LAMB Integrated Rural Health and Development
InterServe
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In 1961, an American Lutheran pastor working with the Santal tribe in East Pakistan shared his burden for a medical work at a California Bible camp. After much prayer, the 'LAMP' (Lutheran Aid to Medicine in Pakistan) Committee was formed to secure needed resources to build a hospital. In 1967, that pastor and others purchased land after the dream of a specific tree helped identify the right place when a field containing the exact tree was offered for sale.

Early building efforts were interrupted by the effects of a cyclone in 1970 followed by civil strife in 1971. The creation of Bangladesh changed LAMP to LAMB (L.A.M…Bangladesh), the lamb being a fitting symbol of peace after the ravages of war. LAMB was brought under the World Mission Prayer League, a Lutheran board based in Minnesota, and the focus shifted from Santals to serving local poor of all backgrounds.

By the mid-1970s, mobile clinic work, Bible teaching, adult literacy and agricultural work had started. In 1983, a small hospital opened, furnished by thousands of donated medical items from Sweden. A daughter of the original visionary pastor continued evangelistic work with Santalis; his granddaughter was the first foreign child born at the new hospital.

Medical work expanded to include surgery, obstetrics, TB, and nutrition support. Relief and rehabilitation efforts intermittently helped mitigate effects of regular catastrophic flooding, in 1987-88, 1995, and again in 1998. [LAMB partners with MAF to maintain readiness to respond when the need arises.]

While providing general medical and pediatric services, currently LAMB's focus at the hospital level is primarily obstetrics, providing one of only a handful of hospitals in the country where sufficient deliveries occur to support an active obstetric training program. Many types of primary health training also occur: village health volunteers, paramedical providers, safe birth attendants, and medical doctors.

Since the late 1980s the local church body has taken on the responsibility for local outreach. This has been quite a slow process in terms of increasing a vision beyond the local Santal population. The majority Muslim community is still mostly feared by the traditional Christians, and challenges remain to build Great Commission disciples within the church.

Bangladesh is the most pervasively corrupt nation on earth, according to Transparency International's rankings in 2001 and 2002. There are thousands of NGOs at work here, ranging from very small localized national-run advocacy organizations to the largest NGO in the world (BRAC). Innovative health and development technologies and ideas developed in Bangladesh include ORS (at ICDDR,B Center for Population and Health Research) and micro-credit (Grameen Bank).

The government is one of the more dysfunctional on the planet, and this is reflected in the lack of quality medical facilities available to those without means to access the private sector (where quality is also not often of high standards, but at least exists). The state

medical system is full of personnel whose only attraction to medicine in general, or government service in particular was toward the personal security available therein.

Health statistics, when stated in rates per 1000, sometimes locate Bangladesh in the lower-middle for overall national health status. However, due to its population–over 130,000,000 persons living in an area the size of Wisconsin–total deaths categorize this crowded nation in the bottom 10, at least for total under-5 childhood mortality.

Islam is the state religion, with 85% of the population following this faith. 14% are Hindu, 0.5% are Christian, with the rest comprised of Buddhists and animist tribal sects. Though a small percentage, 650,000 Christians are a significant presence in certain areas of the country, notably amongst tribal people and traditional Christians, many of a Catholic faith bolstered by the presence of priests and nuns who sacrificially give their live in incarnational ministries.

Unique features of Islam in Bangladesh (as distinct from other Asian nations):

- Because of poor treatment during the years as 'East Pakistan' and 1971 war-time Pakistani atrocities, there is some wariness toward the 'brotherhood' of Islam.
- Openness to Jesus Christ as healer and miracle worker (possibly related to strong folk-Islam elements, including power ascribed to 'pirs' or living/dead Muslim saints).
- A facet of atonement for sin in 'Korbani Eid,' observed by ritually slaughtering an animal commemorating Abraham's willingness to sacrifice his son but God's provision of a lamb (a fact not lost when describing LAMB's work in Bangladesh).

LAMB's organizational mission is simple: to serve God through serving the poor or under-privileged people, especially women and children, of Bangladesh, specifically through:

Service delivery includes village health volunteers providing health promotion, disease prevention, and case finding services. These women are linked with community and mobile clinic networks, backed up by strong referral and training relationships with the 75-bed LAMB Hospital.

Capacity building seeks to strengthen staff and community members' knowledge, attitudes, and practices in order to realize a vision of healthy communities living as God intended. This includes linking economic security for individuals (microcredit) with initiatives that use capital gained–social and financial—to support services (health clinics) benefiting the whole community.

