

ANNUAL
REPORT 2011



LAMB | Integrated Rural Health
and Development

OUR MISSION

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

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.

MESSAGE FROM LAMB BOARD CHAIR 2011



It is my pleasure to present you with LAMB's Annual Report of 2011. As an organization dedicated to serving God by serving the people of Northwest Bangladesh we are proud of the accomplishments of our committed and professional staff over the past year.

LAMB's desire is to see the men and women in Bangladesh live fuller, healthier lives in just communities. To this end LAMB has been working with community and Government leaders to encourage them to take responsibility and ownership to ensure that health and social systems are equitable and accessible. For many years LAMB's hospital has been a model of the kind of care we believe God wants all people to have: care based on genuine concern for the patient rather than financial gain. As you will see in this report LAMB's staff have made significant contribution towards those ends and impacted many lives during the past year.

During this past year we also faced terrible sadness as our Executive Director, Mr. Peter May, was forced to resign for health reasons. Peter and his wife Elley served LAMB selflessly for the past three years and retired in December 2011. We are very grateful to them for their help, friendship and leadership. May the Lord continue to watch over them.

LAMB owes a great deal of gratitude to God and to our partners for helping us in this endeavor. We pray that that help will continue to come in the years ahead.

On behalf of the LAMB Board: Terry Beyer, Chair



Board members (from left) :
Dr. Nelly Saha, Dr. David Pahan, Dr. Mark Pietroni, Terry Beyer, Ruth Larson, Nancy TenBroek.

LAMB IN 2011

From its small beginnings as a healthcare project providing treatment and education via mobile clinics in the 1970's, LAMB has grown significantly. As its community healthcare expanded in capacity and provision in the 1980's, LAMB Hospital was built to provide more specialist healthcare. Plan, DFID, and Tear Fund initially partnered with LAMB in the 1990s to support LAMB's Community Managed Health Care over a wider geographic area; that decade also saw the establishment of LAMB English Medium School. Expansion also continued internally with the addition of an independent training centre and the MIS-Research Department from the year 2000 onwards.

In 2011, LAMB provided its services to a wide geographical area and to a population of between 1-2 million people continuing in its desire to share God's Love with the local community by helping those most in need.

Facilities

- A 150 bed capacity hospital
- 28 community clinics with 24 hour coverage of community midwives
- Residential training centre
- Research unit
- An English Medium School
- A Rehabilitation Centre for disabled children
- Office, Residential accommodation, Guest house

Services

- Clinical services include: Obstetrics and Gynaecology; Paediatrics; Medicine; General surgery; Outpatients
- Community programmes include: Primary Health Care; Community Development; Health Technical support
- Training: primarily health focused but not exclusively
- Research using extensive hospital/community/clinical/socio-economic data
- Specialist surgical repair and rehabilitation for patients with club foot, cleft lip/palate, obstetric fistula, and burn contractures.

Coverage

- The hospital covers a population of around 1-2 million, with Community Health and Development Program (CHDP) covering an additional 2 million (with only modest overlap).
- The Chars Livelihoods Project (CLP) works in Kurigram, Lalmanirhat, Rangpur and Gaibandha providing expertise in health system development. This project has now been extended to include Jamalpur, Sirajganj, Pabna and Tangail districts working alongside 18 other NGOs.
- CHDP now implements the UNICEF-supported Maternal, Newborn, and Child Survival (MNCS) program in all unions of Parbatipur, Chirirbandar, Phulbari, and Kaharol Upazilas of Dinajpur District.

- The Disaster Risk Reduction (DRR) program also started in January 2011 in four districts: Dinajpur, Rangpur, Nilphamary and Lalmonirhat.
- Towards the end of 2011, a new agreement with PLAN Bangladesh was signed to strength community clinics and the community groups overseeing them in all of Dinajpur and Nilphamari districts.

Staff

By the end of 2011, LAMB had 936 staff, with an additional 1400 volunteers.

