

Annual Report

2010

LAMB | Integrated Rural Health
and Development



Our Vision

People of Bangladesh, transformed by the love of God, live in healthy and just communities.

and within this

Improved Health

: People most in need, especially women, children and the poorest of the poor have improved health.

Health Policies

: Women-friendly, pro-poor, appropriate health policies and systems are implemented by the Government of Bangladesh and other health care providers.

Leadership

: Leaders and people of influence including community leaders, health care providers, religious leaders and heads of families take responsibility for health and justice in their communities and advocate and apply Biblical values.

Community ownership

: Communities take ownership for their health and take responsibility to ensure equitable, accessible health and social systems.

Love of Christ

: People in contact with LAMB experience the love of Christ and are offered help to understand what they experienced.

Our Mission

The mission of our Christian Organization is to serve God through serving the poor or underprivileged, especially women and children.

Our Activities

*Community Health and Development
Hospital and Rehabilitation Services
Training*

*Research and Dissemination
Spiritual Development
School and Support*

Organisation Values

*Follow example of Jesus Christ
Respect God-given resources
Accessible and equitable service
Respect for all people*

*High quality and appropriate
Sustainability
Model of excellence
Humble service*

Our Staff Values

*Compassionate and caring
Honesty and integrity
Equal respect for all people*

*Teamwork
Committed to quality*



LAMB in 2010 ■



Since its start of operations in the 1970s with mobile clinics, by 2010 LAMB had developed into a broad health focused organization with services covering 1-2 million people.

Facilities

- A 150 bed capacity general hospital
- 28 community clinics/24 hr midwives
- A large residential training centre
- A research unit
- A centre for disabled children
- An English-medium school
- Office accommodation
- Residential accommodation/ Guest House

Services

- Clinical services included Maternity, General surgery, Paediatrics, Medicine, Out-patients
- Community programs included Primary Health Care, Community Development, Health Technical support
- Training, primarily but not only health focused
- Research using the extensive hospital/ community/ clinical/ socio-economic data
- Special programs including Club Feet, Obstetric Fistula, Cleft Lip and Palate Repairs

Coverage

The hospital covers a population of maybe 1 million people, and the Community Health & Development Program around 1 million, with only modest overlap.

Staff

At the end of 2010, LAMB had 653 staff and 480 volunteers.

Finances

In 2010 LAMB income and expenditure was approximately US\$ 1.8 million, BDT 12 crore. 27% came from patients for fees and medicines, and 6% from outside organizations as training fees. 38% was for work done for institutional donors. 19% was from private donations. Of this, 43% went to the Poor Fund, approximately US\$ 146,000.

Location

LAMB works to improve the health of poor in north-west Bangladesh. The main site is 2km west of the town of Parbatipur, about 24km east of the District city of Dinajpur.

Developments in 2010

- More than 5,000 babies delivered in the Hospital and Community Safe Delivery Units
- Skilled attendance at births was 55% in LAMB areas, more than twice the national average
- Around 60,000 Out-patients and 9,000 In-patients cared for at the Hospital
- Community clinics saw more than 70,000 patients
- Very significant progress by local community organizations towards taking financial responsibility for community clinics
- A new community program partnership commenced, taking LAMB as the Health Technical adviser into difficult to reach river island areas
- A program developed for start in 2011 focused on disaster risk reduction, involving working with churches
- A trial testing food supplements to improve child nutrition indicated the value of a full research program
- The first LAMB School O-level students successfully graduated with good results
- Financially a sound year

Message from LAMB Board Chair 2010

It is with joy that we present LAMB's Annual Report 2010 which as you will see highlights some of LAMB's significant achievements.

This is for the Board an opportunity to congratulate all of LAMB's staff and thank them for their faithful service and their hard work! I know personally of many who have gone far beyond their duty in order to show God's love and care for the people of this country of Bangladesh! Their dedication paired with professional competence has often been extraordinary. Thank you very much and – well done!

One of the Board's roles is to give direction for LAMB in its long-term strategy. Our dream is clear: to see healthy people living in well-functioning, just communities. It's the dream of improved health especially among women and children of North-West Bangladesh; the dream of leaders and people of influence taking responsibility for health and justice in their community; the dream of God's love in the lives of all people. We're excited to see that through LAMB's work we have had a clear, measurable impact in many people's lives – this Annual Report is once more a proof of this progress! We thank God for what has been achieved and would like to share and celebrate this progress with you!

