

PROJECT PROPOSAL

ON

EBF Mother and Childcare Hospital with Cardiac Support

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: 05 Years [Scoping, Construction

Submitted to:

Donor Organisationen

Submitted by:



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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 Bangladesch, Vereinsgründung: 6.Dezember 2010, Registernummer: FL-0002.360.960-8, Sitz: Schaan
Years of Operations	2003 – Ongoing (2022) [19 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, Nursery 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.

Project Summary:

EBF Mother and Childcare Hospital with Cardiac Support is a philanthropic project, undertaken by Euro Bangla Foundation, Bangladesh. This project aspires to help the underprivileged section of Shariatpur, Bangladesh to avail quality health services [Treatment for pregnant mother, infants, cure for Hepatitis B and C, Tuberculosis, HIV Aids intervention and Cardiac Treatment] at affordable cost. Based on EBF's personal observation, surveys and other credible sources, it is seen that expenditure on health takes up 18% of a family's total income in rural areas. This burden of expenditure on health can partly be eased for the households, by making better provision of basic health facilities, and thus, reduce dependence of households on expensive medical services already being provided. Furthermore, rural areas are prime place for quake/mistreatment where every year over 100,000 rural population loses their life as a result. Our target area Bhederganj, Shariatpur is one of the least developed rural areas of Bangladesh. Apart from different socio-economic crisis the area is not blessed with a proper hospital with appropriate medical tools and machines. The existing government hospital does not live up to the expectation and unable to provide medical services to critical patients. As a result, the already poor/economically vulnerable population have to take medical services outside of their district, which is both expensive and life threatening towards the patient. It is very sad to state that, Both National and Local government institutes have not taken any initiatives to improve the medical infrastructure, so we Euro Bangla Foundation, feels it is the perfect time and place to implement this project and create a leeway to create modern medical services right at the doorstep of the Bhederganj inhabitants.

Our hospital project seeks to provide basic health care facilities such as, General Medicine, Pain Management, Hospital Admittance, ICU-CCU-HDU support. Apart from that the hospital will specialize on Mother and Child care, Raspitory, Transmitted diseases and Cardio treatment to the rural population. The hospital is projected to serve roughly about 4,500 inpatients annually as well as 120,000 outpatients. The hospital is aimed at serving the need of the community and any profit or fund received will be re-invested to develop the infrastructure of hospital. In terms of medical fees, it will be segmented based on economic stability: Higher Class, Middle Class, Low earners. While we take a reasonable fee [market value minus the profit] from higher and middle class of the targeted area (85%), we allocated 15% of our clients [Ultra Poor and Low Earners] will receive free treatment from our hospital. We EBF through our strong networking will ensure, that the physicians and specialist required to support this engagement will be available. They include full time salaried doctors, consultants on retainer ship basis and visiting consultants. The project involves construction of a 50 bed General Hospital in Bhederganj, Shariatpur which would also cover all nearby villages of this block where there are no primary health care centers. The hospital is estimated to have a built up area of about 18,265 square feet on 1 acres of land, at an estimated total project cost of CHF 970,000.00 that is to be funded by volunteers, supporters, grants and donations. The hospital will cater to the needs of the patients with 3 Out-Patient Consultation Rooms, 1 Operation Theatre, 1 Laboratory, 1 Radiology, 1 Chemists Shop, 3 ICU, 5 CCUS and 50 In-Patient Beds. This general hospital project is expected to be completed and ready for operations within 02 years from the commencement of the project. There is a need for a modern hospital providing affordable treatment to bridge the demand gap that is currently not addressed by the existing government, private and social sector hospital.

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. 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 Mother and Child Health Care, 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 with Cardiac Support in Shariatpur District, Bangladesh.
- To provide curative service for all mother and children at community.
- 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, vaxing 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.

Project Information

PROJECT SUMMARY	
Project title	EBF Mother Child Care Hospital with Cardiac Support
Target Population	Women, Pregnant Women, Children, Elderly, Disabled, Patients with Regular Problems, 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	970,000.00 CHF
Requesting Fund in CHF	679,000.00 CHF
Project Duration	05 years in total including: Scoping mission, Piloting Phase, Implementation Phase and Reporting Phase.
Date of Project Application	July, 2023
Tentative Start Date	November, 2023
Sector of Interventions	Health and Medical Access, Emergency Health Service, Employability.
Location(s) of the Project	Bhedarganj, Shariatpur.
Who is leading the project?	Miah Nurul Islam, President , Verein Hilfswerk Bangladesh, Switzerland
Project Supervisor	Miah Nurul Islam , President, Verein Hilfswerk Bangladesh, Switzerland Ahmed Sadman Haider , Project Manager, Euro Bangla Foundation, Bangladesh Sumaia Kulsum , Fundraising Specialized, 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. With the establishment of a Nursing centre, EBF wants to motivate population to come forward and train in providing medical service. This approach will create job opportunity and reduce unemployment. 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 nursing trainings 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.

