and gynaecology, Reproductive medicine unit, Orthopaedics, General surgery, Urology and Paediatric surgery. We could provide anaesthesia services during the 7 surgical camps. Most of the patients recovered from anaesthesia completely and have gone back to the ward in a stable condition. Even though, resources and manpower are limited, the Lord has enabled the entire Operation theatre team to work efficiently with good teamwork.

### Tentative plans for the coming year:

- 1.As Makunda Hospital has so many obstetrics patients, and term pregnant women are considered as difficult airway due to airway edema, so we want to have a video laryngoscope.
- 2.To strengthen our OT team with the updated protocols to improve quality care.
- 3.To purchase a new ultrasound machine for the theatre usage.



*Doctors Team*





*Nursing Team*



*Health assistant Team*



# TRANSFORMATIONAL STORIES

## THE LEAST OF THESE: A STORY OF HEALING, HARDSHIP, AND HOPE

A 42yr year-old female, known case of hypertension, was initially admitted for the management of bilateral renal calculi with a plan for bilateral ureterorenoscopic lithotripsy (URSL). During preoperative evaluation, she was incidentally found to have a uterine fibroid. In view of this, she underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH + BSO), left URSL, and bilateral ureteric stenting in a single operative session. Her postoperative recovery was uneventful, and she was discharged on post-operative day 3. One-month post-surgery, the patient presented with intermittent hematuria that had worsened over the preceding week. She was readmitted and treated for a urinary tract infection. Repeat CT imaging revealed recurrence of bilateral renal calculi. The patient remained admitted for approximately three weeks, awaiting the next surgical camp.

During the surgical camp, she underwent right-sided nephrolithotomy, right URSL, and removal of the double-J stents. At the time of discharge, she was requested to pay 20% of the hospital bill. However, upon learning that her husband had sold their property to pay the charges, the hospital refunded the amount and fully exempted the bill in consideration of their financial hardship. This case highlights the complexity of managing coexisting gynecological and urological conditions and the importance of compassionate healthcare practices, especially in patients facing socioeconomic difficulties.

Matthew: 25:40(NIV):***“The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’*** This story is just one among many that unfold daily at Makunda, reflecting the hospital’s unwavering commitment to walking in the footsteps of our compassionate Lord. Makunda reaches out to the poorest and most vulnerable in society, recognizing their suffering and responding with healing, hope, and dignity. In a world where many live in deep sufferings, Makunda serves as a beacon of light—bringing joy, restoration, and the love into broken lives. Truly, it is the Lord who provides for and sustains this place.

## HEALING AGAINST ALL ODDS: THE STORY OF RAHEL UDDIN

Mr. Rahel Uddin is a 14 years old boy who was diagnosed with multiple life-threatening heart conditions—Rheumatic Heart Disease, Severe Mitral regurgitation, Atrial Fibrillation, Ventricular Dysfunction and Heart failure. Since January 2024, Rahel had been a frequent patient at Makunda Hospital, where he was repeatedly admitted due to his deteriorating health. After evaluating his condition the medical team informed the family that the child needs Mitral Valve Repair surgery but the family could not afford his treatment. With no father to support them, and only an older brother, mother and grandmother to care for him, the family was left helpless. So the hospital decided to help this child to get treated as much as possible. With the help of our former Pediatrician and the staff here at Makunda had a zoom meeting with the treating team of Amrita Institute of Medical Sciences, Kochi. Moved by the child’s situation, they agreed to perform the surgery, estimating the cost at Rs. 3,50,000.

Since the family could not afford, we reached out to several organizations for financial support, but were met with repeated rejections. By the grace of God and through the dedication of our team, and under the initiative of our former Pediatrician through EKAM Foundation, Bajaj CSR grant came forward to sponsor the cost of the surgery with the condition that patient should be transported to Kochi within a week. With the financial barrier removed, our next challenge was arranging safe travel for the child and his family. At the time, Rahel was admitted at Makunda Hospital due to his unstable condition. As soon as his condition was stable and fit for travel, his brother and grandmother prepared to accompany him. With train tickets unavailable online, his brother managed to get tickets directly from the station early the next morning—a small miracle in itself. On 10th October 2024, Rahel began his journey to Kochi.

The Makunda team, along with our chaplaincy department, prayed for them and arranged transportation to the Badarpur Railway Station (83 kms). One of our staff accompanied them, and food were packed for them, medicines and a pulse oximeter was provided to monitor Rahel's vitals (HR & Spo<sup>2</sup>) during the long train journey. The brother was taught how to use the Pulse oximeter. For coordinating the patient travel and treatment a Whatsapp group called "Heart Care" was created to ensure that information is communicated to both the Makunda team and the team in Amrita Hospital. The brother diligently monitored and sent photos of Rahel's heart rate and oxygen saturation twice daily. Then the readings were put up in the group and based on that his medication dose was adjusted during the travel. Rahel reached safely at Amrita Hospital on 13th October, where one of our former staff graciously assisted with accommodation, appointments, and preparations.

