





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.

LAMB Strategic Priorities 2012-2016

INTEGRATION

LAMB is an integrated health and development organization. We will prioritise new initiatives that allow us to work together in an integrated way and that integrate well with existing work. We will plan collaboratively, communicate effectively, implement jointly, and serve one another, in partnership with others and with God.

LEARNING

LAMB is known as a center of excellence in health, research and education. We humbly seek to grow this reputation, through developing capacity to learn from experience, from our character as an intercultural mission, and from others, through good analysis, monitoring, evaluation and research. We seek new opportunities to share learning and to train others in areas of knowledge and skill.

LAMB works toward 'life in all its fullness,' which is the promise of Jesus. We will strengthen our commitment and our capacity to grow a balanced, holistic vision of health, which incorporates 5 dimensions – physical, mental, emotional, spiritual, social – and to implement it in all the ways we work currently, and in future projects, programmes and research.

LAMB believes justice is from God; it is about fairness to all - God's love at a population level. We will focus on justice in health. This includes fair access to quality health care and support of local initiatives that enhance health for all. We will prioritize initiatives that focus on health and justice together, and we will seek to model justice in our practices and systems.

HOLISM JUSTICE



Message from the Board Chair 2014



LAMB is a unique beacon of hope in health care delivery in northwest Bangladesh. It is my great privilege to be associated with the work of LAMB once more in the role of Board Chair. Here we present our Annual Report for 2014. In its pages you'll find evidence of the multi-faceted care that LAMB provides.

On behalf of the Board I express our gratitude to each and every LAMB staff member for their service to LAMB this year. Many have gone far beyond the normal call of duty to serve patients and community members with love and compassion, skill and professionalism.

In all LAMB does we strive to be integrated, whether it is connecting community health workers, clinics, hospital services, education of nurses and doctor and international research, or in ensuring that we care for all aspects of people's lives. As you look through this report I trust that you will see the good work being done and give glory to Almighty God.

John D Marsden Chair, LAMB Board

LAMB Board



[From left: Monique De Groot, Keiko Butterworth Dr. Nelly Saha, Dr. Craig A Meisner, John D Marsden Labio Bala, Dr. Stephen Thorson and Terry Beyer. Missing: Nancy TenBroek and Preeti How]



LAMB in 2014

2014 was another busy year for LAMB with a number of highlights as detailed below. As we close on the end of the Millennium Development Goal period, it is encouraging to see the sustained achievement of targets for mother and child mortality in the LAMB core area with a maternal mortality of 134/100,000, and an under-5 mortality of 31/1000. Nevertheless, there are ongoing challenges to bring the figures lower still, and to address gaps in access to care for the poor, for women, and for the disabled. In addition to its ongoing support for basic MNCH services, through hospital, supported clinics, community mobilization and awareness, training of healthcare staff, research and support services, LAMB hopes to support broader health related issues that disproportionately affect women and children and the most vulnerable, like nutrition, water and sanitation, and gender-based violence. The very first step in a large building project was commenced, namely site preparation for an extension to the LAMB School, and the next phase, a new hospital, research and admin wing is in development.

Our current total population served through community projects is around 4.5 million in three districts. The hospital has had a very busy year, and the training centre has been full to capacity. We are very grateful to our many donors and development partners, who support our community health, training and research work, and also access to our LAMB health services for the poorest. In 2014 these partners included the Government of Bangladesh(GoB), Plan International, Tearfund, icddr,b, DFATD, UKAID, USAID, KOICA, women's hope international, US State Dept, Hilfe Fur Bruder, WHO, BRAC University, EngenderHealth, World Renew, EDM, Walk for Life, Operation Cleft, University of California - Davis, Arizona State University, the Glencoe Foundation, Interserve, Global Care, Severance Hospital Korea, Good Samaritan Society, and many churches, individuals, societies and organisations, local and international. We are especially grateful for the ongoing financial and prayer support of the World Mission Prayer League, the LAMB Health Care Foundation, and the Friends of LAMB in Australia and US, and to God for His gracious care and provision in 2014.

