

PROJECT PROPOSAL

ON

EBF Mother and Child Health Care Hospital

DEVELOPMENT AND IMPLEMENTATION OF SUSTAINABLE RURAL PUBLIC HEALTH

Bhederganj, Shariatpur.

Community Health Development, Research, Implementation and Sustainability in Rural Areas of
Bangladesh

Construction and Pilot Phase

Duration: 03 Years (Long Term Project)

Submitted to:

Donor Organisationen

Submitted by:



**Verein Hilfswerk Bangladesh
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Date: May, 2025

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Organization's Information

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Legal Status and Registrations	<ul style="list-style-type: none"> • NGO Affairs Bureau, Prime Minister's office, Dhaka – Bangladesh. Registration No. 2312 Date: 03. March 2008. • Ministry of Social Welfare, Dhaka, Government of the Peoples Republic of Bangladesh. Registration No. SHARI / 450, Date: 23. May 2007 • Microcredit Regulatory Authority, Finance Ministry of Bangladesh. Registration No. 21112-00056-00841, Date: 16 May 2019 • Verein Hilfswerk Bangladesh, Vereinsgründung: 6.Dezember 2010, Registernummer: FL-0002.360.960-8, Sitz: Schaan
Years of Operations	2003 – Ongoing (2025) [22 Years]
Nature of Organization/ Is your Organization Non-Profit?	Non-Profit/ Yes.
Sector of Interventions	Livelihood Development, Environmental Elevation, Disaster Response
Ongoing Operations	Micro-Finance Program, School Project, Street Children Project, Hospital Project [building phase], Yearly Aid programs

Corruption Prevention/Illegal activities	We have 0 tolerance approach to any illegal activities and have clean track records 0 corruptions during 19 years of operations.
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Project Information

Project title	EBF Mother and Child Health Care Hospital: Development and Implementation of Sustainable Rural Public Health in Rural Areas of Bangladesh.
Target Population	Women, Pregnant Women, Children including Paternal and Post-natal care and Emergency Medical services for Expectant Mothers, Infants, Newborn, Children and Adolescent Girls, Regular Patients including Elderly, Disabled, Patients with Chronic Disease and Emergency Patients with Heart Disease, Heart attack, Stroke and other Health Problems. In total 2.5 million local people of Sariatpur and surrounding districts (Preferably Sariatpur, Madaripur, Gopalganj, Munshiganj, Faridpur) will be directly benefitted from this project.
Project Cost in CHF	978,400.00 CHF (100%)
Requesting Fund in CHF	684,880.00 CHF (70%)
Project Duration	05 years in total including: Scoping mission, Piloting Phase, Implementation Phase and Reporting Phase.
Date of Project Application	May, 2025
Tentative Start Date	August, 2025 (On going Project)
Sector of Interventions	Health and Medical Access, Emergency Health Service, Employability.
Location(s) of the Project	Post Office – Bhedarganj 8030, District Shariatpur in Bangladesh
Who is leading the project?	Miah Nurul Islam, President , Verein Hilfswerk Bangladesh, Switzerland
Project Supervisor	Miah Nurul Islam : President, Verein Hilfswerk Bangladesh, Switzerland Tasmia Mahmud : Executive Director, Euro Bangla Foundation, Bangladesh.
Mission and Vision Of this Project	By establishing the Hospital EBF's mission is to reduce mother and child mortality; untimely deaths due to stroke, heart attack and emergency accidental cases; ensure quality healthcare for underprivileged local people. After the construction initially about 120,000 people and overall, 2.5 million people including surrounding districts will be benefitted through this hospital and they will be made aware of various diseases through various training programs. This will also create job opportunity in Shariatpur and surrounding districts and we will also train volunteers who will be capable of providing community health services in backward rural areas of Shariatpur.

Project Tools	Situate Infrastructure of the Hospital, Medical Experts and Specialists, Effective Treatment Module including Regular, Modern, Necessary and Emergency Medical Equipment and ICU Unit, Medicine, Administrative Experts, Emergency Transportation and Technical Medical Supports for Healthcare Service Treatments.
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Project Summary:

Euro Bangla Foundation in Bangladesh is embarking on a philanthropic endeavor known as the EBF Mother and Childcare Hospital with Emergency Support. This initiative is dedicated to assisting the underprivileged community in Shariatpur, Bangladesh, particularly in Bhederganj, by providing accessible and high-quality health services. The project focuses on addressing the health needs of pregnant mothers, infants, and those requiring treatment for Hepatitis B and C, Tuberculosis, HIV/AIDS intervention, and cardiac care, all at an affordable cost.

EBF's insights, surveys, and credible sources reveal that health expenditures in rural areas consume 18% of a family's total income. To alleviate this financial burden and reduce dependency on costly medical services, the project aims to enhance basic health facilities, particularly catering to pregnant mothers and childcare. Rural areas, including our target area Bhederganj, Shariatpur, are prone to medical crises where over 100,000 lives are lost annually due to inadequate healthcare. Unfortunately, this region lacks a proper hospital with the necessary medical tools, and the existing government facility falls short of expectations, leaving critically ill patients without adequate care.

Recognizing the absence of initiatives from both national and local government institutes to improve medical infrastructure, the Euro Bangla Foundation sees an opportune moment to implement this project. The primary objective is to establish modern medical services in Bhederganj, directly benefiting the local inhabitants, especially pregnant mothers and children.

Our hospital project aims to provide essential healthcare facilities, including General Medicine, Pain Management, Hospital Admittance, and ICU-CCU-HDU support. A key focus is on specialized services for Mother and Childcare, Respiratory issues, Transmitted diseases, and Cardio treatment for the rural population. The projected hospital is expected to serve approximately 4,500 inpatients and 120,000 outpatients annually. Any profits or funds generated will be reinvested to develop the hospital's infrastructure, ensuring sustainability.

Medical fees will be segmented based on economic stability, with 85% of the targeted area's higher and middle class paying a reasonable fee, while 15% (Ultra Poor and Low Earners) receive free treatment. The Euro Bangla Foundation, through its strong network, ensures the availability of physicians and specialists required for this engagement, including full-time salaried doctors, consultants on a retainer basis, and visiting consultants.

The construction plan involves a 50-bed General Hospital in Bhederganj, Shariatpur, covering nearby villages lacking primary healthcare centers. The hospital is estimated to have an 18,265-square-foot built-up area on 1 acre of land, with a projected cost of CHF 970,000.00 to be funded by volunteers, supporters, grants, and donations. The facility will include consultation rooms, an operation theatre, a laboratory, a radiology unit, a chemist shop, ICU facilities, CCU units, and inpatient beds. The project anticipates completion within two years from commencement, aiming

to fill the demand gap for an affordable and modern hospital not currently addressed by existing government, private, or social sector hospitals, particularly emphasizing care for pregnant mothers and childcare.

Project Description:

Bangladesh is the world's seventh poorest country, with 166 million inhabitants as of 2019 (World Bank estimate) and a densely populated country with the majority of its population living below the poverty line. Despite being a resource-poor country, Bangladesh's health sector continues to face issues such as limited access to health services, poor quality of care, a high rate of maternal mortality, and a poor status of child health.

In Bangladesh, the rate of maternal mortality is 245 per every 100,000 live births. Bangladesh loses approximately 7,660 women each year from preventable causes related to pregnancy and childbirth.

About 71% of all births in Bangladesh take place at home, only 4% of which are attended by a skilled provider (DHS 2019). In rural regions, 90% of women give birth at home without a trained birth attendant or access to emergency care due to a lack of healthcare facilities. Furthermore, over half of all women do not have access to facilities during their pregnancy, and just 11% of mothers seek healthcare services in the six weeks following delivery (HOPE Foundation). Only 36% of women receive any pregnancy care from a skilled provider (WHO 2017).

Bangladesh's health worker coverage is 17% of the global threshold. Bangladesh also has a shortage of skilled birth attendants, particularly in rural areas (DHS 2019).

In Bangladesh, maternal mortality is the third leading cause of death among women ages 15-49, or 14% of such deaths. Most of these deaths could be prevented by high quality prenatal care and skilled attendance during labor and delivery, including in cases such as obstetric hemorrhage, which is responsible for nearly one-third of maternal deaths, and eclampsia, which is responsible for 20% of maternal deaths (Roy and Shengelia 2023).

However, the situation is far worse in Bangladesh's backward districts, such as Shariatpur.

The majority of the people there are illiterate and impoverished. Superstition and prejudice, a lack of health and nutrition expertise, and illiteracy all contribute to increased population growth, illness, malnutrition, and high morbidity and death among women and children. A huge percentage of women in the target area do not have access to basic health services that enable safe motherhood. Again, government health-care facilities are insufficient in comparison to the dense population. EBF detected multiple health problems of the target group while carrying out various operations in the neighborhood. The district hospital's services were deplorable, and the poor target population had no access to government health facilities. There are numerous private clinics in the neighborhood, but they are extremely pricey. As a result, children and pregnant women die at a high rate. Aside from that, the prevalence of other diseases such as hepatitis, dengue, and malaria are increasing in the aforementioned places due to air and environmental pollution. In addition to a lack of effective healthcare services, the frequency of unexpected deaths is increasing due to a failure to act quickly in severe situations such as heart attack, stroke and emergency cases depending on ICU and operational services.

