

2018  
2019

ANNUAL  
REPORT



ল্যাম্ব  LAMB

যেন জীবন পরিপূর্ণ হয়  
That all may have abundant life

সমষ্টিত পল্লী স্বাস্থ্য ও উন্নয়ন  
Integrated Rural Health and Development

**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	<b>Experience the Love of Christ</b>	<b>Wholistic Nature of Health</b>
	<b>Improved Health</b>	<b>Pro-poor Health Policies</b>
Scope	<b>Responsible Leaders</b>	<b>Community Ownership</b>

**LAMB Mission**

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

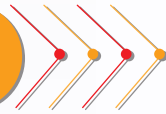
**LAMB Values**

*Following the Example of Jesus*

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



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Message from the  
**Board Chairperson**

I am pleased to give my short message to anyone who reads this report of LAMB's work for 2018/19. It has been a distinct pleasure to have been on the LAMB board for numerous years over the life of my career in Bangladesh of 33 years as an agriculture missionary then scientist. LAMB has evolved over the years, with this past year striking a distinct position. While we as the LAMB Governing Board use the Carver method of governance, this year is the first year where the reporting is using LAMB's overall goals as the organizing structure (instead of departments). This is a remarkable step in the right direction whereby the fruits of LAMB's health and development work can be more effectively measured and reported.

This past year represents a renewed commitment toward excellence for the future. Everything from improved contacts with local government and health facilities to the NGO Bureau, points LAMB to a brighter future. LAMB responded to flooding in their area by contacts with the UN agencies and became a conduit for relief, proving LAMB's resilience in not only their forte of health work but also to respond to the needs of the community.

A quick perusal of this report will give the reader a real flavour for where LAMB has been in the past year, the results of years of efforts with the local community, and of course wholeness of healing many persons with various illnesses. LAMB is at a cross road; it can remain the same consistent hospital and development team or it can increase its access to finance and investment to become a successful and sustainable hospital, serving both the poor but also the needs of the increasing lower middle income society as Bangladesh people have higher incomes.

As LAMB Board Chairperson, I will join the other board members in deep prayer for God's direction for LAMB in the future.

**Dr. Craig Meisner**  
LAMB Board Chairperson



Message from the  
**Executive Director**

I join our LAMB Board Chairperson, Dr. Craig Meisner, in thanking our many partners around the world for your commitment in joining our work so that 'All may have abundant life,' which is LAMB's motto coming from John 10:10. In the first part of that verse, Jesus speaks about a thief that comes only to steal, kill and destroy, which unfortunately we see all too much of in the world around us. Jesus goes on to say that he comes that all may have life and have it abundantly.

It is my hope that this report provides evidence that tens of thousands of people are able to live their lives more abundantly through the work of LAMB and according to our established goals and priorities. This annual report is formatted accordingly.

To provide a bit of background, LAMB has worked for over 40 years in NW Bangladesh as an integrated, wholistic rural health and development organization through the provision of our Creator God, following the example of Jesus Christ, and guided by the Holy Spirit. LAMB is recognized as a national and international model for appropriate, evidence-based maternal care (with a low C-section rate and midwifery-led delivery care), fistula repair and rehabilitation, and Kangaroo Mother Care (KMC).

An international Board oversees the LAMB management team; both the Board and LAMB management include representatives from several foreign countries as well as Bangladesh. Many foreigners and national staff have served at LAMB for decades.

The work of LAMB comprises a 115 bed general hospital, a training center with midwifery training & nursing institute, a community health & development program, a research department and an English Medium School. This report provides information about the work of each of these departments.

This 'Annual Report' covers 18 months from January 2018 – June 2019, a time period made necessary by the change of reporting from calendar year to the fiscal year in 2018. A major achievement during this reporting period is the designation of our strategic priorities for 2019-2023. Please note this report begins with those exciting statements.

**Kyle Scott**  
Executive Director

## LAMB STRATEGY SUMMARY 2019-2023

We are pleased to present the LAMB 5-year Strategic Plan for 2019-2023 which we have been working on for the last 18 months. Summarized below are the key strategic directions LAMB will pursue, in keeping with LAMB's aim of God's ultimate purposes summarized in "That All May Have Abundant Life." LAMB will continue to prioritize services to reach the vulnerable, including mothers-newborns-children, persons with disability, the poorest and those affected by disasters. Some newer priorities align LAMB with Bangladesh's changing health needs, including mental health and non-communicable diseases.

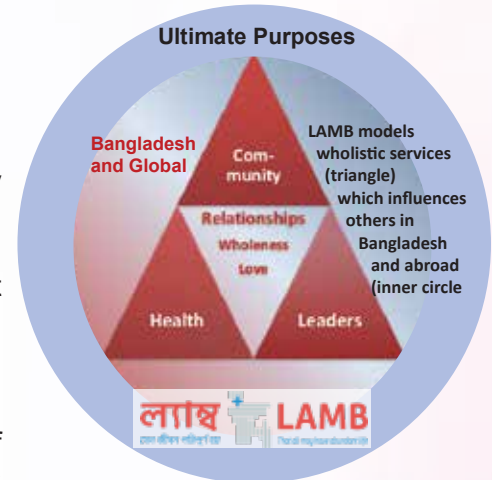
### OVERARCHING GOALS

**Strategic Priority in 2019-2023:** All initiatives will be planned and implemented with cross-cutting spiritual and wholistic impact.

### KEY AREAS OF LAMB IMPACT

#### Strategic Health Priorities in 2019-2023

- **Mental and emotional health**, where need is evidenced by suicides, violence against women and children, and depression. This will include improving safeguarding, aligning preventive components of current programs aimed at adolescents and women, developing additional counselling and services available at hospital and community, and evidence-based advocacy.
- **Non-communicable diseases**, increasing incidence of diabetes, high blood pressure, and heart disease, as well as some types of cancer, require lifestyle modification to prevent and reduce impact of these problems. Transitioning services to manage chronic illness will be a longer-term necessity.
- **Maternal and newborn morbidity and mortality:** Bangladesh has seen an increase in private clinic use and C-sections (nationally, private clinic C-section rate is 83% vs 24% at LAMB Hospital). LAMB's continuum of care model contributes to a local reduction in maternal mortality approximately half the national average; LAMB will continue to implement, develop, and monitor this model. Disability care is included, as a newborn/child morbidity resulting from a complex interplay of nutritional, pregnancy, labor and delivery factors.
- **Health care accessible to the poorest:** Despite the availability of 'poor fund subsidies' at LAMB hospital and a system of wealth ranking in core community areas (Parbatipur and Badarganj Upazillas), there was concern that the poorest of the poor, especially pregnant women and their newborns, were often not able to access the care they need. A revised community-based assessment identifying the poorest and subsidy system ensuring they receive care is being piloted among pregnant women in Parbatipur. If successful, the system will be expanded to cover all women who attend antenatal clinic at LAMB and all in-patients.



#### Strategic Policy and Implementation Priorities in 2019-2023

- **Reproductive health:** reduce impact of female genital fistula (whether curable or persistent); reduce unnecessary C-sections; increase midwifery-led pregnancy care
- **Universal health care access** modeled through demonstrating an integrated health system of services with community and official oversight.
- **Well-resourced communication** materials and training for staff and community members as advocates, to target messages to influential audiences as appropriate.

### Strategic Leadership Priority in 2019-2023

- Developing and training new leaders is part of our core work. We will prioritize development of our senior national leaders, encouraging them to model our key values and to act as mentors to junior staff. LAMB will give increased emphasis to working with current (and future) Christian leaders engaged in health and development work. This will involve Christian networks, Christian staff, and local Christian leaders.

### Strategic Community Priority in 2019-2023

- Aligning community initiatives toward wise decisions related to health system use, working in mutually accountable and responsible relationships with authorities to improve social determinants of health (eg reducing early marriage, increasing value and capabilities of women/girls).

## ACHIEVEMENTS

### Overarching Goals

LAMB's approach is to orient and demonstrate to staff, trainees, and communities the spiritual mission, vision, and values of LAMB (listed inside cover). We integrate individual, community, and society-level activities implemented by professionals who hold communicating transformative understanding through word and deed in creative tension.



LAMB illustrates well that staff of different religions (Muslim, Hindu, Buddhist, and Christian) can work well together, knowing that we are equally valued by our Creator God. As a Christian organization in a country with few Christians, we strive to work in such a way as to honor God and the name of Jesus, as a stable Christian presence in NW Bangladesh. Our approaches recognize we minister as wholistic practitioners (integrating God's ongoing work in spiritual and earthly spheres) to the whole person (with interlinked determinants of physical, social, emotional, spiritual health).