Finances

In 2011 LAMB income and expenditure was approximately US\$ 2.1 million, BDT 174 crore. 23% came from patients for fees and medicines, and 4.5% from outside organizations as training fees, 48% was for work done for institutional donors. 15% was private donations. Of this, 36% went to the poor fund, approximately US\$ 120,000.

Location

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

Achievements in 2011

- More than 6,000 babies were delivered in the hospital and community safe delivery units.
- 60,710 outpatients and nearly 10,000 inpatients were cared for at the hospital.
- Over 71,000 patients were seen in community clinics.
- Significant progress was made by local community organizations towards taking financial responsibility for the community clinic.
- LAMB School O-level students continued to graduate successfully with good results.
- A financially sound year was achieved.

New developments in 2011

- Extension of the community partnership in Chars Livelihood Project areas - in service provision and geographical location.
- CHDP new programs: DRR, UNICEF MNCS, and PLAN community clinic strengthening.
- In MIS-Research (MIS-R): Infant and Young Child Feeding (IYCF) with Alive and Thrive (August 2011); partnering with Univ. of California, Davis/ICDDR,B on a 5 year research project on maternal nutrition supplementation (September 2011); and a smaller project with the University of Arizona.
- Government approval was obtained to start the Nursing Institute.

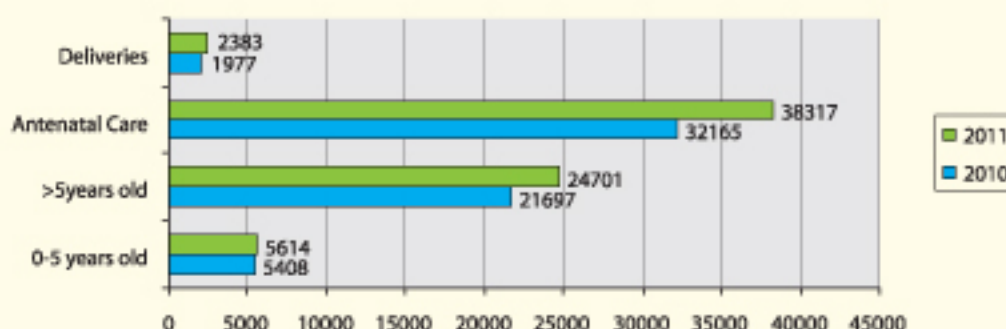
COMMUNITY HEALTH AND DEVELOPMENT PROGRAM

The LAMB Community Health and Development Program (CHDP) continues to provide a wide variety of programs in its existing 29 unions.

ONGOING PROGRAMS

Community Managed Health Care: 28 community clinics, 18 with safe delivery units, staffed by skilled birth attendant cum paramedics. The clinics are linked to communities through community health workers (health promotion and facilitation of self-help groups) as well as community clinic management groups.

In LAMB areas in 2011:



Tuberculosis (TB): According to current estimated figures, every year over 300,000 people become ill and 65,000 people die due to tuberculosis in Bangladesh. LAMB has been working as part of the Government's TB control program for over 25 years and works in four upazilas of two districts. In 2011, this program covered to a population of more than 800,000, typically seeing around 160 patients per month (all types). The case detection rate was 67% and cure rate over 94%; the national target of case detection is 70% and cure rate is 85%.

Disability: LAMB's disability program continues to be involved in activities primarily for disabled children. This year 642 children were treated at LAMB Rehab Centre, more than 56,000 people received health advice and education regarding disability and around 250 assistive devices were provided to disabled children.

Maternal, Neonatal and Child Survival (MNCS) program: The aim of this program is to reduce maternal and child morbidity and mortality in line with the United Nations' Millennium Development Goals 4 and 5 of reducing child and maternal mortality by 2015. The MNCS program covers all the unions of Parbatipur, Chirirbandar, Phulbari and Kaharol upazilas of Dinajpur District, covering a population of almost 1 million. It commenced in June 2011 and is supported by UNICEF. Successful implementation has involved collaboration with a wide range of parties: government health and admin officials; elected Union Parishad Chairmen, members and local officials; religious leaders and representatives from various community groups.