Ensure safe delivery of the pregnant mothers EBF wants to establish 50 beds dormitory including C-section arrangements and emergency care for the infants. Reduce untimely death incidents by

providing emergency health care EBF want to set up minimum 3 ICU-CCU-HDU to support emergency medical cases like stroke and heart attack. Provide quality treatment EBF wants to collaborate with health Specialists along with necessary equipment for check-ups and other healthcare services. Alleviate the pain caused by consumerism and the exorbitant cost of treatment in Bangladesh's unmanaged medical system, EBF will give medical treatments to the poor and underprivileged at low cost and with professional advice, as well as emergency services to the general public. Extend the perimeter of the health zone and in designated areas.

Under the Project, we have the following targets:

- ⇒ Provide affordable medical services to the underprivileged rural population targeting Women, Pregnant Women, Children including Paternal and Post-natal care and emergency medical services for Expectant Mothers, Infants, Newborn, Children and Adolescent Girls.
- ⇒ Provide Clinical Care and Regular Health Care Service to anyone who seeks for it, and under privileged including localities; and people from surrounding areas.
- ⇒ Ensure emergency healthcare support by ICU and emergency medical service in critical cases such as stroke, heart attack and other heart and operational diseases.
- ⇒ Provide quality healthcare service and treatment, ensure necessary equipment in the hospital for emergency check-ups.
- ⇒ Reduce untimely death due to lack of support and transportation, build a blood bank, CCU and ambulance service for local people.
- ⇒ Ensure medical campaigns and awareness seminars to give people easy access to healthcare services and facilities.
- ⇒ Convert the unskilled and unemployed youth into skilled manpower through Nursing education.
- ⇒ Building a Health Care with Nursing Institute Antenatal Care for Potential Youths and Develop a Sustainable Healthcare Environment in the Targeted Area.
- ⇒ Establishing Maternity Service with the help of community health workers for underprivileged Pregnant Women of remote areas.
- ⇒ Establishing EBF Primary Health Care center in remote areas for emergency primary healthcare services.

Set Objectives Under the Project:

- ⇒ To establish EBF Mother Childcare Hospital in Shariatpur District, Bangladesh.
- ⇒ To ensure Paternal and Post-natal care services for expectant mothers.
- ⇒ To ensure Emergency Medical Services for Pregnant Women, Infants, Newborn and Children.
- ⇒ To make them aware the necessity of nutrition development and basic idea on integrated nutrition development.
- ⇒ To train them about preventive health care and to assist them to ensure good health & hygiene for themselves and every member of the respective families.
- ⇒ Provide Emergency Services Through ICU-CCU-HDU for Emergency Patients.
- ⇒ Working sector creates to remove unemployment.
- ⇒ To organize campaign program for the involvement of community people.
- ⇒ To provide free medicines (Iron capsule, vitamin A & D capsule, vexing for Measles, Cholera, Pox, Viral hepatitis B & C, Tetanus, Tuberculosis, birth control pill, condom, etc.) For the rural poor community.
- ⇒ Provide basic prevention information on STD/HIV/AIDS.
- ⇒ Encourage discussion about religious beliefs and ordain about sexual diseases.
- ⇒ Promote awareness of how STD generates HIV during having sex and the consequence when anybody dies from no-production age.
- ⇒ Show the Video on HIV and discuss media news from local and abroad events.
- ⇒ Health rally for community people to grow awareness of sanitation, nutrition and mother and child health.
- ⇒ Provide Emergency Transportation/Ambulance Service for critical patients.

Target Population from the project:

The main focus of this project is to provide affordable medical services to the underprivileged pregnant women in the village targeting Women, Pregnant Women, Children including Paternal and Post-natal care and emergency medical services for Expectant Mothers, Infants, Newborn, Children and Adolescent Girls.

Besides Regular Patients including Elderly, Disabled, Patients with Chronic Disease and Regular Problems, Emergency Patients with Heart Disease, Heart attack, Stroke and other Health Problems have been targeted as part of general medical services.

In total 2.5 million local people of Sariatpur and surrounding districts (Preferably Sariatpur, Madaripur, Gopalganj, Munshiganj, Faridpur) will be directly benefitted from this project.

After the construction of the EBF Mother and Childcare Hospital with Emergency Medical Support Support at Bhedarganj Upazila, initially about 120,000 people will be benefitted through this hospital and they will be made aware of various diseases through various training programs. To get the proper medical services is an important element to the basic needs of the people. But as there is lack of good hospital in Shariatpur district people are deprived of the proper treatment facilities. Fulfilling the basic needs of the people and treatment to provide services, it is very important to construct a hospital in this region. If the hospital is built in this area, pregnant women, children and poor people will be protected from premature mortal and the quality of life of the people will be greatly improved.

Location of the project:

The forthcoming establishment of the EBF Mother and Child Care Hospital in the Vedarganj Union within the Shariatpur district is envisioned as a transformative initiative aimed at extending healthcare services to the marginalized and destitute individuals residing in the socioeconomically challenged regions. This visionary healthcare project is strategically designed to cater to the pressing medical needs of the underprivileged population. The envisaged hospital not only addresses the healthcare deficiencies in Vedarganj Union but also serves as a beacon of hope for the less fortunate across the entirety of Shariatpur district. Moreover, the positive impact of this healthcare facility is expected to ripple outward, extending its benefits to neighboring districts like Madaripur, Gopalganj, Munshiganj, Faridpur thereby fostering a healthier and more resilient community across a broader geographical spectrum.



Demography about the Target Area:

The proposed project area is located in Shariatpur district, in the middle area of Bangladesh, which is about 130 km. from Dhaka. It has an area of 4,415 square km with 120,708 families consisting of 2,101,419 populations. The Padma River flows by the northern side of the district. Every year during monsoon most of the low-lying areas are being inundated with floodwater. As a result, large number of people becomes landless and homeless. This also make women and children vulnerable to waterborne diseases. About 80% of the people depend on agriculture. Most of them are either tenant farmers possessing no land of their own or landowners/ tenants possessing a small area of land. Under the crop-system, prevailing in the area, the lion-share of the agricultural product goes to the big farmers and landlords. Because of high incidence of

landlessness almost half of the population of the project area depend on small enterprises, odd services, fishing, day laborer and employment. As in other parts of Bangladesh poverty, illiteracy and malnutrition and diseases are widespread. 70% of the population live below poverty line. The overall economic condition of the project area is poor. With the increase of population and landless, employment opportunity in the agriculture sector is getting scarce day by day. More and more people are becoming unemployed every year. There is very little employment in this area.

Expected benefits from the project:

- 2.5 million people will get preventive health care facilities from the project.
- Initially 120,000 people will get health-care services from the project.
- 30 CHVs will get basic training and 30 TBAs will get refreshers training.
- 2,000 women will get health education from monthly group meetings
- 1,0000 women (15-49 years) will be safe from tetanus.
- 3,000 Women will get antenatal care to the domiciliary level.
- 3,000 pregnant women will immunize against tetanus.
- 3,000 women will get postnatal care to the domiciliary level.
- 3,000 infants will immunize against six killer diseases.
- Among 1,000 children will be safe from malnutrition blindness.
- 10,000 children will get oral polio vaccine for polio eradication
- 10,000 fertile women will get knowledge of contraception and birth spacing.
- FP acceptors will be increase to 70% in year-5
- 3,000 pregnant women will be given check-up, advice and treatment.
- 3,000 postnatal women will be given check-up, advice and treatment.
- 10,000 children will be given treatment.
- 10,000 women will be given treatment.
- 10,000 emergency patients with Heart attack/Stroke/Complicated Conditions will get ICU-CCU-HDU services.

Effect of the Project:

- Decrease the rate of child and mother death.
- Awareness builds up to immunize infants against six killer diseases, malnutrition blindness, polio, contraception and birth spacing of the fertile women.
- Build up awareness of how STD generates HIV during having sex and the consequence when anybody dies from no-production age.
- To convert the unskilled and unemployed youth into skilled manpower through Nursing education.

- Raising employment opportunity
- Change in Food Habit, Ensuring Preventing and Curative health services, Community Participation, Usage of natural resources, Scope of practical knowledge and training in the targeted area.