Each day offers opportunities to see God at work. For example, staff expressed profound astonishment, and some were moved to tears, when their feet were washed as a demonstration of following Jesus' example of sacrificial service during the training introducing LAMBs values. Staff report no previous experience of upper-level management showing such humility and service. (Read the Gospel of John, chapter 13 for more detailed description of this scene from the life of Jesus.)

The **financial integrity** of LAMB brings comments from auditors, and tax investigators who are amazed at the fact that foreigners at LAMB work as volunteers with no local wages (living expenses supplied by friends, family, and churches in home countries). The commitment of senior national staff at LAMB, many with several decades' experience in this rural project, also causes questions from visitors related to how such commitment is possible—for which the answer includes how we follow Jesus.

While medical care is increasingly available in Bangladesh—the fastest rise being in delivery in private practice settings—**ethical distinctives and evidence-based practice** at LAMB Hospital seeks the lowest possible cost with best possible quality for the patients. This includes a continued low Caesarian-section rate (21% in FY19), prioritizing midwifery and nursing training, and applying accurate means testing at community and hospital level to ensure the poorest can access subsidized service.

The impact of a Christian presence includes **assisting local churches** to emerge from an identity formed as a sometimes-fearful and poor minority. Nearly 6000 Christians participated in Bible-based training, and 60 functional church coordination committees look at neighborhood as well as church needs. Local churches increasingly engage their multi-religious communities, with four inter-religious dialogue and peace building meetings facilitated by the Inter-church Network (ICN) in the reporting period.

## ACHIEVEMENTS TOWARD IMPROVING HEALTH

LAMB's approach models a continuum of care from household to clinic to hospital in ways relevant to national and international health priorities. Clinical services are provided at LAMB Hospital, Disabled Child Rehabilitation Centre, and in community health facilities (both independent and government health facilities at union and village level). The quality services follow primary health principles (appropriate technology and providers) made accessible to the poor and vulnerable through subsidies provided through generous local and international donations and fees collected from those able to pay.

Health promotion, disease prevention, case finding, and reducing social barriers to health occur through activities focused on households and neighborhoods. Health personnel are trained, along with associated staff for both hospital and rural clinic management. LAMB disseminates lessons learned in implementing its integrated rural health and development system with advocacy based on accurate and valid local data.

	<i>Parbatipur, Badarganj Subdistricts, 620,000 pop.</i>	LAMB area 2018-2019	Bangladesh 2016 BMMS
<b>Improved Survival</b>	<b>Maternal deaths</b> <i>per 100000 livebirths</i>	<b>92 (Pbt)</b>	<b>195</b>
	<b>ANC x 4 visits</b>	<b>60%</b>	<b>26%</b>
<b>Maternal Newborn Child</b>	<b>Perinatal deaths*</b> <i>per 1000 livebirths</i>	<b>35</b>	<b>59</b>
	<b>&lt;1yr old deaths</b>	<b>26</b>	<b>38</b>
	<b>&lt;5yr old deaths</b>	<b>29</b>	<b>46</b>

\*2017 research study; perinatal time period = stillbirths + <7 days deaths

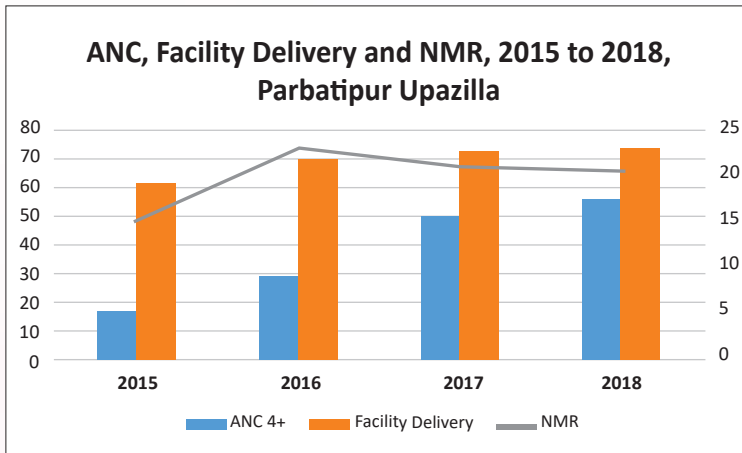
### Selected Project-Specific Health Outcomes (details below)

- Maternal/Newborn: Born on Time, Rangpur District: nearly 600,000 people received health teaching on risks of LINC factors (lifestyle, infection, nutrition, contraceptive use) or clinical services in 62 safe delivery units overseen by trained local leaders who raised funds to support the clinics.
- Adolescent Health: ASHIRBAD, Badarganj Subdistrict: Proportion of contraceptive users of 4 different methods increased from 44% to 67% among married adolescents.
- Tuberculosis control: Cure rate is 98% (national 95%); case notification rate (CNR) is 158/100,000 persons compared to national CNR of 149/100,000.
- Disabled Children Community Rehabilitation: 27 ramps and support bars were installed in local schools, enabling access for 47 disabled children and 1 teacher.

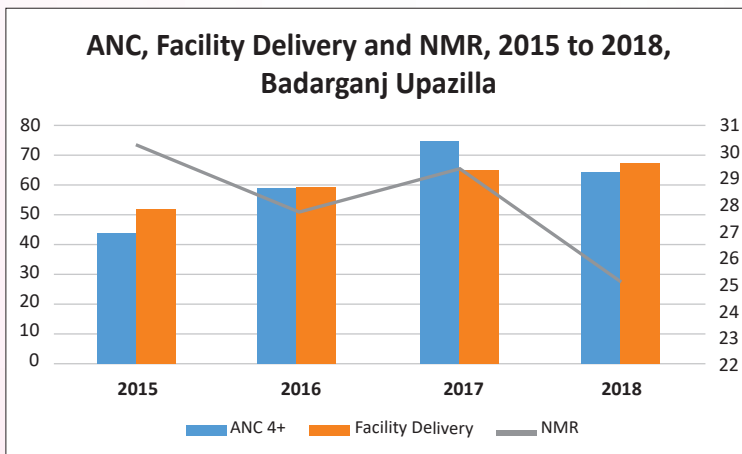
### Access to Maternity Care (Community Safe Delivery Unit and Hospital)

Population surveillance data (collected through door to door case finding of pregnant women and their newborns) is prioritized in the 2 subdistricts nearest LAMB.





Parbatipur, where LAMB Hospital is located, saw an overall facility delivery rate of 72.9%, ranging from 69.2% among the poorest and 80.7% among the least poor (a gap of 11.5% compared to 67% gap nationally in 2016). The overall C-section rate was 24.4%, ranging from 19.7% (poorest) to 34.1% (least poor). In Parbatipur, 28.2% of women delivered in a private clinic (C-section rate 68.6%) and 16.6% delivered at LAMB hospital (C-section rate 23.3%).

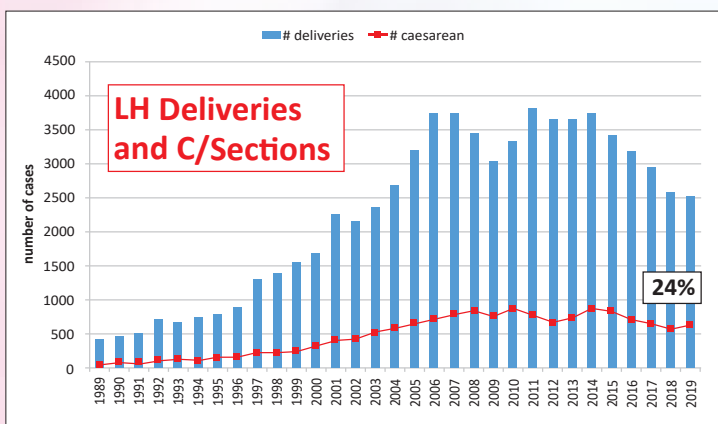


In Badarganj, for 2018, the overall facility delivery rate was 62.6%, with a difference of 18% from poorest to least poor. The overall C-section rate was 28.9%, ranging from 24% (poorest) to 40.4% (least poor). There is an increasing trend of women delivering in private clinics (31%, with C-section rate 83%). Deaths of newborns have steadily come down over this recent 4-year period.

### Hospital Service Delivery

Services include Maternal, Newborn, and Child Health (MNCH), Sexual and Reproductive Health (SRH), adult medicine, surgery and physio-therapy with supplementary treatment to the disabled children from the LAMB Rehab Centre.

There was a fall in the total number of LAMB Hospital deliveries in 2018 to 2570, 87% compared with 2017. We do not have a clear explanation for the decline in deliveries during this time period. We are aware of more competition in the area from private clinics who are actively advertising Caesarean sections for pregnant mothers and increased numbers of deliveries in the Government Union Health and Family Welfare Centres (UH-FWCs) in Parbatipur Sub-district—so the goal of increasing midwifery-led facility deliveries is being achieved, but it does impact LAMB Hospital.