After thorough preoperative assessments, Rahel underwent a successful Mitral Valve Replacement on 23rd October 2024. He spent a few days in the ICU, gradually recovered, and was discharged on 8th November.

Rahel returned to Makunda on 12th November 2024, investigations like PT/INR and ECG were done and reports were communicated to the Amrita Hospital treating team. He was kept for observation in the hospital for one day and was declared fit to go home the next day. Since then, he has not required any further hospital admissions and continues to attend his follow-ups regularly in good health.

We praise God for His provisions and His healing hand in the life of Rahel Uddin. Everything and every step was a miracle. We also deeply admire the determination, courage and trust shown by Rahel's family. We are immensely grateful to the generous donors, Ekam Foundation and Bajaj CSR Grants and others (not only for the treatment but even their travel expenses), our former staffs, the Amrita Hospital team, and the Makunda team who made this recovery possible. This is one of the successful mission of our hospital and an example of collaborative effort, compassion and care that impact the lives of our patients.



*Photo taken after his Surgery. The one in Red shirt is Mr. Rahel Uddin.*

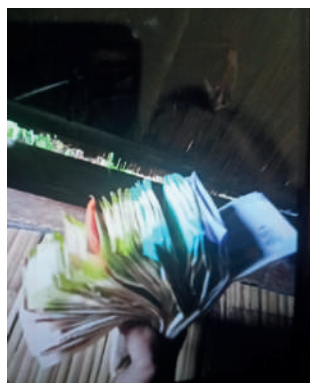
## A MOTHER'S JOURNEY OF STRENGTH AND HOPE

On the morning of September 6, 2024, Mrs. Maslong Reang, a 35-year-old woman, presented to our hospital in active labor. She was promptly admitted to the Labour Room triage area for evaluation. A thorough history was taken by the attending staff. On initial examination, her cervix was found to be 9 cm dilated. Mrs. Reang is of short stature and is physically challenged, with a notable case of severe scoliosis. She was accompanied during her admission by her sister, aunt and mother-in-law.

During the course of labor, she developed obstructed labor with Non-Reassuring Fetal Status (NRFS), Category II. Considering the clinical urgency, the decision was made to proceed with an emergency Lower Segment Cesarean Section (LSCS). The surgery was successfully performed, and at 11:30 AM, she delivered a healthy baby boy. On the second day after her surgery, she began to open up to the nurse, her voice soft but steady.

"I am an orphan," she said. "I was married through an arranged marriage to a man who was born blind. I've always been aware of my own limitations, so I accepted the match. But he is a very good man. He loves me deeply, and I love him. We have a strong relationship, and we live together in a small bamboo house as a nuclear family."

Tears welled in her eyes as she continued.



"This is my second pregnancy. My first was a painful normal delivery at a health centre, but sadly, our baby died from an illness before reaching one year old. This time... I'm so happy. My baby boy is healthy." Her happiness was mixed with sorrow. "But it hurts me that my husband will never be able to see our son as he grows."

She paused, then reached for her mobile phone. "I've been saving for this delivery for over a year in my piggy bank—Rs. 3000 in total. It's not a lot, but I wanted to give birth in a good hospital. I wanted this baby to have the best start I could give."

She showed the nurse photos of her piggy bank and the money inside. Then, she showed a photo of her husband. "This is him," she said. "The man I've been talking about. He's never seen me—not even once." Tears streamed down her face as she turned to the nurse and whispered words filled with gratitude.

"Thank you. Thank you to all the hospital staff who cared for me so kindly. Even though my situation is difficult, you treated me with love and respect."

Her unique story continues to inspire us—not only because of her resilience in the face of hardship, but also because of the care, preparation, and financial planning she undertook for her child's birth, despite coming from a low socio-economic background. Her quiet stoic is a reminder of the sacrifices countless mothers make every day, often unseen, but deeply powerful.





## WHEN A COMMUNITY CARES

### MINA'S STORY OF HEALING

We want to thank God for Ms. Mina, a critically ill young lady with severe systemic lupus erythematosus and tuberculosis who recovered after a prolonged hospital stay by God's grace.

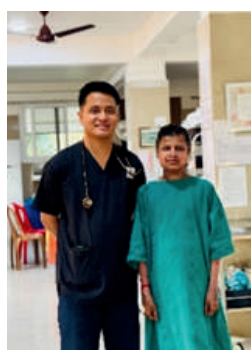
This was a young adolescent girl from a local Tea plantation, whose parents are daily wage laborers. She was previously diagnosed with SLE and was on intermittent treatment for the same. She presented now critically ill with a right sided tuberculous iliopsoas collection, along with a flare of lupus nephritis. She also had simultaneous acute cutaneous lupus related extensive Toxic Epidermonecrosis with superadded infection [TENS] involving entire trunk, face, neck and significant portion of all 4 limbs.