FACILITIES:

- A 115 bed hospital, with capacity for up to 150.
- 16 health care centres run by community-based organizations(CBOs) and supported by LAMB, 15 with 24 hour coverage of community skilled birth attendants(CSBAs) for safe delivery.
- 26 outreach disability clinics
- 45 family welfare centres(FWCs) and 510 community clinics(CCs) of the GoB
- Residential training centre
- Nursing institute
- Management information systems and research unit
- English medium school
- · Rehabilitation centre for disabled children
- Administrative support unit, residential accommodation, guest house

SERVICES:

- Clinical services include: Obstetrics and Gynaecology; Paediatrics; Medicine; General Surgery;
 Outpatients
- Community programs include: primary health care; adolescent reproductive health education and counseling; disaster risk reduction; community development; health technical support;
- Training: primarily health-focused, including continued offering of a diploma of nursing and midwifery approved by the Bangladesh Nursing Council, an accredited diploma course in midwifery in partnership with, and as an academic site of, BRAC University
- Research, using extensive hospital/community/clinical/socio-economic data, both for internal programs and in partnership with external agencies



 Specialist surgical repair and rehabilitation for clients with club foot, cleft lip/palate, obstetric fistula, and burn contractures

COVERAGE:

- The hospital covers a population of around 1.5 million, with the core community health and development program (CHDP) covering around 1.7 million population, with only minor overlap.
- LAMB's partnership with Plan and other donors for mother-child health continues to flourish with collaboration to strengthen community clinics and community groups overseeing them in all of Dinajpur and Nilphamari districts, and supporting the Government of Bangladesh in rejuvenation of its union-level health services. These services cover around 4.5 million people
- The Tearfund and KOICA-supported Disaster Risk Reduction (DRR) program works in Nawabganj and Kaunia upazilas, both new areas.

STAFF

By end 2014, LAMB had 913 staff (68% female), plus 959 volunteers, including 24 expatriates.

MAJOR ACHIEVEMENTS IN 2014

- Skilled attendance at birth in LAMB core CHDP area rose to 74% (25% in overall Bangladesh in 2011) and maternal mortality was 134/100,000 (194 in Bangladesh in 2010)
- Neonatal mortality rate in LAMB core was 22/1000 (32 in Bangladesh in 2011), and under-5
 mortality was 31/1000, well below the MDG target and the national average.
- There were over 3700 deliveries in LAMB hospital, with a Caesarian section rate of only 22%
- 116 obstetric fistula operations were performed
- There were over 6800 births attended by LAMB-supported skilled birth attendants in the community, most of them in Government centres where previously few births had taken place.
- There were over 11000 inpatient admissions, and over 65000 outpatient visits to the Hospital
- Significant progress was made by local community organizations towards taking financial responsibilities for the community clinics
- LAMB School children continue to reach their educational targets; children successfully transfer out to both Bangladeshi and foreign educational systems.

NEW DEVELOPMENTS IN 2014

- New projects were launched for mother and child health in Parbatipur and Badarganj with the support of women's hope international and the US State Dept respectively.
- Follow-up projects in fistula care and rehabilitation (with EngenderHealth) and in disaster-prevention and response (with Tearfund and KOICA)
- Preparatory work for a new school extension building was commenced
- LAMB Training Centre and Research Unit developed a new toolkit for retraining of traditional birth attendants in partnership with World Renew and Enfants du Monde.

Community Health and Development Program (CHDP)

CHDP has successfully served the community with many significant achievements to reach MDG 4 & 5 targets and to improve health and socio-economic status of the poor and under-privileged people, especially women and children through strengthening healthcare systems in 4 Districts of northern Bangladesh. CHDP believes and is committed to maintaining strong collaboration and integration with all levels of stakeholders, communities and organizations aligned with this vision. Sustainable partnership between public health departments, local governments and community based organizations are extremely valuable in producing outcomes which are not achievable alone, promoting systematic changes to address the complex social and environmental determinants of health disparities.



CHDP 2014 at a glance

Responsive Reproductive Health Services (RRHS) Project, funded by women's hope international has launched recently and started activities from July 2014 at Parbatipur Upazila, with the aim to reduce maternal and infant morbidity (including Obstetric Fistulae, birth injuries leading to disability) and mortality through encouraging participation in health promotion and clinical services. This project is focusing on sustainable health services, ensure institutional delivery through trained Community Skill Birth Attendants (CSBA). Project has deep concern about adolescent health, mainstreaming of disabled children in education through creating enabling environment, fistula cure and rehabilitation. This project is strengthening and functionalizing existing government health facilities through community participation to address MNCH issues.