Chars Livelihoods Project: LAMB acts as Health Technical Advisor to 18 implementing organizations (IMOs, local NGOs). The IMOs manage health promotion activities, clinics, and linkages to referral hospitals for island char dwellers in 8 districts along the Jamena river belt area. In 2010, the project was only provided to Kurigram, Rangpur and Gaibandha districts; however, in 2011 the areas were extended to include Jamalpur, Sirajganj, Pabna and Tangail districts. This has resulted in partnership working with an additional 18 NGOs who implement the health program.

Adolescent Reproductive Health (ARH):

This program promotes awareness of reproductive health issues with adolescent groups. In 2011, over 26,000 adolescents received life skills training to build resilience in social health issues such as early marriage.

Disaster Risk Reduction (DRR): This project started in January 2011 and covers 22 unions in 7 upazilas of 4 districts. By working with 37 community groups, the project covers a population of about 97,000. Various interventions have been used to increase awareness and prepare for disasters: training local religious/church leaders and community volunteers; conducting baseline surveys in communities; conducting awareness sessions in the community and in schools on disaster preparedness; organizing networking meetings and orientation on advocacy for Union Disaster Management Committee members; supporting renewable energy (solar, biogas, stove etc.) assist in establishing homestead gardens. A successful mock drill was held with the Fire Service and Civil Defense.



I TELL THEM TO RECEIVE LAMB SERVICES



Akhterina, wife of a rickshaw-van puller (of Dangapara, Satnala Chiriribandar, Dinajpur) delivered her first baby girl at LAMB Hospital. Two years later when she became pregnant again, the local LAMB Village Health Volunteer (VHV) and health worker advised her to eat a variety of foods, rest regularly, save money, get a tetanus vaccine and have routine check-ups at the clinic. She attended Sannas Danga Clinic 7 times

during the pregnancy. She followed the advice provided and took any medicine that was required.

When her labor pain started, she went to the Sannas Danga Clinic Safe Delivery Unit. Her labor did not progress, so she was referred to the nearest hospital. She travelled by rented microbus to one of the hospitals in the district town. Unfortunately the senior doctor was not in the hospital that day so she was unable to have a caesarian section until the next day; although she delivered a baby boy, she bled severely following the operation and required 3 units of blood. Akhterina survived; however she now had another problem whereby she was continuously leaking urine.

She stayed a further 15 days in the hospital but there was no change and she continued to leak urine. Akhterina's family collected money from local officials and religious leaders of her area to help pay the hospital bill and so she was finally able to return home. However, while she was still in the hospital, she was told that she needed further surgery for her problem which would require even more money. Akhterina was very worried about how she would raise enough money to have further surgery and knew it was impossible for her family as her husband was a rickshaw-van puller.

When she returned home from the hospital the LAMB health worker visited her. Akhterina shared her problems with the health worker, who advised her to go to LAMB Hospital.

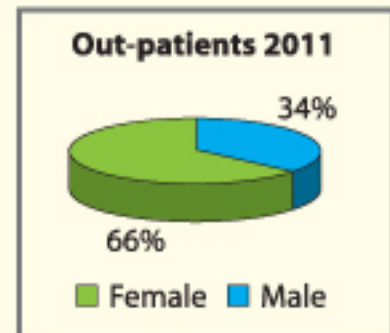
Akhterina came to LAMB where a doctor explained that her problem was an obstetric fistula, with a 'rasta' or connection between the bladder and vagina. She was then able to have her fistula surgically repaired free of charge (through USAID-funded Engender Health project). After 3 weeks at LAMB Hospital, she went home completely cured, free from the shame she had previously felt from her condition. She is now able to pray, fast and do all the work she wants to do for her family. Akhterina is very happy with the services she received from LAMB in both the community and hospital and is very thankful for it. She regularly tells her neighbors to use LAMB services.

