

ANNUAL
REPORT | 15



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 the Board Chair

2015 has been an eventful year for LAMB. As Board chair it is my honour and duty to present to you this Annual Report which recounts for you the highlights and achievements of the past year.

We started the year by marking our 40th Anniversary. We are grateful to the many dignitaries, staff, well-wishers and friends who graced the occasion and made it such a success. We ended the year by saying farewell to our Executive Director, Dr Stephen Withington and welcoming Mr Kyle Scott back to LAMB to take up the ED post.

On behalf of the whole Board of Governance, I want to take this opportunity to once again express our thanks to Dr Steve and his wife for their caring and diligent service to LAMB and wish them well in the future endeavours back in New Zealand.

We also thank all the staff of LAMB who give caring committed service to those whom we serve, whether this is within the compound of LAMB hospital, in the communities of North West Bangladesh, the class rooms of training centres or in the conference and meeting rooms of policy makers. All have contributed to the integrated wholistic health care that LAMB champions and desires to always provide.

We acknowledge too the generous support of donors and those giving specific grants to allow projects that further the aims of LAMB. We are grateful also for the kind cooperation of the various officials and government officers who permit LAMB to operate and who support our work. Thank you.

Most important of all, please join me in giving praise and glory to Almighty God for the healing and development that He brings through the work of LAMB.

John D Marsden
Chair, LAMB Board

LAMB Board



[From left: Keiko Butterworth Dr. Nelly Saha, Dr. Craig A Meisner, John D Marsden Labio Bala & Dr. Stephen Thorson. Missing: Nancy TenBroek, Preeti How and Rev. Dr. Jhakmak Neeraj Ekka]

LAMB IN 2015

2015 was another busy year for LAMB with a number of highlights including preparation of the 40 years anniversary celebration of LAMB. LAMB has gone through some major transitions this year which include change in management, phasing out big projects and launching of new projects. After fulfilling his 3-year term of service as the Executive Director of LAMB, Dr. Steve Withington and his wife, Juan, departed LAMB on 5th December, 2015. LAMB is exceedingly grateful for the dedication he displayed in his areas of responsibility. Steve touched countless lives through his tireless work ethic, his kindness and his commitment to exemplifying the Christian values of LAMB through his faith. The funding opportunities that LAMB is now blessed with are a direct result of his breadth of knowledge and his sincere desire to fulfill the goal of LAMB to bring transformation through the love of God through improved health care, health policy, community leadership and community ownership through the example of Jesus Christ.

The ongoing challenge is to bring the maternal mortality and under-5 mortality 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.

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 2015 these partners included the Government of Bangladesh (GoB), Plan International, Tearfund, ICDDR,B, DFATD, UKAID, USAID, BMS, KOICA, Women's Hope International, US State Dept, Hilfe Fur Bruder, WHO, BRAC University, EngenderHealth, World Renew, Walk for Life, 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 2015.

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.
- 25 outreach disability clinics.
- 55 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.
- English-medium education for students up to 'O' level.

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.
- 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 (Dinajpur) and Kaunia upazila (in Rangpur).

STAFF:

- By end 2015, LAMB had 748 staff (60% female), plus 1235 volunteers, including 21 expatriates.

MAJOR ACHIEVEMENTS IN 2015

- Skilled attendance at birth in LAMB core CHDP area rose to 70% (36% in overall Bangladesh in 2014) and maternal mortality was 197/100,000 (170 in Bangladesh in 2014).
- Neonatal mortality rate in LAMB core was 23/1000 (28 in Bangladesh in 2014), and under-5 mortality was 30/1000 (46/1000 BDHS 2014), well below the MDG target and the national average.
- There were over 3400 deliveries in LAMB hospital, with a Caesarian section rate of only 23%.
- 170 obstetric fistula operations were performed.
- There were over 6400 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 10500 inpatient admissions, and over 68500 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 2015

- New projects were launched for (ASHIRBAD, CTB) mother & child health and Tuberculosis Control Program. Ashirbad is for Badarganj and Challenge TB is for Dinajpur and Nilhamari Districts.
- Follow-up projects in fistula care and rehabilitation (with EngenderHealth) and in disaster-prevention and response (with Tearfund and KOICA).
- Construction of a new school extension building is ongoing, 51 decimals of land purchased.

LAMB HOSPITAL

LAMB Hospital was built in 1983 as a ten bed unit in response to the need generated by an active community health program and clinic services. LAMB is now in its 40th year of service, and has grown to its current capacity to accommodate more than 150 patients, growth from one to four specialty departments (with few subspecialties and specialized programs), local to national and international reputation and in 2006 recognition for postgraduate training in three specialties.