Babu Barta Badargonj Project has launched recently to improve health promotion for mothers from August 2014, funded by US state department at Badarganj Upazila under Rangpur District. Babu Barta, is a month by month guide to a healthy pregnancy, designed specifically to provide lower-income and lower-literacy populations with crucial prenatal health information and support. This Baby Basics program reaches all pregnant mothers in 10 unions of Badarganj through initiating community platforms called "Mom's Clubs" for every fifteen to twenty expecting mothers in project areas. In Mom's Clubs, mothers share their feelings, their problems, their learning and even their expectations among each other.



New baby born at FWC-SDU

Project facilitators (CHW) are leading the activities. Each session is designed according to the messages from the Babu Barta Book. The overall goal of this project is to empower women and girls through appropriate evidence based health information and group support to access available MNCH services with the enabling support of their surrounding communities, leaders and healthcare providers including NGOs, LGIs and Government service providers.

Women and Their Children's Health Project (WATCH) is funded by DFATD through Plan International, Bangladesh with an aim to improve maternal, neonatal and child health for underserved populations. This project is being implemented by LAMB in Chirirbandar, Jaldhaka and Domar sub-districts under Dinajpur & Nilphamari Districts since January 2012. This project trains government service providers and different health related local management committees, develops a group of community skilled birth attendants, ensures availability of necessary renovation/equipment for Union Health and Family Welfare Centers (UH&FWCs), and raises attention of community on drowning



Mom's Club

prevention. Strengthened and established referral systems to reduce maternal and child morbidity and mortality contribute to achieving national goals in MDG 4 & 5 through ensuring very high institutional delivery rates under its working jurisdiction by functioning and uplifting the union base FWC and Community Clinics. This project works for women's empowerment, creating opportunity to participate in different committees with a leadership role to enhance women's access in MNCH. This project is continuing ICT for development approaches through partnership with Government MIS Director's office. Through this initiative project ensured generation of reliable data, mainstreamed with government MIS department. 70 CHWs are engaged with this new initiative and are collecting data through using Tablet PC. This project has also concerns about sustainability, reducing gender discrimination, and assistance to establish women and child rights through ensuring community participation at each activity.



Community Managed Health Care Program (CMHC): This is the long-term core project of CHDP, funded in different areas through various partners including Plan International, Bangladesh at Dinajpur and Nilphamari Districts. Strategies for health service delivery include LAMB-run safe delivery units providing round the clock care by skilled birth attendants (community and nurse midwives). CHWs lead women's groups for health education and develop local community mobilization initiatives to reduce social barriers to health. Trained village health volunteers act as household advocates for family health. Community-based organizations of informal leadership have been trained in the basic issues of rural health clinic management including advocacy with GOB, financial management, staffing, patient flow,

security, and integrated concerns of clinical services with social determinants of health. LAMB facilitates meetings of community leaders, Union Parishad and government health and FP departmental staff to develop accountability mechanisms. The Plan-funded WHCM and CMHC projects seeks to strengthen 510 Community Clinic Management Groups in 2 full districts to support CCs as accessible rural primary health care service points. As part of CMHC, LAMB developed 7 Community Based Organizations (CBO) and strengthened their capacity to manage SDUs by their own initiatives and resources. In 2014, all CBOs conducted AGM and prepared their own budget, expressed their income and expenditure to their respective communities as part of practicing good governance.



Fund raising for health clinic

Reliable Health Services project (RHS): CHDP strengthen integrated primary health care system by implementing Reliable Health Services (RHS) project at Badarganj Upazilla assisted by Global Care through financial support from Korean International Cooperation Agency (KOICA). This project is initiated from beginning of 2013 for 5 unions of Badarganj with a view to increase access in sustainable health services overseen by community groups and respective government-led institutions together. The main focus of this project is identifying and balancing the roles of the three key parties – the community, service providers, and local governing bodies. RHS project ensured collaborative partnerships, through facilitating coordination meetings



New SDU opening by DD-FP at FWC

where government and NGO staff seek to reduce gaps and reduce overlap of services with data-based decisions about use of existing resources. Last year, this project inaugurated two safe delivery units in two Unions with the help of government authority and 311 deliveries were performed successfully in 24 hour 7 day a week service delivery points.