LAMB HOSPITAL

LAMB Hospital is a 150 bed capacity general hospital, well known for its high quality service provision in women's, maternal and child health. In 2011, the hospital treated around 10,000 inpatients and over 60,000 out-patients. Patients came from a wide geographical area mostly within a radius of 50km but sometimes from further afield as the hospital is rurally located. There were over 3,800 deliveries in 2011 which was significantly higher than the previous year. LAMB Hospital is staffed with national and expatriate doctors, certified nurses, technical and therapy staff which enables it to provide medicine, paediatrics, surgery, obstetrics/gynaecology and out-patient services. The hospital also has diagnostic facilities such as X-ray and ECG, ultrasonography, echo-cardiography, endoscopy, bronchoscopy and a wide range of laboratory tests. Vaccination and TB treatment are also provided from the hospital and a well stocked pharmacy is located on-site. Specialist services continue to be provided for club feet, obstetric fistula and cleft lip/palate repair. In 2011, LAMB also obtained government approval to run a new Nursing Institute, reflecting the high quality of the services provided.

There was increased attendance in all departments in 2011 resulting in a busy year - see figures below:

Service	2011	2010
Total Outpatient attendance	60,710	59,712
Antenatal Clinic attendance	15,898	14,907
Inpatient attendance	9,972	9,176
Bed-days	35,698	36,279
Bed occupancy	85%	86%
Maternal-Total Deliveries	3,821	3,321
Caesarian-Total Deliveries	762	846
Surgery (excl. caesarian section)	1,477	1,458



TRAINING CENTRE



LAMB training centre strives to ensure high quality levels of skill and value based training to all its trainees. 2011 was a very busy year for the centre. The training centre provides training not only to LAMB staff but also organizes training for other national and international NGOs. Most of the training is health related but not exclusively. More than 20 different courses are provided, for example: Community Skilled Birth Attendant, Primary Health Care, Community Birth Attendant/ TBA, Emergency Obstetric Care, Antenatal Care/ Post Natal Care/ Emergency Neonatal Care.

In 2011, Dr. Md. Muniruzzaman Siddiqui, Deputy Director, MFSTC, DGFP and Md Shah Alam, Sr. Asstt Secretary, Ministry of Establishment, GOB visited the training centre and LAMB. The total number of trainees in 2011 was 795.



MANAGEMENT INFORMATION SYSTEMS AND RESEARCH(MIS-R)

MIS-R has two main foci : 1. collecting and entering information on hospital and community beneficiaries and programs and reporting it in a way that is useful to LAMB managers, Government and donors; and 2. carrying out research which will help us better evaluate the impact of our current interventions or help us to develop new or improved interventions.

House hold and wealth asset surveys continue in community target areas to improve our ability to assess health service access and health outcomes by relative wealth. In addition, hospital reporting continues to be refined and developed based on management needs. For example, reporting on use of poor fund and more detailed reporting on fistula patients will be added in 2012.

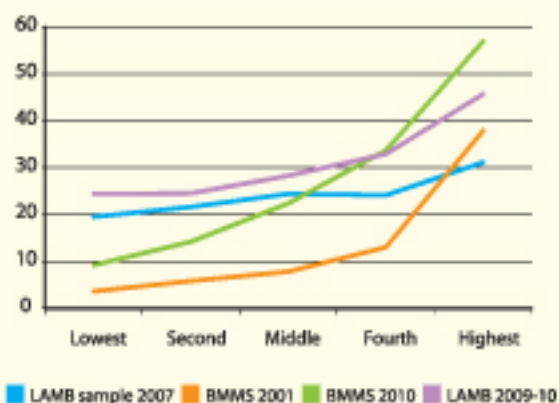
In early 2011, MIS-R participated in a national dissemination of a three year project on prolonged labor- birth asphyxia which was done in collaboration with Emory University, ICDDR,B and BRAC. New research coming out of that project includes validation of a tool for use by low literacy workers to improve timely referral of women from the community during labor and further exploration of the relationship between home use of injections to speed up labor and poor newborn outcomes. New collaborative research projects started in 2011 include :

- Evaluating modifications to improve nationwide scalability of a package of Infant and Young Child feeding interventions developed by Alive and Thrive, Bangladesh.
- Working with Arizona State University to explore how rural Bangladeshis make decisions.
- A 5-year clinical trial by UC Davis and ICDDR,B into use of nutritional supplements to improve outcomes for pregnant women and their children.