To complicate the already critical illness was an extreme reluctance on the part of her parents for any intervention or treatment either here in Makunda or at higher center. This is despite repeated counselling, offering complete financial and additional supportive services. They preferred to go back home. Psychiatry and Community health departments stepped in with Dr. Starlin and Dr. Esther counselling the patient family including home visits and arranging for transportation to hospital. Being from the tea garden community which strongly believes in witchcraft and black magic, they traced the causation of almost every disease to evil spirits.

Parents refused for CT imaging, as they saw the scan machine as the gateway to their daughter's grave. They refused admission into ICU despite being critically ill because of their firm belief that whoever gets admitted there will eventually die.

In Dr. Esther's words – "To help these parents see the possibility of life and hope for their daughter felt like a daunting task to all of us. For us, the whole experience felt as an ongoing battle between light and darkness, fear and courage, ultimately between life and death."

Following extensive counselling, arranging a meeting with village panchayat head and senior community leaders along with the family, by God's grace, they finally consented to treatment. She was started on IV antibiotics and extensive dressings for TENS with superadded infection. A USG guided pigtail was inserted which drained the psoas abscess and she was started on high dose steroids with supportive care for the lupus nephritis. Inj Rituximab was arranged from Guwahati, with some difficulty due to flood situation and administered later before discharge for immunosuppression. After a prolonged hospital stay of more than one and half months, she had gradual recovery by God's grace and was discharged. She is currently doing well at home, compliant to medications, going to school and remembers her stay in the hospital by drawing sketches of her medical friends.



# DIAGNOSTIC SERVICES

## LABORATORY AND BLOOD STORAGE CENTER

The Laboratory department consist of Ms. Sukmon Syad as Lab In-charge, Twelve Laboratory technician, Three Laboratory Assistant and One Reproductive Technologist. The scope of services provided by the laboratory include clinical Biochemistry, Hematology & Pathology, Virology & Microbiology.



*Laboratory Staff*

The Laboratory is part of the EQAS run by the department of Clinical Biochemistry & Clinical Microbiology, Christian Medical college Vellore. Further plans include ensuring quality using NABL as an external assessment tool.

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

We are conducting a Blood donation camp two times in a year, with the help of our parent Blood Bank, the District Blood Bank, Sribhumi, Assam, which also helps us to get blood when we have a deficient stock.

Further plan is to have a Blood Bank Service.



## RADIOLOGY DEPARTMENT

The department of radio diagnosis consists of seven 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.

### Future plans:

- To install new digital radiography.
- To get new portable ecg machine



*Radiology Staff*



## OPTOMETRY

The department of eye runs with one optometrist. The optometrist performs 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 prices 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.



*Ms. Abigail Chorei - Optometrist*





# 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.



*Pharmacy Staff*

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.



*MRD Staff*

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. Future plans include upgrading the infrastructure and facilities available for storage of medical records.



## DIETARY SERVICES

The Dietary Department is committed to providing exceptional nutrition care and service to our patients, staff, and community. Clinical Nutritionist provides Medical Nutrition Therapy (MNT) for the inpatient and outpatient, and with the food service staff we are working together to ensure that every meal meets the standards of safety, and patient satisfaction. The dietary department is FSSAI certified by the Commissionerate of Food Safety, Government of Assam.

### Current Work:

1. Patient meal planning: We create personalized meal plans for patients with specific dietary needs, such as diabetes, heart disease, or food allergies.
2. Nutrition education: Nutritionist provides nutrition counseling and education to patients and their families, empowering them to make informed choices about their diet.
3. Food service operations: Our food service staff prepare and serve meals in a clean, safe, and efficient manner, adhering to strict food safety protocols.

### Highlights of this year

#### 1. Promoting Nutrition and Evidence-Based Dietetic Practices.

- The Dietary department hosted World Nutrition day at Makunda school to raise awareness by promoting healthy eating, overall growth and development, setting them up for a healthier future.
- The Dietary Department introduced Kitchen garden at Kukital village, Assam .
- Dietary Department celebrated National Nutrition week on 2024 Sept 1st-7th at Makunda School focusing on evidence-based dietetic practices. Topics covered included cellular nutrition, nutritional diagnosis, and the benefits of homemade food and nutritious lunch box.

**2. Nutrition initiatives:** We have implemented initiatives to promote healthy eating habits among patients and staff, such as providing nutritious supplement like Nutrients dense powder, high protein powder.

**3. Improved patient satisfaction:** We have received positive feedback from patients regarding the nutrition of our meals.



Ms.Lalruatzeli - Dietitian



Dietary team



### Future Plans:

- Menu enhancements: We plan to introduce new menu options that cater to diverse dietary needs and preferences.
- Staff training: We will provide ongoing training and education to our staff to ensure they are up-to-date on the latest nutrition research and food safety protocols.
- Prepare meals under the supervision of a dietary manager or cook.
- Deliver dishes for Therapeutic diet patients at designated time and place.
- 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 Diabetes Cookies , Cakes,cupcakes
  - To prepare high fibre high protein biscuits
  - To make fresh juice corner



*Finance team*



*IT team*



*Bio Medical team*



*Registration team*



*Housekeeping team*





*Maintenance team*



*Agriculture team*



*OPD Assistants*



## NURSING SERVICES



The nursing services form the backbone of the healthcare team. Nurses play a pivotal role in rendering quality, holistic care for patients and their families, both in hospital and community settings.