Disaster Risk Reduction (DRR) Project & Emergency Relief: DRR project is working for building disaster resilient communities through local churches as well as Ward Disaster Management Committees (WDMC), utilization of local resources, alternative livelihood activities, disaster preparedness, information centers, Participatory Action & Development groups, mitigation activities and emergency response. Now this project operates in two new sub-districts namely Nawabganj and Kaunia under Dinajpur and Rangpur Districts respectively. As a part of emergency response, LAMB DRR project extended hands to the flood affected poor people of Kaunia and Hathibandha Upazila under Rangpur and Lalmonirhat Districts respectively by the assistance of



Community people drawing risk map

Global Care and Tear Fund UK in August 2014. LAMB has distributed packages of food (50 kg rice, Potatoes 15 kg, Dal 7.5 kg, Oil 2 liters, Salt 1 kg, Soap 3 pc.), CI sheets, tubewells, sanitary latrines, wheat seeds, some cash, rickshaw vans, goats according to need, in joint collaboration with government and other like-minded NGOs among 500 families. This project also conducted 3 medical camps at Hathibandha and Kaunia Upazilas and provided health services among 823 patients with medicines.



Tuberculosis Control Program (TB): LAMB has been working as a part of national TB control program for over 25 years in 4 upazilas of 2 districts. In 2014, a total of 907 patients were screened by labs sputum tests and identified as new or relapsed TB. The case notification rate (CNR) was 115 per 100,000 and cure rate was 97% (national is 93%)



Celebration of World TB Day



Mother Supplement (LNS)

Rangpur-Dinajpur Nutrition Study (RDNS) project assesses nutritional deficiency and provides supplements to pregnant mothers and their children through CHWs in partnership with ICDDR,B and University of California, Davis. This Project successfully completed 4th year with ensuring a sound primary health care system.

Non Communicable Disease (NCD) project has completed its 2nd year through joint collaboration with WHO and Bureau of Health Education, Bangladesh. The aim of the project was to sensitize and raise awareness of community and school students on non-communicable diseases and changing life style to avoid the risk factors to prevent and protect from diseases.



Hand Washing Orientation

LAMB Hospital: Clinical Services, Integrated Programs

LAMB hospital in 2014:

- 65,707 Outpatient attendances in 2014; that includes 50,035 general patients and 15,672 antenatal patients.
- 11,066 Inpatient admissions that includes 1,797 adult Medical, 484 General Surgical, 4,621
 Obstetric, 688 Gynecological, 874 Pediatric and 2,579 Neonatal admissions.
- 3,733 deliveries at LAMB Hospital including 835 Cesarean Sections (22%) and 1,727 at our Safe delivery units.
- 95,972 laboratory tests done and over 1,000 units of blood transfused. Nearly 4,000 X-ray, 695 ECG and 7,010 Ultrasound scans done
- 3,659 in-patients and 3,511 out-patients received subsidy from LAMB poor fund.
- 301 children received treatment for club foot, 1,294 patients received physiotherapy, 5,446 special need children were seen in the clinic (hospital & field clinics) and 546 assistive devices were distributed.



A story of change:

A settled marriage arranged by the family changed Kazol Rekha's life when she was only 14 years of age and studying in class nine. She got pregnant at the age of 15; she delivered a dead baby at a local clinic and developed Recto-vaginal fistula (RVF) after her delivery. This brought a huge consequence in her life; she was leaking stool all the time, dirty and smelly and eventually was divorced by her husband. She returned to live with her parents again. She never thought that she would get a normal life and all of her sufferings would ever end. She had to bear all this pain for four years; she got information from one cured fistula patient and she came to LAMB and got her fistula repaired in 2013.

She received 4 months of tailoring training as part of her rehabilitation program. Kazol Rekha got her confidence back and is now dreaming for a normal life. She is grateful to God that all her sufferings and pain have resolved and she is now empowered to have a bright future.



- 858 Fistula patients are screened up to December 2014
- 577 Fistula repair operations done with a Surgery success rate over 84%.
- LAMB has rehabilitated cured fistula clients; 79 as Community Fistula Advocates (CFA), 40 as Tailors, 26 as Knitters and 4 as Weavers.

Strategic priorities:

Integration between various LAMB departments, Learning how to work with people with disability to provide Holistic health care service and make Justice for them.