Community Data collectors doing the household and wealth asset survey

Proportion of women who had a medically trained provider at Birth by wealth quintile



Use of wealth asset data to evaluate equity of women's access to a skilled birth attendant

LAMB ENGLISH-MEDIUM SCHOOL

It is now 15 years since the school was established and in 2011, the school had 125 students from both staff and non-staff families in the local area. Regardless of their financial or social status, education is equitable for all children who attend the school.

Students of LAMB English-Medium School are taught by professional and experienced national and expatriate teachers following the English National Curriculum. Currently 49% of students are boys and 51% are girls. The majority of students are staff children (73%) however students from very poor families (staff and non-staff) have the opportunity to be supported by varying amounts of a stipend depending on their need.



MANAGEMENT AND INTERNAL OPERATIONS

LAMB support staff make up about 7% of total staff and provide a range of services to the main operating departments. These include: corporate management, strategy, finance, stores, purchasing, internal audit, public relations, IT, HR, general maintenance, transport, groundskeeping, guesthouse (both LAMB and Dhaka).

Support staff are involved in:

- Finance and accounting for the US\$ 2.1 million budget, (Taka 174 crore).
- HR issues, salaries and records for the 936 staff. Recruitment for growth and replacement, and handling of the Work Permit and Visa issues for more than 30 expatriates – long and short term.
- This year 0.78 decimals new land is added to the main campus.
- Maintenance of more than 30 buildings. This year, some of the residential housing units were renovated and expanded.
- Management and support of more than 100 desktop and laptop computers. An increase in IT use has helped significantly as LAMB has continued to expand.
- Transport to maintain contact with the community outreach programs and clinics in remote locations.
- Development and maintenance of many of the relationships with the Government, both locally and nationally.

Public relations : over the past year, several significant meetings were held with the local government officials. LAMB's reputation has continued to grow resulting in increased co-operation with senior Government officials. On several occasions, the Divisional Commissioner of Rangpur Division and the Deputy Commissioner of Dinajpur visited LAMB. Also in 2011, Mir Foly - USAID Partners' representative; Deputy Director, MFSTC, Dr. Md. Moniruzzaman Siddiqui and Mr. Shah Alam, Sr. Asstt Secretary, Ministry of Establishment, Government of Bangladesh visited LAMB.

Challenges and Strategies

The main current challenges are :

- Recruitment and retention of skilled qualified human resources, particularly but not only doctors, to this remote, rural setting.
- Remoteness from the capital Dhaka, which presents challenges in being able to input into policy-making circles and in working with national and international agencies.
- Funds for new structures such as the out-patient area extension, the training centre expansion to accommodate the increased growth in demand and construction of the Nursing Institute.

LAMB strategies are currently undergoing a major review, but current strategies include:

- Community: sustainability of clinics and closer partnership with government and other NGOs; integrating emotional and spiritual health outreach.
- Training: growth of the training centre to meet the larger external need by major organizations for high quality health training.
- Hospital: improved service; construction of Nursing Institute; construction of new out-patients building.
- Spiritual Health: increase dedicated resources for holistic health.
- Financial Viability: through good quality, efficient, caring work, ensuring LAMB is an organization which national and international organizations are keen to partner with.