Project efficiency Analysis:

Risks:

1. To initiate the project from the very beginning, funding is a main concern for the First 2 years of implementation. Specially building, securing project assets. Without fundraising and help from benefactors the quality of project and its activity may drop.
2. Lack of Credibility is an issue. Although the medical system of Bangladesh is quite comprehensive, the cost of medical treatment is very high and the practice of coming to the medical center for any difficulty is still very low due to the lack of hospital facilities in remote areas. Bringing local people from remote areas to hospitals for various problems or primary care is a challenging issue.
3. Managing high-tech medical equipment in under-development areas can be another problem.
4. Retaining the interest of the targeted audience in the piloting phase, bringing local people out of the traditional practice health service and inspiring them with primary medical knowledge and training, and after providing training failure in the implementation process and the failure to sustain the changing conditions of the farmers due to lack of financial and technical support.
5. It will be a time-consuming matter to create a stable health practice of taking medical treatments compared to traditional practices of rural people.

Mitigating the Risks:

- ⇒ With the inauguration of the project, we will contact with official from Ministry of Health, Public Health-care systems, Directorate General of Family Planning, Local and Community Hospitals, Health Specialists, and Local Government who will assist us in establishment of EBF Specialized Health-Care Hospital to reduce the suffering of rural and underprivileged people in rural areas like Shariatpur.
- ⇒ Through effective fundraising and your kind generosity we can overcome the financial factors in the initial phase. After meeting targets and increased exposure, we can apply for a government funding to run this project as long as it takes for Medical and Health-Care sustainability development.
- ⇒ Consultation with the Medical-Specialists and Doctors, Researcher, Pharmaceuticals and Health workers to ensure quality medical and health services and provide High-Teach Healthcare and ICU Services.
- ⇒ Effective planning, Support through financial support; Managing small loans from commercial Banks, Local NGO's; Family-Planning Department; Collaboration with

governmental organization and related programs; Motivational sessions through voluntary initiatives with the help of targeted youths, field visit and campaign with the help of local and governmental leaders; Physical and Financial support in the Emergency Health-Care service for underprivileged people and Ensure available and Low-cost Health Services in Rural Areas.

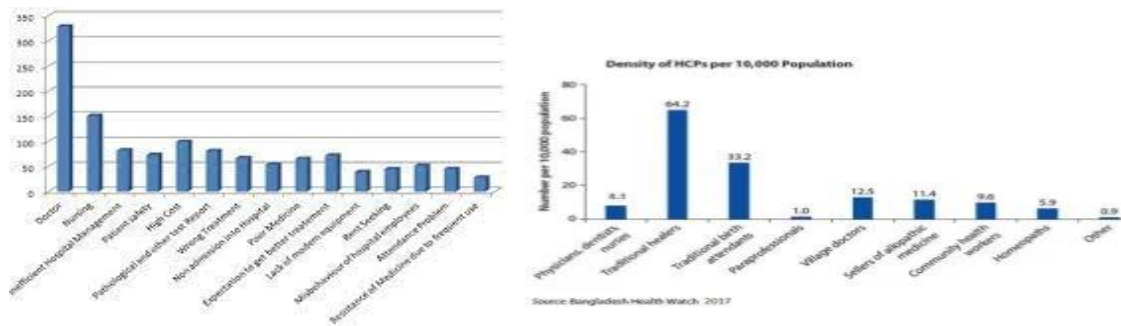
Feasibility/Sustainability:

We together with the rural marginalized people believe that the program will have sustainability after 5 years. Foreign fund for this project in the same area will not be required as assume because-

1. The people will know and follow the principles of preventive health issues;
2. The people will have sound health and will not be the victims of vicious circle of poverty;
3. The future generation will be healthy and industrious;
4. People will have the source of extra income beyond their normal/usual income. Moreover, the women will also have the earning scope;

Details Description of Medical Service Scenario in Bangladesh

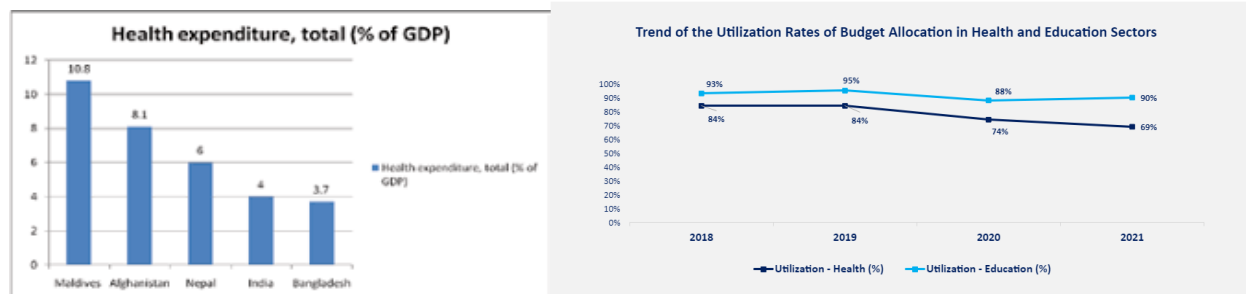
The Health Care System in Bangladesh falls under the control of the Ministry of Health and Family Planning. The government is responsible for building health facilities in urban and rural areas. Health is a basic requirement to improve the quality of life. National economic and social development depends on the status of a country's health facilities. A health care system reflects the socio economic and technological development of a country and is a measure of the responsibilities a community or government assumes for its people's health care. The effectiveness of a health system depends on the availability and accessibility of services in a form, which the people are able to understand, accept and utilize. In Bangladesh, the majority of the country's population lives in rural areas, while the majority of health professionals work in urban centers. In addition, the rapid growth of the private medical system meant that fewer professionals remained in the public sector to take care of the masses. Private systems are mostly out of reach for poor people who can barely afford to live day by day. The Government of Bangladesh is constitutionally committed to "the supply of basic medical requirements to all levels of the people in the society" and the "improvement of nutrition status of the people and public health status" (Bangladesh Constitution, Article- 18). The health service functions were initially restricted to curative services. With the development of modern science and technology, health services emphasize primitive and preventive rather than curative health care. Yet, a large number of people of Bangladesh, particularly in rural areas, remain with no or little access to health care facilities. It would be critical for making progress in Bangladesh's health services to improve the people's participation in the health sector. The Government therefore seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. Bangladesh has a good infrastructure for delivering primary health care, but the full potential of this infrastructure has due to lack of adequate logistics, imbalance financing in healthcare service, corruptive authority and high-cost treatment management.



Problems and Challenges of Healthcare services in Rural Bangladesh:

World Health Organization (WHO) defined health in its 1948 constitution as a state of complete physical, mental and social well-being. WHO also identified some health determinants such as positive environment, income and social status, social support networks, education and literacy, employment, personal health practices and coping skills, health care services which assist to live healthy. Summing up of the guideline of World Health Organization, its center of interest is on health status of the people and at the same time it must ensure the quality of health to all human being.

The quality of health relies on the quality of health service system. Health service system includes all services dealing with the diagnosis and treatment of disease or the promotion, maintenance and restoration of health. But it is observed that health services system over the globe is facing challenges and running with critical situation. Many health policy makers, researchers and medical practitioners argued that health service system in public and private sector in many countries in the world, be it developing or developed countries like Bangladesh, is now in crisis. Apart from that, it is observed a huge structural deficit in the fiscal budget in the government due to a large part of demographic trends which increasing health care expenditure. However, it is also believed that long-term care for incurable diseases and becoming aged people will be the challenges for future governments (21st Century Challenges) that many obstacles like mismatched information to supply the production and diffusion of health-related data, lack of protection to ensure the privacy of electronic medical records, lack of transparency, and weak reporting which decreasing the quality of health services.



Review of imbalanced Health-care financing in Bangladesh and trend of utilization the budget compared to other sectors.

In the recent years, despite of development in health sector, the national health infrastructure of Bangladesh remains fragmented and lack of coordination and capacity, and thus it becomes difficult to handle in an effective manner against huge epidemic diseases such as Heart Attack and other Heart Diseases, Communicable Diseases such as HIV/AIDS, Tuberculosis, Dengue, Malaria, SARS, West Nile Virus, Avian Influenza etc. These are the unbearable challenges for health care system in a developing nation like Bangladesh for the primary health care. In primary health care, some factors are considered as influential for instance poor socio-economic status, lack of physical accessibility, cultural beliefs and perceptions, low level of literacy of mothers and large family size. On the other hand, some empirical studies found some similar factors in primary health care that the proper utilization of health service systems depend on socio-demographic facts such as social structures, level of education, gender discrimination, status of women in society, economic and political systems, environmental conditions and the various types of diseases with health care systems itself.

In the research findings of Euro Bangla Foundation Phase-1 implementation of Hospital Project, researchers claimed that lack financial ability and proper social security system in Bangladesh, mostly in rural areas make health services vulnerable. Moreover, financial inability or poverty is another factor which limits the access of poor people to health services. It makes the poor people powerless, increases ill-health and finally ill-health increases poverty. Vicious Cycle of that means poverty itself is a problem. However, some of health policy analysts predict that it has become impossible for Bangladesh to achieve satisfactory progress in health care services to its citizens by 2050 because of increasing rate of poverty. It is observed that some of the cases poverty is the responsible for limiting the use of modern technology in health care system in the lower or developing countries like Bangladesh.