We are aware that there is still a lot more to do. We are more eager than ever to press on and see change and transformation happen. With God's help we can do it!

On behalf of the LAMB Board: **Elisabeth Blanc, Chair** (2010)



List of Board Members

Mrs. Elisabeth Blanc, Chair

Mr. Terry Beyer, Deputy Chair

Rev Chuni Mondal (The Late) (Part Year)

Mr. Oliver Wakelin

Mr. Shantanu Dutta

Dr. Nelly Saha

Dr. David Pahan

Mr. David Johnson

Mrs. Ruth Larsen (Part Year)



Partnerships

We are extremely grateful to our partners and supporters for making our work possible -

(in alphabetical order): BMS, BRAC, CDD, CLP, CRWRC, Emory University, EngenderHealth, FOL, FOLIA, Glencoe Foundation, Global Fund, Good Samaritan Society, Government of Bangladesh, ILBS (Japan), Interserve, LHCF, Operation Cleft, PLAN Bangladesh, SIM, Tearfund, UC-Davis, Walk for Life, WMPL.

LAMB Hospital ■



LAMB Hospital is a general hospital, very well respected locally and regionally for the quality of its care and for serving the poor. With its 150 bed capability, the hospital treated over 9,000 in-patients and nearly 60,000 out-patients in 2010. Patients came from a wide range of areas from around 50 km radius. LAMB Hospital is particularly well known for its maternity services, and more than 3,300 babies were delivered at the hospital in 2010, inevitably from mothers with the highest risks.

Departments	Diagnostic facilities	Other services include	Specialties
<ul style="list-style-type: none"> • Medicine • Paediatrics • Surgery • Obstetrics/ Gynaecology • Out-Patients 	<ul style="list-style-type: none"> • X-ray & ECG • Ultrasonography • Echo-cardiology • Endoscopy/ Bronchoscopy 	<ul style="list-style-type: none"> • TB • Vaccination • Primary eye care • Well equipped laboratory • Well stocked pharmacies 	<ul style="list-style-type: none"> • Club Foot • Obstetric Fistula • Cleft Lip/Palate Repair

During 2010, LAMB Hospital had typically 21 doctors and 89 nurses, Bangladeshi and expatriate. There continued in addition to be visiting expatriate specialized doctors, consultants, and technicians, helping to keep raising the hospital towards international standards. The medical staff are complemented by the dedicated team of chaplains, usually called when patients and their families need compassion, consolation and counselling.

In 2010 - Getting Busier

The number of patients coming to LAMB grew again significantly in 2010, stretching staff and facilities.

Service	2010	2009
Total out-patients attendance	59,712	49,773
Total in-patients attendance	9,176	8,136
Antenatal Clinic attendance	14,907	13,705
Bed-days	36,279	31,276
Bed occupancy	86%	74%
Maternity-Total Deliveries	3,321	3,039
Caesarean Deliveries	846	735
Surgery (excl C-Section)	1,458	1,427



Also in 2010

In 2010 further effort was put into improving non-clinical aspects of the hospital's care and service. In some cases these seem simple – such as setting up an information desk for patients and their relatives. In other cases, the changes are bigger, for example restructuring out-patient clinic systems to reducing waiting time and improve patient care. The facilities also are being improved – more protection against the rain and sun, more seating, on-going efforts to reduce waiting – all made particularly necessary by the growth in numbers coming to the hospital.

Although we know the ideal would be to replace the existing out-dated hospital building, we are currently looking at at least a workable solution of moving the out-patients area into a new extension, to cope better with the growth.

Lastly, we note the continuing growth of the Fistula repair program sponsored by EngenderHealth. During 2010 the program reached further and further out into the community to find cases of sufferers.



Community Health and Development Program ■

The LAMB Community Health and Development Program – CHDP – maintains a presence in communities through household, neighborhood, clinic-based, and visiting staff. Overall health promotion and disease prevention work remains a priority, but the specifics vary as funding sources shift. Change is a way of life. New programs come and go, and within each program, continuous development is usually a main objective.

Although two large health and development projects had been completed in 2009, five programs continued in 2010— a community health program with PLAN, an Adolescent Reproductive Health program also with PLAN, the national TB program, child disability work, and community health work sponsored by LHCF. One new program started – work with CLP (the Chars Livelihoods Program) as their health adviser. Preparations were made for a new program with Tearfund starting in 2011.