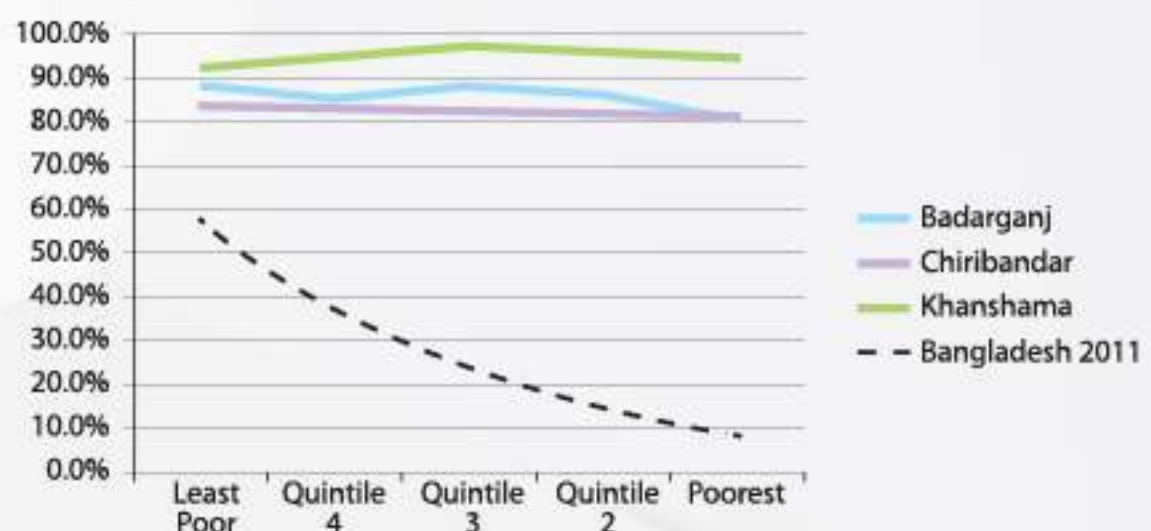
WHAT IS SPECIAL ABOUT LAMB HOSPITAL?

1. Focus: LAMB's focus is the poor and marginalized, especially women, children and the poor who have limited or no resource to use for their own health and also have less accessibility and affordability to the available services.
2. Appropriateness: As we don't have an enormous availability of resources LAMB does not offer high tech services for few people, but offers optimum services appropriate for the majority of the local community.
3. Quality: We treat all clients equally well to the best of our resources, as much as possible using national and international practices adapted to local conditions. Protocols and guidelines are available on site and are being followed for each and every activity.
4. Training: Supporting training of all levels of health workers helps in developing work forces for future.
5. Accessibility and Poor fund: Poor fund provision makes emergency "treat first and pay later" possible. Low gate fees for outpatients permit access for the poor. People unable to pay their bill have the option of applying to a fund for assessment of their ability to pay and provision of a subsidy for the amount over this.

FOCUS ON POOR AND ACCESSIBILITY:

The rich poor gap for post-natal care (PNC) is huge in the rest of the Bangladesh but closing in LAMB areas.

PNC VISIT IN FIRST 48 HOURS



STRUCTURE

Hospital team comprises 240 staff that includes 26 plus doctors, 90 nurses, 24 staff for the diagnostic service & Operating Theater, 16 medical assistants AND they are supported by housekeeping, security, chaplaincy (counseling), hospital administration, integrated program staff and cashiers. 24 hours services are available for comprehensive obstetric care and other emergencies.

LAMB in-patient services are made up with four specialty departments.

1. Comprehensive Obstetrics services with Gynaecology.
2. Adult medicine with cardiology.
3. Paediatrics with comprehensive newborn care.
4. General surgical.

Outpatient service, diagnostic services, operating theater and other support services bring relative completeness in hospital operation.



NISHIMONI, THE COMMUNITY FISTULA ADVOCATE

Nishimoni (60 years old) is well-respected in her community; her day starts with visiting someone's house. She loves meeting and talking with the people specially the women who are busy at home working. Nishimoni brings some real questions to them regarding health; how to take care of a girl child, what is the age when she should get married, when to plan for a pregnancy, how to make a birth plan and to make sure everybody is safe.