The application of modern technology and medical equipment in health sector improve the quality of health service at a large scale. It has already been proved that the uses and application of technology helps to diagnose proper health problems which help to medical practitioner for better treatment. Uses of medical technology bring unprecedented speed and accuracy in earlier diagnosis, personalized treatments and other benefits to patients and medical practitioners. On the contrary, experienced medical professionals are inevitable and indispensable for sound health services of any country. Unfortunately, Bangladesh faces the crisis situation of it, and most of health workers including doctors, nurses ignore to stay in rural areas which is major challenge for health services. This challenge is highly existed in Bangladesh.

The BORGES PROJECT INITIATES 7 FACTS ABOUT RURAL HEALTHCARE IN BANGLADESH

Healthcare in Bangladesh is not as sophisticated as in more developed countries; however, the country is working to improve and provide further funding to its healthcare system. So far Bangladesh has made great strides in increasing healthcare access for its people, but there is still a long way to go. Here are seven important facts about healthcare in Bangladesh.

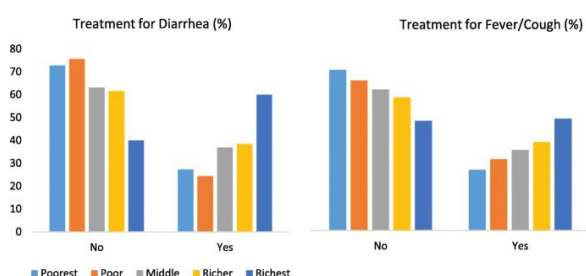


7 Facts About Healthcare in Bangladesh

1. **Bangladesh has a pluralistic healthcare system.** This healthcare system is highly decentralized. As a result, it is regulated and controlled by for-profit companies, NGOs, the national government and international welfare organizations. This shared power has caused many problems, including unequal treatment programs between social classes. Even though the laws and overall system are spearheaded and steered by the Ministry of Health and Family Welfare, other organizations have considerable influence on the decision-making.
2. **There is a shortage of physicians, Specializeds and clinical equipment.** In Bangladesh, the number of physicians per 10,000 people is only about 3.06, which is significantly low. The number of nurses per 10,000 people is even lower, standing at 1.07. Additionally, only 35% of health and clinical facilities in the country have more than 75% of sanctioned staff working and there is a 36% vacancy in sanctioned healthcare workers. There is also a 50% vacancy in alternative medicine providers. These numbers are one of the reasons that Bangladesh's quality of healthcare is low compared to many other Asian countries.
3. **Non-communicable diseases are the leading cause of death in Bangladesh.** Most deaths are caused by cardiovascular diseases, cancers, diabetes, chronic respiratory diseases and malnutrition. There are almost no alcohol-related deaths due to alcohol consumption and sale being illegal in the country. A 2016 study by the World Health Organization (WHO) found that tobacco usage has decreased for both men and women, with only 23% of the population using tobacco products. Obesity has remained low, rising slightly, but still only affected 2% of adolescents and 3% of the adult population. However, poor nutrition is still prevalent, leading to diabetes and high blood pressure.
4. **Most physicians and healthcare workers are concentrated in urban areas.** Rural areas often do not have proper healthcare facilities. To remedy this, the national government has set up many government-funded hospitals in rural areas that provide cheaper treatment for rural citizens. However, these hospitals are often poorly funded, understaffed and overly crowded due to a limited number of healthcare options in rural areas.

5. **Enrollment in medical colleges and healthcare training facilities has increased.** This will benefit the country by increasing the number of healthcare workers in proportion to the population. However, this is only a recent trend and these future healthcare workers must complete their education and training before being able to fully practice their professions. The HPNSDP (Health, Population and Nutrition Sector Development Program) have already begun drafting and implementing a plan to further increase the number of nurses and midwives through training and education facilities.
6. **Socioeconomic inequality affects healthcare in Bangladesh.** One area this can be seen in is infant mortality. The infant mortality rate for the lowest income quintile is 35 deaths per 100 births, while infant mortality for the highest income quintile is only 14 deaths per 1000 births. One of the main reasons for this inequality is that most poor Bangladeshis live in rural areas that do not have adequate hospital facilities. However, even in urban areas, socioeconomic inequality has a large impact. A person with more money is generally able to receive better healthcare than someone who is poorer and

cannot afford certain treatments or services. This is due to the fact that the healthcare system is decentralized and partially run by for-profit healthcare and pharmaceutical companies.



Ratio of treatment facilities indicating financial capabilities

7. **Limited government funding has led to high out-of-pocket payments.** One of the other reasons poorer citizens in Bangladesh cannot afford certain treatments or services is high out-of-pocket costs. On average, Bangladeshi citizens must pay 63.3% of the total cost, while the government pays the rest. This system creates a significant financial burden for impoverished families, sometimes forcing them to either forego treatment or go into debt. To reduce this burden, the government must increase healthcare funding.

These seven facts about healthcare in Bangladesh illustrate some of the barriers that Bangladesh must overcome to provide high-quality healthcare across the nation. The Bangladeshi Government's constitution upholds that all citizens will be provided with equal treatment, including in healthcare. To achieve this, the government needs to address the current inequality and continue to make healthcare a focus of its efforts.

Scenario of Maternal Healthcare in Bangladesh, According to a WHO report_

In Bangladesh, the rate of maternal mortality is 245 per every 100,000 live births. Bangladesh loses approximately 7,660 women each year from preventable causes related to pregnancy and childbirth.

About 71% of all births in Bangladesh take place at home, only 4% of which are attended by a skilled provider (DHS 2019). In backward rural regions, 90% of women give birth at home without a trained birth attendant or access to emergency care due to a lack of healthcare facilities. Furthermore, over half of all women do not have access to facilities during their pregnancy, and just 11% of mothers seek healthcare services in the six weeks following delivery (HOPE Foundation). Only 36% of women receive any pregnancy care from a skilled provider (WHO 2017).

Bangladesh's health worker coverage is 17% of the global threshold. Bangladesh also has a shortage of skilled birth attendants, particularly in rural areas (DHS 2019).

In Bangladesh, maternal mortality is the third leading cause of death among women ages 15-49, or 14% of such deaths. Most of these deaths could be prevented by high quality prenatal care and skilled attendance during labor and delivery, including in cases such as obstetric hemorrhage, which is responsible for nearly one-third of maternal deaths, and eclampsia, which is responsible for 20% of maternal deaths (Roy and Shengelia 2023).

BANGLADESH KEY STATS

The maternal mortality rate in Bangladesh is 245 deaths per 100,000 live births. (*The Lancet 2015*)

Bangladesh loses approximately 7,660 women each year from preventable causes related to pregnancy and childbirth. (*The Lancet 2015*)

Bangladesh has a shortage of skilled birth attendants, particularly in rural areas.

Approximately 71% of births in Bangladesh take place at home, only 4% of which are attended by a skilled provider. (*Bangladesh DHS 2014*)

Bangladesh has the fourth highest rate of child marriage in the world: 52% of girls are married by their 18th birthday, and 18% by the age of 15. (*Girls Not Brides 2017*)

Bangladesh has an extremely high adolescent birth rate: 113 out of every 1,000 women ages 15-19 years old have given birth. (*Girls Not Brides 2017*)

BARRIERS TO MATERNAL CARE AND DRIVERS OF MATERNAL MORTALITY RATES IN BANGLADESH

As in most countries, the national statistical averages in Bangladesh hide the disparities that exist between the wealthier urbanites and rural, marginalized populations, the latter of whom faces worse maternal health outcomes and higher rates of maternal deaths. The highest rates of maternal mortality occur in rural regions, particularly where the majority of the population is impoverished.

Gender Inequality and Child Marriages Drive Maternal Deaths: The practice of early unions and child marriage is responsible for a large percentage of maternal deaths in Bangladesh. Bangladesh has one of the highest child marriage rates in the world: 52% of all girls are married by age 18, and 18% by the age of 15. Child marriage is more common in rural regions where 71% of girls are married before the age of 18, compared to 54% in urban areas.

Drivers of child marriage stem from gender inequality and include poverty and financial pressure to secure girls' futures, a dowry system with increased prices as girls age, and beliefs that girls need to be protected from harm. Forced early marriages persist throughout the country, narrowing life plans for adolescent girls and putting their health at risk. Despite a 2017 law passed that raised the age of marriage to 18 for women (it is 21 for men), a loophole exists allowing child marriage in "special cases," leaving the door open for the practice to continue.