### Activities:

- The Senior Nurse Officers (M.Sc.N) took regular classes, demonstrations and vivas for the new staffs. The ward in-charges and senior nurses in the wards were encouraged to mentor and supervise the newly joined nurses and health assistants in the hospital. Each Senior Nurse Officer is assigned to specific wards and departments, working closely with the ward in-charges to ensure effective patient care and operational efficiency.
- Immunization of Birth dose vaccination
- The Senior Nurse Officer supervise the online entry of U-WIN vaccinations.
- Hospital Infection Control Practices and the CSSD department is supervised by the nursing department.
- Daily group health education to patients and relatives in all in-patient wards and out-patient department.
- Triage and history collections in OPDs and emergency department.
- Ms. Velarie Rhoda Reade conducts Training of Trainers programme for Senior Nurse Officers, Nursing tutors and Ward in-charges on "Strengthening basic nursing care practices".
- On 12th May 2024, all ward in-charges were honored with 'The Nobi Surin Urang Memorial Award' as part of the Nurses' Day celebrations. Several other programs were also organized for the staff, with prizes awarded for their participation.





## BRANCH HOSPITAL ,AMBASSA

In the year of 2024-2025 period has been the year of abundant blessings, challenges and uncertainty too for our medical team. It was by God's amazing grace that we can manage to navigate these difficult times .Currently two medical officers are looking after the branch, Dr Kansouwa Koring and Dr Gracy Debbarma. Our branch Hospital actively serves the communities around with its sole aim to provide affordable and quality care for all the people regardless of race or religion with primary focus on the poor and marginalized. We are able to see overall rise in both OP and IP patients. Our hospital is blessed with good and committed staff, equipment and other resources needed for good patient care. Our primary focus is to share Christ love through our good services and provide better care to all the patients . We thank God for more able to organise health camp and health awareness care for surrounding communities and able to bridge with the local churches and peoples of different communities.



Once in a month we had Special OPD for patients requiring psychiatric and orthopaedic consultation, conducted by team from main hospital. In every working day , we pray together before and after the OPD gets over. And also through regular prayers and Bible study make us spiritually active and strong in our personal daily walk with God. We praise God for the much - awaited approval of USG machine for prenatal diagnostic and got approval for pharmacy license .

### Future plans include

- 1.The establishment of ANC clinic, Labour room , operation theatre .
- 2.Initiation of prenatal USG
- 3.To organise more Community awareness programme and health camp.
- 4.Building strong relationships with the surrounding community .

We are grateful to God for His abundant grace and guidance in the past years. We kindly ask for your continued prayer for our Ambassa branch Hospital , particularly concerning financial and human resources. Our hope and trust is in God to fulfill His plans for this hospital, in His time.



# COMMUNITY HEALTH

The year 2024-25 has been an exciting year for the community health department. The department has ventured into new themes of work and capacity building of the staff has also been the focus for this year.

## Community Antenatal Clinics:

The community antenatal clinics were run throughout the year in 3 sub centres and the services were extended to a new PHC (Nagra mini PHC) in this year.

Community ANC Clinics April 2024-March 2025	
Total villages covered through ANC clinics	40
Total number of ANC clinics conducted	39
Total visits made by the pregnant women to the clinics	1070
Total pregnant women who have received care in the	507
Prevalence of anemia among pregnant women	70.40%
Mean gestational age at the time of first visit	18.7 weeks



## Flood Relief Program:

In collaboration with DMMU- EHA, EHA-Canada and a few individual donors, the department has organized flood relief program in the affected areas of Patherkandi and R.K. Nagar blocks covering a population of 18,850 in the months of June – August, 2024.

As part of the program we have conducted 4 medical camps and distributed food and non-food items to 810 households. Bacteriological analysis of 6 well water samples was conducted to check for contamination and the block level officials were informed to chlorinate the contaminated wells. Alum-bleach mixture was prepared and distributed to the households to purify the flood water for household usage.

Number of patients who received care in the medical camps	646
Number of households which received dry food rations	280
Number of households which received non - food items	530

**Outbreak Investigation:**

Acute gastroenteritis outbreak investigation in the hospital was carried out by the department in the month of September, 2024 and a detailed report with recommendations was submitted to the management.

**Training:**

- 5 community health field staff have attended the Volunteers Training in Palliative Care – a 16 hour WHO curriculum and received certificates from CMAI.
- 1 ANM has completed the Foundation Course in Palliative Care from TIPS-ECHO Program under Pallium India.
- Disaster Relief and Preparedness Training & BLS Training for Community Health department staff was conducted in the month of August, 2024.