Her obstetric operation at LAMB Hospital in March 2013 brought a smile to her face and a lot of respect. Nishimoni was forced to get married when she was 9. She had 3 deliveries. At her 3rd childbirth she delivered a dead baby and discovered that urine was leaking through her birth canal all the time; this made her wet and smelly. She gradually became unwanted in the family and more problems added when her husband died leaving Nishimoni and 2 sons. Nobody in her family and community allowed her to be with them because of her bad smell of urine. Poor Nishimoni had to struggle hard for running her family and was left untreated for 30 years. Knowing from another organization about LAMB, her elder son brought her to the hospital, where she was operated on and cured!

She had Community Fistula Advocate (CFA) training. Nishimoni feels the pain of having a fistula and is passionate that nobody would have the same problem. She looks for new fistula patients in her community and brings them to hospital for treatment. She sometimes accompanies patients during their stay in the hospital. Nishimoni was selected for "CFA of the year" award for performance. We wish Nishimoni keeps her promise to help achieve a 'Fistula free Bangladesh' through her service/work.

LAMB COMMUNITY HEALTH AND DEVELOPMENT PROGRAM (CHDP)

As we are observing 40 years of service in this locality, we would like to take the opportunity to share the history of our journey and achievements. Most infrastructure, road communication, and social institutions were destroyed during the 1971 liberation war in Bangladesh, severely hampering subsequent development of the new nation. Maternal and child mortality rates were particularly high as antenatal care and safe delivery, and basic treatment facilities for water-borne and insect-spread diseases were only a dream. The government of Bangladesh began with community health efforts promoting sanitary latrine use, spraying for mosquitoes and providing door to door vaccination and family planning services. Hospitals and clinics were built, but took longer to staff and functionalize.

Responding to the needs of rural people, LAMB started community health activities by introducing mobile clinics and training village health volunteers (VHVs) for health education and community health workers to facilitate local initiatives. Functional literacy groups saved taka to meet emergency health needs, then developed into women's microfinance groups which transitioned to self-help savings groups again, as other organizations provided microcredit.

To replace unsustainable infrequent mobile clinics, at the request of communities desiring more local service availability, CHDP started union-level Safe Delivery Units (SDU) in the community. Oversight committees were initially made up of women from the microfinance groups with local male informal leaders assisting. The SDUs are now models of sound primary health systems accountable to community organizations sustainable under their own management and resources. LAMB continues to provide training and technical support, but CHDP is handing over ownership of these SDUs to the community organizations.

This model of a local health system with community accountability and shared resource provision is increasingly being replicated in union (FWC) and ward (CC) government health service centers, as well as in partnership with other health-related organizations. Major past, current, and future CHDP projects are noted below, with attention to how the projects focused on elements of model primary health systems to contribute to reducing maternal and child mortality, particularly among the poor.



Past Major Projects

Project	Funder/Partner	Scope	Time	Focus
Maternal, Neonatal & Child Survival (MNCS)	UNICEF	4 Upazillas in Dinajpur District	2011-2012	Implementing maternal and IMCI care in facilities and community
Chars Livelihoods Program (CLP)	DFID through Maxwell Stamp	Char areas in 8 districts along Jamuna River	2010-2012	Technical assistance to 18 partner organizations implementing essential services pkg.
Rangpur-Dinajpur Nutrition Study (RDNS)	FANTA-III UC-Davis ICDDR, B	11 unions in Rangpur, Dinajpur Districts	2011-2015	Supplementing pregnant mothers, their children, assessing birth wt., growth
Adolescent Reproductive Health (ARH)	PLAN Bangladesh	2 Upazillas in Dinajpur Dt.	2012-2015	Improve life skills and access to services.
Community Managed Health Care (CMHC)		2 Upazillas in DJP all Nilphamari Dt.		Sustainable primary health care system with community oversight.
Women and Their Children's Health Project (WATCH)		4 Upazillas: 2 in Dinajpur Dt. 2 in Nilphamari Dt.		

CURRENT CHDP PROJECTS

Responsive Reproductive Health Services (RRHS) funded by Women's Hope International launched July 2014 in Parbatipur Upazila. It aims to reduce maternal and infant mortality and morbidity (obstetric fistula and birth injuries leading to disability). This project strengthens and functionalizes existing government health facilities and builds community participation for accountability of services. Institutional deliveries by trained Community Skilled Birth Attendants (CSBA) are complemented by restorative fistula surgery and disability rehabilitation.





Babu Barta (Baby Basics): This project improves maternal health promotion using a month by month guide to healthy pregnancy designed for lower-income and lower-literacy populations.