The fertility rate among teenagers ages 15-19 years old in Bangladesh is extremely high: 113 births per 1,000 women and girls. Not yet physically or psychologically mature, young mothers are prone to complications during childbirth and pregnancy. Maternal deaths occur in adolescent girls under 20 years of age at a much higher rate than in adults. In fact, pregnancy-related complications is the leading cause of death for girls aged 15-19 globally.

Cultural Barriers to Reproductive Health and Family Planning: Bangladesh's overall fertility rate has steadily fallen, currently at 2.13 children per woman, but rates among rural women and poor women are consistently higher than the national rate. Family planning coverage stands at 73%, which means 27% of women have an unmet need for contraception, or they wish to avoid pregnancy in the next two years but do not have access to contraception (DHS 2014).

Access to family planning is highly dependent on geographic location, access to economic resources, and the consent of a woman's male partner. Across the country, cultural barriers also limit access to reproductive healthcare, including concern about social or religious chastisement for using family planning, husband or partner opposition, and fear of side effects.

Pregnancy-related health status in a remote rural area of Bangladesh: results from a clinic-based cross-section of antenatal check-up visits_

Antenatal care (ANC) check-up and monitoring the pregnancy-related health status are essential for successful pregnancy. Screening for pre-existing conditions and potential complications in pregnancy allows appropriate management whenever needed. This is vital for protecting the health of pregnant women and fetuses. The ANC screening includes hypertension, albuminuria, and edema related to preeclampsia, anemia, gestational diabetes, urinary tract infection, etc. Worldwide, hypertensive disorders in pregnancy (including preeclampsia, gestational hypertension, and chronic hypertension) affects 5–10% of pregnant women. According to the World Health Organization (WHO), anemia is the single most prevalent condition in pregnancy, accounting for nearly 42% of pregnancies during 1993–2005. Another important clinical condition is gestational diabetes that can be found in nearly 5% of pregnant women.

In Bangladesh, a South Asian developing country, despite substantial progress in primary health care over the last few decades, only 64% of the pregnant women receive one or more ANC visits with a skilled health care provider, while only 37% receive four or more visits. In addition, the quality of the care has always been a concern. There are reports indicating that out of a total eleven listed ANC service categories, there was a prominent lack of service contents or

provision in several areas including essential routine tests in rural areas. Low compliance coverage was observed in the physical examination (e.g., edema), routine tests (e.g., blood grouping and urine test), and advice on high risk pregnancy. Therefore, the ANC in terms of its coverage, quality and comprehensiveness still appears to be inadequate in remote rural areas.

Available reports to indicate the prevalence of pregnancy induced hypertension is 7.5% in urban areas and 5–9% in rural areas. Half of the pregnant women are anemic in rural areas, a bit higher than the urban counterparts. Gestational diabetes is ranged from 7–13% with an observed higher rate (7.5–13%) in urban areas than rural (7–8%) .

However, comprehensive information about the pregnancy-related health status is still quite limited in rural areas of Bangladesh. Such data are necessary for the health manager's better understanding of pregnancy-related health conditions in remote outlying areas, and also for taking necessary clinical and public health measures in order to ensure the optimum health and well-being of the pregnant women and their fetuses.

Our motivation behind building EBF Mother and Childcare Hospital-

One pregnant woman or newborn dies every 7 seconds: new UN report



Global progress in reducing the premature deaths of pregnant women, mothers and babies, has flatlined for eight years due to decreasing investments in maternal and newborn health, according to a new UN World Health Organization (WHO) report, published on Tuesday.

The report, *Improving maternal and newborn health and survival and reducing stillbirth*, assesses the latest data, which have similar risk factors and causes, and tracks the provision of critical health services. Overall, the report shows that progress in improving survival has stagnated since 2015; with around 290,000 maternal deaths each year, 1.9 million stillbirths - babies who die after 28 weeks of pregnancy - and a staggering 2.3 million newborn deaths, during in the first month of life. The report shows that over 4.5 million women and babies die every year during pregnancy, childbirth or the first weeks after birth, equivalent to one death happening every seven seconds, mostly from preventable or treatable causes if proper care was available. The new publication was launched at a major global conference in Cape Town, South Africa.

Health systems under stress

The Covid-19 pandemic, rising poverty, and worsening humanitarian crises have intensified pressures on stretched health systems. Just one in 10 countries (of more than 100 surveyed) report having sufficient funds to implement their current plans.

According to the latest WHO survey on the pandemic's impacts on essential health services, around 25 per cent of countries still report ongoing disruptions to vital pregnancy and postnatal care and services for sick children. "Pregnant women and newborns continue to die at unacceptably high rates worldwide, and the COVID-19 pandemic has created further setbacks to providing them with the healthcare they need," said Dr. Anshu Banerjee, Director of Maternal, Newborn, Child and Adolescent Health and Ageing at the World Health Organization.

"If we wish to see different results, we must do things differently. More and smarter investments in primary healthcare are needed now so that every woman and baby -- no matter where they live -- has the best chance of health and survival."

Fighting for life

Funding losses and underinvestment in primary healthcare can devastate survival prospects. For instance, while prematurity is now the leading cause of all under-five deaths globally, less than a third of countries report having sufficient newborn care units to treat small and sick babies.

In the worst-affected countries in Central Southern Asia including Bangladesh with the greatest burden of newborn and maternal deaths, fewer than 60 per cent of women receive even four of antenatal checks. "The death of any woman or young girl during pregnancy or childbirth is a serious violation of their human rights," said Dr Julitta Onabanjo, Director of the Technical Division at the United Nations Population Fund (UNFPA).

"It also reflects the urgent need to scale-up access to quality sexual and reproductive health services as part of universal health coverage and primary health care, especially in communities where maternal mortality rates have stagnated or even risen during recent years. We must take a human rights and gender transformative approach to address maternal and newborn mortality, and it is vital that we stamp out the underlying factors which give rise to poor maternal health outcomes like socio-economic inequalities, discrimination, poverty, and injustice".

Lifesaving care

To increase survival rates, women and babies must have quality, affordable healthcare before, during and after childbirth, the agencies say, as well as access to family planning services. More skilled and motivated health workers, especially midwives, are needed, alongside essential medicines and supplies, safe water, and reliable electricity. The report stresses that interventions should especially target the poorest women and those in vulnerable situations who are most likely to miss out on lifesaving care, including through better planning and investments. Improving maternal and newborn health further requires addressing harmful gender norms, biases, and inequalities. Recent data show that only about 60 per cent of women aged 15-49 years make their own decisions regarding sexual and reproductive health and rights.

Based on current trends, more than 60 countries are not set to meet the maternal, newborn, and stillborn mortality reduction targets in the UN Sustainable Development Goals by 2030 and Bangladesh ranked top among the Countries.

Case Studies Observed in the Targeted Area:

Again, in order to understand the actual scenario of the targeted area, Euro Bangla Foundation conducted a qualitative study on 20000 people in Shariatpur and its surrounding areas and found that without treatment and emergency measures, people are dying in the designated areas every day due to lack of medical equipment.

Rehena Akhter from Naria upazila, Sariatpur died on July 5, 2022 on the way to the hospital for delivery while pregnant. According to Rehana Akhter's family, she was primarily taken to the community hospital for delivery. But there was no way she could have a normal delivery in the community hospital despite the fact that duty doctors supposed to be present there, but no doctor was available at that moment, and also there was no arrangement for caesarean section. When the patient was completely unconscious, midwives who were taking care of the patient suggested to take Rehana to Sadar Hospital or any clinic in the city. The procedure took time and Rehena died on the way to another hospital. Such stories are not new to rural areas of Bangladesh, especially districts like Shariatpur. Every day thousands of people suffer from lack of adequate medical facilities.

On the other hand, another woman, Mosa: Panna was a local resident of Damudya Upazilla, Sariatpur District. She died suddenly after suffering a stroke recently. Talking to her family members, Panna was suffering from some physical problems due to mental stress for some time. Although she shared this with her family members, no one gave much importance to the matter because in backward places like Shariatpur, things like mental stress and stroke are not yet understood by people. However, on August 21, 2022, when her condition worsened, she sought the help of a local doctor. But since there was no equipment for instant check-up in the doctor's chamber, she was sent home with a mere primary treatment and medicine. After some time, Panna had the major brain stroke, she was rushed to Sadar Hospital, but the doctors asked to take her to Dhaka as there was limitations in the medical facilities there. Panna died while preparing to go to Dhaka for treatment.

These two case studies are just two examples that indicate the number of daily occurrences in backward, disaster-prone and vulnerable areas in and around Shariatpur.

Background of Medical Facilities Existing in Project area:

Most of the people in the project area are illiterate and poor. Due to superstition & prejudice, lack of health & nutrition knowledge, illiteracy there is enhancement of population growth, ill health, malnutrition, high morbidity and mortality of women and children. A large number of women in the target area are deprived of their right to have access to basic health service that ensures safe motherhood. In the project areas the Government health care facilities are inadequate in proportion to dense population. During implementation of different activities in the community EBF identified numerous health problems of the target population. The current services in the district hospital are very poor and the target people do not have access to the government health

facilities. There are many private clinics in the area but these are very expensive. From our observation in 2007 about twenty pregnant women died at the time of delivery during the same time frame which we considered as an alarming situation in the project area.

