

ANNUAL REPORT 2017

ল্যাঞ্চ  LAMB

যেন জীবন পরিপূর্ণ হয় | সমন্বিত পল্লী স্বাস্থ্য ও উন্নয়ন
That all may have abundant life | *Integrated Rural Health and Development*

World Mission Prayer League (LAMB Hospital)

LAMB Mission

This Christian organization serves God through serving the poor and under-privileged, especially women and children.

LAMB Vision

People of Bangladesh, transformed by the love of God, experience abundant life in healthy and just communities.

"I have come that they may have life – life in all its fullness." Jesus' words in John 10:10

Over-Arching	Experience the Love of Christ	Wholistic Nature of Health
Scope	Improved Health	Pro-poor Health Policies
	Responsible Leaders	Community Ownership

LAMB Values

Following the Example of Jesus

Humble service	Work in a way that benefits others before self
Forgiveness	Reconcile over relational mistakes and not take offense
Compassion	Care for patients and one another by putting ourselves in others' place
Integrity	Speak truth courageously and act from an upright character
Equal Respect for All	Avoid favoritism or preference because the Creator made people in his likeness and values people equally
Committed	Pursue an objective faithfully despite hardship

Contents

Introducing LAMB’s revised Mission Vision and Values	
Contents	01
Message from the Board Chair	02
Message from the Executive Director	03
LAMB in 2017	04
LAMB Hospital	06
LAMB Nursing	08
Community Health and Development Program	09
Maternal-Newborn-Child-Reproductive Health	09
Responsive Reproductive Health Services	09
Reliable Health Services	10
Ashirbad.....	10
Born on Time	10
Advancing Adolescent Health	11
Strengthening Health Outcomes for Women and Children (SHOW)	11
Ensuring Rights to Health.....	11
Girls Advocacy Alliance	11
Tuberculosis Control Program	12
Fistula Care Plus	12
Church and Community Mobilization	12
Church and Community Transformation	13
Disaster Risk Reduction and Emergency Relief	13
Training Center	14
LAMB English-medium School	15
MIS-Research	17
Management and Internal Operations	18
Annual Report Data	19
Financial Statement	20
Glossary	

Message from the Board Chair

Once again the Governing Board invites you to celebrate with us the many ways in which LAMB has served the people of Northwest Bangladesh and beyond as described in these pages.

LAMB operates in a wide spectrum of ways - caring for an individual poor and disadvantaged child, training health care workers, advocating healthy communities and promoting affordable clinical best practice on the international stage. None of this would be possible without the committed, compassionate, humble service of our staff. As a Governing Board we thank each one of our staff for their hard work and dedication. Without each of you LAMB would be less than it is.

We are also grateful to the many other stakeholders who make LAMB's work possible - to individual donors and institutions who have provided resources; to politicians and government officials who regulate the environment in

which we operate; to the many people who have collaborated with LAMB in different ways; to local leaders who have welcomed LAMB into their communities. To all of you - thank you.

In addition to our regular duties of monitoring and holding management accountable, this year as a Board we have spent time listening to stakeholders and refining the statements of LAMB's purpose and aims. This work will help management keep the organisation even more focused, and in particular ensure that every project LAMB takes on addresses not only the donor's agenda but also makes a significant and proportionate contribution to fulfilling the ultimate purposes of LAMB.

This will be my last opportunity to present to you an annual report. At the end of this year my term as chairman comes to an end. It has been a great honour to have been able to serve LAMB in this way. It is the Board as a whole who give governance to LAMB and I am confident that though individuals may change the collective responsibility of the Board gives continuous and stable leadership to ensure LAMB flourishes over many years.

Finally, on behalf of the Board of Governance for LAMB, I invite you to join us in giving thanks to Almighty God for using LAMB as one of the ways He brings healing and wholeness to the people of Northwest Bangladesh and beyond.

John Marsden, Chairman
on behalf of the Governing Board.



Message from the Executive Director

I join our LAMB Board Chairman, John Marsden and the Board in thanking our many partners, donors, community volunteers, the Government of Bangladesh, LAMB Management and staff and all LAMB stakeholders in Bangladesh and abroad, for the huge role each one plays in enabling LAMB to serve the people of Bangladesh so that, "all may have abundant life."

The complexity and breadth of LAMB's programs in 2017 remained similar to 2016, when LAMB's work experienced a substantial increase in scope, due to the implementation of several new, large community-based projects. LAMB management has continued in 2017 to focus on developing policies, systems and procedures and developing appropriate monitoring, evaluation and reporting mechanisms to manage this increase in scope.

On behalf of the management team who have worked hard to compile this annual report, I hope that it provides an informative description of the many services LAMB provides, the issues and challenges we face and the results of our work. I hope that you will find the several short stories of the impact of LAMB's work inspiring; how it is transforming individual lives of those we serve through God's love.

Kyle D Scott
Executive Director



LAMB Board



Front row (from left): Preeti How, Rev. Dr. Nijhar Minz, Labio Bala, Nancy TenBroek
Rear row (from left): John Marsden, Dr. Stephen Thorson, John Thorpe, Dr. Craig A Meisner
Missing: Dr. Nelly Saha

LAMB in 2017

Facilities:

- A 150 bed capacity general hospital including in-patient, out-patient and diagnostic services
- 16 Health Care Centers, 15 of which have 24 hours Safe Delivery Units
- 29 outreach disability clinics
- In order to activate and make them sustainable LAMB is providing technical support to 126 familywelfare centers (FWCs) and 231 community clinics (CCs) of the GoB
- A large health focused training center with 9 class rooms and residential accommodation for trainees
- A Rehabilitation Center for disabled children
- An English-medium School, primarily but not only for staff children
- Office accommodation for centrally based community staff, research and other key support staff
- Residential accommodation for nursing and midwifery students
- Residential accommodation, with a guesthouse for volunteers and visitors

Services:

- Clinical services include Maternity, General Surgery, Pediatrics, Internal Medicine and General Medicine, General Surgery and Out-patient care.
- Community programs are mainly health focused, particularly for mother and child, but include participatory development and social and spiritual development.
- 30 community disability clinics monthly.
- Training, primarily but not only health focused.
- Nursing Institute
- Research using the extensive hospital/community/clinical/socio-economic data and in partnership with other agencies in hospital and community. Proposals for research are reviewed by the Ethics Committee.
- Special programs include club feet, fistula, uterine prolapse.
- The Poor Fund is very supportive to the poorest.
- Education from preschool through 'O' level/10th grade.