LAMB's ongoing work was across three Districts of Bangladesh – Dinajpur, Rangpur and Nilphamari, in 29 Unions and covering about 900,000 people. The CLP program work, providing health system development expertise to other NGOs was also spread across three districts – Kurigram, Rangpur and Gaibandha, two of these being new to LAMB and further away. The preparations for the new Tearfund project also covered another new District, Lalmonirhat, even further extending LAMB's geographical spread.

Overall, in 2010, LAMB CHDP employed as field staff 60 Community Mid-Wives, 200 Community Health Workers, and 450 trained Village Health Volunteers.

Continuing Programs

Community Health: These programs included 28 Clinics/ Safe Delivery Units providing primary health care, and health related teaching and awareness raising. The clinics have a trained provider. The Safe Delivery Units have Skilled Birth Attendants or Community Midwives.

Major progress was made in the guiding the Clinics/ SDUs to self sustainability, with empowered Community Clinic Management Groups doing excellent work in fund raising and advocacy. LAMB is increasingly looking to partnerships, in particular with Government, to help ensure long term sustainability.

In LAMB areas in 2010

- Over 2,000 deliveries done at community Safe Delivery Units, an increasing proportion
- Over 71,000 patients were seen at Health Care Centres
- Skilled attendance at birth 53.7%

TB: More than 70,000 people avoidably still die of TB in Bangladesh each year. LAMB has been working as part of the Government's TB control program since 1985, and works in four Upazilas of two Districts. In 2010, LAMB covered a population of 842,627, typically with 200 patients per month. The case detection rate was 71%, and cure rate over 94% compared to national target of 85%



Adolescent Reproductive Health (ARH): Early marriage is a very serious problem in Bangladesh, with the average age of marriage of girls being 16, lower in LAMB areas. Early marriage tends to lead to early pregnancies, reinforcing damaging population growth, poverty, and poor health and prospects for both mother and child. The ARH program is raising awareness on such issues as early marriage, sexually transmitted diseases, and the issues of adolescence. In 2010, LAMB covered 21,633 people, and 20,000 adolescents received life skills training.



Disability: LAMB's disability program is children focused, and in 2010 continued to involve activities both in the Rehabilitation Centre at the main LAMB site – for review and therapy training, and at disability clinics held according to schedule in different community areas. The main LAMB site has a workshop producing wheelchairs and other equipment, both for LAMB patients and other NGOs.

A major emphasis is for children to live as normal lives as possible. LAMB workers therefore hold disability awareness sessions in many venues, to 46,000 people in 2010, and very successfully encouraged schools to accept disabled children.

New Activities

Strategic plan: A major strategic review for CHDP early in 2010 identified that LAMB, which had to date always been a grass roots level implementer of projects for others, now had the broad experience and capability to also lead others. The review also highlighted the importance of ensuring that selected programs focus on producing results which will sustain in the future when LAMB's involvement is over.

CLP: In mid-2010, LAMB took over as the Health Technical Adviser for the Chars Livelihoods Program. A small team of very dedicated and experienced doctors started the one year assignment to help establish simple, but clinically trained health services for people living on the difficult-to-access river islands in the big Jamuna River. The doctors worked with local NGOs to help them build the services.

Caring about People

Nurjahan: Back to Life

An unconscious woman, by all indications very poor, was left at the LAMB site gate around mid-day on November 26th, 2010. LAMB staff took her into the hospital for treatment.

Doctors found that she had severe mitral stenosis and had a paralyzed right hand and leg. When she was conscious, her speech was slurred and she could hardly say that her name was Nurnahar. The only clothes that she had were torn and worn out. By December 2nd she was stable and the doctors discharged her medically, but what to do?

LAMB staff were requested to help her with used clothes and the response for Nurjahan (as she later on corrected her name) took away that problem.

On January 3rd Nurjahan was taken to 'Nari Niketon' at Rangpur, a home for abandoned women – looking much, much better in clean good clothes and with ornaments.

Field workers of 'Nari Niketon' looked for her relatives, and on January 29th her elder sister 'Julekha' took Nurjahan home. Nurjahan was lucky to meet her relatives at last, and it was very welcome to have a happy ending to this case which looked so difficult at the start.





Training Centre ■

The main activity of LAMB Training Centre is producing competent, technically skilled and caring staff for the health sector.

LAMB Training Centre strives to ensure learning of both knowledge and practical skills so that the learners are ready to work competently after returning to their own organisations. The location of the Hospital next door to the Training Centre means that daily practical training can be done, and enables theory and practice to be linked in the minds of trainees. LAMB training always includes values and attitudes development/ caring, not just technical skills.