LAMB supports vaginal deliveries for the health of mother and baby, doing Caesarian sections usually for emergency indications. The C-Section rate at LAMB has remained around 20% throughout the years and was 21% in 2018. LAMB takes a special position in the country as a place where normal deliveries are encouraged while Caesarean rates have steeply risen over the last decade (now a national rate of >30% with 50% home deliveries.)

**Accessibility by the poor:** LAMB Hospital continues to focus on the poor. All Inpatients are evaluated as to their socio-economic status and 65% of those seeking assistance are assessed as the poorest 20% or lowest population quintile. In total, 26% of all inpatients received poor fund subsidy to cover part of their hospital bill in 2018, and 27% in Jan.-June 2019. LAMB-facilitated Safe Delivery Units (SDUs) also provide a sliding scale, with reduced ‘suggested donations’ (when located in FWCs) or fees (when located in independent SDUs) for delivery services made possible by locally-raised funds.

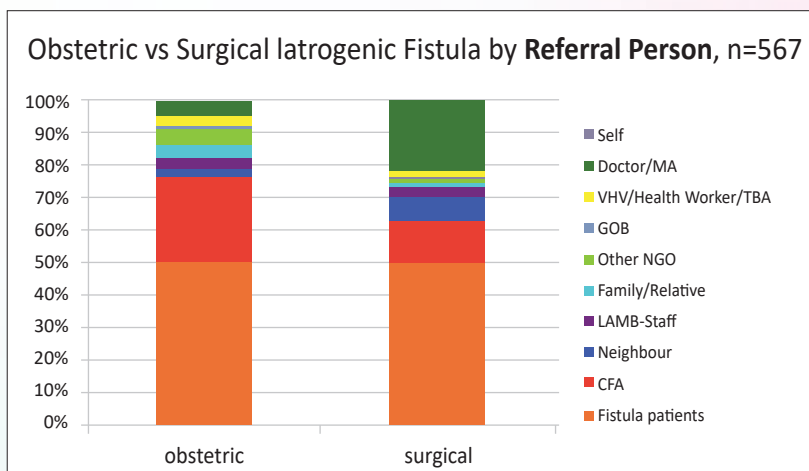
### Special Patient Categories

Most (though not all) of the people affected by these health issues are poor. Special subsidy programs receive funding through institutional as well as individual donors. The disability program had its 25th anniversary in 2019, while the fistula program was begun in 2005.

<i>Improved Quality of Life</i>	<i>LAMB Hospital Rehabilitation Center</i>	<b>LAMB 2018-19</b>
<b>Disabled</b>	<b>Disabled children attend school</b>	<b>84 (Pbt, Bdg)</b>
	<b>Disabled children assistive devices</b>	<b>966</b>
<b>Club Foot</b>	<b>Club feet corrected</b>	<b>132</b>
<b>Burns</b>	<b>Burn contractures released, skin grafted</b>	<b>112</b>
<b>Fistula Prolapse</b>	<b>Female genital fistula, 4<sup>th</sup> degree repairs</b>	<b>331</b>
	<b>Cured fistula patients trained as advocates (to find/refer others)</b>	<b>20</b>
<b>Restorative Care &amp; Surgery</b>	<b>Prolapsed uterus - vaginal hysterectomies</b>	<b>161</b>

At community-located diagnostic camps, 13 fistula cases were confirmed out of 43 women who had positive screening questions (30%); 109 were positive out of 154 (71%) who came directly to the hospital. Three fistula projects combine to cover all costs for patient transport, surgery, and rehabilitation: 1) funded by USAID through Engender Health since 2005; 2) Women’s Hope International (Swiss) since 2012; and 3) UNFPA since 2019. All care is free of cost for the patients.

Fistula patients are referred from 13 districts, the majority of them by other fistula patients. Some were trained as ‘Community Fistula Advocates,’ a component of which is livelihood training.

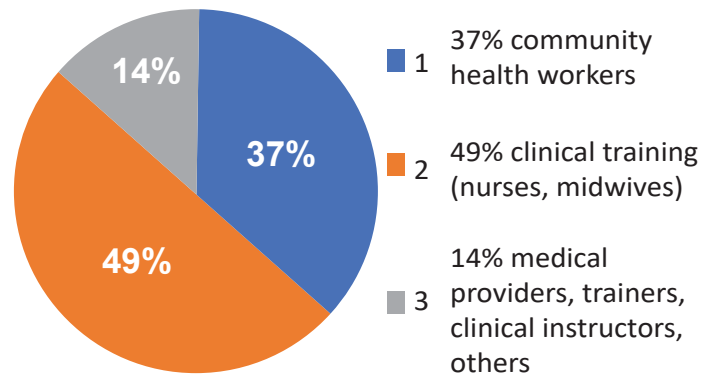


Vulnerability is not limited to stigmatized physical health issues. Women and children present to LAMB Hospital and community program with a background of significant gender-based violence, though most are reluctant to share their stories. LAMB’s Vulnerable Persons Crisis Management team has connected such women with local shelters which ensure care, but also seek social reintegration where possible.

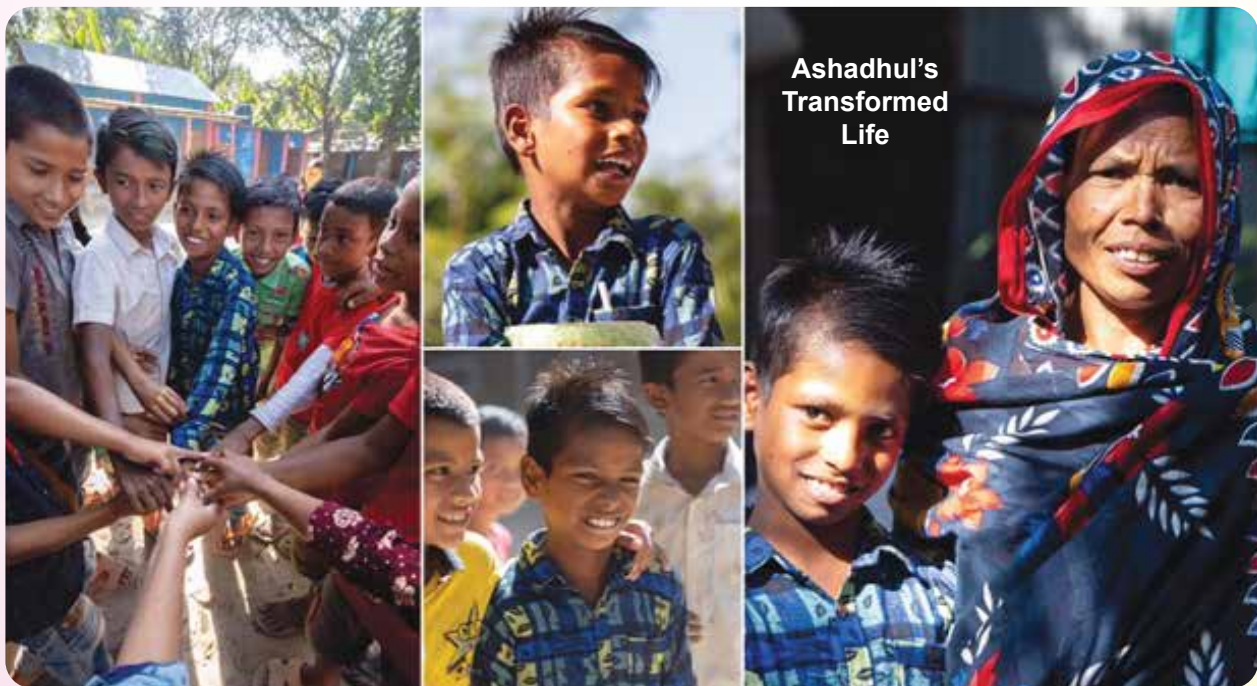
### Health Systems Strengthening: Contributions to Healthcare Manpower in Bangladesh.

In FY-19 (July 2018 to June 2019), 629 participants completed training courses through the LAMB Training Centre. 78% of the trainees were associated with LAMB (either nursing or midwifery trainees or current staff) and 22% from other national and international NGOs in Bangladesh. A total of 125 diploma nurses (6 batches complete) and 89 diploma midwives (3 batches) have completed training at LAMB since those training courses were initiated in 2012. They are now working in government, NGO and private clinical facilities.

### Training Breakdown



**Health Care Financing Mechanisms:** An interesting corollary to LAMB's training of midwives is that community SDUs earn local income from training fees. Experienced C-SBAs become trainers when midwifery trainees are sent to the SDUs for residential rural training, accompanied by LAMB trainers. The training income generated through association with the LAMB Training Center goes into the general SDU income and expense budgeting, supporting salaries and other costs.