Coverage:

- The hospital covers a population of around 1.5 million, with the core community health and development program (CHDP) covering around 5.7 million population.
- LAMB's partnership with various donors for mother-child health continues to flourish with collaboration to strengthen community clinics and community groups overseeing them in Dinajpur, Nilphamari and Rangpur Districts, and supporting the Government of Bangladesh in rejuvenation of its union-level health services.
- The Tearfund and KOICA-supported Disaster Risk Reduction (DRR) program works in Nawabganj (Dinajpur) and Kaunia Upazila (in Rangpur).

Staff

- By the end of 2017, LAMB had 1801 national staff (77% female), up from 1656 at the end of 2016, 24 expatriates plus 1502 village health volunteers.

Major Achievements in 2017

- Neonatal mortality rate in LAMB core area was 22/1000 (28/1000 in Bangladesh in 2014), and under-5 mortality rate was 31/1000 (46/1000 in Bangladesh in 2014), well below the MDG target and the national average.
- There were about 3000 deliveries in LAMB Hospital, with a Caesarian section rate of only 21% (national average 23% BDHS 2014).
- 196 obstetric fistula operations were performed.
- Households covered by community programs remain the same in 2017 at 1,083,310.
- There were over 7,700 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 9500 inpatient admissions, and over 71,000 outpatient visits to the Hospital.

Joint initiative brings smile to a child

Sadik Ahamed a 6 month old boy was born with cleft lip. His parents, Meser Ali and Selina Begum, live in Dhopakol Dangapara under Polashbari Union in Parbatipur Upazila. Sadik's mother Selina Begum is a member of Participatory Action for Development (PAD) group. The members of that group collect some taka each month as their savings. PAD Group is one activity among several activities of RRHS project. There are sixty PAD groups in each union. Dhopakol Dangapara PAD group is one of them. Each group has twenty members.



Sadik's family is a very needy one. Sadik's father is the only earning member of the family. Since Sadik had cleft lip, his parents were always worried about him. One day the CHW visited the family and discovered that the baby had cleft lip. She advised them to bring the baby to the union RRHS Disability Clinic that is held every month at their union office. Sadik's father and mother brought him to the disability clinic. The DPA saw the boy and he referred him to Dinajpur Diabetes Hospital for surgery. But that cost was very high for the family. Selina Begum shared their problem with the PAD group leader. The PAD group leader shared with the other members at their monthly meeting and they decided to help with Sadik's surgery. All members came forward to help Sadik and contributed to cover Sadik's surgery and hospital accommodation cost. The first surgery was completed successfully. Six months later Sadik had a second surgery. Now Sadik looks nice and his parents are so happy and thankful to the PAD group and RRHS project staff of their union.

LAMB Hospital



Dr. Bea received a plaque at the EngenderHealth partner's forum 2017 in recognition of LAMB's leadership in partograph implementation

We have seen a drop in Inpatient numbers in 2017. This was mainly due to a dramatic drop in the first half of the year and seemed to pick up towards the end of the year. Total inpatients were 9522, which is 88% of 2016. A total of 58019 patients were seen in OPD, which is 96% of the same number in 2016.

In the last 3 years, deliveries have been less than previous years; going down from 3733 in 2014 to 2954 deliveries in 2017. It is not clear how this decline in deliveries at LAMB can be explained. One explanation could be that as CHDP started working in the whole of Parbatipur, patients could have their deliveries in a Safe Delivery Unit nearby. Another explanation might be that clinics that offer Caesarean Sections on demand are commonplace and patients might choose this option.

The Caesarean Section rate at LAMB has remained around 20% throughout the years and was 21.1% in 2017. LAMB takes a special position in the country as a place where normal deliveries are encouraged. Our team has been invited to speak about the way we achieve these low C-Section rates at various conferences. Dr. Bea Ambauen received a plaque at the Engender Health partner's forum 2017 in recognition of LAMB's leadership in partograph implementation.

LAMB Hospital continues to focus on the poor. All inpatients are evaluated as to their socioeconomic status and 65% are A-category, which means they are poor. In total 29% of all inpatients receive some poor fund subsidy to help cover part of their bill.

LAMB has FCPS registration/training for Medicine and Paediatrics until the end of 2018. FCPS is the exam that is set by the Bangladesh College of Physicians and Surgeons. This is important for career progression in the doctor's field of specialty. We continue to seek FCPS registration for Obstetrics & Gynaecology.

In 2017 we have been unable to replace the senior doctors who went to work in other places in Bangladesh and abroad. This posed challenges in the upholding of quality of care. We try to adjust the way we work to the doctors available, without compromising the care for our patients, especially the poor patients who cannot afford to be treated elsewhere.

All in all, we are grateful to God for His continued blessing of our hospital and its staff.

Rehab Centre

Started in 1994, the Rehab Centre offers therapy for children with conditions such as cerebral palsy, developmental delay, ADHD, ASD, muscular dystrophy and other lesser known conditions such as arthrogyrosis. Children with substantial needs are encouraged to stay for 6 days to receive intensive therapy and often are measured for and receive assistive devices such as support chairs during their stay. In 2017, 201 children benefitted from this intensive therapy and 749 assistive devices were made by the workshop. Parents are educated regarding their child's condition and are taught therapy programs to continue at home. They are reviewed monthly in our outpatient rehab clinic for existing exercises and/or to have new exercises. The service has grown since 2013, when 476 children were seen, to last year when 2806 children were seen.

