LAMB

Integrated Rural Health and Development













Annual Report 2009



LAMB AT A GLANCE

LAMB works to improve the health of poor people in north-west Bangladesh. Services cover a population of well over a million people. The main site is 2km west of the town of Parbatipur, about 24km east of the District city of Dinajpur.

LAMB was started in the early 1970s by missionaries who saw the absence of skilled medical care in the area. Initially LAMB provided mobile clinics and healthcare teaching. The hospital opened in 1983. LAMB continues to be a Christian based activity of World Mission Prayer League, aiming to serve God by serving the poorest.

FACILITIES

- A 150 bed capacity general hospital including in-patient, out-patient and diagnostic services.
- 28 community clinics, eighteen of which have midwives 24 hours.
- A large training centre with 6 class rooms and residential accommodation for trainees.
- An English-medium school.
- A research unit linked to the hospital and community.
- A rehabilitation centre for disabled children.
- Office accommodation for centrally based staff.
- Residential accommodation and a Guest House for short term workers and visitors.

SERVICES

- Clinical services include Maternity services, General surgery, Paediatrics, Medicine, Out-patient care.
- Community programs include Primary Health Care, Social and Spiritual Development,
 Participatory Action for Development.
- Training, primarily but not only health focused.
- Research using the extensive hospital/community/clinical/socio-economic data.
- Special programs including Club Feet, Fistula, Cleft Lip and Palate Repairs.

COVERAGE

The hospital treats over 8,000 in-patients and over 50,000 out-patients annually. The Community Health Development Program covers a total population of about 700,000.

STAFF

At the end of 2009, LAMB had a total number of 594 staff and 449 volunteers. 64% of staff were female and 36% male.

FINANCES

In 2009 the annual budget was approximately USD 1.8 million, BDT 12 crore. 21% came from patients for fees and medicines (at close to cost). 53% was for work done for institutional donors. 20% was from private donations, of which half went to the Poor Fund.

PARTNERS (in alphabetical order)

BRAC, CDD, CRWRC, DFID, Engenderhealth, FOL, FOLIA, Glencoe Foundation, Global Fund, Government of Bangladesh, LHCF, Operation Cleft, PLAN Bangladesh, Tearfund, WMPL.



WELCOME

2009 was another busy year for LAMB. It was not so much a year of fast growth, more a year of preparing for the future. There was a lot improvement behind the scenes to be ready for the new challenges and further growth of 2010 and beyond.

NORMAL LAMB SERVICES CARRIED ON, INCLUDING

| 50,000 Hospital outpatients | 8,000 Hospital inpatients | 13,000 Antenatal patients |
|-----------------------------|---------------------------|---------------------------|
| 3,000 Babies delivered | 2,000 Babies delivered in | 71,000 Community clinic |
| in Hospital | Community Clinics | patients |
| 13,500 Adolescents trained | 638 Trainees through the | 105 Children at |
| in Community | Training Centre | LAMB School |
| AT THE SAME TIME AS | | |

AT THE SAME TIME AS

| Improving LAMB long-term | Building links with | Introducing Staff Values to |
|---------------------------|--------------------------|-----------------------------|
| financial viability | (inter)national agencies | help improve LAMB service |
| Senior management taking | Step improvement in long | New research program |
| on more responsibilities | term viability of | with longer term study |
| and new skills | community clinics | potential |
| Handing-over microcredit | New comprehensive | Building hospital/ school |
| operations | accounting system | links into national systems |
| Nominating a Director for | LAMB external reputation | |
| spiritual health growth | was building | |
| | | |

CHANGE WAS NEEDED

The need to further develop the way LAMB was doing things was apparent. LAMB had outgrown its infrastructure and systems. The major growth in departments needed much increased delegation, and there was a need to align with strengthening national policies and systems. We wished to further embed our values in the way we worked.