Although in its early days, the Training Centre essentially provided training only for LAMB staff, the reputation of the Training Centre attracted many outside enquiries. By 2010 about 45% of the trainees were from organizations other than LAMB.

The Training Centre in 2010

Bangladesh has a *very* great need for more women trained with midwifery skills. This need is recognized by the Government, by international donors, and by NGOs working in the country.

This demand for training to help save the lives of mothers and newborns kept the LAMB Training Centre busy throughout 2010. More than 21 different courses were offered to different levels of community health workers, health volunteers, community midwives, nurses, paramedics from LAMB and other national and international organizations.

The total number of Trainees in 2010 was 831. Around 95% were from the community, focusing on health protection and clinical services at the community level. The remaining trainees were from the hospital, or were taking other courses.

Of the total 11,024 trainee days in 2010, 86% of total trainee days were for Clinical and Preventive Health care providers in the community. The remaining 14% were for hospital service providers, trainers or clinical instructors in the hospitals and in the community, or others. For ongoing skill development, the Training Centre provided training on 'Supportive Skill Supervision' to the nurse midwives working at the Hospital.

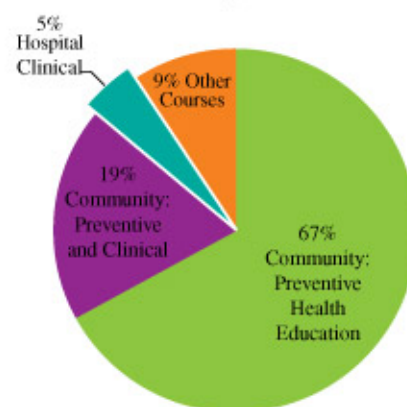
A team from Bangladesh Nursing Council visited LAMB Training Centre in 2010 and reapproved the six months Skilled Birth Attendant course. Government recognition of LAMB's courses is much appreciated.



What is special about LAMB Training?

- Strong integration with the community and hospital departments
- Value and Skill-based training giving trainees both theoretical and practical knowledge
- The on-site Hospital and the availability of community Safe Delivery Units enables trainees to get broad skills practice under close supervision of skilled national and international trainers
- Good counseling through highly committed Staff

Training in 2010





MIS-R is the research and information department for LAMB. The core of the department is its ability to access and interpret data from communities, clinics and hospital. Although health focused, MIS-R is able to link health data with social and economic data, such as incomes and housing.

For research, this is used to help understand the health issues of the rural poor and help determine ways for reducing the problems. As management information, the data gives to LAMB and the Government understanding of the effectiveness of LAMB's work.

At the end of 2010 the department had a total of 18 staff - 9 focused on MIS (Management Information), 6 on research, and 3 providing overall direction and systems management.

Management Information: In 2010 MIS-R extended its provision of routine data for management and Government. For the hospital it added information about where patients came from, and better understanding of the use of the Poor Fund. For the Community program, MIS-R continued to complete its household information database, which is a slow task but steadily progressing.

Research: The research projects are mainly carried out in conjunction with and on behalf of major international partners. There were two main programs in 2010

- **Prolonged Labor/ Birth Asphyxia:** 2010 was the final year of this 3-year project with Emory University. The rate of deaths during and after delivery is still high in Bangladesh. The research was to understand the level of community knowledge of danger signs when giving birth, and to develop and trial methods to help guide them what to do. A development from the work was a pictorial partogram, to help unqualified individuals see more clearly if labor is becoming dangerously extended.
- **Nutrition Supplement:** A partnership began at the end of 2009 with University of California (Davis) and ICDDR,B, looking at the economics and effectiveness of nutrition supplements for pregnant and lactating mothers and young babies. Inadequate nutrition at the early stages of life does lifelong damage. In 2010, a preliminary field trial tested the acceptability of different flavors of lipid based nutritional supplements. The trial was a success, and the project is being developed into a five year trial.





LAMB English-medium School ■

With the objective of providing quality education, LAMB English-medium School started in 1996 having only 13 students, most of whom were senior staff members' children.

Fourteen years later in 2010, the school had nearly 110 students, both staff children and non staff children from the local area. No matter whether rich or poor, children equally share the education facility from LAMB School. This is taken very seriously by the school. Alongside the child of a senior manager, for example, sits the daughter of a staff member with the lowest salary grade, with studying enabled by a stipend.

Students of LAMB English-medium School are taught by highly experienced teachers; both national and expatriate, following the English National Curriculum. Those in Class 10 take O-levels certified by the University of Cambridge.