**Parivartan Program:**

- PARIVARTAN- The Makunda Primary Health Care Program has started in the month of October in partnership with the Azim Premji Foundation.
- Baseline survey of the 13 intervention villages was done from Jan – Mar 2025.
- Baseline assessments of the VHSNDs in the intervention villages are being done.

**Research:**

- Verbal autopsies of all the neonatal, infant and maternal deaths identified in the second round of DSS was completed and data is analysed.
- ARC-PRS MNH study data collection is completed in the month of March.
- We received the IEC approval for the CKD-U study which is being done in collaboration with the Dept. of Nephrology, CMC Vellore.

**Community –based Mental Health Program:**

Location	Number of patients	Total villages covered / clinic
<b>MEDLEY</b>	113 (6.4%)	1
<b>KUKITAL</b>	301 (17.1%)	13
<b>MANIKBOND</b>	357 (20.3%)	20
<b>NAGRA</b>	50 (2.8%)	1
<b>BHUBRIGHAT</b>	552 (31.3%)	19
<b>AMBASSA</b>	385 (21.8%)	37
<b>TOTAL</b>	<b>1758</b>	<b>91</b>



## COMMUNITY-BASED PALLIATIVE CARE:

**PATIENTS** 549 home-based  
**SERVED** 537 hospital-based

### HOME VISITS SUMMARY

832 home visits conducted to provide care  
67 bereavement visits



### EDUCATIONAL OUTREACH

399 patients taught physiotherapy at home



### INTERVENTION STATISTICS

- 1,550 nursing interventions performed
- 4552 Morphine 10mg tablets dispensed



### SPECIAL PROCEDURES

151 wound dressings and 3 NGT insertions



### FOLLOW-UP ACTIVITIES

935 phone calls for follow-up care



Flood Relief



Regional Consultation Meeting – Health  
Emergency Alliance in Dimapur, Nagaland.



Disaster preparedness & BLS training



3-day orientation and training program on HIE  
and Cerebral Palsy under the Parivartan Program.



Community health team

## RESEARCH AND PUBLICATIONS



Makunda hospital society has been gifted with professionals who contribute to scientific knowledge in the areas of medical science and biodiversity, even while regular hospital work keeps them busy. Dr. Vijay Anand Ismavel had envisioned and pioneered medical and biodiversity research. Makunda Research Committee, which includes Senior doctors and Nurse officers, regularly meets to discuss research opportunities and writes proposals. Mr. Rejoice Gassah takes care of Makunda Biodiversity Research Center currently.

### Medical publications:

1. Dsilva CH, Mythri SV, Arora S, Karia S, Desousa A, Reddy MS. Alcohol use disorders in patients suffering from obsessive–compulsive disorder: a cross-sectional study. *Annals of Indian Psychiatry* [Internet]. 2024 Oct [cited 2025 Jun 12];8(4):279–84. Available from: [https://journals.lww.com/10.4103/aip.aip\\_87\\_24](https://journals.lww.com/10.4103/aip.aip_87_24)
2. Cheng TS, Zahir F, Solomi C, Verma A, Rao S, Choudhury SS, et al. Does induction or augmentation of labor increase the risk of postpartum hemorrhage in pregnant women with anemia? A multicenter prospective cohort study in India. *Intl J Gynecology & Obste* [Internet]. 2024 Nov [cited 2025 Jun 12];169(1):299–309. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.16008>
3. Ritter P, Glenn T, Achtyes ED, Alda M, Agaoglu E, Altınbaş K, Mythri SV et al. Association between a large change between the minimum and maximum monthly values of solar insolation and a history of suicide attempts in bipolar I disorder. *Int J Bipolar Disord* [Internet]. 2024 Dec 23 [cited 2025 Jun 12];12(1):43. Available from: <https://journalbipolardisorders.springeropen.com/articles/10.1186/s40345-024-00364-5>
4. Mythri SV, Dhar B. End of Life Care in Suicide. In: *Ethics in Palliative Care and Disability*. New Delhi: Mountain Peak, Good Word Communication Services; 2025. P. 188-93.

### Biodiversity publications:

1. Ismavel VA. First record of the genus *foliabitus* zhang et maddison, 2012 (Araneae: salticidae) from india - far eastern entomologist [Internet]. Dec 2024. [cited 2025 Jun 12]. Available from: <https://www.biosoil.ru/FEE/Publication/2758>
2. An article about Makunda Biodiversity documentation was published in a Dutch magazine, called Naast, in April 2024.

### Ongoing research Projects:

1. The project titled, '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', has been successfully completed in March 2025. It is a project run in collaboration with NIN, Hyderabad. Data analysis and the preparation of the final report in being done currently.
2. The project titled, 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 been successfully completed in March 2025 and data analysis for publication is being done currently.
3. Maternal and perinatal Health Research collaboration, India (MaatHRI) study which was started in 2018 in collaboration with University of Oxford, UK, is currently going on.
4. A study on the prevalence and demography of chronic kidney disease (CKD) in the rural agrarian population of India. Protocol no. 324 version 2, was approved in March 2025 and is being done in collaboration with the Department of Nephrology, CMC Vellore. Data collection is currently going on.