STATISTICAL DATA

CHDP	2011	2010
General Information		
Union	29	29
Villages/Ward	265	263
Households	138,401	135,029
Total Population	960,616	966,181
Health Care Centres (HCC)	28	28
HCC with Safe Delivery Unit	17	17
Family Welfare Centers (FWC)	3	2
Health Teaching		
Mothers and Children	203,222	235,461
Adolescents	4,205	9,520
Trained Village Health Volunteers	1,400	463
Community Health Workers	562	200
HCC treated patients		
0-5 yrs old	5,614	5,408
>5yrs old	24,701	21,697
Antenatal Care	38,317	32,165
Total deliveries	2,383	1,977
Number of cooking demos	now stop	106
Health checks, child growth centre	now stop	1,070
Family planning		
Number served	3,285	2,393
Disability		
Clinics	19	19
Assistive device distributed	249	295
Teaching	56,796	46,158
Referred patients	115	210
Treated at LAMB Rehab centre	642	1,060
TB Control Activities		
Sputum tests	6,468	6,920
Patients - new and relapsed	700	747
Patients- cured/ treatment over	671	696
Fistula/ Cleft activities		
Fistula workshops	19	65
Attendance	670	4,192

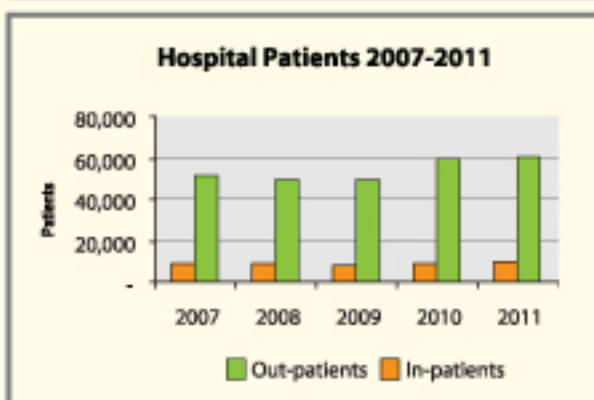
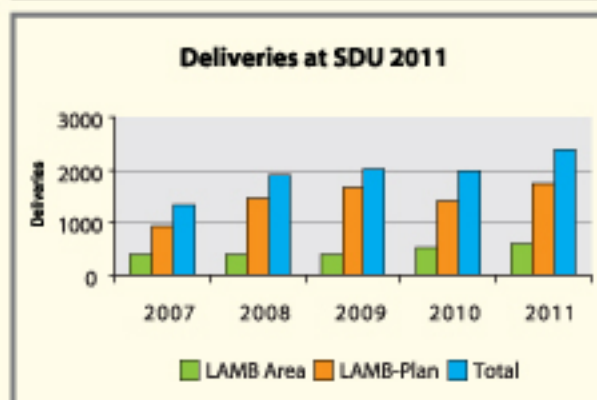
HOSPITAL	2011	2010
General Information		
Number of Beds	115	115
In-patients		
Total	9,972	9,176
Male	2,643	2,536
Female	7,329	6,640
<5 years	2,444	2,310
Surgery patients		
- Caesarian Section	762	846
- Other	1,161	1,290
Total Deliveries	3,821	3,321
Medicine/ general patients	2,546	2,255
Out-patients		
Total	60,710	59,712
Male	20,682	21,428
Female	40,028	38,284
<5 years	5,849	6,233
Antenatal	15,898	14,907
Eye	589*	783*
Other	38,963	38,572
Services		
Blood Transfusions	1,160	1,180
Laboratory Tests	87,083	83,232

MB: *Not included in total.