A new project started offering special boots for children who require good ankle support and to prevent them from going onto their tiptoes to walk. Previously boots were sourced from Europe, but now boots are made locally by shoemakers with whom we have collaborated for our clubfoot program.

The community program consists of 29 monthly rehab clinics, with each clinic having between 10 to 18 children. These clinics provide an emergency triage program for children who have been identified with rehab needs. Disability Program Assistants (DPAs) conduct further parent training sessions and review each child's therapy program. A total of 3235 family members received counselling and health education sessions in these clinics in December alone. There are also disability awareness training activities within the community and regular training courses for community health workers (CHWs).

The gardening program currently has 20 adults with disabilities that work for 2-3 days a week within the hospital compound. This is a valuable program that allows adults with disabilities to be able to be meaningfully employed and teaches life and social skills. The gardening group is partially self-sustainable through the sale of potted plants and gardening services.



Muna is an 11 year old boy that the community Disability Program Assistants (DPAs) have been seeing since he was 1 year old. His mother found that Muna was delayed in his developmental milestones and highlighted it to the community health workers when they visited her home. They found that Muna has cerebral palsy, speech and hearing impairments. At first Muna was scared and did not want to do the simple exercises given, but slowly built trust as the DPA did home visits. Over the years, they made progress, from standing with a standing frame, to walking with parallel bars. Our physiotherapist also had input and referred him to the Danish Bangladesh Leprosy Mission (DBLM) to get ankle foot orthosis to improve his walking pattern. The DPAs also thought creatively and advised the family to try cycling- although Muna requires assistance to get on and off the bicycle, he can cycle independently. He also attends disability school 2 times a month, and his mother spends time with him daily to learn other things.

LAMB Nursing

The LAMB Nursing department aims to provide compassionate and skilled nursing and midwifery services to the hospital and community programmes.

A total of 25 nurses obtained outside jobs and government posting in the end of 2016. Due to Government posting from the beginning of 2017, it was a big challenge for the Nursing Department, especially, to maintain quality of services with very new nurses. The hospital wards were very busy while we were understaffed, but we were fortunate to have the Nursing Institute students to assist in the wards.

In 2017,

- We were able to continue giving in-services for all nurses as well as specific in-services for our nurse managers.
- 15 labor room nurses received Comprehensive Emergency Obstetrics Care(CEOC) refresher course.
- All housekeeping staff received regular in-services
- Until now our three batches of students of LAMB Nursing Institute faced comprehensive testing under Bangladesh Nursing and Midwifery Council (BNMC) and they all successfully passed and are working in different hospitals, including LAMB.

Early 2017 Md. Abdul Malek, Joint Secretary, MoHFW visited LAMB. He was highly impressed and commented, *"It is a well organized, well defined organization. Students and trainees are highly benefited. They are able to acquire proper knowledge and gather relevant experience which are very important for their practical day to day work. LAMB is contributing towards our health sector and also social and economic development. I especially thank those great souls acting for LAMB."*



Maloti Roy was one of the 15 students of our first batch (2012-2014). She came from a poor family from a village close to LAMB. It was her mother's dream that one day she would become a LAMB nurse. After graduating she was one of those who got offered a job at LAMB. She first worked on the Surgical Ward and quickly adjusted to her role as staff nurse. Patients and colleagues liked her open and friendly attitude and willingness to learn and work hard. After some time she was asked to work on the Maternity Ward and then was promoted to assistant Maternity Ward in-charge in 2017. In this role she continues to do bedside nursing as well as some managerial and leadership tasks. She is very grateful for the opportunity to work at LAMB.

LAMB Community Health & Development Program (CHDP)

LAMB CHDP works to develop integrated rural health systems connected to communities and overseen by trained formal and informal leaders.

Maternal-Newborn-Child-Reproductive Health Projects These projects aim to reduce maternal and infant mortality and morbidity (including obstetric fistula and birth injuries leading to disability) with particular attention to reducing child marriage and delaying first pregnancy. LAMB facilitates and monitors health care services in union-level 'Safe Delivery Units' (SDU). Services are available 24 hours 7 days per week in Upazila Health & Family Welfare Centers (UH & FWC) and community-managed independent clinics. Community mobilization for health promotion and disease prevention is supported through household, neighborhood, and group visits by volunteers and health workers, targeting high-risk mothers and families. Informal and formal leaders are trained to seek justice for the poorest and neglected in their communities, and also trained in necessary tasks for maintaining sustainable integrated rural health systems. Details of projects, coverage, specific additional activities and achievements follow.

Responsive Reproductive Health Services (RRHS) is funded by Women's Hope



A pregnant mother receiving ANC from CSBA

International and started in July 2014 in Parbatipur Upazila under Dinajpur District for ensuring accessible maternal and child health services in the door step of the community. This project offers 24 hours 7 days per week normal delivery services through skilled and qualified service providers in union level with joint collaboration of Government Family Planning and health authorities and addresses reproductive health issues of the adolescent. There are subsidies and referral provisions for the poorest people. Subsidies are also available for fistula surgery. Beside this RRHS Project gives emphasis on disabled children by giving physiotherapy through clinics and by giving assistive devices. Every activity of this project is tied to ensure community engagement from every level and strengthening the different committees in each aspect of project sustainability.

In 2017, 81% of pregnant mothers received antenatal care 4 times during their pregnancy, 77% of women completed institutional delivery and out of them 26% were at the SDUs.

It is great to be back in this SDU. The number of deliveries and ANC visits per month have increased considerably since my last visit. Congratulations! Keep up the good work.