## 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 29th September 2024 by Dr Bibhudutta Rautaraya, Head of Laboratory/Infectious diseases and Quality, Manipal Hospitals, Bhubaneswar and was awarded the renewal of pre-entry level NABH certification for another two years valid till 11<sup>th</sup> November 2026.

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. 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



The public-private partnership with the National Health Mission, Assam, initiated in 2008, continues to support comprehensive maternal and pediatric care. The hospital collaborates with the government on ICTC, RNTCP, NLEP, Immunisation, and AFP programs, maintaining RNTCP DOTS and laboratory facilities.



The partnership with Ekam Foundation Mumbai, started in April 2020, supports pediatric and neonatal surgeries and intensive care for critically ill children through donor funding.. Last year, they aided vulnerable tribal children's treatment, and we are grateful for their support.



The Alok Vision Programme by ZEISS improves rural vision care through technology, quality spectacles, and awareness. Our optometrists organizing refraction camps and providing affordable, high-quality glasses delivered from Bangalore to nearby villages.



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.



Opleidingsinstituut  
Internationale Gezondheidszorg en Tropengeneeskunde

The Royal Dutch Tropical Institute (KIT), Amsterdam, runs a program training doctors for resource-poor settings with theory in the Netherlands and clinical training in obstetrics, surgery, and pediatrics. Makunda is one of eight global sites for practical training. Most Makunda-trained residents now work in developing countries or with marginalized groups in the Netherlands.



The hospital continues its valued partnership with CMC Vellore through the Secondary Hospital Program, offering medical students a 10-day immersive experience in rural healthcare. In addition, CMC collaborates with us on research initiatives and has been instrumental in deputing doctors during times of need, strengthening clinical care.



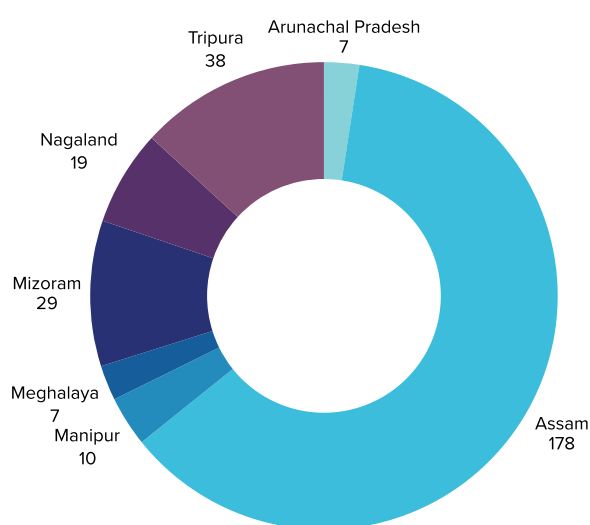
# NURSING SCHOOL

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.

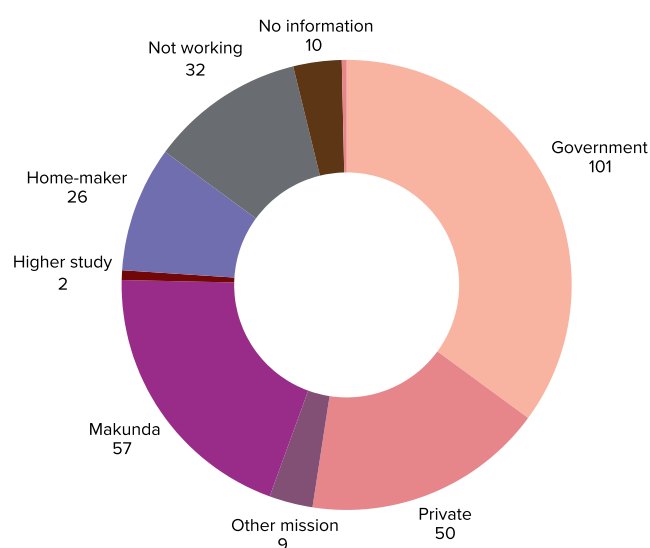
The two years ANM course was restarted in January 2006 after all the requirements for the course such as bed-strength, delivery and other statistics, adequate staff, hostel, classrooms, teaching aids etc. had been acquired as described in the latest syllabus of the Indian Nursing Council. The Registrar 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 wise students trained so far*



*ANM Employment status*

### Future plan towards Makunda Christian College of Nursing (MCCON):

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 are 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 @ CMC Vellore
Child Health Nursing	3	-
Community Health Nursing	1	-
Maternal Health Nursing	3	1
Medical-Surgical Nursing	1	-
Mental Health Nursing	-	1
Total	8	2