TRAINING CENTRE	2011	2010
Courses	18	21
Trainees	795	831

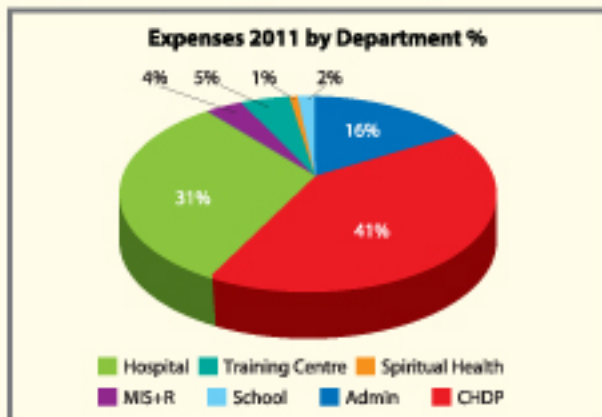
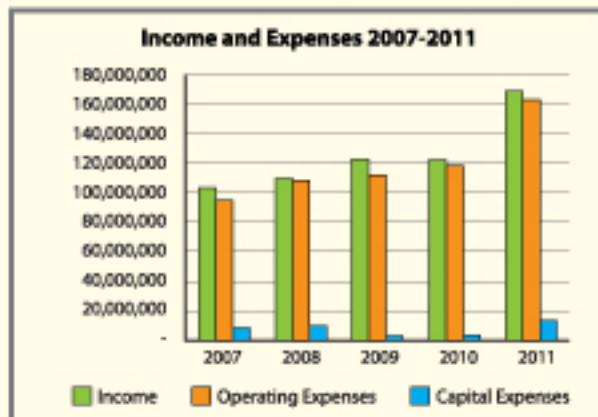
SCHOOL	2011	2010
Students	125	109
Teachers	19	23

LAMB STAFF	2011	2010
Total	936	653
Male	312	235
Female	624	418



FINANCIAL STATEMENT 2011 (1ST JANUARY – 31ST DECEMBER)

Amounts in Taka	LAMB	School	LAMB-Plan partnership	Total Year 2011	Total Year 2010
Income					
Hospital Fees and Medicine					
Paid by Patient	40,136,852	-	-	40,136,852	33,054,847
Paid by Poor Fund Subsidy	9,424,811	-	-	9,424,811	10,214,643
Total Hospital fees	49,561,663	-	-	49,561,663	43,269,490
Training centre	7,758,816	-	-	7,758,816	7,290,937
School	-	2,498,710	-	2,498,710	2,181,340
Community Program	-	-	-	-	18,830,381
Non-program income	6,635,657	53,311	2,733	6,691,701	10,387,103
Grants	66,986,754	1,568,665	30,039,224	98,594,643	28,120,691
Total Earned income	130,942,890	4,120,686	30,041,957	165,105,533	110,079,942
Donations					
Overseas Donations	4,744,649	172,928	-	4,917,577	13,526,406
Total Donations to LAMB	4,744,649	172,928	-	4,917,577	13,526,406
Total Income	135,687,539	4,293,614	30,041,957	170,023,110	123,606,348
Expenses					
Operating Expenses					
Salary and Benefits	66,028,507	2,262,042	19,791,196	88,081,745	63,973,859
Drugs & Pharmaceuticals	13,525,318	-	-	13,525,318	8,061,189
Supply & Expenses	10,526,468	365,907	1,229,340	12,121,715	14,255,641
Food	5,176,656	216,557	214,957	5,608,170	3,998,798
Travel/vehicle expenses	4,742,404	12,172	769,453	5,524,029	4,068,501
Building & Equipment maint.	7,747,464	55,787	1,114,723	8,917,974	8,864,025
Depreciation	5,065,906	323,364	-	5,389,270	5,447,739
Training	14,387,856	11,389	5,509,581	19,908,826	5,973,437
Other expenses	3,379,295	127,083	1,412,706	4,919,084	4,228,327
Total expenses	130,579,874	3,374,301	30,041,956	163,996,131	118,871,516
Operating result	5,107,665	919,313	1	6,026,979	4,734,832
Capital Expenditure					
Land	1,154,300				
Building addition	6,922,160			6,922,160	83,320
Plant equip addition	3,958,834	45,100	-	4,003,934	3,149,948
Furniture	330,213	53,058	-	383,271	213,842
Vehicle/Bicycle addition	2,056,460			2,056,460	27,812
Total Capital Expenditure	14,421,967	98,158	-	13,365,825	3,474,922
Total Net Result	(9,314,302)	821,155	1	(7,338,846)	1,259,910



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LAMB

LAMB is an activity of World Mission Prayer League (USA)

NGO Affairs Bureau Registration

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Registration Number : DSW/FDO/R-112

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