Begun in August 2014, it is funded by the US State Department in Badarganj Upazila of Rangpur District. Pregnant mothers meet in “Moms Clubs” to read Babu Barta, sharing expectations, problems, and learning. Communities, leaders, and healthcare providers are engaged to support the mothers.

Community Managed Health Care (CMHC):

This long-term core project of CHDP in Dinajpur and Nilphamari Districts is funded by Plan Bangladesh. Safe Delivery Units (SDUs) were piloted in community-owned facilities, then expanded to government community clinics (CC) and family welfare centers (FWVs). 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 (CBOs) provide informal leadership through training 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. This project will be extended in Nilphamari District for an additional 5 years, 2016-2021, to further develop community managed health care in the Maternal, Neonatal, and Child Health (MNCH) Project.



Reliable Health Services Project (RHS): CHDP implements RHS in Badarganj Upazilla of Rangpur District through financial support from Korean International Cooperation Agency (KOICA) assisted by Global Care (Korea). Beginning in 2013, this project expands the coverage of the CMHC program, seeking to clarify and balance the roles of the three key parties – the community, service providers, and local governing bodies in collaborative partnerships. In 2015 two safe delivery units opened in GOB facilities, and 311 deliveries were performed through 24 hour daily services.



Disaster Risk Reduction (DRR) & Emergency Relief: This project builds resilient communities through local churches and Ward Disaster Management Committees (WDMC) utilizing local resources, alternative livelihood activities, disaster preparedness, information centers, and mitigation activities. It operates in Nawabganj (Dinajpur) and in Kaunia (Rangpur).

Tuberculosis Control Program (TB): LAMB has worked as part of the national TB control program for over 25 years in 4 upazilas of 2 districts. In 2015, 988 patients had sputum tests identifying them as new or relapse TB. The case notification rate (CNR) was 125 per 100,000 (national 225) and cure rate 97% (national 93%). LAMB recently started a new project called **“Challenge TB,”** funded by USAID through Management Science for Health (MSH) covering Dinajpur and Nilphamari Districts.



Non Communicable Disease (NCD) project completed its 2nd year of collaboration with WHO and Bureau of Health Education, Bangladesh. The project raises awareness of communities and school students to change life style in order to avoid risk factors and prevent non-communicable diseases.

I'MPOWER Project is funded by DFATD through Plan International, Bangladesh. It aims to end child marriage in Bangladesh through enhanced capacity of institutional stakeholders and duty bearers at different levels. It will establish and strengthen child protection mechanisms at community level contributing to a functional national child protection system. Project activities will run from June 2015 to March 2017 in Jaldhaka Upazila of Nilphamari District.

Ashirbad Project is funded by DFID through LHCF. The project directly works to decrease both child marriage and teenage pregnancy among adolescent girls, thus enhancing their educational, vocational and economic prospects, to reduce poverty and decrease maternal and neonatal mortality. This is a 3-year project begun in August 2015 in Badarganj Upazilla, Rangpur.

Future Projects

Church and Community Mobilization (CCM) project will equip local community based organizations (CBOs), including churches, for economic, social, and spiritual transformation in their communities. This will support the CBOs and churches in an expanded role in peace building and social conflict resolution. This project will be implemented in Parbatipur and Nawabganj upazillas under Dinajpur District.

Born On Time is being funded by DFATD through Plan International, Bangladesh with an aim to strengthen the capacity of facility based health care providers to implement and monitor quality maternal, newborn and reproductive health services for newborns, adolescent girls and pregnant women. This 5-year project is expected to start mid-2016 covering 6 upazillas of Rangpur District.

Advancing Adolescent Health (A2H) is a 3 year project funded by the USAID through Plan International, Bangladesh with an aim to improve adolescent health and well-being. This project expected to start early 2016 and cover Rangpur Sadar including City Corporation, Gangachora, Kaunia and Pirgacha upazilas of Rangpur district.

TRAINING CENTER (TC)

TC develop leadership among health-care providers through different types of participatory, skills and values-based training at LAMB and outside over the whole year. Total beds are more than 100 with 9 dormitories and 12 cabins. TC is sustained by its own income, while also subsidizing and being supported by LAMB's other departments in a good example of integration.

Courses offered include preventative and clinical, academic and practical health training, for example, Primary Health Care, C-SBA (GoB-registered, 6 months), Medical Assistant (3 years), and Diploma in Midwifery training (GoB-registered, 3 years).