In the project area the health and nutrition status of children and women is poor. They are being neglected in the family and suffering from various diseases due to their ill health caused by malnutrition, poor personal hygiene and environmental sanitation. The infant and child mortality rates are higher. From different research papers, consulting with medical professional, researchers and our own observations, more than 50% of the newborn are with low birth weight. They have little resistance to the infections that are all around them in a village household. Due to lack of proper feeding practices and lack of personal hygiene by the mothers the infants suffer from recurrent bouts of diarrhea, pneumonia. As a result, they become malnourished. They are destined to follow a substandard growth and development. About 30% of these malnourished infants die before they celebrate their first birthday. Malnourished infants who celebrate first birthday can hardly overcome their deficit state. Due to lack of adequate nutritious food, lack of care in illness they become the victims of the vicious cycle of infection and malnutrition.

Add to this the fact that only one hospital exists for this large population in 6 districts of Shariatpur District. Below is a picture of the hospital and its surroundings:



The existing only hospital in Shariatpur has no ICU service or CCU support for emergency treatment. For which it is not possible to provide any kind of medical services in emergency cases. In most cases, patients die while being transported from these vulnerable areas to the city referred by the local doctors. In addition, due to the lack of sufficient equipment and specialists to conduct medical tests for other communicable, non-communicable diseases, most of the underprivileged people are facing great risks due to unknowingly taking consultations from village doctors or dispensaries. The filthy and terrible condition of the government local hospital, as well as its mismanagement, the hypocrisy and inadequacy of the doctors, the lack of emergency services, and the misery of the inhabitants of Shariatpur and its neighboring districts, have reached an unbea

able level. Solvents can sometimes acquire services from private clinics, the impoverished poor in rural areas must rely on municipal hospitals and face a variety of challenges, including death without treatments.

EBF's Intervention Regarding This Project:

To Establish the Hospital Project, Euro Bangla Foundation through their phase one implementation initially surveyed among 20000 people mostly Women and Elderly through a qualitative method and independent variable which indicates the findings and case studies briefly used in the detail's description of the project. Also, Euro Bangla Foundation has organized various medical campaigns, awareness programs, mother and child discussion meetings, adolescent-teenage programs, adolescent health, vaccination programs and free medical programs in the targeted area.



Again, EBF organized awareness programs targeting the local population of Shariatpur to aware people about health care services and also to find out the limitations hiding in the existing system. Euro Bangla Foundation has successfully operated some of the poor people of Shariatpur with incurable diseases through experienced doctors. Among them following cases were very critical and exemplary:

Medical Campaign:

EBF with the collaboration Shariatpur's local diagnostic center and Specialized doctors run free medical campaign in remote areas under which Specializeds of all types see patients free of cost and prescribe them. Free vaccines are given under this campaign.



Help for Treatment:

As part of the intervention program of the EBF Specialized Hospital Project, the poor and underprivileged people are treated under EBF's own supervision.



Operation Basar and Siam:

As another part of the intervention, EBF successfully cured some poor and underprivileged patients by performing free surgeries by appointing expert doctors.



Part of Medical Aid Program for Covid 19 conducted by EBF on 23 February 2023



Project Implement Strategies:

A. EBF Mother and Childcare Hospital with Emergency Medical Support:

Health education:

It will be done in-group meeting and person to person during visit to the community. Every Community Health Volunteer will organize one or two Health education sessions for 100 families in a day. In the session she will disseminate messages on food and nutrition, benefit of taking iodized salt, care of pregnant and postnatal women, feeding of infants and children, benefit of immunization of infants and pregnant women, management of diarrhoea. She will also disseminate messages on prevention of malnutrition blindness, personal hygiene, benefit of use of TW water and sanitary latrines, and mitigation of arsenic problems. She will also follow-up the health practice of women and remind them of correct procedure in case of any wrong practice.

Immunization:

During visit to the community every CHV will register pregnant women and the infants, explain to the pregnant women, women of childbearing age and mothers about benefit of immunization. She will organize them to go the govt. immunization session. Follow-up of immunized infants, pregnant women and women of childbearing age will be done by her during visit to the community. Relevant information will be recorded in the immunization register.

B. Maternal and Specialized Health care in the community:

Antenatal follow-up by CHVs:

Every CHV will register the pregnant women and provide education on taking adequate amount of nutritious diet, rest, immunization and check-up in the mobile clinic. She will also organize the pregnant women to the immunization session and mobile clinic in the community. During follow-up visit she will inquire about the practice of pregnant women and remind them of correct practice. At 36 weeks of pregnancy the CHW will advise the pregnant women to make necessary arrangement for delivery by our trained TBAs.

Delivery by trained Birth Attendants :

Every trained Birth Attendant will collect information of pregnant women in the Community. She will educate the pregnant women on diet, rest, immunisation and check-up in the mobile clinics in the Community. She will identify risk cases of pregnancy and organize them to attend Primary Health Care Centre of **EBF**. The trained Birth Attendant will deliver babies through aseptic procedure. She will help the mothers to feed colostrums to their babies. She will also encourage the mothers to take care of breasts, provide exclusive breastfeeding up to 5 months and then introduce supplementary feeding. The trained Birth Attendants will follow-up the postnatal women and organize them to the mobile clinic for check-up. She will also organize the mother to the immunization session for getting her baby immunized.

Postnatal follow-up by CHVs:

During visit to the community every CHV will register the postpartal women and advise them on taking adequate nutritious diet, rest. She will encourage the mothers to take care of breasts, provide exclusive breast feeding up to 5 months and then introduce supplementary feeding,

immunization of baby, management of diarrhoea with ORT, care of baby in illnesses and family planning.

Antenatal and postnatal check-up in the mobile clinic:

Concerned CHV and trained Birth Attendant will organize the pregnant and postpartal women to attend mobile clinic for check-up. The Medical Assistant will examine them and provide advice and treatment. She will identify risk pregnancy and complications in postpartal women and refer them to **EBF Mother and Childcare Hospital with Emergency Medical Support**.

Emergency Unit:

There will be minimum 3 ICU and 5 CCU care units for emergency patients and critical patients like heart attack patients, stroke, any other operational treatment.

Polio eradication program:

Every CHV will register the children; educate their mothers on the benefit of giving oral polio vaccine to their children in preventing attack of poliomyelitis. She will register the children and organize the mothers to feed their children with oral polio vaccine. On the National Day of Immunization, she becomes actively involved in feeding oral polio vaccine to the children in her area.

Prevention of malnutrition blindness:

Every CHW will educate the mothers on proper feeding of their growing children. She will emphasize on ensuring green vegetable in the diet of children. She will organize the mothers to feed vitamin A capsules twice a year on the NID.

General treatment:

Every month 20 mobile clinics will be organized in each unit by a team consisting of one Medical Assistant and one Clinic Assistant. For mobile clinic in the village a particular house shall be fixed for providing treatment & check-up of beneficiary patients. Concerned CHV and trained TBAs will assist the team in organizing clinic in the community. On the program day a banner will be hanged outside the fixed house.

The Medical Assistant will ensure check-up & provide treatment. The Clinic Assistant will assist in organizing patients and dispensing medicine. Patients who cannot be managed by the Medical Assistants will be referred to EBF Mother and Child Health Care Hospital.

Supervision and Monitoring:

In each unit one Health Supervisor will monitor performance of six CHVs and 12 trained TBAs. The Medical Officer will visit the community to monitor health care activities of CHVs, trained Birth attendants and the Health Supervisors. He will also visit mobile clinic in the community to monitor performance of the Medical Assistant and Clinic Assistant. During his visit he will record his findings to give feedback on the spot and in the monthly meeting.

Monthly refreshers training/development meeting:

Monthly refreshers training for trained Birth Attendants will be organized & conducted by the Medical Assistant in providing feedback to the TBAs. Monthly refresher training for the CHVs will be organized & conducted by the Health Supervisor in providing feedback to the CHVs. Staff meeting will be held to review the progress of work and taking necessary action. Minutes of meeting will be recorded and preserved.

B. Description of EBF Mother and Childcare Hospital with Emergency Medical support:

The proposal envisages construction of the EBF Mother and Child Health Care Hospital with Emergency Medical Support and provision of services for the patients especially the target beneficiaries from the community. The hospital building will be lying from the East-West, South & North and also facing the south. It will be two-storied building and run by skilled manpower. In the ground floor, there will be provisions of reception cum registration room, patient's waiting room, Doctors room, emergency patients' room, pharmacy room, X-ray room, pathology room, diarrhea ward, Accounts officer's room, office room and a meeting room for the doctors. In the first floor, there will be Surgeon's room, a sterilization room, general O.T. minor O.T, post-operative room, Labor ward, Labor room, ECG and Ultrasonography room, doctors' room, doctor chamber, female ward, 6 cabins-03 with AC and 03-Non-Ac. There will be a general ward. In the 2nd floor there will be a general ward, Nurses' room, store room, kitchen and washing room.