Gerhard Bartschi, WHI, Switzerland

Reliable Health Services Project (RHS) receives financial support from Korean International Cooperation Agency (KOICA) assisted by Global Care (Korea). LAMB implements this project in Badarganj Upazilla of Rangpur District. Member of parliament (MP), Upazila Porishad Chairman & Union Porishad Chairman donated 4 solar panels for the different union SDUs. They also took the initiative to build a boundary wall at one FWC, connected the electricity line to three community clinics (CC) and installed a water pump in one CC. In 2017, 78% of pregnant mothers received antenatal care 4 times during their pregnancy, 65% women completed institutional delivery and out of them 25% were at the SDUs.

Ashirbad Project is funded by DFID through LHCF. This 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 birth rate, maternal and neonatal mortality. This is a 3-year project begun August 2015 in Badarganj, Rangpur.

Key achievements:

- Antenatal care (4 visits) increased from 50% to 62.6%,
- Number of users of 4 different family planning methods increased from 44% to 67% among married adolescents.
- Number and percentage of deliveries attended by a CSBA increased from 50% to 52.9% and no adolescent maternal deaths occurred in Badarganj in 2017.



Life Skill Training of Adolescents

Born On Time (BOT) is funded by Global Affairs Canada and Johnson & Johnson through Plan International Bangladesh and run from 2016-2020 in six upazillas of Rangpur District. The goal of the project is "Reduction in neonatal mortality in Bangladesh" by preventing premature births and reducing LINC risk factors (Lifestyle, Infectious, Nutrition and Contraception). During the year 2017, 26,258 pregnant mothers received at least one antenatal care (ANC) check-up from UH&FWC along with postnatal care (PNC) and family planning services. Along with that, the project trained 1,198 service providers of government so that they can provide the service to the targeted people with quality based on UH&FWC protocol. In 2017, 40% of pregnant mothers received 4 times antenatal care (baseline 62%), 51% women completed institutional delivery (baseline 48.6%) and out of them 20% were at the Safe Delivery Units (SDU).

Advancing Adolescent Health (A2H) LAMB is implementing USAID-funded 3-year A2H project with the overarching goal of improving adolescents' health and wellbeing in Bangladesh. Under this goal, A2H project has three intermediate results: 1. Delay age at marriage, 2. Delay first birth and improve birth spacing among adolescents and 3. Improve healthy adolescent sexual and reproductive health (ASRH) behavior. The project was implemented in partnership with Plan International Bangladesh in 4 upazilas including City Corporation under Rangpur District. The target for total number of group participants was 70,000 adolescents during 2017. We were able to reach 69405 adolescents (99% of target). Another target was to create adolescent friendly corners in 36 health facilities; this goal was achieved. The work involves gatekeepers such as parents, teachers, school management committees, religious leaders, marriage registrars, match makers, related UP Standing Committees and health service providers. Other key achievements include referral of 14143 adolescents and 84% (11903) of the total adolescents attended the clinics and received healthcare at FWCs/CCs, and 130 early forced marriages were stopped.

Strengthening Health Outcomes for Women and Children (SHOW) project is funded by Global Affairs Canada through Plan International Bangladesh. This project began in January 2016 and is being implemented in all upazilas of Nilphamari District. SHOW works closely with Community Health Committees (CSG, CG, UH&FWC-MC & UHSC) and GoB health system to achieve GoB's goal of reduction in maternal and child mortality in the targeted region. To achieve the goal, 59 Safe Delivery Units opened at UH&FWCs through support of local government authorities and normal deliveries have already been conducted at these centers. In 2017, 59% of pregnant mothers received antenatal care 4 times during their pregnancies (baseline 34.8%), 68% women completed institutional delivery (baseline 56%) and out of them 17% were at the UH&FWCs.

Ensuring Rights to Health (ER2H) project was continued from 2000 to 2017 by LAMB at Khansama and Chirirbandar Upazilas under Dinajpur District with the financial support of Plan International Bangladesh. The Project played an important role to establish the safe delivery units, in capacity building of health-related committees, in community health awareness raising, etc. Through the Project, LAMB established 7 Safe Delivery Units (SDU) for ensuring one-stop service delivery to the community including normal vaginal delivery, ANC, PNC, etc. The SDUs already have been transferred to the community for sustainability. Good numbers of trained village health volunteers (VHV) are playing a proactive role to motivate and counsel at the household level to ensure family health, especially for pregnant women.

Girls Advocacy Alliance (GAA) Project funded by Netherlands government works to reduce child marriage, child trafficking and gender-based violence (GBV). LAMB implemented the project with the technical assistance of Plan International Bangladesh. The project aimed to reduce child marriage and to empower women economically through influencing government, law and enforcement agencies, religious leaders and community leaders, networking and linking with civil societies to build alliances. Within the project implementing period, the project had a significant contribution to activate the child welfare board and to form child protection groups at district and upazila level in Rangpur District to prevent child marriage.

Non-Reproductive Health Projects

Tuberculosis Control Program (TB)

LAMB has been working as part of the National TB Control Program for over 26 years in Parbatipur, Chirirbandar and Khansama Upazilas under Dinajpur District and Saidpur Upazila under Nilphamari District. In 2017, 1162 TB patients were identified, among them bacteriologically confirmed TB cases were 662, relapses 15, Failure 2, clinically diagnosed (CD) patient 197, other relapses 4 and extra pulmonary (EP) patients were 279 & other relapse patients were 3. Sputum tests have been done for 12,756 presumptive patients, and the positivity rate was 5.18%. Bacteriologically confirmed TB cases notification rate (CNR) at LAMB is 84/100,000 population compared with nationally achieved 77/100,000. Notification rate of all forms (CNR) is 147/100,000 population while nationally achieved all forms CNR is 138/100,000 and cure rate is 97% (national 94%).