To date over 400 CSBAs has completed their 6 month course. At the end of 2015 training for the first batch of 30 midwifery students will be completed. The second batch of midwifery students is running with 29 students.

TC also supports short training for LAMB staff of various departments and projects for their capacity building, e.g. for Village Health Volunteers, Cured Fistula Advocates, Community Health Workers, other Hospital and CHDP staff, e.g. in Kangaroo Mother Care (KMC), Helping Babies Breathe, nutrition, management of childhood illnesses, adolescent sexual and reproductive health, Training Of Trainers and Teachers, and Mission, Vision, and Values training. Also TC has, in 2015, supported training for other organisations offsite, e.g. Rangpur Medical College Hospital on KMC for Doctors and Nurses in collaboration with ICDDR, and in Dhaka Shishu Hospital.

Some challenges include limitation of facilities, especially for residential training, providing supervision at field level and outreach training, and the lack of GoB accreditation for some courses, e.g. Medical Assistant course, which means a lack of job security for trainees.



NURSING INSTITUTE

The desire to train young Bangladeshi women to be competent and caring nurses, the wish to help with the acute nursing staff crisis in the country and to have a continuous supply of nurses for LAMB hospital were amongst the reasons for opening the LAMB Nursing Institute. The LAMB Nursing Institute was approved by the Bangladesh Nursing Council and inaugurated in March 2012. By the end of 2015 we had 64 students and the first batch of students graduated in March 2015. Among 15 graduated students 12 had the opportunity to join LAMB hospital and the rest joined other hospitals in Bangladesh. In 2016, the 5th batch nursing students are expected to join.



We are happy with the progress our students are making academically and on the hospital wards. They are well liked by senior nurses and doctors. The students have shown a good attitude to learning and caring for our patients. Clinical supervision remains a challenge as the Nursing Institute staffs are being stretched to the limit. Not only do they have to prepare and teach classes, they have to spend sufficient time with the students on the ward. Students from poorer families are able to apply for support for their tuition fees and so far 17 students were sanctioned loans.

LAMB Management Information Systems Research Department (MIS-R)

Management Information Systems and Research (MIS-R) is one of the newest departments of LAMB. MIS formally became a department early in 2006 recognizing the need to better document, report and disseminate the work that was happening in the hospital and community. As we became more involved in both internal and collaborative research and started building a team of skilled staff, research was incorporated into the MIS mandate.

The critical tasks which were initially identified for MIS-R have remained relevant over the past 10 years:

- Develop a group of competent staff with core skills of data collection, analysis and interpretation.
- Develop and refine databases which enable linkage of community and hospital data, timely reporting of health service information and analysis of health service access and outcomes for the poorest.
- Provide information for program managers to monitor the progress of programs and activities, assist in strategic decision making and in early identification of trends relevant to LAMB as a whole.
- Develop and carry out research projects addressing health, development and justice issues which are relevant to our target communities as well as the broader Bangladesh context.
- Participate in joint research projects with National and International bodies.
- Provide accurate and well presented data to enable LAMB to disseminate the impact of its programs and systems locally, nationally and internationally.



The following highlights of the MIS-R department over the years illustrate how these critical tasks were met:

2006	<ul style="list-style-type: none"> • Designed new data collection tools for household survey, maternal and newborn registers for CHDP, including socio-economic status; designed new data collection forms in hospital. • Completed an evaluation of the pilot Perinatal Death Audit process in 17 GOB facilities for Save the Children, US. • Reported health status of over 6000 deliveries per year across CHDP and LH.
2007	<ul style="list-style-type: none"> • Collaborative research with Emory University, ICDDR,B and BRAC on Prolonged Labor and Birth Asphyxia begins (3 year project). • Household and Socio-economic surveys carried out in six of 22 CHDP target unions to enable assessment of delivery and under-five outcomes by economic status.
2008	<ul style="list-style-type: none"> • Wealth ranking and household numbering done in a further eight community target unions. • Results of Knowledge, Attitude and Practice survey in the community presented to CHDP program managers.
2009	<ul style="list-style-type: none"> • Baseline Rapid Health Facility Assessment done for World Renew Child Survival Project. • Five posters and one oral presentation given at the Annual Scientific Conference (ASCON) 2009 in Dhaka. • Oral presentation given on LAMB's model for continuum of care for Obstetric patients at the RCOG South Asia Day, London as well as posters on Obstetric fistula care, Cause of maternal death and uterine rupture.
2010	<ul style="list-style-type: none"> • Developed a 'pictorial partograph' for use by illiterate birth attendants to monitor mothers laboring at home and make appropriate and timely referrals to health facilities, based on findings from the Prolonged Labor/ Birth Asphyxia research.
2011	<ul style="list-style-type: none"> • Virtues and Dilemmas, a study on how people make difficult decisions was done in collaboration with Arizona State University (ASU). • A five year community trial entitled RangDin Nutrition Study (RDNS) on home-fortification approaches for the prevention of malnutrition in pregnant and lactating women and their children in Bangladesh started in collaboration with UC Davis and ICDDR,B.