*Ashadhul is a 12-year-old boy with cerebral palsy and right hemiplegia. He is from a poor family: his mother, Tosslima, his father, Abu, a day labourer, and his three older sisters. When Ashadhul was 8 months old, his mother realised that he was not developing normally. His mother first took him at age 9 months to LAMB's Community Rehab Clinic in their local village. He had no head control, he couldn't sit or turn over, nor could he make any sounds. At the clinic, Tosslima was given advice on how to do exercises with her son. She was very consistent doing the exercises with Ashadhul, partly because he was her highly-valued only son. The clinic staff referred them to the residential LAMB Rehabilitation Centre. There Ashadhul got intensive physiotherapy for one week and a special chair was constructed specifically for his needs, to his measurements. By two years of age, he was able to hold his head up and roll; at three he could sit unaided. At the age of four, he began to walk with a walking frame, again specially made by the LAMB rehab workshop and slowly he learnt to walk without support. Ashadhul is now in class three at school and copes very well. His family hopes that he will continue his studies. They are very grateful to LAMB and hope and pray other disabled children in their community will get similar help.*

## ACHIEVEMENTS TOWARD RESPONSIBLE LEADERSHIP

LAMB develops professional, management, and leadership skills with many types of leaders: elected, appointed, and informal, as well as health and development professionals both within and outside LAMB. They are expected to grow in capacity to implement and multiply pro-poor policies, systems and organisations. Leaders identify struggles in communities and families to achieve health and justice and apply values that counter cultural narratives (eg mis/use of power).

The LAMB approach facilitates skill development through opportunities for observing others with relevant skills, then developing progressively independent judgment supported by policies, guidelines, and manuals. These promote transparency in responsibility as well as multiplication of skills and character in values-based service in the future—whether applied at services associated with LAMB, in other organizations, or with the government.

LAMB has extended and expanded its impact beyond direct provision through the development of leaders throughout Northwest Bangladesh and beyond. Leaders and people of influence including community leaders, health care providers, religious leaders, heads of families, nurse-midwifery students, and adolescents have been nurtured and have improved capacity to take responsibility for health, environment and justice in their communities.

### ***Committee Work Toward Locally-Sustainable Pregnancy, Reproductive Health Care.***

Through CH&DP LAMB has revitalized 137 Union Health and Family Welfare Center (UHFWC) Management Committees (FWC-MC) in Nilphamari, Rangpur, and Dinajpur Districts. Committee members include service providers and supervisors (government and NGO), elected officials, and community representatives (including adolescents, elderly, and disabled residents). They engage with staff management and monitoring the quality of 24/7 service provision (availability of staff, drugs, material, infrastructure) Budget oversight includes responsibility for sustainability of service delivery. Fund-raising efforts in 12 unions resulted in deposits totaling Tk. 53 lakh (more than US \$63,000) in locally-controlled accounts. Guidelines have been developed to help committees identify gaps in support for the clinics in finances, logistics (materials, supplies), clinical needs (medications, equipment), or staffing.

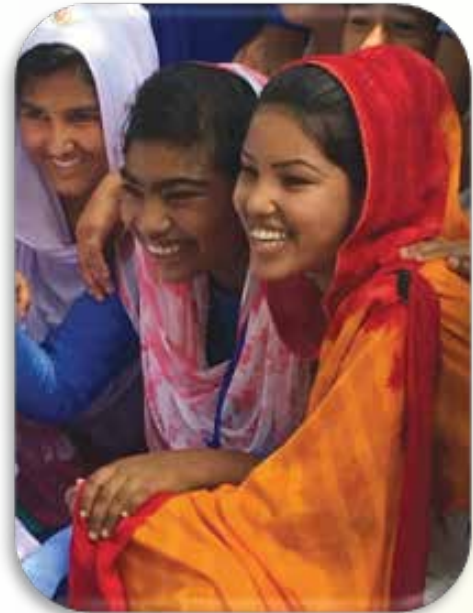
*One such management committee (MC) oversees the Shimulbari Family Welfare Centre (FWC), situated in a rural village in Nilphamari. The FWC-MC has played an outstanding role to run this centre to ensure care for pregnant mothers and newborn babies. Their aim is to see every pregnant woman receive*



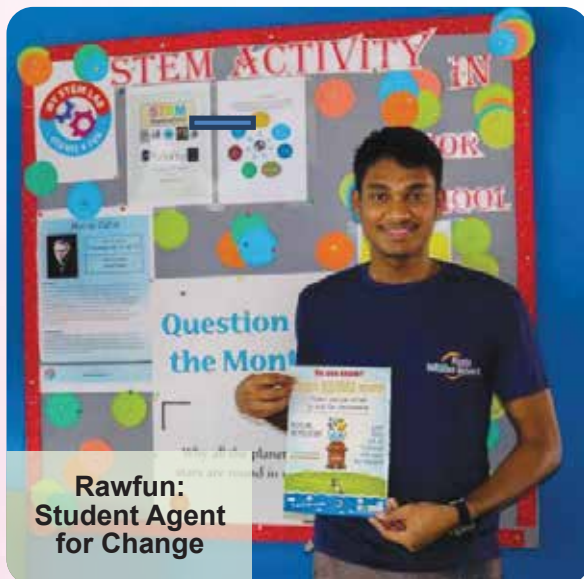
*antenatal care and to stop home deliveries. Shimulbari FWC employs two C-SBAs providing 24/7 delivery services, averaging 30-35 normal deliveries per month. The government service providers' positions are vacant there, except the (male) Sub-Assistant Community Medical Officer (SACMO). This FWC-MC has built a strong collaboration with the government officials and administrators, leaders, and the local elites. As a result of local trust, they have raised funds to continue to pay the salaries of 2 CSBAs and also 3 Community Health Workers, who function as link persons between neighborhoods and the FWCs. They*

*motivate mothers to access antenatal care and understand the benefits and availability of C-SBAs to assist with normal deliveries in Shimulbari Union.*

*Shimulbari FWC-MC also planned and delivered initiatives to ensure girls education, safety and health of adolescent girls in their community. This committee supported the initiative of Shirin Akhtar – an adolescent girl who was trained and started producing low-cost sanitary pads for girls in rural villages. Shirin said, “Now I share with my classmates what I’ve learned about child rights, early marriages and importance of education.” After seeing the success of Shirin’s venture introducing the sanitary pads in schools, colleges, and the local health service centres, the FWC-MC wants to go further. “To ensure making these sanitary pads easily accessible to women and girls, now we are planning to open shops in our communities that will be run by women.”*



**LAMB clinical and professional training** develops competent, caring and skilled human resources for health care leadership and management. Graduates of LAMB training have become clinical managers in Government hospitals, trainers in LAMB’s and other training institutes (including one former doctor teaching at Medical College). While it can be quite difficult to influence other institutions with different organizational cultures, LAMB graduates and former staff bring experience of a blended professional institution, having worked with foreign standards in the Bangladesh context.



**Rawfun:  
Student Agent  
for Change**

*The LAMB School trains young minds with great potential to shape the future. The school equips children through developing higher order thinking skills such as creativity, evaluation, analysis, application, and understanding. One student embracing his leadership potential is seen in former LAMB student Rawfun. While he attended LAMB School, Rawfun realized that a lot of plastic products that could be recycled and repurposed were instead being thrown in the dump. Combining his passion for the environment and his desire to help the poor, Rawfun started Need for Help. Rawfun and several classmates worked with Need for Help to collect empty pens. Some were sold to collectors to be sent to recycling plants, and some turned into beautiful pencil holders and other repurposed items that could be sold. Profits were used to buy blankets, clothing, and other necessities for the local poor.*

*After leaving LAMB School, Rawfun’s leadership skills did not stop growing. Rawfun now is a young volunteer with Plastic Initiative Network (PIN), an organization that works all over Bangladesh, focused on educating others about the problems of plastic pollution and working towards eradicating its use. Recently, Rawfun visited Delhi Public School (a reputed Dhaka school) and educated young students on the dangers of plastic pollution and what steps students can take to improve the environment. We are thankful that the leadership skills that were fostered in Rawfun at LAMB School have continued to grow as he pursues higher education.*

## ACHIEVEMENTS TOWARD COMMUNITY OWNERSHIP

“Ownership” means a sense of personal and communal responsibility, including holding authorities accountable to prioritize the most vulnerable, and not misuse their authority for personal or family gain. LAMB uses donor funding to build the capacity of communities to **sustain** impact without ongoing LAMB funding.

LAMB’s approach includes training peers (women, adolescents, men) as leaders of community groups which implement local initiatives for change, and act as representatives in oversight committees.