Microcredit, becoming more of a commercially competitive activity, was no longer a good fit for LAMB. Long-standing major projects were coming to an end, and sustainability needed to receive bigger emphasis.

Hence, in addition to managing operations, considerable effort went into these changes.

BUT THE VISION REMAINED UN-CHANGED

Unchanged was that LAMB is a Christian organization, committed to the poor. Its vision of "People of Bangladesh, transformed by the love of God, live in healthy and just communities" continues to be its driving force. The overall vision focuses down on

- Healthy people
- Honourable and just health policies and systems
- Capable communities
- Love of Christ experienced
- Responsive leadership for communities

COMMUNITY HEALTH AND DEVELOPMENT PROGRAM

Very good progress was seen in LAMB's focus on communities, particularly for long term sustainability. The finances of clinics for self sustainability took a big step forward. Progress towards working in partnership with Government rather than independent LAMB units also augurs well. Maternal mortality rates in LAMB areas continued to fall.

A large 3 year program for LHCF/ DFID completed, as did a long standing program with Tearfund as their strategy changed away from a health focus. Both programs were successful in achieving their different targets in health and development. LAMB's microfinance program, with 6,000 members, was handed over to a local microfinance NGO as part of a LAMB strategic review. Microcredit has become more a commercial activity.

HOSPITAL

The workload for LAMB Hospital's largest activity – maternity services – reduced. A Government voucher system trial for free services at Government facilities led to the reduction. Despite that, out-patient numbers continued to rise. A program to improve non-clinical care of patients was set into motion – improving information availability, reducing waiting times, and improving facilities for those waiting.

In cooperation with an Australian foundation, the Ponsetti, non-surgical, low cost method of treating club feet was introduced. This is proving very successful. Roll-out to other hospitals across Bangladesh was initiated by the Foundation. Support to disabled children was further increased at LAMB with the expansion of facilities to make assistive devices.

TRAINING CENTRE

The Training Centre load grew even closer to full load. Additional accommodation for trainees was organised in a separate existing building. The demand for LAMB training increasingly is now high from external international and national organizations, including government. 93% of trainee days were for community health service providers.

MIS-RESEARCH

This was the second of a 3-year research program with Emory University on prolonged labor/birth asphyxia. A new research partnership commenced with University of California -Davis on nutrition supplements. Non-electronic historic data continued to be uploaded.

SCHOOL

The School expanded up to Class 10, with total student number increasing to 105. The school follows the UK system, so the first students were preparing for their O-level exams.

MANAGEMENT AND SUPPORT

New Accounting software was purchased and installed to enable LAMB to improve its own financial understanding of its activities, as well as to meet the high standards of accounting required by international agencies. A 'Staff Values' program was initiated to further strengthen caring for other staff, for patients, for trainees and for community members.

SPIRITUAL HEALTH

To give increased impetus to LAMB's work in the area of spiritual health, a Director was given a significant part time role to develop this strategically. Staff Values are one element. LAMB's new Staff Values are both Christian values and good organizational practice.