Impact Assessment builds on a foundation of good monitoring and evaluation of all programs, trying to ensure quality as expressed in terms of relationships and outcomes.

Networking and dissemination linkages allow sharing of lessons learned and best practices for maximum benefit locally and in the wider Bangladesh and international context. This includes internal and collaborative research (in-country and international).

Spiritual and emotional health work encourages hope, freedom from fear, each person's value, and need for a healed relationship with the Creator. Staff work as a team or family, respecting one another regardless of status or hierarchy.

A short-term worker recently wrote a Bible-school paper about holistic ministry at LAMB, finding widely-differing opinions. Some national (Christian) staff even view LAMB as something other than a mission, since we employ non-Christian staff. All agree our work as a holistic project is reflected in our vision statement:

> Our vision is to see people living as God intended in spiritually, physically, socio-economically, and emotionally healthy communities with the capacity to develop and utilize sustainable, holistic and reproducible health and development programs. LAMB will build capacity using our diverse personnel, resources, and expertise in integrated community and hospital programs, networking with communities, churches, NGOs and the Government of Bangladesh.

LAMB breaks down barriers between cultures as staff from all faiths work together. The *activities* of our project are in many ways similar to non-Christian NGOs here, but the *intent* and underlying attitudes come from God's plan of redemption and comprehensive restoration toward His kingdom.

Our primary ministry is as individuals committed to being holistic practitioners, offering testimony to health being fully realized when spiritual, physical, social, and emotional elements of life are truly whole.

Hospital chaplains are trained in counseling, care of dying patients and their families, and apologetics; they facilitate morning hospital devotions and explain these and other Christian activities in which patients and families have opportunity to participate.

The *community chaplaincy* is a new endeavor to sustain a Christian presence in Muslim communities. A female health teacher designated as chaplain maintains contact with Christian field staff or community members interested in increasing the spiritual impact of the project. She is available to counsel anyone interested in questions of spiritual interest and ensure field staff are similarly trained.

In-service *staff training* as well as courses for LAMB or outside staff emphasizes biblical teaching underlying health and development work with the poor. Bible studies help Bengalis investigate how counter-cultural Biblical values apply in their lives and workplace.

As noted, networking and dissemination efforts include countering the secular bio-medical frame of reference common in national health and development policy circles. At *meetings with government* or other organizational policy-makers we seek to support the spiritual national character of Bengalis, and link this with specifically spiritual implications of our work. Research pursues areas where behavior or attitudes affected by spiritual elements could be addressed in teaching and training.

Results of LAMB's work: health, development, community

Health and Behavior	LAMB Target Area	B'desh National Average
Maternal mortality	263/100,000	440/100,000
Perinatal mortality	79/1000	180/1000 (stats vary)
Mothers receive antenatal care	71%	35%
Delivery in facility	13%	10%
Use trained birth attendant	58%	13%
Hospital C-section rate	17.5%	40-50%
Referred complicated deliveries go to hospital	83% (by trained birth attendant or midwife)	Unknown, no clear referral system or registry
Childhood immunizations	95%	80%
TB cure rate, case finding %	92% cure, 50% expected	80% cure, 30% expected
Community Development		
Leadership: community leaders increasingly manage community-based services independently. Members of the mixed male/female committees also have become mediators in family and neighborhood disputes, specifically intervening in instances of abuse of women or misunderstandings between patients' families and the health system.		
Finances: all community health and development services are self-supporting for wages. There is an obvious positive impact on the area surrounding LAMB with jobs and stability provided for a substantial Christian population (amongst staff) and local merchants.		
Training: government and other national organizations sent over 175 trainees in 2002, which together with nearly 100 internal trainees were able to develop both competence and character through our training programs. These are at a variety of levels, from semi-illiterate female village health volunteers, community clinic paramedics and midwives, and hospital-based nurses and doctors in obstetrics, internal medicine, and pediatrics.		
Organizational sustainability: LAMB concentrates on training up leaders from within. Rural Bangladesh isn't an appealing career development location for national doctors or administrators, even when Christian. However, this issue stimulates continual wrestling with appropriateness of technical standards and pace of growth or complexity of programs.		
Innovations: Local 'thief rehabilitation project' successfully accessed government resources and is now being expanded to a widow and oppressed wives' program as well. Microcredit loan interest used to support community health clinics.		
Research: new guidelines that any research project includes spiritual and emotional health implications in research question or discussion of results. Participating in published and in-progress (comparing usage of community obstetric services) multi-center international projects; present internal research regionally and nationally, highlighting as appropriate values-oriented issues demonstrated by the information.		
Spiritual: there have been few instances of staff and patients (Hindus or tribal people) becoming Christians over the years. Inquirers from the majority Muslim community are referred to local 'family' groups. Others working with the majority community report LAMB's effective witness-in-deed is a source of awareness-raising throughout our area.		