One key impact for a number of LAMB projects is the **empowerment of adolescents** in Rangpur, Nilphamari and Dinajpur Districts. They have challenged discriminatory behaviour against girls in the family and society and take part in supporting vulnerable girls to continue education. Bulbuli from Jaldhaka Union said, “Give me opportunity and I will bring change!” She alone has saved 35 girls from the curse of early marriage. An adolescent peer leader in LAMB working area stated, “Earlier, we were not even able to spot discriminatory behavior, but now we recognize it and speak up against it.”

The impetus for change when communities take ownership of their part in improving local situations should not rely on staff. Ending Child Marriage Project reported the prevention of 42 forced child marriages within this reporting period, sometimes through a prospective bride’s own initiative with the support of community people, local government representatives, teachers, and ‘wedding buster’ groups.

*Local girls football tournaments were organized, giving the girls an experience of friendship. In one area, girls sent representatives who successfully negotiated with their madrasa principal to be allowed to participate in the football tournament. While intended primarily for the girls themselves, an interesting consequence was heard when a local council member (elected local leader) commented, “I had no idea girls were strong enough to play an entire football game! I will help arrange more such opportunities for them now that I’ve seen them play.”*



In the LAMB core working areas (Parbatipur and Badarganj), CHDP worked with 1200 women’s groups to develop their capacity to take part in community development. In the reporting period, a plan was revitalized to engage chosen representatives in a ‘federation’ of such groups. Using groups savings for commonly-pursued neighborhood initiatives such as water, sanitation, protection of kitchen gardens and fencing off trash disposal areas, they are now aggregating resources to pursue higher goals such as small enterprise development. They often act as companions to neighbors attending health clinic visits during pregnancy.

As noted above under LAMB’s overarching goals, one segment of the community target of LAMB’s work is the church, and through them, serving their neighborhoods. The church groups have achieved substantial infrastructure projects using local resources (eg building a bamboo bridge, improving homes of elderly widows), as well as youth groups taking responsibility to provide homework clubs for younger members, with the church supplying electricity to allow evening study.

## PRO-POOR HEALTH POLICY IMPACT

LAMB influences policies and implementation through sharing experience and data at a national and in some cases, international level, based on a reputation for high quality evidence-based maternal, newborn, and reproductive health services. The traditional strengths of LAMB value-based integrated services by caring and competent providers generate opportunities for policy engagement to offer lessons learned from implementation.

LAMB Hospital and community data is disseminated to increase the evidence base for problems such as stillbirths, and to demonstrate practical implementation of services (such as increasing deliveries in government community facilities or having an evidence-based protocol for C-sections).

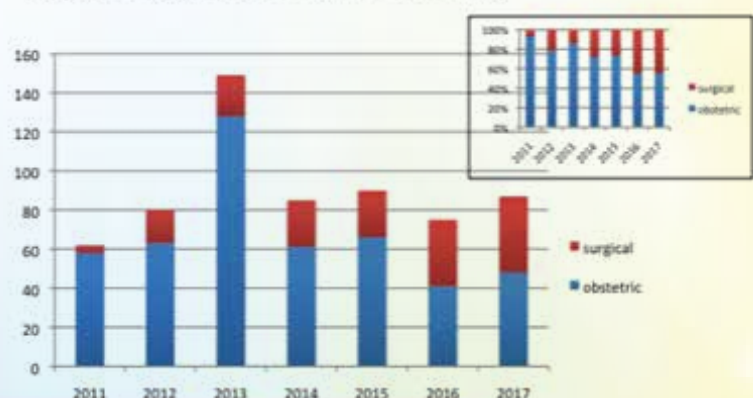
Most of LAMB's contributions toward PPHP impact are in the area of reproductive health, based on extensive experience in providing community and hospital maternity services. This includes 25 years of nurses and doctors using partographs to guide labor management in community and hospital settings, as well as 20 years' experience implementing Kangaroo Mother Care. Reproductive care is complemented by caring for women affected by female genital fistula. Dr. Beatrice Ambauen-Berger, Deputy Medical Director and Consultant in Obstetrics and Gynecology attended an early meeting in 2018 of the technical group supporting the government in developing the **2<sup>nd</sup> National Fistula Strategy**. The set target is a zero tolerance of obstetric fistula by 2022, reducing prevalence of repairable fistula cases by 90% and providing social safety nets and rehabilitation to 50% of all (repairable and incurable) cases of fistula between 2017 and 2022.



Fistula Research Presentations. LAMB took the opportunities to share learning and small scale research findings nationally and internationally. Dr. Bea collated data related to "Incidence and characteristics of surgical [iatrogenic] fistula patients at LAMB Hospital from 2011 to 2017" at national and international forum. Mrs. Stacy Saha, a trained

midwife and Director of LAMB Information and Research Department, described preliminary results of the study, "Quality of life before and after fistula surgery." That working influenced international research approaches to monitoring fistula-related quality of life. Those two research projects, as well as "Baseline knowledge of female genital fistula symptoms, causes and treatment among a rural population in Northern Bangladesh" were presented at the 7th international Conference of the International Society of Obstetric Fistula Surgeons (ISOFS), held in Kathmandu, Nepal in Dec. 2018. Again at the Feb. 2019 Bangladesh OGSB meeting, and at the Rangpur Division launch of the UNFPA-sponsored FRRei Project (Fistula Repair and Reintegration), the surgical or iatrogenic fistula data was discussed to raise the profile compared to fistula caused by obstructed labor.

Total number of new patients seen with surgical iatrogenic vs obstetric fistula 2011-2017, n = 163 + 460



In April 2018, Dr. Bea presented information first to a group of doctors to the global, regional, and national **trends in caesarian sections** and associated maternal mortality, comparing midwifery and obstetrics in the West and in Bangladesh. In early 2019, a media event sponsored by Engender Health included a discussion of the dangers of C-section as well as fistula. A newspaper article was published as part of efforts to raise public awareness and reduce unnecessary C-sections.

At that same media event in Feb. 2019, Mrs. Stacy Saha spoke on “**Midwifery in Bangladesh, Benefits and Challenges.**” Mrs. Smita Hasda, Director of LAMB Training Center, a BRAC University academic site for 3-year Diploma in Midwifery course, has also frequently participated in BRAC-U facilitated discussions related to increasing the quality of midwifery training as well as the public profile of midwives.

LAMB engaged with **social media influencing** the public discourse on preventing unnecessary C-section when Dr. Bea participated as a panel member in Facebook-promoted workshop. An open Facebook (and website) invitation sought general public participation to “Know Your Birth Rights, a guided birth planning workshop and discussion on delivery options available in Bangladesh.” The event had a strong agenda to prevent unnecessary C-sections.



*LAMB obtained additional research funding for the flood humanitarian response in 2019. LAMB plans to use documentation of efficiency and effectiveness of mobile camps for leverage with funders for longer-term health system strengthening in flood-prone areas.*

## LAMB DEPARTMENT REPORTS

### **Hospital- Providing high quality health care through appropriate staff and technology**

**Quality and competency:** LAMB Hospital was visited for training registration toward qualifying as a Fellow of the College of Physicians and Surgeons (FCPS) for Obstetrics & Gynecology in November 2018 and in March 2019 we received FCPS training recognition. This is in addition to FCPS recognition for medicine and pediatrics training. All Bangladeshi doctors who complete at least a year of clinical work at LAMB receive certification which contributes to an eventual specialty consultant qualification (in addition to required testing). We are grateful to God for this blessing.

**Development Plan:** With the departure of two senior expatriate doctors in March of 2018, there was a fall in adult medicine patient admissions, along with hospital income. From Sept. 2018, the hospital and wider LAMB management have been involved in a strategic planning process to look at those trends, seeking to understand underlying causes and look for ways to ensure sustainable health gains and access for the poorest to LAMB’s quality services. The trend toward increased use of private clinics for delivery care (including the above-mentioned alarming C-section rate in those clinics) was confirmed locally, since LAMB Hospital’s deliveries were on a downward trend.

Perceptions from interviews with local users and non-users were analyzed for actionable targets, and a timeline for remedial work was reported to the LAMB Board in June 2019. A sample includes client-centered staff training, and a working group developed key messages for verbal (by means of staff, former patients, local leaders) and written (a leaflet) dissemination to local communities countering inaccurate information. Some hospital cabins were refurbished to support charging a higher fee for those expecting better facilities, who were able to bear the cost and in that way contributing to subsidized care for poorer patients.