STATISTICAL DATA

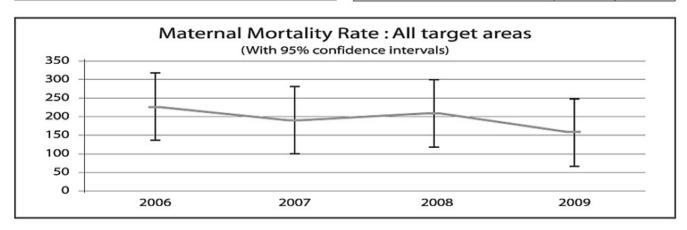
| COMMUNITY HEALTH AND DEVELOPMENT PROGRAM | 2009 | 2008 |
|--|---------|---------|
| General Information | | |
| Unions | 29 | 29 |
| Villages/Ward | 252 | 253 |
| Households | 130,000 | 117,720 |
| Total Population | 953,049 | 896,216 |
| Health Care Centre (HCC) | 28 | 26 |
| HCC with Safe Delivery Unit | 17 | 15 |
| Health Teaching | - " | " |
| Mothers and Children | 506,616 | 326,240 |
| Adolescents | 20,000 | 21,822 |
| Health Care Centre patients | 20,000 | 21,022 |
| 0-5 yrs old | 5,658 | 6,694 |
| >5yrs old | 29,407 | 27,123 |
| Antenatal Care | 35,307 | 35,203 |
| Total deliveries | 2,044 | 1,901 |
| Health checks, child growth centre | 3,706 | 7,337 |
| Family planning | 0,.00 | ,,,,,, |
| Number served | 1,998 | 2,184 |
| Disability | ,,,,,,, | |
| Clinics | 19 | 17 |
| Assistive device distributed | 218 | 168 |
| Teaching | 39,984 | 32,382 |
| Referred patients | 292 | 340 |
| Treated at LAMB Rehab centre | 770 | 753 |
| TB Control | | |
| Sputum tests | 7,338 | 6,215 |
| Patients - new and relapsed | 748 | 633 |
| Patients cured/ treatment over | 686 | 680 |
| Obstetric Fistula | | |
| Fistula workshops | 64 | 53 |
| Attendees | 3,959 | 6,784 |
| | | |
| | 1 | I |

| HOSPITAL | 2009 | 2008 |
|----------------------------------|---|--------|
| General Information | | |
| Approved Number of Beds | 115 | 115 |
| In-patients | | 2000 |
| Total | 8,136 | 8,865 |
| Male | 2,148 | 2,341 |
| Female | 5,988 | 6,524 |
| <5 years | 1,928 | 2,237 |
| Surgery patients | 120 | |
| - Caesarian Section | 735 | 808 |
| - Other | 1105 | 1084 |
| Other maternity related patients | 2304 | 2636 |
| Medicine/ general patients | 2064 | 2100 |
| Out-patients | 0.5000000000000000000000000000000000000 | 55,000 |
| Total | 49,773 | 49,502 |
| Male | 17,353 | 16,391 |
| Female | 32,420 | 33,111 |
| <5 years | 5,408 | 5,846 |
| Antenatal | 13,705 | 15,507 |
| Eye | 749 | 843 |
| Other | 29,911 | 27,306 |
| Services | 20,000 | |
| Blood Transfusions | 867 | 1,060 |
| Laboratory Tests | 70,361 | 76,810 |

| TRAINING CENTRE Courses | 2009 | 2008 |
|-------------------------|------|------|
| Courses | 22 | 24 |
| Trainees | 638 | 634 |

| SCHOOL | 2009 | 2008 | |
|----------|------|------|--|
| | 2010 | 2009 | |
| Students | 108 | 92 | |

| LAMB STAFF | 2009 | 2008 | |
|------------|------|------|--|
| Total | 594 | 659 | |
| Male | 217 | 252 | |
| Female | 377 | 407 | |



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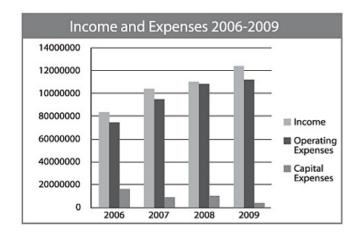
Financial Statement 2009 (1st January - 31st December)