Vishu, is an 11 year old boy from Badorganj. His father is a fisherman and a day labourer and is very poor as he has to maintain his six member family with his small income. When Vishu was born he was like any other baby and there was no sign of disability. But gradually it was found that he is different from other children of the same age. He didn't start crawling, he couldn't sit, and he wasn't able to stand. They received treatment from local traditional healers (kobiraj) and some homeopathic medicine but there was no improvement and the parents lost hope their son will have a normal life.





They heard about LAMB but were not very interested as they did not believe it was possible to change anything. He was able to crawl and play with other kids at home courtyard area only. The other children went to school but he couldn't! Then one of LAMB community health workers asked the family to bring Vishu to the disability clinic. The parents brought him and after assessment he was diagnosed as having a congenital physical disability; he was referred to LAMB Rehab Centre.



The LAMB doctors and physiotherapist reviewed him and made a plan for Vishu's rehabilitation. The health education, counseling and treatment plan was given to his parents. But still they did not believe anything would change! He was provided a wheelchair with support from LAMB poor fund. Now he has a new wheelchair, he can move it easily and can go wherever he wants. His whole family and the local villagers are very happy. They give thanks to all the community workers and to LAMB for the support. Now Vishu is ready to go to school with his friends.

God has shown his love through this family.

LAMB Nursing Institute

In January 2014 we admitted the third batch of students to our program, and our total number is now 60. In December the first 15 students completed their 3 year program. All passed internal tests and proceeded to internship at LAMB hospital, while also preparing for the Comprehensive Licensing Examination under the Bangladesh Nursing Council, in March 2015. After passing the examination in Dhaka they will be registered nurses and able to apply for jobs throughout the country and at LAMB. After 3 years we can now say that the LAMB Nursing Institute is running well. So far



we've been able to overcome all the challenges by the grace of God. We are very grateful to God, to the LAMB management, to donors and staff who have helped us in many different ways.

Training Center

Aim:

To develop a skilled and competent Health Service Provider or Trainee through quality training who will serve for the hard core poor community people especially for Maternal and Child Health.

Objectives:

- Develop capacity building (knowledge, skill, attitude) for appropriate health service providers at community level
- Support and develop effective health systems in Bangladesh (GO/NGO)
- Health promotion through training healthcare staff
- Improve current health status of women and children and others
- Strengthen referral linkages

Training List:

LAMB training Center offers more than 30 courses. In 2014 more than 24 different courses were
offered to different levels of Community Health Workers/Health Volunteers, Community
Midwives, Senior Nurses & Midwives, Paramedics, Doctors and Consultants from LAMB and other
National and International organizations.

Specific Training Courses in 2014:

- CSBA Training Funded by Plan international Bangladesh, DFATD, (CIDA) CANADA, Cowater International, Plan International Bangladesh
- CSBA Training Funded by Friendship, Bangladesh
- Developing Midwifery Project (DMP), Funded by DFID through BRAC University
- Maternal and Child health training Supoth Sujibon, Dimla Partner of World Renew, Dhaka
- ANC, PNC, ENC & Counseling Training- CCCD, Supoth, Kishoregonj, Nilphamari and SATHI.
- TOT for Master Trainers on TBA Toolkit Develop- PARI
- C-IMCI course by icddr, b, Gob and LAMB facilitation



Special Training Courses

 Helping Babies Breathe course, including a special course with external and international facilitation during the US Army 'Pacific Angels' program in June; faculty included Lt. Cmdr Dr John Podraza MD, US Navy; Dr Rebecca Jones – Anesthetics, LAMB; Major Dr Jobaida Khatun- BD Army; Dr. Abu Faisal MD Pervez-BSMMU; Dr. Suvas Ch. Sarker- LAMB. Participants included Medical Assistants - Bangladesh Air Force, Doctors & Nurses-LAMB Hospital, CSBAs- LAMB Community Health & Development.



Training on Emergency Obstetric Skills (adapted from ALSO course). This course also took place
under the 'Pacific Angels' program, and included faculty Colonel Dr John Fisher –MD, US Navy; Dr
Rebecca Jones – Anaesthetist, LAMB; Lt Colonel Dr Luna Laila- BD Army; Dr. Rebecca ZakariaLAMB; Prof. Dr. Sayeba Akhter. Participants included Medical Assistants - Bangladesh Air Force, Sn.
Nurse- Parbatipur Health Complex, Doctors & Nurses from Kumudini, Takwaya, Rangpur Medical
College, and LAMB Hospitals.