The school has a multicultural environment, thus national and foreign students easily exchange their cultural heritage with each other.

In 2010

There were 16 full time teachers and 109 students for the 2010-2011 school year. 77% of the students were the children of LAMB staff. There was a fairly close to equal number of boys (56%) and girls (44%).

In May - June 2010, the first O-level students finished their coursework at the school and sat their exams and passed with good academic results.

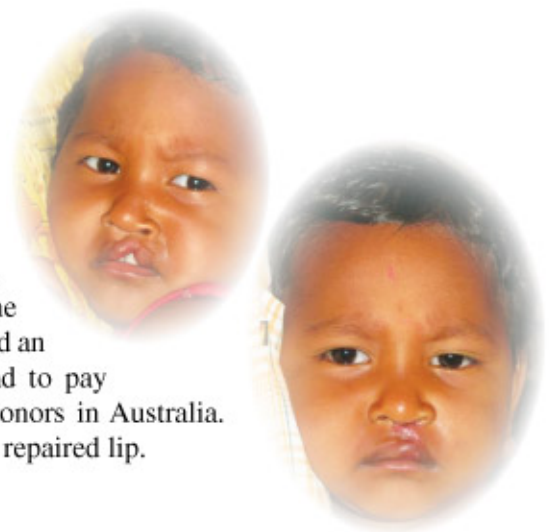
To also ensure the local context is maintained, in November 2010, the first set of students took the Bangladesh National Primary School (Grade 5) Examinations. The nine students achieved 8 first division and 1 second division passes.



Caring about People

Mala: The Smiling Angel

It was like a dream to Shaymal Roy, a poor rickshaw-van puller, to have someone bear the cost of treatment for his 2.5-year old youngest child. Mala Rani Roy, Shaymal's daughter, was born with a cleft lip. With the kind help of LAMB volunteers, the little girl was taken to LAMB and had an operation. Her cleft lip was repaired and for this her father only had to pay Tk.500, (US\$ 7). This was only possible because of kind overseas donors in Australia. Shaymal often becomes overjoyed seeing his daughter smiling with her repaired lip.



Management and Internal Operations ■

LAMB had just under 70 staff supporting the main operating departments in 2010, i.e. about 10% of the total staff number. The support staff are in Finance, IT, HR, Maintenance, Grounds Maintenance, Guest House, Stores, Purchasing, Strategy, Internal Audit, corporate management, Transport, and Public Relations.

The support staff handle

- Finance and accounting for the US\$ 1.8 million budget, (Taka 12 crore)
- HR issues, salaries and records for the 650+ staff. Recruitment for growth and replacement, and handling of the Work Permit and Visa issues for more than 40 expatriates – long and short term
- The purchases and activities of the 653 staff and US\$ 1.8 million budget
- 14 Acres of land, including the main 11 acre semi-secure compound
- More than 30 buildings
- More than 100 desktop and laptop computers. LAMB is able to handle its growth effectively only because of the increase in IT use
- Transport to keep in contact with the community outreach programs and the clinics in very many relatively remote places
- Many of the relationships with the Government, locally and nationally

In 2010 a significant improvement in the capabilities and efficiency of the Finance function was achieved, with the final full implementation of new accounting software. This enables much better monitoring and control of projects and grants. The IT function also made a major step forward in performance of the whole IT system, resolving a number of issues which had led to system and individual user downtime. A conscious attempt to raise the condition of LAMB housing was initiated. In terms of Public Relations, LAMB increasingly gets well known (very positively), and the willingness of senior Government officials to visit is noted and welcome.

Challenges and Strategies

The main current challenges are:

- **Recruitment** of skilled qualified manpower, particularly but not only doctors, to this remote, rural setting
- **Remoteness** from the capital, Dhaka, gives challenges for inputting into policy-making circles, and for working with national and international organisations
- **Funds for new structures** – e.g. out-patients area extension, Training Centre expansion – to fit the big growth in demand that has happened. Funds to construct a Nursing Institute to help reduce the national shortage

LAMB strategies are undergoing a major review, but key current strategies include

- **Community:** A greatly increased emphasis on partnerships, in particular with Government, to ensure sustainability of clinics and programs. An increased role as a facilitator and enabler for improved health systems. Growth in spiritual health input
- **Training:** Growth of the Training Centre to meet the large external need by major organizations for high quality health training
- **Hospital:** Improved service. Construction of the Nursing Institute. Construction of a new Outpatients building
- **Spiritual Health:** Increasing the dedicated resource for the LAMB approach of holistic health
- **Financial Viability:** Through good quality, efficient, caring work, making LAMB a place where international organizations are interested to take LAMB as a partner