Celebration of World TB Day

Fistula Care Plus is being implemented through financial support of USAID via EngenderHealth, Bangladesh since 2005 with a view to fistula prevention and patient restoration. The purpose of the project is to strengthen capacity for fistula prevention, detection, treatment



A CFA with sewing matching

and reintegration of the women in Northwest Bangladesh through a responsive health system including household and community decision-makers, clinical providers, and local and national authorities. Community Fistula Advocates (CFA) training was arranged with 20 cured fistula patients. The project provided vocational training (tailoring) to 8 cured fistula patients, organized 2 CFA reunions and 2 community fistula diagnosis events (CFDE). Beside this, 1458 people were oriented on fistula prevention which includes community people, government health staff, adolescent girls, opinion leaders, religious leaders, teachers and young married couples. In 2017, 91 vesicovaginal fistula(VVF) operations done including tear repairs.

Church and Community Mobilization (CCM) LAMB Community Health and Development Program initiated the Church and Community Mobilization (CCM) activities in 2 upazilas of Dinajpur District during the time period of November 2015 to October 2017. The project offered support to 39 churches to form small groups. These groups in the churches now have their vision to improve out of physical and spiritual poverty and to work together for change in their community. One young group leader stated, "Actually, we never thought it before that we are able to address these problems of our village. The villagers are very happy to see we are able



Study group

to do all these together." The project also provided support to the Inter-Church Network (ICN) which has enabled the leaders to act together towards improving inter-denominational relationships, speaking-up for vulnerable people to access government and non-government opportunities and resources, and contribute together to solve their community needs.

Church and Community Transformation CCT Project has been implemented in Nawabganj Upazila under Dinajpur District by the support of Tearfund-UK. The outcome of this project is 'Local resource-based capacity of community is improved and inter-dependent through Umoja processes' (One of the means for reaching communities is through key stakeholders, including churches) and the outputs of the project are;

- Church members are mobilized and will have identified their needs through Umoja process (Umoja means "togetherness" in the Swahili language)
- Enhanced capacity of facilitators, church leaders, CBO leaders and staff on Umoja process and community based programming
- Established network, and advocating in the ICNs with denominations/NGOs/ Government departments for community needs
- Ward Disaster Management Committees functioning, ICN equipped, graduated and taking responsibility

Disaster Risk Reduction (DRR) & Emergency Relief has been funded by Tearfund, UK since 2017 and operated in Nageswari Upazila of Kurigram District. The aim of the project is to improve integral health status and disaster risk reduction in 6 unions of Nageshwari Upazila.

Besides that, the project had been engaged in emergency response. In July & August 2017, after floods, the HF-DRR project organized a humanitarian emergency response and provided medical services, distributed dry foods, nutrition supplements, Oral Rehydration Solution (ORS), Water Purification Tablets (WPT), hygiene kits, rice & pulse, portable ovens, education materials, seeds, and conducted winter supports at Nageshwari Upazilla in Kurigram Districts, in collaboration with the Government.



School bag with education materials distribution among school children of char areas after flood in Kurigram

TRAINING CENTRE

LAMB has been providing training to its staff both centrally and at community level as well as to employees and trainees from other organizations. Through the training program LAMB is sharing its experience and developing skills of health care providers, and helping to maintain the quality of care provided. LAMB intends to develop acceptable and accessible health systems in the community and awareness raising by the community skilled birth attendants (CSBAs). LAMB also aims to contribute to reducing maternal and neonatal mortality and morbidity through trained workers and strengthening referral linkages to health facilities.

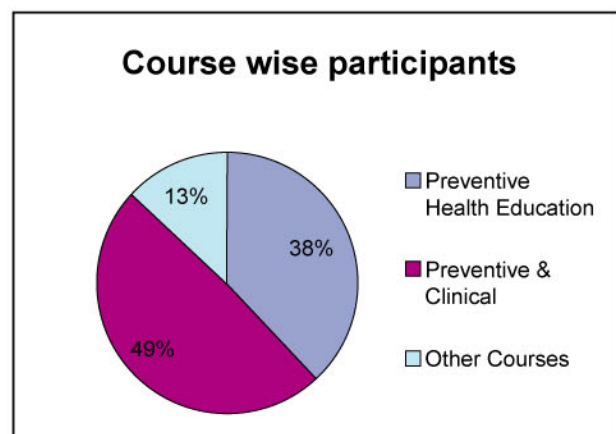
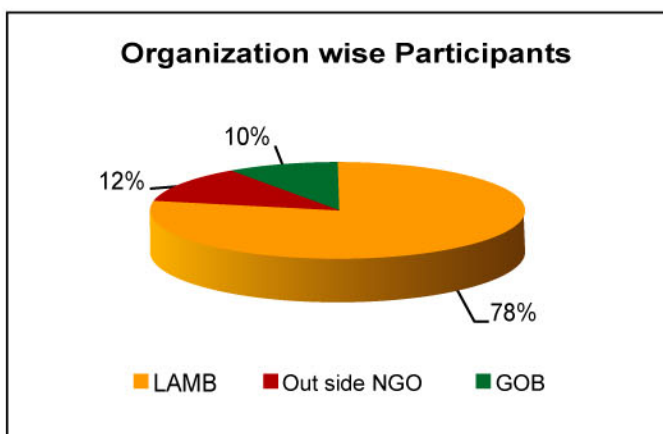
LAMB Training Centre offers more than 30 courses. In 2017 more than 15 different courses were done for Community Health Workers, Health Volunteers, Community Midwives, Nurses, and Paramedics from LAMB and other national and International Organizations.



Orientation of bag & mask to CSBA trainees

LAMB provides theory, skills, values and evidence based training with focus on rural needs through its skilled national and expatriate trainers. There are opportunities for practicing skills in the hospital.