Visitors in 2014 included the Senior Assist. Secretary BD Ministry of Health & Family Welfare, Joint Secretary, Hospital & Nursing, DD & PM MNH DGHS, Registrar Bangladesh Nursing Council, Nursing Instructor Nursing College Rangpur, 1st Secretary, Canadian High Commission, and Health Team Leader, DFATD, Canadian High Commission, international evaluation team for midwifery programme, Pacific Angel expert facilitators as above, senior staff of BRAC and BRAC University, Representatives of Plan Canada and Plan International Bangladesh.

LAMB Management Information Systems Research Department (MIS-R)

MIS-R was busy in 2014, continuing to develop LAMB's data systems and reporting for program use so that LAMB can monitor and evaluate, with research and dissemination of our methods and expertise as appropriate" in accordance with LAMB's organisational value "Model of Excellence"

2014 MIS-R projects included:

- Disaster Risk Reduction baseline survey with CHDP
- Household and socioeconomic survey for 5 unions in Parbatipur with CHDP
- "Reconciliation" research with a Master's student.
- Piloted a new LAMB beneficiary satisfaction survey
- Community Co-operation research with Arizona State University (3rd year)
- Formative research for "New Role of Traditional Birth Attendant" with LTC for World Renew/ Enfants du Monde and PARI
- Baseline survey for "Thousand Days Nutrition project" for PARI and World Renew
- Continuing to pursue funding for research proposals including "Pictorial Partograph"
- Rapid Health Facilities Assessment endline survey for World Renew for USAID endline.

Publications by LAMB staff in 2014 included:

- "Recognition of and Response to Neonatal Intrapartum-related Complications in Home-birth Settings in Bangladesh," Journal Health Population and Nutrition Vol 32 (3);503-512 Sep 2014 by Kristin E. VanderEnde, Allisyn C. Moran, Karen Leasure, Louise T Day, Kaosar Afsana, Nahid Kalim, Shirajum Munira, Nazneen Rahman, Munia Islam, Jasmin Khan, Lynn M. Sibley.
- "Mycetoma," Bulletin of the Netherlands Society for Tropical Medicine and International Health, Vol 4;25-27 Dec 2014, by Daphne Voorend, Antje Oosterkamp.



MIS-R Plans for 2015 include:

- LAMB beneficiary satisfaction survey
- Baseline household, socioeconomic, knowledge attitudes and practice surveys and ongoing surveillance with CHDP in new Parbatipur unions.
- Community cooperation research with Arizona State University (4th year).
- Disaster Risk Reduction Survey with CHDP
- Collaborative research malnutrition in infants less than 6 months old with London School of Hygiene and Nutrition.
- Collaborative research about midwifery in Bangladesh with Arizona State University.
- Pursue proposals submitted for several research projects.



LAMB School is full of active children and energetic teachers who work together to learn and grow. Being a part of LAMB is a privilege. Having a school for children here makes the LAMB community more comprehensive in scope. The children visit the hospital, are trained by the training centre, are visited by staff from the community and some are enrolled at the rehabilitation centre. Our work is assessed by the research department and of course the housekeeping, security, maintenance, finance and administration departments provide invaluable support for the school. On national holidays, the staff recreation committee and the school work together to commemorate the historic events that led to the creation of Bangladesh. The school supports families as they work throughout LAMB. We hope both children and parents get a sense of what God is doing in this part of Bangladesh through being part of this dedicated community that is LAMB.



In 2014 our 140 children and 27 staff represented ten different countries making ours a truly international school. We proudly include children from various tribes, religions and countries. We accept children with special needs and seek to educate each child to their full potential. Our children start in Preschool, go through Kindergarten and Grade 1 through Grade 10. During their course of study the children can participate in Bangladesh Government Exams after Grade 5 and Grade 8, and now also take their Secondary School Certificate exams thanks to cooperation with our local government schools. At the end of Grade 10 we also offer the opportunity to take O Level Certification exams through the British Council.

During the last few years the proportion of girls in LAMB school has dropped. We now only have 28% girls in the youngest year groups; this is a trend we want to reverse. Please pray for us to always reflect God's intentions for LAMB, and to trust Him for our future.





Management and Internal Operations

Admin

The support of all the services that are provided through LAMB, is coming from the Admin department. This department is responsible for support on: Finance, HR, IT, Purchasing and Storekeeping, Transport, Maintenance, Security and Public Relations.