Statistical Data

CHDP	2010	2009
General Information		
Union	29	29
Villages/Ward	263	253
Households	135,029	130,000
Total Population	966,181	953,049
Health Care Centre	28	28
Health Care Centre with Safe Delivery Unit	18	17
Family Welfare Centers	2	2
Health Teaching		
Mothers and Children	235,461	236,723
Adolescents	9,520	20,000
Trained Village Health Volunteers	463	450
Community Health Workers	200	200
Health Care Centre treated patients		
0-5 yrs old	5,408	5,658
>5 yrs old	21,697	29,407
Antenatal Care	32,165	35,307
Total deliveries	1,977	2,044
Number of cooking demos	106	453
Health checks, child growth centre	1,070	3,706
Family planning		
Number served	2,393	1,998
Disability		
Clinic Locations	19	19
Assistive device distributed	295	218
Awareness Raising	46,158	39,984
Referred patients	210	292
Treated at LAMB Rehab centre	1,060	770
TB Control Activities		
Sputum tests	6,920	7,338
Patients - new and relapsed	747	748
Patients cured/ treatment over	696	686
Obstetric Fistula		
Fistula workshops	65	64
Attendants	4,192	3,959

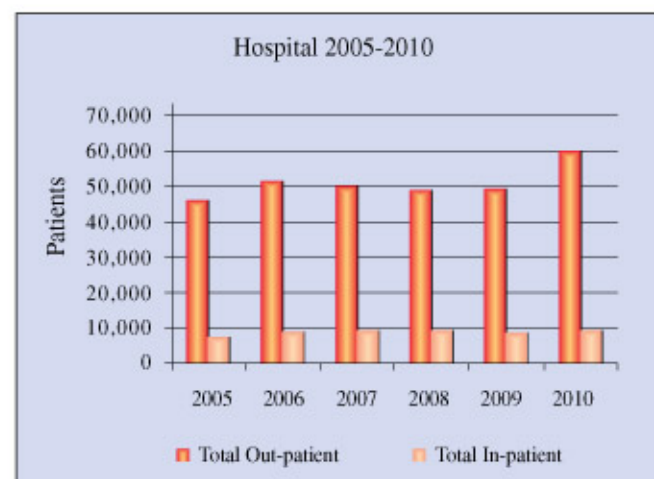
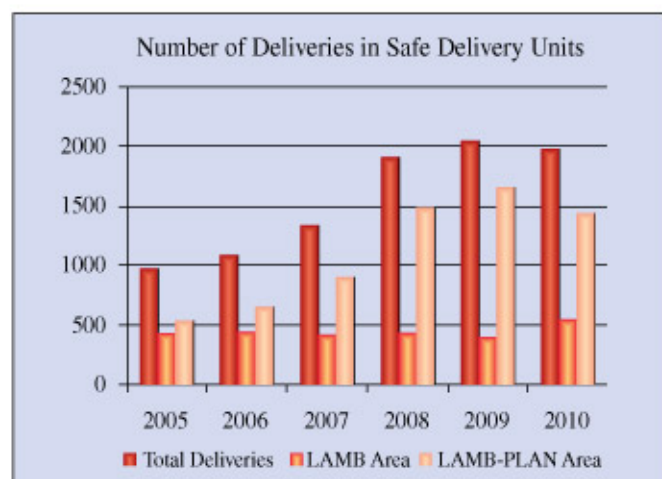
HOSPITAL	2010	2009
General Information		
Number of Beds	115	115
In-patients		
Total	9,176	8,136
Male	2,536	2,148
Female	6,640	5,988
<5 years	2,310	1,928
Surgery patients		
- Caesarian Section	846	735
- Other	1,290	1,105
Other maternity related patients	2,475	2,304
Medicine/ general patients	2,255	2,064
Out-patients		
Total	59,712	49,773
Male	21,428	17,353
Female	38,284	32,420
<5 years	6,233	5,408
Antenatal	14,907	13,705
Eye	783*	749
Other	38,572	29,911
Services		
Blood Transfusions	1,180	867
Laboratory Tests	83,232	70,361

NB: *Not included in total.