Of the total 35,639 trainee days in 2017, 940 participants (832 female and 108 male) completed their training courses, 38% were for preventive health education providers in the community, 49% were in Preventive & Clinical area and the remaining 13% were for Hospital service providers, trainers or clinical instructors and others. 78% of trainees were from within LAMB, 10% were from the Government of Bangladesh (GOB), and 12% were from other national and international NGOs of Bangladesh.



LAMB ENGLISH-MEDIUM SCHOOL



Vision of LAMB school

"Auntie, auntie! Can you please get the ball?"

At LAMB school we recently repaired our basketball backboard. The students have responded with the contagious enthusiasm of children. Everyone wants a try. Regardless of the outcome, joy comes in attempting and in discovering what might be possible.

The challenge every family faces when exploring educational options is deciding what style of schooling best equips their child. At LAMB School we seek to help children develop higher order thinking skills, like creativity, evaluation, analysis, application, understanding and knowledge. Building a good foundation for these skills requires time. LAMB School provides education from preschool through O level.

Our hope, at LAMB English Medium School, is to provide each child with enough specific skills to succeed. Our dream is to see each child develop their unique gifts in ways that bring glory to God and serve their communities. Regardless of specific outcomes, we long that our students would reflect good decision-making and wisdom in their lives. We rejoice when we see them able to understand other people and bridge well across cultures. We delight when they desire to help the poor and to please God in their lives.

Staff

We are grateful for all the staff members in our school who contribute to the children's education. We desire in our work to display God's love. We pray for a continued sense of fellowship and community as we work together toward common goals.

Pro-poor

The school provides education for LAMB staff families who work for the poor in our area. LAMB School does provide stipends for students based on socio-economic status assessments of the applicants when funds are available. The aim is for all staff who desire for their children to study at LAMB School to be able to do so although this is still a struggle for entry level staff families. Another major dream at LAMB school is that after studying at our school, our students will be able to provide adequately for their own families in the future.

Responsible leadership and community engagement

Many of our former students have time off between final exams. We are pleased when some choose to spend this time volunteering at LAMB School. This year, one former student has made plans to spend time after exams travelling with a group of classmates to schools, offering classes for adolescents on positive and healthy relationships.

Special educational needs

Increased coordination with the Rehab Centre has made an improvement in our ability to provide for the needs of some of our children. We have students with physical, cognitive and medical needs and are privileged to support them and their families in helping them developing towards their full potential.

O Levels

We had six children sit for O Level exams in 2017. This was our school's highest number so far. All the students have found ways of continuing into A Levels. A Levels continue to be very expensive and are offered to varying standards in different locations. Staffing for our O level subjects is a challenge, but our students continue to achieve to a high standard.

Resourcing the school

During 2017 we have again experienced how God has provided for our needs. He has allowed us a wonderful new building. The new rooms and the auditorium have given us much needed space for classes, for celebrations and for children to eat their snacks and lunches.



MIS-Research

The main role of MIS-Research is to document progress towards LAMB's aims of improving health, influencing pro-poor health policies, developing responsible leadership and promoting community ownership in Bangladesh. This is done through two key pathways: 1. Routine monitoring of hospital and community outcomes 2. Operations and evaluation research.

In addition to regular reporting, MIS-R prepared the following reports for LAMB projects in 2017:

1. Baseline survey for Health Focused DRR project in Nageswari Upazilla, Kurigram.
2. Follow-up Maternal Health and Family Planning survey for Adolescent Sexual and Reproductive Health (ASRH) Project.
3. Assessment of Adolescent knowledge on general and sexual and reproductive health and rights by how they received the information: school vs community groups (ASRH project).
4. Positive attitude to decreasing child marriage and delaying first pregnancy amongst adolescents. (ASRH) - follow-up 2017.

Work done for other organizations:

1. Endline report for a three year '1st 1000 days' project in Netrakona, assessing progress towards better nutrition for pregnant women and children under two and their mothers.
2. Baseline survey for '1000 days plus' - adding water and sanitation and adolescent females to the nutrition indicators.

Published and presented:

1. Beatrice Ambauen-Berger, Sarah Walker, Prof. Sayeba Akhter, Stacy Saha. Quality of Life Amongst Women in Bangladesh following Ileal Conduit Urinary Diversion Operations for inoperable Vesicovaginal Fistula and Bladder Exstrophy. Presentation at: International Society of Obstetric Fistula Surgeons, Annual Scientific Conference 2016. Nigeria, October 2016. BJOG online, June 2017.
2. Beatrice Ambauen-Berger, Stacy Saha, Louise Tina Day, Prof. Sayeba Akhter. Low Caesarean Rate is possible to maintain by good Obstetric Care: Experiences at LAMB-Hospital. Presented at OGSB conference, December 2017.

Current collaborative research is 'A baseline for the study of wealth and health in a rapidly modernizing society', with Arizona State University under a National Science Foundation grant.



Travelling to interviews for 'Health and Wealth' in River Island area

Management and Internal Operations

Support Services

Support services at LAMB include Personnel Department, Procurement, Dhaka Liaison Offices, Maintenance, Vehicles, Central Stores, Housing, LAMB Guest House, and Security. Support Services aims to provide responsive, efficient, effective assistance to all other LAMB Departments.

Finance

The Finance Department in 2017 was exceptionally busy with the following activities:

- Re-vamping the organization-wide budgeting process to enable better financial management throughout the organization.
- Continuing to work with all LAMB departments and a software development company to develop a new custom made financial accounting & reporting system which should rollout in mid-2018.
- Enhancing systems for allocating and managing donor funding in 2017 was helpful for LAMB directors and managers and for donors alike.
- Routine internal and external audits and investigations in 2017 were time-consuming, yet hugely beneficial in helping LAMB to become more accountable and transparent.