	<ul style="list-style-type: none"> • Five oral and four poster presentations were given from LAMB data at ASCON 2011.
2012	<ul style="list-style-type: none"> • Household and wealth asset surveys were completed in additional target unions. • Child health registers updated in all core and LAMB-Plan partnership unions. • Added reporting on use of poor fund and more detailed reporting on fistula patients. • Analysis of hospital delivery data by a team from Arizona State University and LAMB to assess the relationship between use of oxytocic medications pre-admission and newborn outcomes. • New collaborative study with Arizona State University exploring community relationship and helping networks. • A paper on characteristics of fistula patients at LAMB and a poster on fistula repair and re-integration were presented at the International ISOFS Congress in Dhaka.
2013	<ul style="list-style-type: none"> • Completed a three year project with Alive and Thrive, Bangladesh, 'Scalability of an Infant and Young Child Feeding (IYCF) Intervention Package in Bangladesh.' • Assisted UK Masters student with research into the role of occupational therapy in Bangladesh. • Published articles in The Lancet, Journal of Pediatric Orthopaedics, Global Public Health: An International Journal for Research, Policy and Practice, and in a Korean Circulation Journal.
2014	<ul style="list-style-type: none"> • Disaster Risk Reduction baseline survey with CHDP. • Household and Socioeconomic survey for 5 unions in Parbatipur with CHDP. • Piloted a new LAMB beneficiary satisfaction survey. • Formative research for "New Role of Traditional Birth Attendant" with World Renew and Enfants du Monde and PARI. • Baseline survey for "Thousand Days Nutrition Project" for PARI and World Renew. • Rapid Health Facilities Assessment endline survey for World Renew for USAID endline.

LAMB ENGLISH MEDIUM SCHOOL



Change seems a constant at LAMB School. In 2015 we saw growth to 150 students for the new school year in August and then attrition to 143 students in December when some children left for other schools.

In our teaching we aim to bring quality education to the children at LAMB in a way that is culturally relevant and that reflects values matching LAMB's vision of serving God with equality for all. We continue to serve families from a range of countries and seek to ensure that the children have a well-rounded education so they can continue learning in their various national school systems in the future. We teach students from Pre-School up to Grade 10. LAMB school is divided into 3 parts: Reception (PS, KG + Grade 1), First School (Grade 2-4) and Upper School (Grade 5-10).

In 2015 we celebrated with our sixth group of O-Level students who received their certificates from the CIE through the British Council. One of this group of pupils was recently presented with a high achievement award and another pupil was recognised for having received six A grades. We continue to be proud of all our students and their efforts, we commend the parents for their support and salute our teachers' dedication.

We are thankful for each of the many people who contribute to making education possible and good at LAMB. Four new staff have joined, five have left for other challenges; the fabric and nature of the school is new with every change in staff. Construction work started on a new school building at the beginning of 2015. Thanks to many prayers and funding donations, we hope to see the building completed by the end of June 2016. Last year we reported that the ratio of girls to boys in Reception years was down to 28% and we asked for prayers to reverse the trend. In 2015 we were blessed to start a new Preschool class (our entry level) with an equal number of boys and girls (8 of each). This was a positive change after three years of many more boys than girls starting at school. Pray for our school to be able to continue to serve a good balance of genders.

God's provisions also change over the years. The way God provides is often new, and this keeps us trusting and depending on Him. Change is not the only constant, however, God's faithfulness is also a constant which has carried LAMB school through nearly 20 years of existence. We give thanks for new staff who have joined us in service here this year. We give thanks for provisions of funds for the

school, including for the new building and for educational support for children with special needs. We give thanks for resources of staff and we give thanks for the children God has allowed us to serve and enjoy.

Our vision is to see these children grow in every aspect of their lives. We want them to become whole human beings with respect for others, with skills to serve their world and with knowledge that sets them free. Please pray that our efforts to be faithful and dedicated to this vision will honour our Lord and that our lives will reflect God's love for each one of the children at LAMB School.