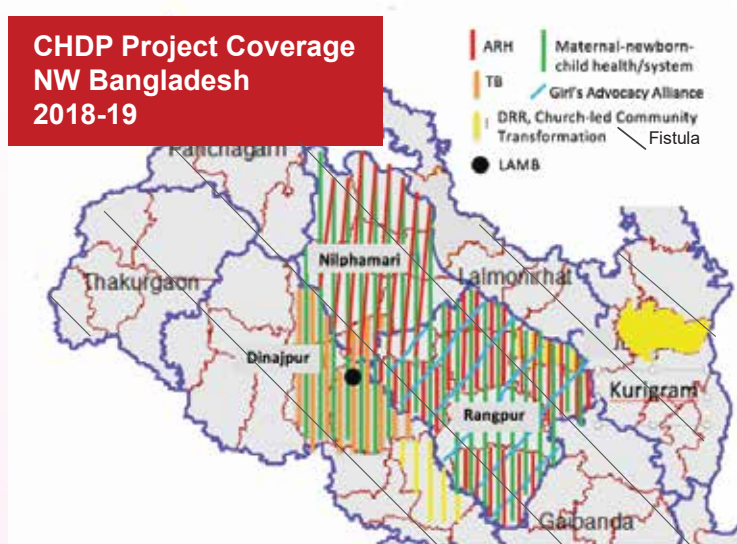


The hospital is looking at long-term sustainability challenges by engaging local and international experts who are contributing ideas and practical experience to shape LAMB Hospital's future.

**Infrastructure:** In 2018, the expansion of the rehabilitation center was completed. The children who

come for treatment for their disability and their siblings now have the opportunity to play in a beautiful playground. Also, the workshop for assistive devices has been moved from a small room inside the rehabilitation courtyard to a spacious new workshop next to the rehab center. This has improved working conditions of staff and increased safety for the children in the rehab center.

In 2019, expansion began of a building which will make available more antenatal and redesigned labor room space (ground floor) and also supply additional on-call rooms for workers on night coverage (upstairs).



**Community Health and Development Program (CHDP)– Community-based** sustainable, cost-effective, responsive healthcare systems with reliable oversight committees implementing locally-planned actions to improve social determinants of health.

CHDP works primarily in four districts, with fistula work extending throughout all eight districts of Rangpur Division. (see map). With a long track record of quality work impacting health and health systems, leadership, and community development, LAMB attracts a variety of donors for work to improve adolescent reproductive health (ARH, including reducing early marriage), maternal, newborn, and child health and health systems including social determinants of health. Tuberculosis control is managed under BRAC. Non-health projects work toward livelihood security, disaster risk reduction (DRR) and church-led community transformation. Below is an overview of projects with expected outcomes, donor commitments, and activities.

#### **MATERNAL, NEWBORN and CHILD HEALTH and HEALTH SYSTEM STRENGTHENING (4 PROJECTS)**

##### **1. Born On Time: A Public-Private Partnership for the Prevention of Preterm Birth (BoT, in partnership with Plan International; funded by Global Affairs Canada, 2016-2020)**

This project works to reduce neonatal mortality in Bangladesh, Ethiopia and Mali. In Bangladesh, the project is improving health service delivery, increasing uptake of health services, and implementing health related data collection, in Rangpur District.

##### **2. Strengthening Health Outcomes for Women and Children (SHOW, in partnership with Plan International; funded by Global Affairs Canada, 2016-2019)**

SHOW aims to increase the quality, availability, utilization and accountability of essential MNCH and SRH services and to reduce maternal and child mortality amongst marginalized and vulnerable women, specifically adolescent girls in Nilphamari District. Births attended by skilled health personnel increased 25% from the 2016 baseline.

##### **3. Reliable Health Services (RHS, in partnership with Global Care, Korea; funded by Korean International Cooperation Agency—KOICA, 2013-2019)**

This project covered Badarganj Upazila aiming to improve the health status of poor under-privileged women and children, and to improve the social status of disabled children. The local health committees worked to improve 'Safe Delivery Units,' and Community Clinics for pre- and postpartum care, and to

make them financially independent from international donors. They now operate the service centers and pay 22 C-SBA salaries from local funds.

#### **4. Accountable Health System Governance (AHSB, funded by Women's Hope International, Swiss, 2018-2020)**

This project, in Parbatipur Upazila, works to demonstrate household to clinic to hospital continuum of care in maternal-child health through government health services integrated with community oversight. Now responsive committees are providing an honorarium to the Community Skilled Birth Attendants and each committee has a separate budget and action plan.

### **ADOLESCENT HEALTH (3 PROJECTS)**

#### **1. Adolescence Sexual Reproductive Health (ASHIRBAD, in partnership with LAMB Health UK; funded by UKAidDirect, 2015-2018)**

DFID funded this project aiming to decrease child marriage in Badarganj by enhancing education, and group formation to explore issues relating to adolescent reproductive health.

#### **2. Advancing Adolescent Health (A2H, in partnership with Plan International; funded by USAID 2016-2018)**

This project implemented in 4 upazilas had three aims; 1. To delay the age of marriage 2. To delay the first birth and improve birth spacing and to 3. improve healthy adolescent sexual and reproductive health (ASRH) behavior. The project reached 69,405 adolescents (99% of target). and 130 forced child marriages were stopped.

#### **3. Ending Child Marriage (ECM, funded by Women's Hope International, Swiss, 2018-21).**

This project in Parbatipur aims to empower adolescent girls including giving them the opportunity to participate in decisions of when and whom to marry.

### **FISTULA (3 PROJECTS)**

#### **1. Stop Suffering caused by Female Genital Fistula (SS-FGF, funded by Women's Hope International, July, 2018-2021)**

SS-FGF works in 6 districts informing communities and enabling surgical treatment.

#### **2. Elimination of Genital Fistula by Capturing, Treating, Rehabilitating and Reintegrating in Bangladesh (FRRei, in partnership with the Bangladesh government and UNFPA with funding and technical assistance from UNFPA, 2019-2020)**

FRRei Project covers 8 districts in Rangpur Division training government medical providers to recognise female genital fistula patients and treat or refer for treatment, rehabilitation and reintegrating through government hospitals and LAMB Hospital. July 2018 - 2019, has seen the rehabilitation of 65 patients.

#### **3. Fistula Care Plus (in partnership with Engender Health with USAID funding, 2005-2019)**

The purpose of the project is to strengthen obstetric care to prevent fistula, and to detect and treat those already affected. Community Fistula Advocates (CFA) training was arranged with 20 cured fistula patients. In 2018-19, 91 vesicovaginal fistula (VVF) operations have been done including tear repairs.

### **OTHER HEALTH PROJECTS**

#### **1. Tuberculosis Control Program (TB)**

LAMB has been working as a part of the National TB control program for over 27 years in 4 upazilas of 2 districts. In 2018, 1284 TB patients were identified. Bacteriological tests confirmed 710 new cases and 11 relapses, with 1 failure. There were 321 clinically-diagnosed (CD) new cases, 6 relapses, and 231 new extra pulmonary (EP) patients, with 4 EP relapses. 13827 sputum tests were done and 5.38% tested positive. The bacteriologically-confirmed TB cases notification rate (CNR) is 87/100,000 population; the national achievement is 86/100,000.

## 2. Church and Community Transformation (CCT, funded by Tearfund, UK, 2017-2019)

This project is located in Nawabganj and trains church members and leaders to identify community needs and available resources for community socio-economic and spiritual growth.

## 3. Health Focused Disaster Risk Reduction (HF-DRR, funded by Tearfund, UK, 2017-2019)

HF-DRR started in Kurigram district in 2017, enabling provision of emergency health care at the time of severe flooding. The project also worked to improve disaster resilience through enhancing capacity in networking, advocacy, disaster risk mitigation, climate change adaptation and reducing health hazards during periods of natural disasters. Community disaster management committees established strong networks with relevant government departments to advocate for delivery of appropriate services from existing systems.

### **Training Center- Sharing LAMB's long experience in developing competent, caring professionals through quality training.**

LAMB Training Centre has curricula and trainers for 30 different courses. In 2018, 15 courses were offered for community health workers, health volunteers, community midwives, nurses, physicians and paramedics from LAMB and other national and international organizations. Those include UK Voluntary Service Organization, Bangladesh Lutheran Mission-Finnish, KOICA-funded Good Neighbors of Bangladesh, and various projects of LAMB CHDP. Highlights and challenges include:

- In the 3-year Diploma in Midwifery program, funding from DFID (UK) through BRAC-U provided 30% of students with full scholarship support.  
25% of nursing students receive educational loans from a designated Nursing Institute (NI) scholarship fund, provided primarily by overseas private donors. Indigenous Santal students are also eligible for two scholarships per entry year covering 50% of all fees.
- Partnership with BRAC-U as an academic site in the **Diploma in Midwifery Program** has led to improved resources for clinical education. Through DFID-funded consultants, LAMB has also made progress in developing a business plan for transitioning that program to alternative funding.
- **Retaining trained and skilled trainers** is a struggle for LAMB, especially for nursing and midwifery trainers, due to the increasing number of private clinics seeking training staff, and the Bangladesh Ministry of Health and Family Welfare regularly offering postings to new graduates in government hospitals. It is a privilege to contribute to building the health care workforce, and we look forward to a time when there are adequate trained personnel for both clinical service and training in the future.
- **Infrastructure upgrades: new dormitory building.** With ongoing pressure from the BMNC to admit larger class sizes, and more male candidates, there is a need to reconsider housing and classroom space allocation. As part of the long-range property and facility plans, a new dormitory building is being planned, which will allow conversion of existing accommodation space into classroom and skill labs in the existing training building. A substantial capital campaign or donor funding will be organized when plans have been finalized.