In 2014 we continued the process of searching core funding to replacing our old admin building and MIS-R building with a new building to house these departments plus a new OPD, and inpatient general wards. Site preparation for an extension to the school commenced in December.

With help of some generous donations we were able to replace our car in Dhaka.

The total of the LAMB staff end 2014 compared to end 2013 decreased by 36 staff, 122 staff joined newly and 158 staff left. Also 2 new long-term expatriates with their families joined in 2014, they spend the first months in Dhaka to learn Bangla.

Due to the start of new projects, we also recruited new project accountants to give financial support in the field offices.

A team from New Zealand visited us, to give advice on IT, water management and construction of buildings. It was very helpful to get advice of experts in these fields.

Public Relations:

Over the past year visitors from home and abroad visited LAMB at different times. These included high level Government officials from different health departments and may donor partners from within Bangladesh and abroad. We were very happy to welcome two sitting members of Parliament from the United Kingdom, whose orientation to the work of Tearfund included a visit to LAMB to see our partner projects.

LAMB responded to natural disasters through its DRR program and supported in emergency food, rehabilitation materials e.g CI sheets, and cash in Kaunia Upazila.

LAMB also observed the following days centrally and in the community: Women's day, World TB day, World Health Day, Int. Midwifery day observed at LAMB, International Nurses day, Safe Motherhood day, Day for disaster reduction.

Spiritual Development

LAMB is dedicated to spiritual development and church mobilization through a humble service at community level. LAMB gives priorities to the poor and marginalized of the community, and works with integrity and stewardship for sustainable development. LAMB believes the church is one of the most important ways in which God's people make a positive impact in society. As a non-profit organization, LAMB coordinates with the church and also hires Mission Vision Values counsellors who work to promote both staff and organizational values. They also provide support for Christian workers who do not have a fellowship where they are working and for members of other faiths in order to extend counselling and prayer.

Challenges and Strategies

Our main current challenges are:

- Roll-out and embedding of our Strategic Priorities of Integration, Learning, Justice and Holism.
- Sustainability of primary health care services for the rural poor after project closure
- Recruitment and retention of skilled qualified human resources 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 extensions to out-patients and inpatients, the MIS-R department, and the school.