C. Our Services:

Service in the OPD:

Services in OPD will be provided every day from 9 am to 7 p.m. 04 Medical doctors will provide service to all types of patients-medical, surgical, pediatrics and obstetrical/gynecological. The female doctors will ensure care to the attending pregnant and postnatal women. Emergency service will be provided to the patients round the clock. Complicated obstetric/surgical cases requiring intensive care will be referred for admission into the indoor. The Nurses will guide the patients to go to the doctors. As per instruction of the doctors they will record temperature, pulse, BP, and other information. They will assist the Medical Officer in managing critical patients. They will also assist the doctors in examining obstetric and gynecological patients. Recording of temperature, pulse, blood pressure and minor dressing will be done by the Staff Nurses

IPD service:

From 9 am to 7 p.m. the doctors working in OPD and Staff Nurses on rotation will provide treatment facilities to the in-door patients (maternity & general surgery). After 7 p.m. one Medical doctor on rotation will be on call to the patients from 7 p.m. to 9 a.m. Under the Indoor service maternity and gynecological cases shall be handled by the female medical officer (Female Doctor). She will be assisted by the staff nurses. All surgical cases shall be attended by the Male Medical doctor. The Ayahs remain engaged for helping the indoor patients and cleaning purpose of the patient bed, ward, cabin. The cleaners will clean the toilets & drainage of EBF Primary Health Care Centre.

Diagnostic service:

As per advice of the Medical Officer the patients will be provided service from the pathology department, ECG Radiology/USG & imaging department.

Service support:

The receptionist and the registrar shall be responsible for registration of patients, collection of service charges and dispensing medicine. An ambulance with 2 Driver & 1 Assistant shall be kept ready all the time at the EBF Mother and Child Health Care Hospital to fetch emergency patients from remote rural areas and as per need. For providing round the clock hospital service medicine & equipment, pathological reagents, X-ray films, oxygen shall be procured by EBF and kept in the store house of the Health Care Centre. The Project Coordinator shall be responsible for all sorts of procurement & purchase of Hospital materials, medicine, and supervision of Health-Care Centre cleaning & coordinate with the management of EBF in relation with project affairs. The Project Coordinator shall maintain liaison EC and other govt. office. The EC will prepare all report, maintain liaison and coordination with the donor agency, mail handling and correspondences documentation & necessary audits. The staff nurses shall keep the record of patient registration and patient history sheet, charts etc. for easy reference & audits.

Implementation Phase:

EBF is working on three implementation phases to establish EBF Mother and Childcare Hospital with Emergency Medical Support Project.

Phase 1 (Year One and Year 2):

- Phase one is the scoping and piloting phase where EBF conducted a qualitative survey research on 2,0000 beneficiaries in Shariatpur's Bhedarganj and identified the need for the hospital in the projected area. EBF has conducted some medical campaigns and awareness programs as well to build up awareness in remote areas and to change the traditional health practices of local people by determining the need for hospitals in the projected area. EBF under their intervention program is hosting free hospital campaigns and vaccination program twice a year. Under these campaigns EBF also performed some surgeries with the help of Specialists at own expense and successfully treated the patients which has already earned the faith of people towards the upcoming hospital project.
- Land purchase for the construction of EBF Mother and Childcare Hospital has been completed and road construction in front of the hospital is in progress. EBF already developed a structural architecture design for the hospital. After road construction, EBF will carry out soil test and land preparing works. With enough funding, local and government support, it is possible to complete the hospital construction by 2025.
- By the end of Phase One, networking will be created to work collaboratively with government agencies, ministries of health, family planning departments and local governments.

Phase-2 (Year Three):

- The initial target of phase two is to complete the construction of EBF Mother and Childcare Hospital with Emergency Medical Support and ensure technical support.
- Ensuring the setting of necessary equipment for treatment, surgery, test, diagnostic purposes and ICU-CCU-HDU setup.
- Liaison with Specialized doctors including Medicine, Cardiology, Gynecology, Surgery, Pathology, Gastrology and regular Health-care Specialists to ensure their services at EBF Specialized Hospitals.
- Developing the criteria of recruiting nurses, office staff and administrative teams.
- Free medical campaign for Hospital promotion.
- Hospital opening.

Phase-3 (Year Four and Year 5):

- Starting treatment services.
- Appointing doctors under Ministry of Health and Planning Department for quality treatment and ensuring weekly visits by highly experienced doctors.
- Improvement of medical system through patient evaluation to maintain quality treatment and transparency in hospital operations.
- Establishing a trauma center for accident cases under the hospital.
- Setting up a research center for improving healthcare.
- Establishing a blood bank for emergency cases.
- Starting ambulance service for emergency and critical patients.
- To ensure medical care in remote areas, creating a strong community health group that will work to support initial treatment in remote areas and hospitalize the underprivileged.
- Building EBF Mother and Child Care Hospital with Emergency Medical Support to create a sustainable health environment and healthy practice. It is simultaneously creating employment and self-reliance opportunities for the youth of the targeted area.
- Establishing the sustainability of the healthcare system and conducting further research to determine the need of improved healthcare in the future.

Training:

After recruitment of the project staff **EBF** will organize a number of training sessions and workshops during the total 5-year expansion of this project. Resource persons from local and national level will be hired for conducting the sessions and workshops. A trainer's team will be formed with Project Coordinator, Medical Officer, Doctors (Two), Nurse (Two), 6(six) Field Workers, Supervisors, and 4 (four) Health Educators. They will conduct the time to time group level trainings. Group level training will be organised at EBF Training Centre. Training sessions and workshops will be organized at the EBF Training Center on the following topics:

- ⇒ Basic Orientation on Integrated Nutrition Development
- ⇒ Gender and Development
- ⇒ STD/HIV/AIDS
- ⇒ Health and Sanitation
- ⇒ Family Planning Program
- ⇒ Mother and Child health Care
- ⇒ Public Health
- ⇒ Follow-up/Refreshers
- ⇒ Organization Management

Monitoring system:

The Project coordinator shall monitor the overall activities of EBF Specialized Hospital and Community Health Care Centre and the Medical Officer (Field) shall monitor the EBF Primary Health Care Centre in 6 Unions. Besides, SSS monitoring department shall carry out monitoring of total EBF Mother and Child Health Care Hospital and Community Health Care Centre as per normal rule of the organization. During monitoring encountered problems will be solved and review of program activities will be done in order to achieve the objectives as planned.

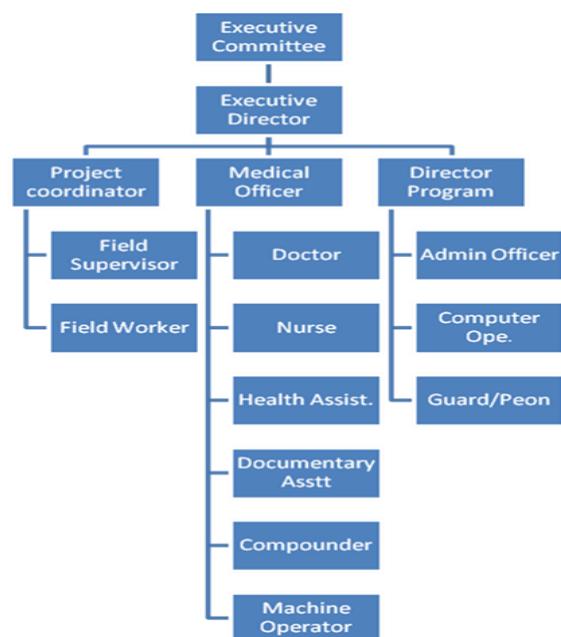
Report, Audit and Evaluation:

As per existing system after every 6 months EBF shall submit AMR, Newsletter and in every 6-month financial report to the Donor authority. Every after 6 months an internal audit will be conducted by an internal auditor of EBF and every after one-year yearly audit will be conducted by an external auditor (CA Firm) approved by Donor agency or NGO Bureau of Govt. of Bangladesh. At the end of the project the Donor and EBF will do evaluation jointly. For reporting & information flow regularly & correctly Management Information System will be established by introducing effective formats & schedule of reporting.

Means of Verification:

EBF Mother and Childcare Hospital	Community Primary Health Care Centre
Monthly Action Plan Registers of CHVs Patients register of mobile clinic Maternal Register of mobile clinic Register of stock of medicine & equipment Monthly reports of CHVs & Medical Asstt Monitoring report of Medical Officer Minutes of monthly meeting	Monthly Action Plan Registers of patients in OPD and IPD Maternal register Register of stock of medicine and equipment Monthly report Monitoring report of Medical Co-coordinator Minutes of monthly meeting.
Minutes of Monthly co-ordination meeting Budget/Plan/Audit report Cash Book, Ledger of accounts 6 monthly Activity Monitoring 6 monthly Newsletter 6 monthly Budget Control Report Internal Evaluation Report, Joint Evaluation Report and Meetings.	