Public Relations

Our Public Relations Department provides a bridge between LAMB and the external community, both in Bangladesh and abroad. Many Government officials, other non-government organizational representatives, international friends and donors have paid visits to LAMB during 2017. The visitors include First Secretary of British High Commission, Dhaka; Md. Abdul Malek, Joint Secretary, MoHFW; Josh C. Jon Wenger and Jon Cotton, US Embassy, Dhaka; Dr. Md. Sadeque Miah, Civil Surgeon-Dinajpur; Mr. Akmol Azad, former Director General of Family Planning; Sian Platt, Director Business Development, PLAN International; Bruce and Maylene Rasmussen, Deputy Chief of Party, NGO Health Service Delivery Project (NHSDP); Susan Mshana, Team Leader, DFID; Kim Jin A and Kim Jaeevn, Program Officer, KOICA; Dr. Rosemary and Dr. Richard Croft, LHCF, UK and many more. LAMB participated in the development fair at upazila level and observed many national and other special days.

Challenges and Strategies

Our main challenges and strategies through 2017 and into 2018 include:

- Establishing fully functional Performance Management Teams in all LAMB Departments to help management ensure that LAMB achieves its Board level goals and objectives through proper monitoring, reporting and evaluation.
- Having developed a Property and Facilities Committee, writing an Infrastructure Plan for the next 30 years. This will include plans for improved water and sanitation at our hospital & housing campuses covering over 15 acres of land.
- Obtaining Government permission for land acquisition adjacent to our hospital campus.
- Ensuring the financial sustainability of LAMB through an organization-wide costing & pricing exercise.
- Recruiting & retaining national and expatriate doctors, especially internal medicine and paediatrics, to continue to provide the quality care that LAMB has been known for.

LAMB Annual Report Data 2016- 2017

	2017	2016
CHDP General Information		
Upazillas working in	19	19
Total Population estimate	5.7 million	5.7 million
Community Health Workers	809	1,067
Trained Village Health Volunteers	693	809

Mother child health (MCH)	130 unions	130 unions
Villages covered	1,793	1,793
Households covered	1,083,310	1,083,310
Safe Delivery Unit	15	15
Family Welfare Centers (FWC)	132	132
Community Clinic(CC)	495	495
C-SBA/nurse	141	141

MCH SDU data (LAMB data)	14 unions	14 unions
Antenatal Care - clinic visits	15,789	18,401
Family planning clinic visits	4,510	4,040
Child 0-4 yrs old clinic visits	1,110	495
Child >5yrs, adult clinic visits	14,841	3,771
	14 unions	14 unions
Total deliveries in LAMB SDU	1,697	1,702
	20 unions	20 unions
Pregnancy surveillance	10,361	9,897

MCH FWC data (GOB data)	107 unions	40 unions
Child 0-5 yrs old - clinic visits	32,826	13,591
Child >5yrs old - clinic visits	238,869	81,048
Antenatal Care - clinic visits	86,072	46,707
Family planning clinic visits	41,051	25,867
Total deliveries in FWC	7,759	4,588
MCH CC data (GOB data)	70 clinics	70 clinics
Total patients	no data	269,473

Adolescent Health	10 unions	10 unions
Teaching/ counselling	25,631	25,725
Library	10	10
Theatre for development	21	20

Disability (Clinics and centre)	3 upazillas	3 upazillas
Clinics	30	29
Assisted devices distributed	752	534
Health Teaching participants	45,588	50,284
Referred to LAMB Rehab centre	239	321
Treated at LAMB Rehab centre	2,957	2,892

TB Control Activities	4 upazillas	
Sputum tests	12,756	11,740
Patients - new and relapse	1,162	1,039
Patients- cured/treatment complete	981	944

Disaster Risk Reduction	1 upazilla	4 upazillas
Awareness Session on DRR	570	342

	2017	2016
HOSPITAL - General Information		
Number of Beds	115	115
In-patients		
Total	9,524	10,817
Male	2,735	3,390
Female	6,789	7,427
Obstetric	3,814	4,057
Paediatric 0-4 years	2,696	3,123
Paediatric 5-14 years	200	301
Medicine, surgery, gynaecology	2,814	3,336
Operation /procedure done		
Mothers delivered	2,956	3,185
Caesarian Section	622	672
Gynaecology& General surgery	746	1,064
Obstetric fistula cases	196	208
Club foot treated	53	50
Out-patients		
Total	71,094	73,001
Male	26,310	27,278
Female	31,709	32,636
Antenatal	13,075	13,087
Paediatric 0-4 years	6,957	7,130
Paediatric 5-14 years	5,307	12,555
Medicine, surgery, gynecology	45,755	40,229
Eye	536	589
Services		
Blood Transfusions	725	776
Laboratory Tests	93,070	99,388

Fistula/ Cleft activities		
Fistula workshops	46	19
Workshop participants	3,145	987
Fistula advocates Trained	20	20

Nursing Institute		
Students (2017 Batches 4,5,6)	74	63

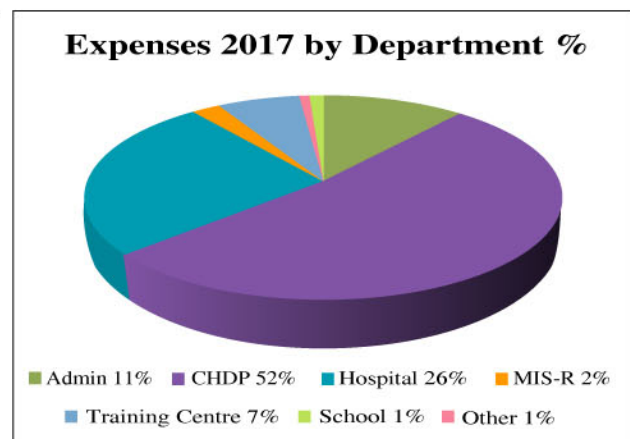
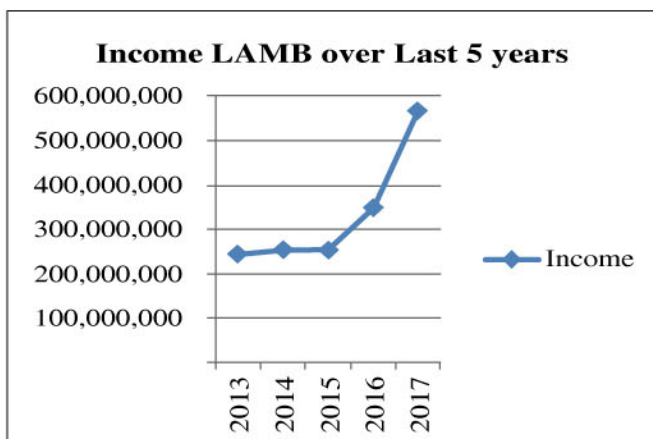
TRAINING CENTER		
Total Courses	10	11
3 years Midwifery	59	59
6 month C-SBA	91	157
Other(PrimaryHealth, KMC,HBB,Etc	820	496
Total Trainees	970	712