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 2015 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.

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 many donor partners from within Bangladesh and abroad. These include teams from Bangladesh Council of Physicians and Surgeons, USAID plus district and upazila level government health administrative officials.

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

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.

LAMB Annual Report Data 2014- 2015

CHDP General Information	2015	2014
Upazillas working in	21	19
Total Population estimate	5 million	4.5 million
Community Health Workers	318	318
Trained Village Health Volunteers	1,235	959

Mother & Child Health (MCH)	77 unions	64 unions
Villages covered	698	632
Households covered	402,584	364,243
Safe Delivery Unit	15	15
Family Welfare Centers (FWC)	55	45
Community Clinic(CC)	510	510
C-SBA/nurse	169	140

MCH SDU data (LAMB data)	15 unions	15 unions
Antenatal Care	21,285	21,785
Family planning	4,101	4,334
Child 0-4 yrs old	920	2,247
Child >5yrs, adult	6,235	12,185
	15 unions	15 unions
Total deliveries in LAMB SDU	1,844	1,712
	30 unions	21 unions
Pregnancy surveillance	11,283	10,623

MCH FWC data (GOB data)	50 unions	45 unions
0-5 yrs old	37,510	54,660
>5yrs old	151,436	221,633
Antenatal Care	45,146	48,141
Family planning	21,946	25,964
Total deliveries in FWC	4,582	5,133
MCH CC data (GOB data)	84 clinics	510 clinics
Total patients	18,992	4,465,264

Adolescent Health	10 unions	8 unions
Teaching/ counselling	17,008	8,290
Library	10	52
Theatre for development	5	30

Disability (Clinics and centre)	3 upazillas	4 upazillas
Clinics	25	26
Assisted devices distributed	522	485
Health Teaching	52,619	60,102
Referred to LAMB Rehab centre	225	330
Treated at LAMB Rehab centre	2,287	1,780

TB Control Activities	4 upazillas	
Sputum tests	10,206	6,631
Patients - new and relapse	988	907
Patients- cured/ treatment complete	861	842

Disaster Risk Reduction	4 upazillas	
Awareness Session on DRR	297	156

HOSPITAL - General information	2015	2014
Number of Beds	115	115
In-patients		
Total	10,620	11,066
Male	3,136	3,233
Female	7,484	7,833
Obstetric	4,248	4,628
Children 0-4 years	3,074	3,350
Children 5-14 years	275	292
Medicine, surgery, gynaecology	3,023	2,796
Operation /procedure done		
Mothers delivered	3,405	3,733
Caesarian Section	800	835
General surgery/ gynae	1,042	972
Obstetric fistula cases	170	116
Club foot treated	41	43
Out-patients		
Total	68,780	65,707
Male	24,410	22,885
Female	44,370	42,822
Antenatal	14,763	15,672
Children 0-4 years	6,567	6,795
Children 5-14 years	5,087	4,478
Medicine, surgery, gynecology	42,363	38,762
Eye	521	536
Services		
Blood Transfusions	873	1,007
Laboratory Tests	97,873	95,972

Fistula/ Cleft activities		
Fistula workshops	45	2
Workshop participants	7,483	79

TRAINING CENTER		
Courses	15	20
Trainees	693	727

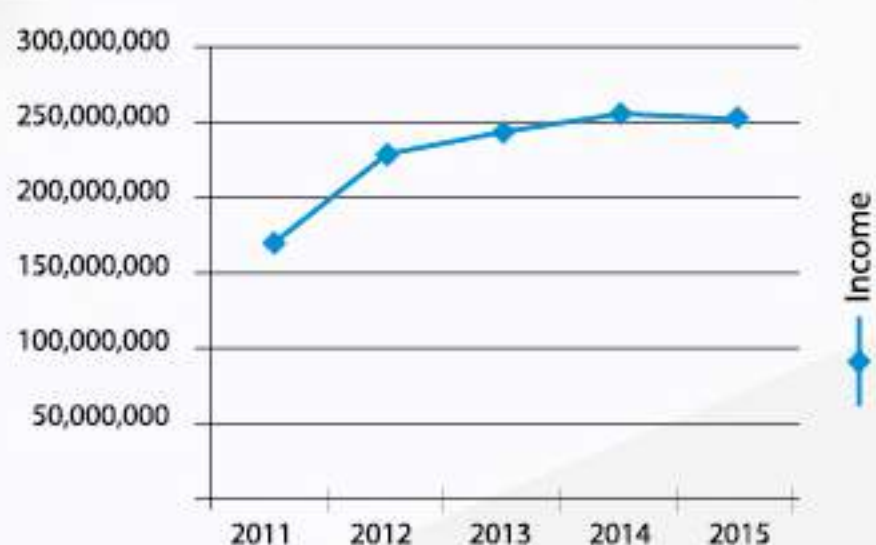
SCHOOL		
Students	150	142
Teachers	22	22