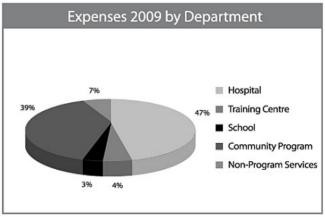
| Amounts in Taka | LAMB | School | LAMB-PLAN Partnership | Total Year 2009 | Total Year 2008 |
|---|---|------------------------|---|---|--------------------------|
| Income | | | | | |
| Hospital Fees and Medicine | | | | | |
| Paid by Patient | 26,143,812 | | | 26,143,812 | 23,006,688 |
| Paid by Poor Fund Subsidy | 10,813,994 | | | 10,813,994 | 11,443,035 |
| Total Hospital fees | 36,957,806 | - | - | 36,957,806 | 34,449,723 |
| Training centre | 7,949,617 | | | 7,949,617 | 6,220,678 |
| School | 654-04-1700-27-1700-04-18 | 1,744,053 | | 1,744,053 | 2,010,521 |
| Community Program | 0.0000000000000000000000000000000000000 | | 25,402,513 | 25,402,513 | 24,317,067 |
| Non-program income | 7,326,785 | | 430,626 | 7,757,411 | 5,642,008 |
| Grants | 31,685,885 | | 211111111111111111111111111111111111111 | 31,685,885 | 21,932,728 |
| Total Earned income | 83,920,093 | 1,744,053 | 25,833,139 | 111,497,285 | 94,572,725 |
| Donations | 11,246,299 | 657,342 | | 11,903,641 | 15,804,655 |
| Donations (excl. to Poor Fund) | 11,246,299 | 657,342 | - | 11,903,641 | 15,804,655 |
| Total Income | 95,166,392 | 2,401,395 | 25,833,139 | 123,400,926 | 110,377,380 |
| Evenese | | | | | |
| Expenses Operating Expenses | | | | | |
| | 40 757 407 | 1 205 222 | 14 045 044 | E0 070 EC2 | 50,004,040 |
| Salary and Benefits Drugs & Pharmaceuticals | 42,757,427 5,769,711 | 1,305,322 | 14,915,814 377,970 | 58,978,563 6,147,681 | 58,824,943 |
| Supply & Expenses | 11,080,405 | 460,883 | 489,035 | 12,030,323 | 8,020,702 |
| Food | | 100 000000000 | | , | 12,273,554 |
| Travel/vehicle expenses | 2,632,150 2,491,324 | 140,559 11,691 | 217,522 1,041,133 | 2,990,231 3,544,148 | 4,680,970 |
| | | 174,351 | 1,041,133 | | 4,208,906 |
| Building & Equipment maint. | 2,749,639 | 52965.2819659666 | 141,040 | 3,065,636 | 3,371,516 |
| Depreciation Training | 4,572,326 7,146,973 | 185,348 61,912 | 5,440,792 | 4,757,674 12,649,677 | 4,724,285 |
| • | 4,345,040 | 530,547 | 3,238,369 | 8,113,956 | 9,931,369 |
| Other expenses | | | | | 3,064,919 |
| Total expenses Operating result | 83,544,995 11,621,397 | 2,870,613 - 469,218 | 25,862,281 -29,142 | 112,277,889 11,123,037 | 109,101,164 1,276,216 |
| Operating result | 11,021,397 | - 409,210 | -23,142 | 11,123,037 | 1,270,210 |
| Capital Expenditure | | | | | |
| Build. Addition | 1,315,972 | | | 1,315,972 | 4,843,498 |
| Plant equip addition | - | 593,053 | | 593,053 | 2,300,779 |
| Medical equipment | 1,089,801 | | | 1,089,801 | 1,606,033 |
| Vehicle/Bicycle addition | 27,812 | | - | 27,812 | 1,241,253 |
| Total Capital Expenditure | 2,433,585 | 593,053 | | 3,026,638 | 9,991,563 |
| Total Net Result | 9,187,812 | - 1,062,271 | -29,142 | 8,096,399 | - 8,715,347 |

NOTES

- 1. Non-program income derives from housing, guesthouse and vehicle charges.
- 2. All LAMB's accounts above have been subject to audit by independent auditors.

The figures combining LAMB, School, and PLAN have not been audited as a consolidated total.









Serving in a LAMB Community Clinic



Paediatric Care in LAMB Hospital



At the School, the First O-Level Students



6 Months at the Training Centre







The Rehabilitation Unit applies the Ponsetti technique for Club Feet Realignment



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