### **MIS-Research-Processing LAMB data for management decisions and input into national policy debates. Researching health and socio-economic problems in Bangladesh to contribute to local, national and international best practices.**

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, community, and administrative outcomes
2. Evaluation and action research. Part of the mandate of MIS-R is to help departments and individual staff to develop their capacity to use management information for program development and

participate in meaningful research. This includes assisting staff who are Masters of Public Health (MPH) students with research for their theses.

Highlights of work done in MIS-R between July 2018 and June 2019 include:

1. Action research with adolescents, parents and community key informants to better understand root causes of child marriage in Parbatipur Upazilla. The results of this study were validated by the community and used to improve interventions of the Ending Child Marriage project.
2. A cohort study following 600 children from birth to two years is looking at 'positive deviants'- What are the good practices of poor families that result in healthy children (normal weight and height for age). These inexpensive and culturally appropriate practices will be taught to other local mothers.
3. Work is ongoing to develop a locally appropriate short questionnaire to better identify the poorest of the poor among pregnant mothers in the community; those who attend antenatal clinics at LAMB; and general patients admitted to the ward.



*Conducting a focus group discussion with fathers about factors influencing age of marriage for girls in their community*

**LAMB English Medium School**—*To see children become models of leadership and service, with hearts focused on the kingdom of God and serving the poor*

**Pursuing quality and growth.** LAMB School is a place where God's love is experienced and demonstrated and where we all grow in our knowledge of Him and our world. We have seen the fruit of these efforts many times throughout 2018.

**Pro-poor.** We aim to keep the cost of education as low as possible while still providing the highest possible quality. The main way that we care for the poor is to support and provide 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.



*Children – the focus of our time*

**Special educational needs.** Coordinating closely with the Rehab Centre allows LAMB School to provide for a number of our students with special educational needs. LAMB values the inclusion of all students, no matter their physical or educational abilities. Our diverse student body allows both students and teachers to grow in their compassion and their respect for people who are different from them/they.

#### **Operations:**

- **School staffing** has been relatively stable. In 2019, after 2 years of Masters study in Australia, Mr. Tarcisius Hasdak returned to his position as Assistant Headmaster.
- **Government examinations** cause some LAMB students to engage in coaching activities, as well as requiring substantial scheduling flexibility because of the different start dates for the Bangladesh and British curricula and exams.
- **Infrastructure** of the school requires periodic adjustment in space allocation, but overall the facilities are considered more than adequate for current needs. At an unspecified time in the future, LAMB administration will move to an alternative location, thus freeing the use of one floor of the newest school building.

## Support Services Department

Operating behind the scenes to provide LAMB with reliable and effective organizational assistance, the Support Service department strives to create a bridge between LAMB and its ambitious goals. The collective departments include Personnel, Stores, Procurement, Vehicles & Maintenance, Information Technology, Public Relations, Secretarial Services, Guest House, Dhaka Office and Security.

The Support Services team is embracing the future by exploring dynamic new ideas and leveraging strategic opportunities. Whether they are exploring new costing models or analyzing potential software for integrated human capital solutions, new and exciting ideas are being generated and discussed. The team is committed to finding modern day solutions amid the backdrop of a rapidly developing Bangladesh. The last 18 months have seen a steady increase of the department's capacity for improvement and commitment to organizational excellence.



## LAMB Annual Report Data 2018-FY 2019 (through June 2019)

	Jul 18 to Jun 19	Jan to Jun '18 (6 month)	Jan 17 to Dec 17
<b>CHDP General Information</b>			
Upazilas (2019, + all Rgp Div)	107	58	58
Population estimate	21,052,896	5.7 million	5.7 million
Community Health Workers	907	1,002	809
Village Health Volunteers	660	565	693

<b>Mother child health (MCH)</b>	136 unions	130 unions	130 unions
Villages (population varies)	10,839	1,793	1,793
Households covered	4,881,324	1,083,310	1,083,310
Safe Delivery Unit	10	15	15
Family Welfare Centers (FWC)	126	144	132
Community Clinic (CC)	495	495	495
C-SBA/nurse	265	272	141

<b>MNCH SDU data (LAMB data)</b>	5 unions	5 unions	14 unions
Antenatal Care - clinic visits	9,243	3,821	15,789
Family planning clinic visits	2,107	1,117	4,510
Child 0-4 yrs. old clinic visits	248	120	1,110
Child >5yrs, adult clinic visits	936	541	14,841
Total deliveries in LAMB SDU	1,304	509	1,697
	<b>20 unions</b>	<b>20 unions</b>	<b>20 unions</b>
Pregnancy surveillance	10,656	5,024	10,361

### Project Opening/Closing Impacts Clinic Number and Population

<b>MNCH FWC data (GOB data)</b>	141 unions	141 unions	107 unions
Child 0-5 yrs. old - clinic visits	29,704	14,834	32,826
Child >5yrs old - clinic visits	305,359	130,385	238,869
Antenatal Care - clinic visits	168,537	66,452	86,072
Family planning clinic visits	42,114	22,256	41,051
Total deliveries in FWC	17,917	6,054	7,759

<b>Adolescent Health</b>	10 unions	10 unions	10 unions
Teaching/ counselling	10,435	25,376	25,631
Library	30	10	10
Theatre for development	10	15	21

<b>Disabled Child Rehabilitation</b>	3 upazilas	3 upazilas	3 upazilas
Community Clinics	30	30	30
Assistive devices distributed	690	266	752
Health Teaching participants	41,641	24,051	45,588
Admitted to Rehab Centre	373	285	239

<b>TB Control</b>	4 upazilas	4 upazilas	4 upazilas
Sputum tests	17,021	5,829	12,756
Patients - new and relapse	1,417	626	1,162
Patients - cured/ treatment complete	1,285	609	981

<b>Disaster Resiliency/Response</b>	1 upazila	1 upazila	1 upazila
Awareness Session on DRR	942	475	570
Flood Area Mobile Clinics			9 Districts

	Jul 18 to Jun 19	Jan to Jun 18 (6 Mo.)	Jan 17 to Dec 17
<b>HOSPITAL Inpatients (# beds)</b>	115	115	115
Total	7,273	3,756	9,524
Male	1,823	1,024	2,735
Female	5,450	2,732	6,789
Obstetric	3,279	1,630	3,814
Pediatric 0-4 years	2,300	1,161	2,696
Pediatric 5-14 years	169	96	200
Medicine, surgery, gynecology	1,525	869	2,814

<b>Operation /procedure</b>		(6 months)	
Mothers delivered	2,526	1,247	2,956
Caesarian Section	601	259	622
Surgery (gynecology, general)	842	371	746
Obstetric fistula cases	243	88	196

<b>Outpatients</b>		(6 months)	
Total	57,002	30,754	71,094
Male	20,291	11,202	26,310
Female	25,977	13,770	31,709
Antenatal	10,734	5,782	13,075
Children 0-4 years	6,175	3,116	6,957
Children 5-14 years	4,232	5,362	5,307
Medicine, surgery, gynecology	35,861	16,494	45,755
Eye	462	292	536

<b>Laboratory Services</b>		(6 months)	
Blood Transfusions	548	298	725
Laboratory Tests	75,811	38,668	93,070

<b>Fistula Activities</b>		(6 months)	
Fistula workshops	105	10	46
Workshop participants	10,956	487	3,145
Fistula advocates trained	20	10	20

<b>TRAINING CENTER</b>		(6 months)	
Total Courses	16	10	10
Nursing Institute 3 yr. students	83	73	74
Midwifery 3 years students	62	62	59
6 month C-SBA	107	0	91
KMC, HBB, Primary Health, Etc.	605	271	820
Total Trainees	774	333	970