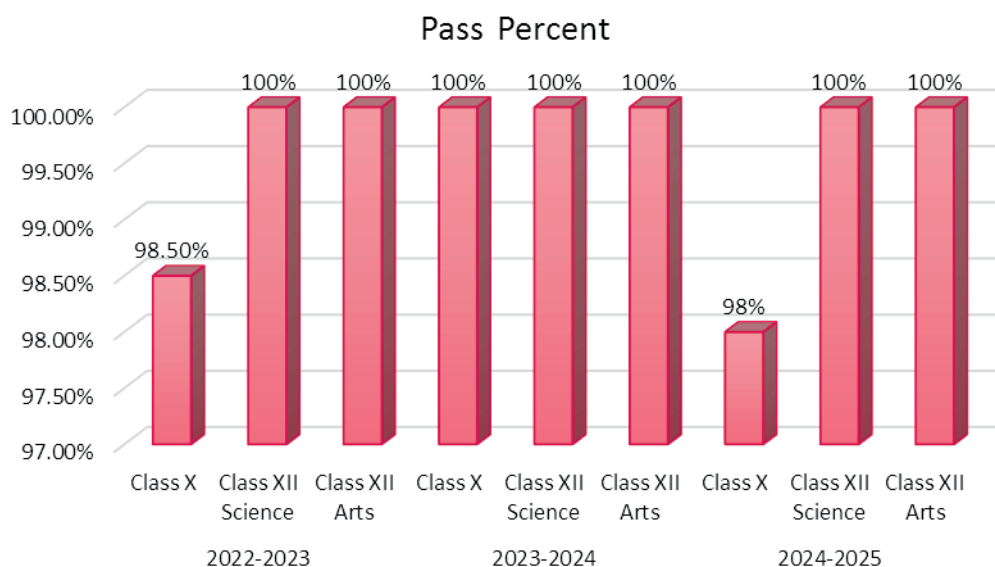
## MAKUNDA CHRISTIAN SR. SEC. SCHOOL

The academic year 2024–2025 witnessed a vibrant and growing student community with a total enrollment of 1,332 students from Kindergarten to Class 12. To accommodate this strength, each class up to Class X is organized into two sections, with an average of 50 students per section in the primary and secondary levels. A total of 51 students appeared for the HSLC examination, while 58 students sat for the Higher Secondary (HS) examination. Recognizing the increasing interest and potential among students in the Science stream, the school expanded its intake capacity from 25 to 63 seats this year, creating greater opportunities for deserving learners to pursue their aspirations in science education. The academic journey is supported by a dedicated team of 53 teachers and 11 non-teaching staff who together contribute to the holistic development of every child.



### Board Results:

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



**Events and Celebrations (April 2024 – March 2025)**

The academic year 2024–2025 was filled with a vibrant mix of educational, environmental, cultural, and awareness-based activities, making it a memorable journey for the students of Makunda Christian Senior Secondary School.

1. World Earth Day was observed on April 22, 2024, with a refreshing visit to the Biodiversity Trail of Makunda Nature Club, where students deepened their understanding of nature and the need to preserve our ecosystem.
2. Our budding scientists made us proud on June 4, by actively participating in the Block-level Science Competitions and bringing home prizes in multiple categories, showcasing their creativity and scientific acumen.
3. World Menstrual Hygiene Day was observed on June 11, with an awareness program conducted for girls from Classes VI to XII, empowering them with vital knowledge on hygiene and health.
4. The 78th Independence Day was celebrated with patriotic fervor. We were honored by the presence of Shri Nilav Jyoti Nath, Inspector of Bazaricherra, who graced the occasion as Chief Guest.
5. A much-anticipated school excursion to Darjeeling was organized for Class XII students on October 21, offering them a refreshing educational break and an unforgettable travel experience.
7. A group of 40 NCC students proudly represented the school at the 9-day Combined Annual Training Camp (CATC) conducted by the State NCC, gaining valuable discipline and leadership training.
8. The much-awaited Annual Program was held on December 20, centered around the theme “HEROES – 2024”. The event honored numerous unsung heroes from the community, inspiring students to recognize and celebrate everyday acts of courage and service.

**Key Focus Areas:****1.The addition of new sections:**

This will improve the learning environment by bringing down the number of students per classroom to a maximum of 35. Students can learn more effectively and teachers have more time for personal guidance for whom this is necessary. Furthermore, new sections can meet the increasing needs for higher secondary education because more students are now completing Class 10.

**2. The addition of a Commerce stream:**

This stream is locally unavailable and can provide new opportunities for students who want to extend their education but don't want to enroll in Arts or Science stream. Students can learn valuable skills and knowledge in the field of business, finance, and entrepreneurship. Furthermore, the addition of a Commerce stream will enhance holistic development of the school.

**3.Provision of Clean Drinking Water:**

To ensure the health and well-being of our students, there is an urgent need for the construction of a Water treatment system on campus. This will provide a reliable source of clean and safe drinking water, addressing a critical aspect of student welfare and hygiene.