Target Population from the project:

After the construction of the EBF Mother and Childcare Hospital with Cardiac Support at Bhedarganj Upazila, initially about 120,000 people will be benefited 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. In the aggregate **2.5 million local people** of Sariatpur and surrounding districts (Preferably Sariatpur, Madaripur, Gopalganj, Munshiganj, Faridpur) will be directly benefitted from this project.

Location of the project:



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:

1. 2.5 million people will get preventive health care facilities from the project.
2. Initially 120,000 people will get health-care services from the project.
3. 30 CHVs will get basic training and 30 TBAs will get refreshers training.
4. 2,000 women will get health education from monthly group meetings
1. 1,0000 women (15-49 yrs) will be safe from tetanus.
2. 3,000 women will get antenatal care to the domiciliary level.
3. 3,000 pregnant women will be immunize against tetanus.
4. 3,000 women will get postnatal care to the domiciliary level.
5. 3,000 infants will be immunize against six killer diseases.
6. Among 1,000 children will be safe from malnutrition blindness.
7. 10,000 children will get oral polio vaccine for polio eradication
8. 10,000 fertile women will get knowledge of contraception and birth spacing.
9. FP acceptors will be increase to 70% in year-5
10. 3,000 pregnant women will be given check-up, advice and treatment.
11. 3,000 postnatal women will be given check-up, advice and treatment.
12. 10,000 children will be given treatment.
13. 10,000 women will be given treatment.
14. 10,000 emergency patients with Heart attack/Stroke/Complicated Conditions will get ICU-CCU-HDU services.

Effect of the Project:

1. Decrease the rate of child and mother death.
2. Awareness build up to immunize infants against six killer diseases, malnutrition blindness, polio, contraception and birth spacing of the fertile women.
3. Build up awareness of how STD generates HIV during having sex and the consequence when anybody dies from no-production age.
4. To convert the unskilled and unemployed youth into skilled manpower through Nursing education.
5. Raising employment opportunity
6. 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.

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;

Project efficiency Analysis:

Risks:

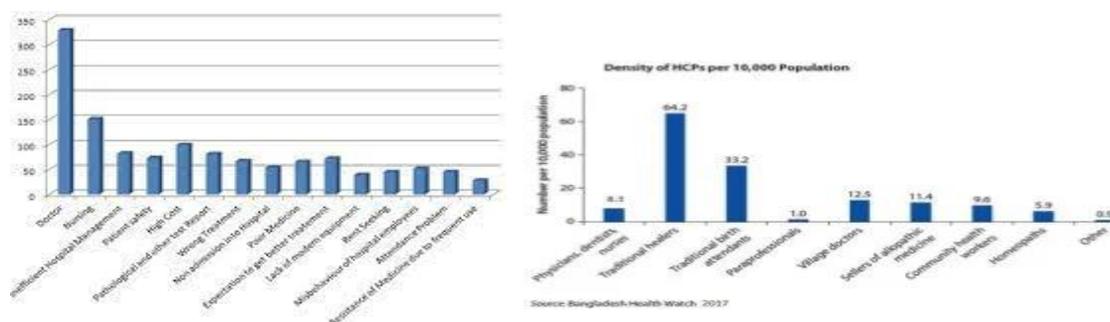
1. To initiate the project from the very beginning, funding is a main concern for the First 2 years of implementation. Specially building, securing project assets. Without fundraising and help from benefactors the quality of project and its activity may drop.
2. Lack of Credibility is an issue. Although 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.

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.



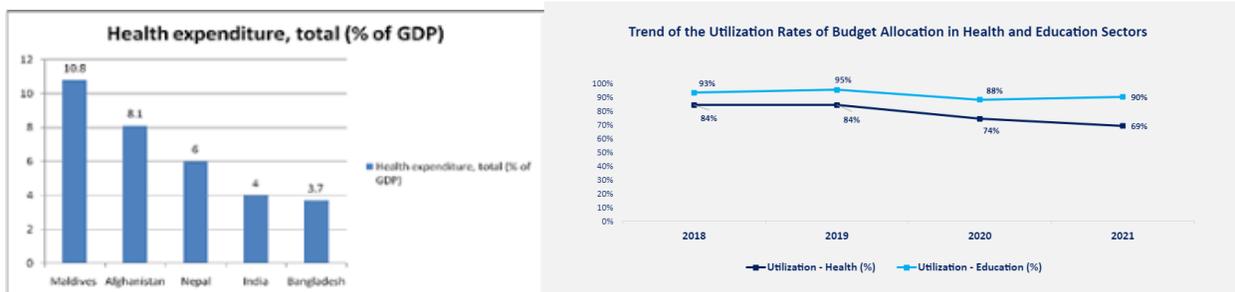
Ratio of Health-Care Practice Compared to Available Services in rural Bangladesh

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.