TRAINING CENTRE	2010	2009
Courses	21	22
Trainees	831	662

SCHOOL	2010-2011	2009-2010
Students	109	105
Teachers	23	20

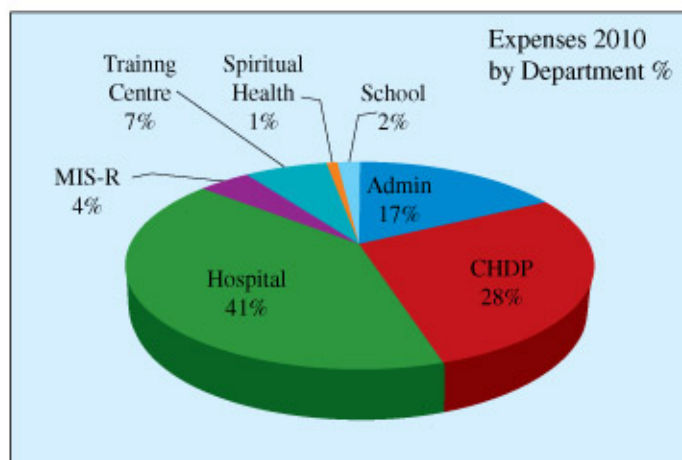
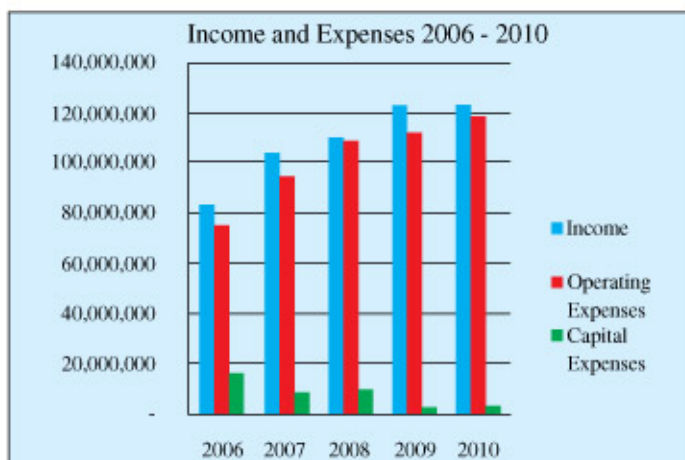
LAMB STAFF	2010	2009
Total	653	594
Male	235	217
Female	418	377



Financial Statement 2010 (1st January - 31st December)

Amounts in Taka	LAMB	School	LAMB-PLAN Partnership	Total Year 2010	Total Year 2009
Income					
Hospital Fees and Medicine					
Paid by Patient	33,054,847	-	-	33,054,847	26,143,812
Paid by Poor Fund Subsidy	10,214,643	-	-	10,214,643	10,813,994
Total Hospital fees	43,269,490	-	-	43,269,490	36,957,806
Training centre	7,290,937	-	-	7,290,937	7,949,617
School	-	2,181,340	-	2,181,340	1,744,053
Community Program	-	-	18,830,381	18,830,381	25,402,513
Non-program income	10,369,668	17,435	-	10,387,103	7,757,411
Grants	28,120,691	-	-	28,120,691	31,685,885
Total Earned income	89,050,786	2,198,775	18,830,381	110,079,942	111,497,285
Donations					
Overseas Donations	13,406,172	120,234	-	13,526,406	11,903,641
Total Donations to LAMB	13,406,172	120,234	-	13,526,406	11,903,641
Total Income	102,456,958	2,319,009	18,830,381	123,606,348	123,400,926
Expenses					
Operating Expenses					
Salary and Benefits	49,534,511	1,449,082	12,990,266	63,973,859	58,978,563
Drugs & Surgical Supplies	8,061,189	-	-	8,061,189	6,147,681
Supply & Expenses	12,147,249	737,421	1,370,971	14,255,641	12,030,323
Food	3,932,701	20,034	46,063	3,998,798	2,990,231
Travel/vehicle expenses	3,549,817	23,274	495,410	4,068,501	3,544,148
Building & Equipment maintenance	8,574,336	40,416	249,273	8,864,025	3,065,636
Depreciation	4,542,383	140,774	764,582	5,447,739	4,757,674
Training	4,346,414	3,200	1,623,823	5,973,437	12,649,677
Other expenses	2,906,937	31,397	1,289,993	4,228,327	8,113,956
Total expenses	97,595,537	2,445,598	18,830,381	118,871,516	112,277,889
Operating result	4,861,421	- 126,589	-	4,734,832	11,123,037
Capital Expenditure					
Building Addition	83,320	-	-	83,320	1,315,972
Plant equipment addition	3,149,948	-	-	3,149,948	593,053
Furniture	213,842	-	-	213,842	1,089,801
Vehicle/Bicycle addition	27,812	-	-	27,812	27,812
Total Capital Expenditure	3,474,922	-	-	3,474,922	3,026,638
Total Net Result	1,386,499	- 126,589	-	1,259,910	8,096,399