Challenges

- Bringing truth into work with the government–e.g. the government attitude that everything functions properly most of the time. There is an understanding among donors here that the NGOs bring innovation and a better work ethic to the table, while the government staff is in a system supporting jobs for life with no real incentives for change.

- We have functioned as a bridge between different world views/health systems, when providing technical assistance to the government or other NGOs. In some ways this is something we are uniquely suited to do as a Christian NGO, trying to bring new ideas to a partnership with humility, focusing on relationships as both the mechanism of and fruit of our work.
- Working as a health and development NGO WITH MANY NON-Christian staff in a poor country sometimes mutes verbal witness, as there is often a fear (among Christian staff) of the consequences of losing registration with the government, and hence their livelihoods, if we are too overt. Foreign and national staff do take opportunities, either within chaplaincy work or during routine patient care, to express to individuals what Christians believe.
- Difficult ongoing debates continue about holistic ministry. There is a keen desire to have an impact on discipling or promoting the Great Commission while NOT taking away initiative or responsibility from the church (pastor and other leaders).

Evaluation of the Project As noted above, the project has built a strong reputation as a provider of quality health and development services, attracting funding from DFID (the British equivalent of USAID) and other multi-lateral donors. The health statistics from our area routinely exceed national averages. LAMB's presence is routine a national policy meetings, especially in areas relating to perinatal/obstetric care and training. LAMB is felt to be on the cutting edge of efforts in Bangladesh to consider ways to implement, monitor and evaluate community efforts toward holistic health in a majority Muslim area.

Considerations of sustainability are being framed in terms of quality assurance of integrated community health and development, looking at issues of independent local integrated services. We also seek to develop a uniquely Christian expression in Bangladesh of transformational development (using Bryant Myers' term) which addresses the deep spiritual needs here, while working with a large number of non-Christian staff. This requires wise but uncompromising articulation of Christian values with which all staff are familiarized, and community beneficiaries exposed to. Christians are increasingly equipped to recognize opportunities for expressions of LAMB's commitment to seeking restoration of holistic health.

Failures and Disappointments However, this equipping is hampered by what seems a slow growth in capacity for envisioning changed in the spiritual nature of the local community. The foreigners have grappled with the issue of eagerness for continued development of the medical capacity of the health services, bringing them increasingly up to Western standards. However, there is a somewhat incongruous desire for an 'indigenous' church to develop on its own, with as little interference from Westerners as possible.

Allocation of resources is weighted toward the medical and development work, rather than spiritual. But when resources partially come from secular sources, this is a difficult question. Our capacity to demonstrate the effectiveness of spiritual approaches or to comprehensively document the benefits of even our basic health and development work is yet to be developed.

There has been active participation of a minority of staff with a theological education by extension program which sadly has seemed to be often in pursuit of a degree which would qualify those receiving such training for workplace promotions or status rather than drawing them closer to God's kingdom ways. What would be a hoped-for vision, again, of the

church associated with LAMB Project being an active force toward Great Commission disciple-building, is yet in an early stage.

Finally, as a project we are committed to serving the poorest of the poor, but finances make fee-collection critical. We want to balance these 2 issues, but we know the percentage of those using our services that are poorest of the poor is less than the percentage in the total population surrounding us. Users tend to be the next category up in socio-economic status (SES)–still very poor, but not our primary 'target' population.

Correctives We are trying to more accurately monitor use of our services according to SES, and better 'market' our services, promoting the benefits of high-quality services for those more used to accessing unqualified practitioners. Since there can be a tendency to simply replace belief in the power of village practitioners' cures, with a belief in the power of injections and 'bideshi' (foreign) medicine, we must seek to include some 'power' discussions with our health treatments. We can state we work under the power of a God who intends life and health for all.

Seeking to articulate the benefits of a spiritual, international (integrating the best of Bengali and Western cultural contributions), professional-standard approach to health and development requires ongoing dialogue among all staff to define those terms. That dialogue, occurring at both project and community levels, is critical to developing relationships which reflect kingdom values.

Turnover in staff, Bengali and foreign, brings in new ideas even while destabilizing gains made. But considering that another essential element of what the project promotes is change, we must continue to develop our capacity to envision, plan for, and manage change. As ideas in missions, health, and development change, we seek as an organization to embrace those changes and contribute to their Bangladesh implementation, rather than just continuing where we are.