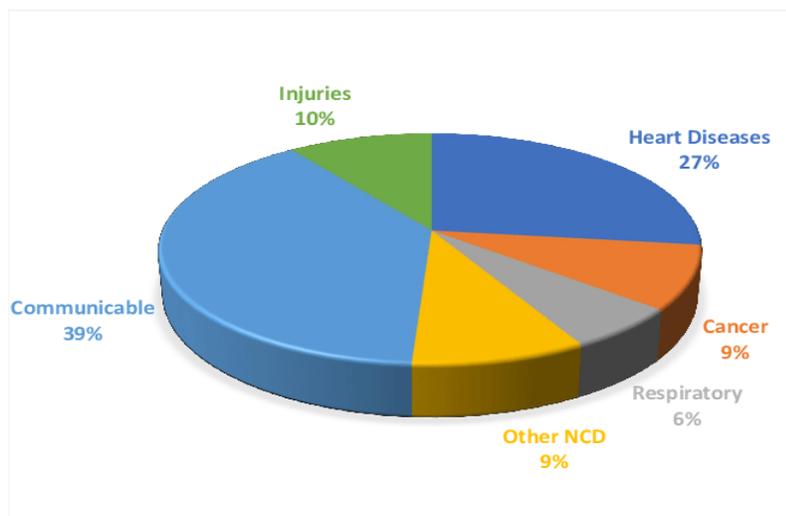
In the research findings of Euro Bangla Foundation Phase-1 implementation of Hospital Project, researchers claimed that lack financial ability and proper social security system in Bangladesh,

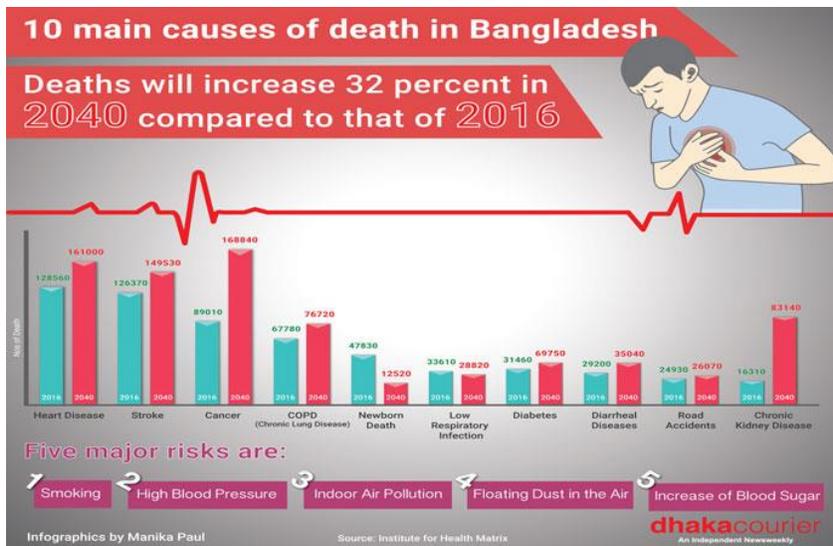
mostly in rural areas make health services vulnerable. Moreover, financial inability or poverty is another factor which limits the access of poor people to health services. It makes the poor people powerless, increases ill-health and finally ill-health increases poverty. Vicious Cycle of that means poverty 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.