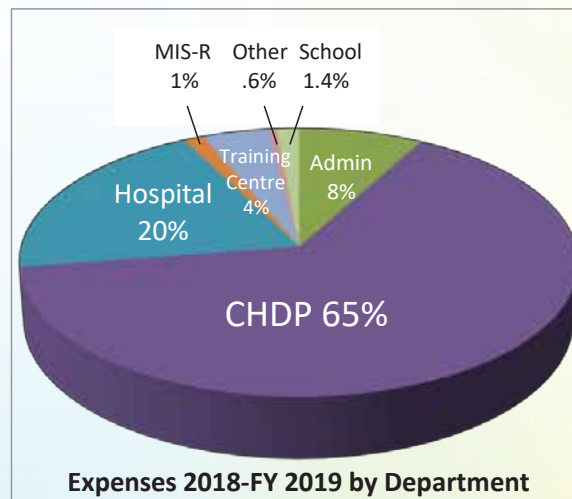
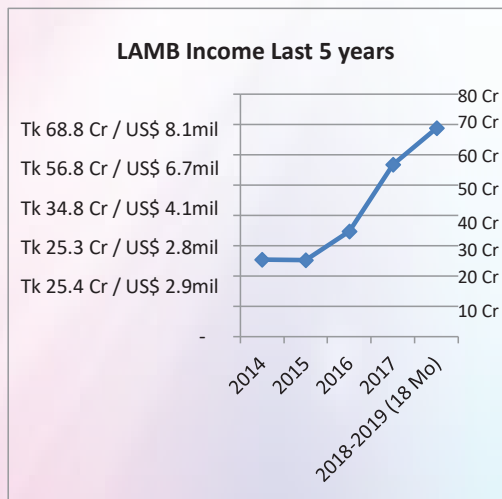
<b>SCHOOL</b>			
Students	123	123	134
Teachers	22	22	24

<b>LAMB STAFF</b>			
Total	1,490	1,863	1,801
Male	417	487	421
Female	1,073	1,376	1,380

## FINANCIAL STATEMENT (1<sup>st</sup> January 2018 - 30<sup>th</sup> June 2019)

Amounts in Taka	Jan'18-Jun'18			Jul'18-Jun'19			Jan'18-Jun'19	Jan'17-Dec'17
	LAMB	LAMB-Plan partnership	Total	LAMB	LAMB-Plan partnership	Total	Total	Total Year 2017
<b>Income</b>								
Hospital Fees and Medicine	33,345,188		33,345,188	4,986,717		4,986,717	38,331,905	77,285,110
Training Centre	9,303,918		9,303,918	22,243,080		22,243,080	31,546,998	10,831,903
School	1,794,770		1,794,770	70,071,115		70,071,115	71,865,885	4,593,087
Other activities	13,422,402		13,422,402	27,531,871		27,531,871	40,954,273	124,014,183
Grants	6,318,029	119,514,630	125,832,659	75,300,723	275,665,219	350,965,942	476,798,601	315,993,951
<b>Total Earned Income</b>	<b>64,184,307</b>	<b>119,514,630</b>	<b>183,698,937</b>	<b>200,133,506</b>	<b>275,665,219</b>	<b>475,798,725</b>	<b>659,497,662</b>	<b>532,718,234</b>
Donations	10,347,390		10,347,390	18,466,657		18,466,657	28,814,047	35,514,755
<b>Total Donations to LAMB</b>	<b>10,347,390</b>	<b>-</b>	<b>10,347,390</b>	<b>18,466,657</b>	<b>-</b>	<b>18,466,657</b>	<b>28,814,047</b>	<b>35,514,755</b>
<b>Total Income</b>	<b>74,531,697</b>	<b>119,514,630</b>	<b>194,046,327</b>	<b>218,600,163</b>	<b>275,665,219</b>	<b>494,265,382</b>	<b>688,311,709</b>	<b>568,232,989</b>
<b>Expenses</b>								
Operating Expenses								
Salary and Benefits	62,607,355	63,449,279	126,056,634	123,756,495	135,456,541	259,213,036	385,269,670	241,235,556
Health	41,196,996		41,196,996	97,411,831		97,411,831	138,608,827	94,232,406
Family Planning & Population	389,609		389,609	1,876,133		1,876,133	2,265,742	
Education, Youth and Culture	1,479,056		1,479,056	2,686,475		2,686,475	4,165,531	3,926,350
Social Welfare	105,692		105,692	268,763		268,763	374,455	
Women & Children Affairs	51,114		51,114	5,874,805		5,874,805	5,925,919	
Ethnic minority affairs	337,590		337,590	968,112		968,112	1,305,702	
Disaster, Relief & Rehabilitation & Housing	732,617		732,617	4,202,941		4,202,941	4,935,558	
Environment, reservation and development	29,358		29,358	62,020		62,020	91,378	
Depreciation	3,293,667		3,293,667	6,189,359		6,189,359	9,483,026	6,777,327
Project Capital Expenses		2,820,855	2,820,855	709,191	1,104,617	1,813,808	4,634,663	
Supplies And Services		13,405,021	13,405,021		23,740,712	23,740,712	37,145,733	14,202,659
Training, Meeting and Entertainment		32,983,507	32,983,507		83,106,659	83,106,659	116,090,167	46,456,252
Repair and Maintenance		5,237,548	5,237,548		17,072,057	17,072,057	22,309,605	12,141,813
Project Material Expenditure		5,554,155	5,554,155		8,501,157	8,501,157	14,055,312	17,458,413
Other Expenses								111,175,201
<b>Total expenses</b>	<b>110,223,054</b>	<b>123,450,365</b>	<b>233,673,419</b>	<b>244,006,125</b>	<b>268,981,743</b>	<b>512,987,868</b>	<b>746,661,288</b>	<b>547,605,977</b>
<b>Operating result</b>	<b>- 35,691,357</b>	<b>- 3,935,735</b>	<b>- 39,627,092</b>	<b>- 25,405,962</b>	<b>6,683,476</b>	<b>- 18,722,486</b>	<b>- 58,349,579</b>	<b>20,627,012</b>
<b>Capital Expenditure</b>								
Land	25,000		25,000	25,236		25,236	50,236	1,094,259
Building addition	238,593		238,593	556,162		556,162	794,755	1,034,884
Medical and Office equipment	423,582		423,582	1,418,865		1,418,865	1,842,447	2,735,801
Furniture	92,225		92,225	123,850		123,850	216,075	1,719,124
Vehicle/Bicycle			-	4,796,075		4,796,075	4,796,075	3,957,814
<b>Total Capital Expenditure</b>	<b>779,400</b>	<b>-</b>	<b>779,400</b>	<b>6,920,188</b>	<b>-</b>	<b>6,920,188</b>	<b>7,699,588</b>	<b>10,541,882</b>

### Financial Statement (2018 - June 2019)



**Note:**



## Glossary

A2H	Advancing Adolescent Health	HF-DRR	Health Focused Disaster Risk Reduction
ANC	Antenatal Care or Antenatal Clinic	ICN	Inter-Church Network
ASRH	Adolescent Sexual and Reproductive Health	ISOFS	International Society of Obstetric Fistula Surgeons
BNMC	Bangladesh Nursing and Midwifery Council	KOICA	Korean International Cooperation Agency
BOT	Born On Time	LAMB	Lutheran Aid to Medicine in Bangladesh
CBO	Community Based Organization	LINC	Lifestyle, Infections, Nutrition and Contraception
CC	Community Clinic	MNCH	Maternal Newborn Child Health
CCT	Church and Community Transformation	MIS-R	Management Information System-Research
CD	Clinically Diagnosed	MOHFW	Ministry of Health and Family Welfare
CEmOC	Comprehensive Emergency Obstetrics Care	MPH	Masters of Public Health
CFA	Community Fistula Advocate	NGO	Non-Government Organization
CG	Community Group	OPD	Outpatient Department
CHDP	Community Health and Development Program	PAD	Participatory Action for Development
CHW	Community Health Worker	PNC	Postnatal Care or Postnatal Clinic
CNR	Case Notification Rate	RHS	Reliable Health Services
C-SBA	Community Skilled Birth Attendants	RRHS	Responsive Reproductive Health Services
CSG	Community Support Group	SDG	Sustainable Development Goals
DFID	Department for International Development	SDU	Safe Delivery Unit
DPA	Disability Program Assistant	SHOW	Strengthening Health Outcomes for Women and Children
DRR	Disaster Risk Reduction	SRH	Sexual Reproductive Health
ECM	Ending Child Marriage	SS-FGF	Stop Suffering caused by Female Genital Fistula
ED	Executive Director	TB	Tuberculosis
EP	Extra Pulmonary	UHFWC	Union Health & Family Welfare Center
FCPS	Fellow, College of Physicians And Surgeons	UK	United Kingdom
FRRei	Fistula Rehabilitation and Reintegrating	<i>Upazila</i>	Administrative Region-Subdistrict
FWC-MC	Family Welfare Center Management Committees	UP	Union Parishad
GAA	Girls Advocacy Alliance	USAID	United States Aid to International Development
GBV	Gender-Based Violence	VHV	Village Health Volunteer
GOB	Government of Bangladesh	WHI	Women's Hope International



## World Mission Prayer League (LAMB Hospital)

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

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