## DEPARTMENT OF BIODIVERSITY AND WILDLIFE PRESERVATION



The Biodiversity Department at Makunda, established in 2015, developed a nature trail and initiated the Makunda Nature Club (MNC), comprising interested staff and students. Rejoice Gassah, an alumnus, completed the Green Hub Fellowship in wildlife photography, enhancing documentation efforts. MNC has contributed approximately 7% of all Indian entries on iNaturalist, a global citizen science portal. Notably, a new species of ghost moth, *Endoclita makundae*, discovered on campus, was featured in regional news.

### Activities

Ongoing research covers butterflies, birds, moths, tortoises, and turtles of Makunda and its surrounding forests. In 2022, MNC received a Royal Enfield Small Grant (Rs 2.15 lakh) for biodiversity documentation in low-altitude dipterocarp forests. This year-long project (Oct 2022–Oct 2023) led to the creation of wildlife checklists and active community involvement.

Awareness activities resumed in January 2024, including forest visits and interactive nature education for Classes 9–12 at Makunda Christian Senior Secondary School. Lessons emphasized biodiversity's link to human health, the value of documentation, and related career paths.

### Plans for 2024–25

Expanding documentation (especially mammals, butterflies, reptiles, amphibians), community training in biodiversity monitoring, and acquisition of equipment like camera traps. A new group of student members will engage in monthly activities including excursions, photo contests, and seminars. A bird exhibition is also planned to raise awareness on local avifauna and their ecological significance. Educational resources and inspirational support are welcome.

### Publications :

- Makunda Nature Club published 15 scientific articles. Recently, an article entitles "Homogenizing Design Thinking Process with Avitourism: Solving Industry Problems Using Traditional Knowledge System" was submitted for publication.(resubmitted due to few errors in the article. Should be completed by July end.
- A new species of dragonfly is also being describe , The article to be published by August. This dragonfly belongs to Aeshnidae family and we have chosen the name as *Sarasaeschna dosdewaensis* Joshi, Gassah, Ismavel & Kunte.





## DEPARTMENT OF AGRICULTURE AND FISHERIES

The Department of Agriculture and Fisheries is responsible for protecting, managing and cultivating 200 acres of land surrounding the hospital, school and residential areas. It manages 45 acres of fishery areas which include 34 small-big fisheries and 20 acres of plain land or paddy fields. The department works in 10 different areas or domains such as Aquaculture, Rice cultivation, Horticulture (fruits & vegetables), Fungiculture/Mushroom, Piggery, Dairy, Rubber cultivation, Poultry, Agar wood & a small-scale apiculture (bee keeping). The work is managed by 42 hardworking and dedicated staff.

### Highlights of this year:

1. Dairy: A dairy was started in a small scale with two milking cows and two calves. Milk produced in the dairy is consumed by the staff members.
2. Low-cost poly house for vegetables: Two low-cost poly houses were built for the cultivation of vegetables during rainy season. The effectiveness of this initiative is yet to be tested.
3. Vet-camp for the communities: The department organised a 5 days veterinary camp including two days of training of farmers with the help of Vetnet Foundation. Dr. Dickson, Dr. Benjamin, Dr. Raja Pandian, Dr. Channa and Ms. Rekha from Vetnet foundation provided their generous service to the rural communities around Makunda. Around 300 farmers benefited from the camp. (17<sup>th</sup> - 21<sup>st</sup> March , 2025)
4. Opening of the Good Shepherd Store: The department opened a new store (The Good Shepherd Store) near the hospital for the selling and distribution of agriculture produce among the staff on 11<sup>th</sup> Jan 2025.
5. Paddy harvest – 28 tonnes of paddy were harvested this year.
6. Fishery: Major works (Repair of bunds and drains) on two fisheries were carried out as part of the development of the fisheries.



**Future plans:**

The department is planning some new initiatives and expand a few of the crucial areas in the next financial year.

1. Goat farm: Opening of a small – medium scale goat farm.
2. Vermi-compost unit: A low cost vermi-compost unit will be set-up.
3. Horticulture – Plantation of more fruit trees.
4. Community initiatives: The department will strategically look for opportunities and needs to assist the local communities in the area of Agricultural livelihood. It will work with the existing community health department to work in the area of livelihood development in the local communities.
5. Exploration of the possibility for milk cooperatives and other large scale profitable business opportunities for local farmers
6. Plantation of forest trees: Plantation of trees in strategic areas.
7. Vet-camp for the poor farmers: Vet camp for poor farmers as per the need and interest among the farmers.
8. Expansion of piggery: The department is planning to open another piggery unit exclusively for the production of piglets since there is a high demand for healthy piglets in the surrounding communities.



We thank God for all the success and learnings through challenges in the financial year and also for protecting all our staff who work in the field and fisheries often under difficult conditions. Pray that our works will bear much fruit and be a blessing to many.





RAC 2025



Staff Canteen Inauguration



Blood donation day



Medical Students retreat



Ground breaking prayer for New postnatal ward



Sports month



Christmas Carols



VBS 2024



Nurses Day Celebration



Art by Dr.Moloti



Students @ state level sports