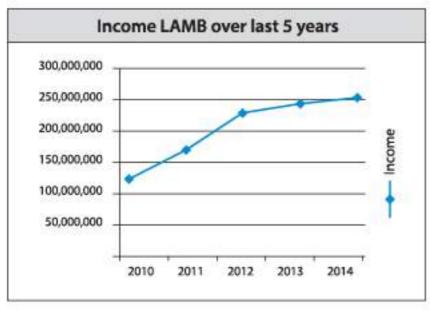
Statistical Data 2013-2014

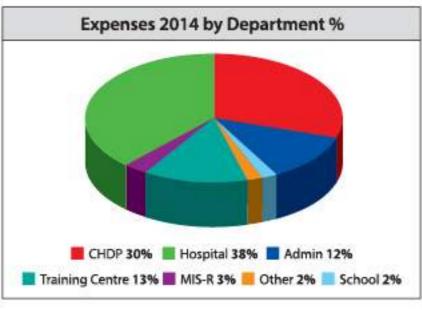
CHDP General Information	2014	2013	HOSPITAL - General information	2014	2013
Upazillas working in	19	21	Number of Beds	115	115
Total Population estimate	4.5 million	5 million	In-patients		
Community Health Workers	318	389	Total 11,066		10,040
Trained Village Health Volunteers	959	846	Male	3,233	2,716
3			Female	7,833	7,324
Mother child health (MCH)	64 unions	65 unions	Obstetric	4,628	4,392
Villages covered	632	599	children 0-4 years 3,350		2,522
Households covered	364,243	323,561	children 5-14 years 292		380
Safe Delivery Unit	15	15	Medicine, surgery, gynaecology 2,796		2,746
Family Welfare Centers (FWC)	45	45	Operation /procedure done		7.00
Community Clinic(CC)	510	510	mothers delivered 3,733		3,624
C-SBA/nurse	140	140	Caesarian Section 835		715
			General surgery/ gynae	972	1,09
MCH SDU data (LAMB data)	15 unions	15 unions	obsetric fistula cases	116	122
Antenatal Care	21,785	22,936	club foot treated	43	55
Family planning	4,334	4,775	Out-patients		
child 0-4 yrs old	2,247	2,687	Total	65,707	58,610
child >5yrs, adult	12,185	16,156	Male	22,885	19,690
crima z Jyra, dount	15 unions	15 unions	Female	42,822	38,912
Total deliveries in LAMB SDU	1,712	1,704	Antenatal	15,672	14,725
Total deliveres in David 300	21 unions	21 unions	children 0-4 years	6,795	5,739
Pregnancy surveillance	10,623	10,162	children 5-14 years	4,478	3,200
riegnancy surveniance	10,023	10,102	Medicine, surgery, gynecology	38,762	34,44
MCH FWC data (GOB data)	45 unions	45 unions	Eye	536	493
0-5 yrs old	54,660	41,226	Services	330	12.
>5yrs old	221,633	187,898	Blood Transfusions	1,007	994
Antenatal Care	48,141	30,088	Laboratory Tests 95,972		85,638
Family planning	25,964	25,174	Educatory rests	33,572	00/000
Total deliveries in FWC	5,133	2,638			
MCH CC data (GOB data)	510 clinics	510 clinics			
total patients	4,465,264	4,473,399	Fistula/ Cleft activities		
total patients	1/103/201	4/1/2/2/	Fistula workshops	2	47
Adolescent Health	8 unions	8 unions	workshop participants	79	2,383
Teaching/ counselling	8,290	13,377			
library	52	57			
theatre for development	30	22			
theate for development	30	22	TRAINING CENTER		
Disability (Clinics and centre)	4 upazi	llac	Courses	20	17
Clinics	26	24	Trainees	727	1,353
Assisted devices distributed	485	493	A	-10 5-35	3350
Health Teaching	60,102	72,893			
Referred to LAMB Rehab centre	330	142	28.030		
Treated at LAMB Rehab centre	0.000	100000	SCHOOL		
freated at LAMB Renab Centre	1,780	1,254	Students	142	138
72.5-1.11.4.4		0	Teachers	22	2
TB Control Activities	4 upazi	1000			
Sputum tests	6,631	6,494			
Patients - new and relapse	907	873	Name of the last o		
Patients- cured/ treatment complete	842	625	LAMB STAFF	272	9000
			Total	913	949
Disaster Risk Reduction	4 upazi		Male	285	30
Awareness Session on DRR	156	499	Female	628	642



Financial Statement 2014 (1st January - 31st December)

Amounts in Taka	LAMB	LAMB-Plan partnership	Total Year 2014	Total Year 2013
Income				
Hospital Fees and Medicine	68.495.247		68.495.247	58.979.752
Training centre	6.235.650		6.235.650	5.569.454
School	3.418.010		3.418.010	3.065.780
Non-program income	8.753.958	1.519	8.755.477	8.626.029
Grants	86.829.841	73.393.503	160.223.344	163.585.767
Total Earned income	173.732.706	73.395.022	247.127.728	239.826.782
Donations	6.805.717		6.805.717	4.810.234
Total Donations to LAMB	6.805.717	-	6.805.717	4.810.234
Total Income	180.538.423	73.395.022	253.933.445	244.637.016
Expenses		5		
Operating Expenses				
Salary and Benefits	88.390.470	51.903.257	140.293.727	131.136.126
Drugs & Pharmaceuticals	17.818.992	Cresional Secret	17.818.992	16.276.315
Supply & Expenses	17.461.826	4.793,636	22.255.462	38.694.284
Food	7.837.453	426.846	8.264.299	7.104.420
Travel/vehicle expenses	3.819.337	1.758.994	5.578.331	5.465.032
Building & Equipment maint.	5.173.283	5.195.016	10.368.299	10.845.998
Depreciation	7.035.014		7.035.014	6.723.400
Training	15.342,423	7.774.689	23.117.112	22.999.993
Other expenses	17.659.625	1.542.584	19.202.209	3.350.025
Total expenses	180.538.423	73.395.022	253.933.445	242.595.593
Operating result		9		2.041.423
Capital Expenditure				
Land	-		-	
Building addition				
Medical and office equipment	3.495.760		3.495.760	1.635.237
Furniture	354.969		354.969	532.898
Vehicle/Bicycle	1.396.000		1.396.000	(*)
Total Capital Expenditure	5.246.729		5.246.729	2.168.135





ANNUAL 14. REPORT





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