SCHOOL		
Students	134	143
Teachers	24	25

LAMB STAFF		
Total	1,801	1,656
Male	421	432
Female	1,380	1,224

FINANCIAL STATEMENT 2017 (1st January - 31st December)

Amounts in Taka	LAMB	LAMB-Plan partnership	Total Year 2017	Total Year 2016
Income				
Hospital Fees and Medicine	77,285,110		77,285,110	81,105,933
Training Centre	10,831,903		10,831,903	8,417,443
School	4,593,087		4,593,087	4,507,925
Other activities	124,014,183		124,014,183	15,281,472
Grants	105,732,319	210,261,632	315,993,951	198,177,910
Total Earned Income	322,456,602	210,261,632	532,718,234	307,490,683
Donations	35,514,755		35,514,755	40,805,037
Total Donations to LAMB	35,514,755	-	35,514,755	40,805,037
Total Income	357,971,357	210,261,632	568,232,989	348,295,720
Expenses				
Operating Expenses				
Salary and Benefits	133,261,850	107,973,706	241,235,556	180,139,398
Drugs and Pharmaceuticals	31,800,902		31,800,902	23,191,923
Supply & Expenses	8,097,377	1,168,322	9,265,699	27,090,403
Food	7,381,576	-	7,381,576	8,559,874
Travel/ Vehicle expenses	4,002,607	1,150,063	5,152,670	8,686,012
Building and Equipment maint.	3,975,384	12,333,382	16,308,766	6,247,912
Depreciation	6,777,327		6,777,327	6,023,317
Training	11,549,170	33,158,429	44,707,599	56,793,032
Other expenses	135,258,721	49,717,161	184,975,882	31,563,849
Total expenses	342,104,914	205,501,064	547,605,977	348,295,720
Operating result	15,866,443	4,760,568	20,627,012	-
Capital Expenditure				
Land	1,094,259		1,094,259	-
Building addition	1,034,884		1,034,884	8,862,767
Medical and Office equipment	2,200,400	535,401	2,735,801	2,186,233
Furniture	315,138	1,403,986	1,719,124	432,432
Vehicle/Bicycle	3,658,958	298,856	3,957,814	2,815,275
Total Capital Expenditure	8,303,639	2,238,243	10,541,882	14,296,707



Glossary

A2H	Advancing Adolescent Health
ANC	Antenatal Care or Antenatal Clinic
ADHD	Attention deficit hyperactivity disorder
ASD	Autistic Spectrum Disorder
ASRH	Adolescent Sexual and Reproductive Health
BNMC	Bangladesh Nursing and Midwifery Council
BOT	Born on Time
CBO	Community Based Organization
CC	Community Clinic
CCM	Church and Community Mobilization
CCT	Church and Community Transformation
CD	Clinically diagnosed
CEOC	Comprehensive Emergency Obstetrics Care
CFA	Community Fistula Advocate
CFDE	Community fistula diagnosis events
CG	Community Group
CHDP	Community Health and Development Program
CHW	Community Health Worker
CNR	Case notification rate
CSBA	Community Skilled Birth Attendants
CSG	Community Support Group
DBLM	Danish Bangladesh Leprosy Mission
DFID	Department for International Development
DPA	Disability Program Assistant
DRR	Disaster Risk Reduction
EP	Extra pulmonary
ER2H	Ensuring Rights to Health
FCPS	Fellow of College of Physicians and Surgeons
FWC	Family Welfare Center

GAA	Girls Advocacy Alliance
GBV	Gender-based violence
GoB	Government of Bangladesh
HF-DRR	Health Focused Disaster Risk Reduction
ICN	Inter-Church Network
KOICA	Korean International Cooperation Agency
LAMB	Lutheran Aid to Medicine in Bangladesh
LHCF	LAMB Health Care Foundation
LINC	Lifestyle, Infectious, Nutrition and Contraception
MDG	Millenium Development Goal
MIS-R	Management Information Systems-Research
MoHFW	Ministry of Health and Family Welfare
MP	Member of Parliament
NGO	Non Government Organization
OPD	Out Patient Department
PAD	Participatory Action for Development
PNC	Post Natal Care or Post Natal Clinic
ORS	Oral Rehydration Solution
RHS	Reliable Health Services
RRHS	Responsive Reproductive Health Services
SDU	Safe Delivery Unit
SHOW	Strengthening Health Outcomes for Women and Children
TB	Tuberculosis
UH&FWC	Upazila Health & Family Welfare Center
UK	United Kingdom
UP	Union Parishad
USAID	United States Aid for International Development
VHV	Village Health Volunteer
WPT	Water Purification Tablets



লাম্ব LAMB

World Mission Prayer League (LAMB Hospital)

An organization of World Mission Prayer League, Inc. (USA)

Reg. No. DSW/FDO/R-112

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