LAMB STAFF		
Total	748	913
Male	298	285
Female	450	628

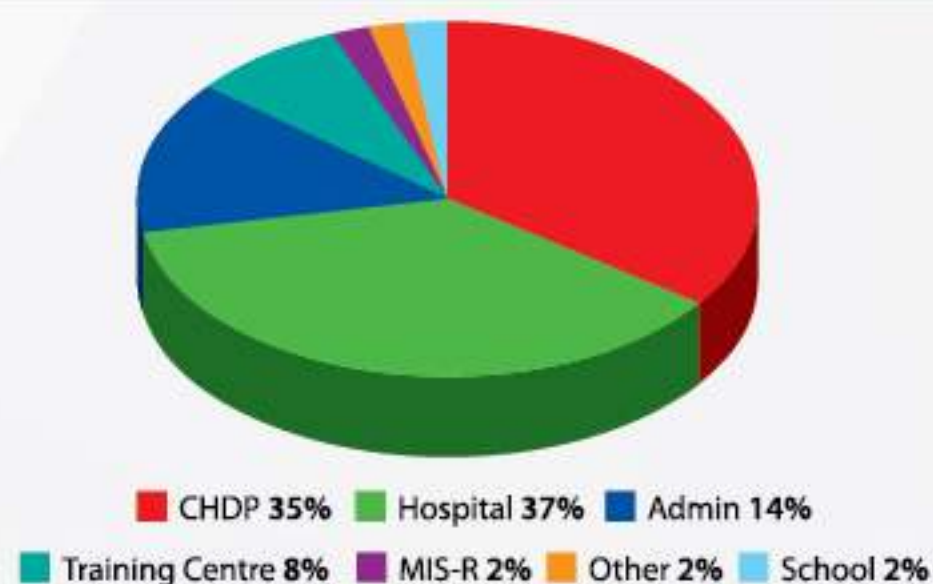
FINANCIAL STATEMENT 2015 (1st January - 31st December)

Amounts in Taka	LAMB	LAMB-Plan partnership	Total Year 2015	Total Year 2014
Income				
Hospital Fees and Medicine	74,260,386		74,260,386	68,495,247
Training centre	6,335,253		6,335,253	6,235,650
School	3,853,111		3,853,111	3,418,010
Others activities	8,798,691		8,798,691	8,755,477
Grants	115,091,408	36,779,636	151,871,044	160,223,344
Total Earned Income	208,338,849	36,779,636	245,118,485	247,127,728
Donations	8,366,735	- 818	8,365,917	6,805,717
Total Donations to LAMB	8,366,735	- 818	8,365,917	6,805,717
Total Income	216,705,584	36,778,818	253,484,402	253,933,445
Expenses				
Operating Expenses				
Salary and Benefits	112,074,137	20,151,042	132,225,179	140,293,727
Drugs & Pharmaceuticals	21,657,677		21,657,677	17,818,992
Supply & Expenses	18,537,123	1,006,700	19,543,823	22,255,462
Food	8,383,295	578,835	8,962,130	8,264,299
Travel/vehicle expenses	4,748,052	877,035	5,625,087	5,578,331
Building & Equipment maint.	11,325,456		11,325,456	10,368,299
Depreciation	6,437,249		6,437,249	7,035,014
Training	16,872,330	8,919,221	25,791,551	23,117,112
Other expenses	19,893,079	2,023,171	21,916,250	19,202,209
Total expenses	219,928,398	33,556,004	253,484,402	253,933,445
Operating result	-	3,222,814	-	-
Capital Expenditure				
Land	1,237,170		1,237,170	-
Building addition	6,132,801		6,132,801	-
Medical and office equipment	3,057,309		3,057,309	3,495,760
Furniture	374,609		374,609	354,969
Vehicle/Bicycle			-	1,396,000
Total Capital Expenditure	10,801,889	-	10,801,889	5,246,729

LAMB income over last 5 years



Expenses 2015 by Department %



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LAMB

World Mission Prayer League
(LAMB Hospital)
Reg. No. DSW/FDO/R-112

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