NOTE: This financial statement is on accrual basis, to show more clearly income and expenditure for the year under audit. The audit reports by the independent auditors are on a cash basis, which do not match the year of receipt of funds with the year of their intended or specified expenditure.



What is special about LAMB?

- Committed to the poor
- Very caring
- Low on status awareness
- Visitors keep LAMB to international standards
- Continuously striving to treat all people with mutual respect
- High standards of ethics
- Professionally very well run
- Christian based and demonstrates these value
- Despite being for the poor, strives for high quality
- Committed staff, especially for those we serve

What others say about LAMB?



Monmothpur Union Parishad Chairman (2010)
Aminul Islam Shah says about LAMB

Actually I don't find anything pessimistic to LAMB other than good. The maternal mortality rate has been decreased significantly because of having a number of LAMB Community health clinics. Health care services from these clinics have been very easy and very close by our community. I think people go to LAMB, because they trust LAMB. Also LAMB has been very popular for their exclusive Fistula, Cleft lip and TB treatment. In comparison between LAMB and other hospitals I would say LAMB people are very professional, helpful and well-mannered. We always easily can be admitted in LAMB Hospital.



LAMB Health Care Foundation Chair
Dr Rosemary Croft says why they raise funds for LAMB

Knowing that the health needs of poor people are being met by LAMB is what inspires LHCF to make grants to LAMB.

Our support of LAMB over several years is because we have seen for ourselves that many poor people and their families have benefited from healthcare at LAMB. We trust LAMB to go on helping them, in ways which are appropriate to their livelihoods.

Our priority is making grants for the Poor Fund, although we do also support community; hospital and disability work to a lesser extent. Having been set up to concentrate on helping LAMB, and while the need is still so great, our

sole focus continues. Many individual supporters and churches identify with LAMB's aims so we do not currently make donations elsewhere.

We are praying for, and actively encouraging, new and existing supporters whose generosity will enable us to maintain significant ongoing grants to LAMB in the near future.

Caring about People

Mohammadul and Fayem: A Blissful Walk

Mohammadul's father saw no hope for his 8-year old son. On both legs Mohammadul had a club foot. The father himself having had a lifetime of disability could realize his son's sufferings and wanted his son never to have to undergo the same pain. He heard about the Disability Clinic at LAMB and brought his son for treatment.



The Ponsetti Method of treatment is a cheap and easy method of treating club feet, although taking a long time. The children receive around 6-10 plaster casts, gradually turning their feet and then wear braces for 4 years when they are asleep. But, the younger the child is the greater the likelihood of full success.

Mohammadul was very fortunate. He was taken as a patient, underwent 6 months of casting and treatment, and the outcome was a major improvement. Now he can walk independently on his corrected feet. The family is happy to see Mohammadul leading a normal life.



The more common case to treatment can be seen with Fayem in the picture on the left. If Fayem had not had the treatment when he was small, he would have lost some of the normalities of childhood as did Mohammadul.

Most importantly for both, they would have been set for a life struggling for employment and marriage, and sidelined within their own communities.

Amena: A Common Bangladeshi Scenario

Amena got married at 13 and had had a miscarriage by the time she was 16. For lack of sufficient knowledge and care, she suffered an obstetric fistula – a hole from the womb to the bladder.

Only a year later she was pregnant again and had another miscarriage. She spent a critical time for five months in a hospital, where she had an unsuccessful operation for repair of her fistula, before returning to her parent's house. Her sorrows reached another peak when, with her ongoing health problem, her husband divorced her!

In mid-2008 Amena was taken to LAMB Hospital. Again she had a Fistula repair operation. This time, by the grace of God, she was totally cured. While at LAMB, preparing for and recovering from the operation Amena was trained in making handmade woolen caps. Now she earns from this.



At the end of 2010, Amena got married again and is now visiting LAMB for a regular check up to protect her and her upcoming child. Amena is much grateful to LAMB for restoring her smile.



LAMB

LAMB is an activity of World Mission Prayer League

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