Organogram for the Project:



Our Progress so far:

Architectural Design:

We already developed the final architectural design with collaboration of VENNA Architectural Company. Some pictures of the proposed final design given the following. With expert architects we envision to build modern hospital which can be seen around Europe. We believe with modern equipment and architectural design; this hospital will motivate the rural population to avoid medical malpractices and come take our quality medical services in cheap price.



Proposed and Finalized Design for Euro Bangla Mother and Childcare Hospital

Climate Resilient Steps:

The geographical location of Shariatpur makes it prone to many disasters mainly flood during the monsoon season. To prevent water clogging situation and making easy access to our patients, we made the construction area higher, construct modern and strong road for easy access. To ensure our project is not harming the environment we already conducted soil test and it has given us positive results. We can submit the documents of the soil test if it is necessary for clarification purposes. With funding from our respected Donors/Benefactors, we are confident that we can start our construction procedure in the upcoming Month of January, 2024

Purchasing Of the Land:

Euro Bangla Foundation has already purchased the land for the construction of their EBF Specialized Hospital. Attempts are being made to authorize funds for land repairs, soil tests and further initials.



Purchased Land for EBF Specialized Hospital

Road Construction:

Under the supervision of Euro Bangla Foundation, the construction of the road in front of the hospital is going on so that there are no obstacles in the construction of the hospital and safe movement of ambulances and patients can be ensured after the construction of the hospital.



Detailed Budget for the Project

a. Construction Cost of the Project: Year 2024 and 2025 (First Floor and Second Floor)

SL	Budget Type	Discription of Materials	Qty	Amount CHF
1	Material Cost for Construction			
1.1		Land purchase and earth filling completed		
1.2		Brick (40,000 pcs) per floor 1 thousand = CHF 120.-	80,000 Pcs For 1 & 2nd Floor	9,600.00
1.3		Iron Rod (40 Tonen) per Floor 1 Ton = CHF 900.-	80 Tons (Rod) 1 Ton = 1000 KG	72,000.00
1.4		Cement (3500 bags) per Floor 1 bag = CHF 6.-	7000 Bags (Cement)	42,000.00
1.5		Sand Local (6000 feet) per Floor 1000 feet = CHF 450.-	12000 Feet (Local Sand)	5,400.00
1.6		Stone Sand (4000 feet) per Floor 1000 feet = CHF 800.-	8000 Feet (Stone Sand)	6,400.00
1.7		Small stone for Roof, Bim and Piller (5000 feet) per Floor 1 feet = CHF 2.-	10000 Feet for 1 & 2nd Floor	20,000.00
1.8		Wooden work and Greel (1st and 2nd Floor)	(1st and 2nd Floor)	25,000.00
1.9		Safety Tanki & Sanitary work	(1st and 2nd Floor)	18,000.00
2.	Material Cost for Furnishing Hospital Building			
2.1		Electrical Goods and Watering system	(1st and 2nd Floor)	22,000.00
2.2		Distemper and others	(1st and 2nd Floor)	10,000.00
3	Personal Cost			
3.1		Labour Cost für Building and Engineer/Supervisor cost	(1st and 2nd Floor)	67,000.00
	Total Cost of Construction			297,400.00

b. Medical Equipment, Office Equipment, Furniture, Staff and Other Costs for EBF Specialized Health-Care Hospital:

SL. NO	DESCRIPTION OF EQUIPMENTS	QTY.	COST CHF	TOTAL COST CHF
01	General X-ray	01	105,000.00	105,000.00
02	ECG 12 CHANNEL	01	6,250.00	6,500.00
03	USG (COLOUR DOPLER)	01	37,500.00	37,500.00
04	CT Scan Machine and Other Operation Necessary Medical Equipment Cost etc.	—	245,000.00	245,000.00
05	Office Equipment (Computers, Printers, Scanning machine, UPS, OPS and Revolving Chair	—	27,400.00	27,400.00
06	Vehicles (Ambulance and other vehicles)	—	60,600.00	60,600.00
07	Medicine cost and other cost etc.	—	95,000.00	95,000.00
	Total Medical Equipment Cost			577,000.00

C. other cost

SI No.	Description	Total Cost CHF
01	Training Cost	20,000.00
02	Decoration Cost	34,000.00
03	Staff Overhead Cost	50,000.00
04.	Total Other Cost	104,000.00

Summary Budget For the Entire Project [Starting Phase]

SI No	Description	Total Cost CHF
01	Construction Cost	297,400.00
02	Medical Equipment Cost	577,000.00
03	Miscellaneous Cost	34,000.00
04	Training Cost	20,000.00
05	Personnel Cost	50,000.00
	Total Budget	978'400.00

Current Project Expenditure by Euro Bangla Foundation

SI No	Description	Amount CHF	Remarks
01	Purchase of Land, Soil Testing, Climate resilience approaches	30,000	Completed
02	Architectural Design, Community Awareness, Research, Consultants for Project, Formulation of Proposal and Strategies, Documentation Cost	15,000	Completed
03	Road Construction for Hospital Entry	27,000	Completed
04	Total Amount	72,000	Funds Generated by Chairman, Previous Partners and Profits generated from other projects

Requesting Budget for the Project: 684,880.00 CHF [70% of the budget]

EBF Self Contribution: 293,520.00 CHF [30% of the Budget]

The source of income of EBF Specialized Hospital is given bellow:

Outdoor ticket charge from the patient	20 Tk./Patient (.20 Cents)
O.T. Charge	500 Taka. (4.5 USD)
Bed Charge	200 Taka/Patient (2 USD)
Ambulance fare	1000 Taka (10 USD)
Cabin Charge	400 Taka (3 USD)
Surgery Charge (Delivery, Abortion, M.R etc.)	1000 Taka (10 USD)

Note: This project will require funding for the first five years. When the hospital opens, the project will be fully operational and will be able to administer the program at its own expense.

About Euro Bangla Foundation

Euro Bangla Foundation (EBF) is a non-profit, non-political, and non-governmental organization that works in the areas of health, environment, technical education, vocational training, forestation, development, and providing financial assistance in the form of microcredit to the rural poor. Founded in 2003, the organization always has this one goal: Elevate livelihood scenarios by providing educational opportunities to young boys and girls, provide financial assistance to landless people, widow and orphan children and provide health facilities to the less fortunate, preserve local environments by taking different approaches. Through these activities, we try to increase their access to improved socio-economic prospects, a good environment. EBF constantly work hard and motivates poor rural people to become contributing factors in their respective society and national economy. Apart from working on livelihood sectors EBF is also well known as providing aids and emergency relief during natural disasters and pandemic.



Since the organization's inception in 2003, there were many challenges and our activities were very limited. But with the ambition, vision and good will of our founder, tireless contribution from our expert staffs, we are now an esteemed organization with good reputation in rural and backward places of Bangladesh. We currently have 40 staffs in all sectors and over 100,000 beneficiaries all around the country. Currently, we are working on situating a hospital in rural area to improve Mother and Child Health Care and health status of the rural disadvantaged people, to convert the unskilled and unemployed youth into skilled power through nursing education, nutrition and EBF Primary Health Care services. We organize training sessions, where underprivileged women and unemployed men are educated on several practical activities. We are running a school project to provide quality education to rural boy and girls. With micro-credit operation we are providing financial assistance to vulnerable population and training them to be successful entrepreneurs. Finally, with our nursery project we distribute on an average 1000 tree saplings and seeds each year to improve the environment. As mentioned before, we are still continuing our aid mission to help people affected by flood, drought, cyclones and other natural disasters, by distributing water, medicine, clothes and food etc.

Euro-Bangla Foundation is confident about the establishment of the upcoming projects including Child and Youth Development in Bangladesh, Agriculture and Environmental Sustainability Development Program in Bangladesh, Mother and Child Healthcare Program and Microfinance for Sustainable Socio-economic Program in Rural Bangladesh through sincerity, honesty and with the help and cooperation of the donor agencies to build a better world serving human rights and sovereignty.

You can find photos and videos of all these projects on the website on our Organization: <http://www.eurobanglafoundation.com>

[Our Facebook Page : Euro Bangla Foundation](#)

Youtube Channel: <https://www.youtube.com/@eurobanglafoundationebf7653>

Declaration

I, the undersigned, hereby declare that the statement given in this Application Form is true and correct, and, when necessary, I will provide more information requested by the **Donor Organozationen**.

Date: May, 2025

A handwritten signature in black ink, appearing to read 'Miah Nurul Islam'.

Miah Nurul Islam - President
Verein Hilfswerk Bangladesh