CVD Scenario in Bangladesh

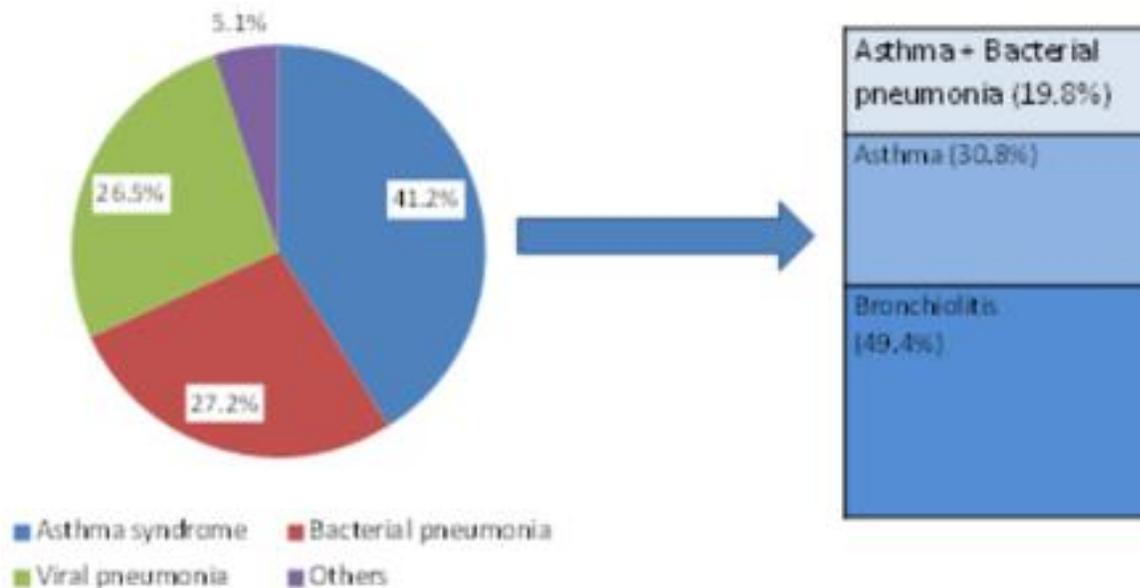
Cardiovascular disease (CVD) is a group of conditions affecting the functioning of the heart or blood vessels and is one of the leading causes of death globally. Like other countries, CVD prevalence is also rising among the adults in Bangladesh. Epidemiological studies have shown not only a high CVD prevalence but also a significant increase in its prevalence in Bangladesh in the last few decades. To have a better understanding of the current CVD prevalence scenario, we conducted this systematic review and meta-analysis. Our objective was to assess the prevalence of CVD among the Bangladeshi adult population using evidence from the published scientific literature. A high CVD prevalence along with an upward trend was observed in Bangladeshi adults. Proper strategies are required for primary prevention of CVD so that a further increase can be alleviated and the morbidity and mortality associated with it can be reduced.





Respiratory Disease Scenario in Bangladesh

Chronic Respiratory Disease (CRD), particularly asthma and chronic obstructive pulmonary disorders (COPD) are leading causes of mortality and reduced quality of life due to its wide-reported association with other multi-morbidities. There is limited knowledge on the burden of CRD in the rural communities in Bangladesh due to poor awareness on the impact of CRD on quality of life and unavailability of diagnostic facilities due to weaker primary healthcare settings. The study aims to estimate the CRD burden in Bangladesh in a large representative population to draw the attention of policy makers to the creation of social awareness and improvement of primary healthcare infrastructure for respiratory disease in Bangladesh.



The BORGAN 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.



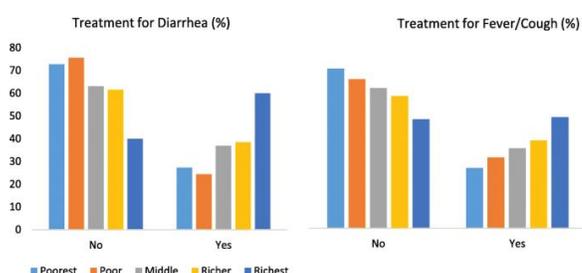
7 Facts About Healthcare in Bangladesh

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.

Distrust of Bangladeshis towards existing medical system and tendency to go abroad for treatment:

According to the figures of the Ministry of Tourism, the inflow of medical tourists coming from Bangladesh increased to as much as 83% in the last three years. While as many as 120,388 Bangladeshis came to India for medical treatment in 2015, this number increased to **221,751 in 2017**



Why Bangladeshi patients seek treatment abroad

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Even though there are top-notch doctors in Bangladesh, many people fly abroad for treatment as they cannot rely on the local medical systems, according to both healthcare experts and patients, UNB reports.

In some cases, they said, the patients find the medical treatment relatively more cost-effective in some countries than hospitals in Bangladesh.

"The behaviour of health workers, including physicians also matters...it's very important to me as others," said Mujibur Rahman, a retired engineer.

According to healthcare observers, mismanagement, shortage of manpower and poor waste management system, widespread corruption, and irregularities, staff's insincerity and casual monitoring by the authorities concerned are the major obstacles to ensuring quality treatment and patient-friendly environment in the country's almost all public and private hospitals.

They said the country's healthcare system needs a complete overhaul to ensure quality treatment and diagnoses at local hospitals and diagnostic centres to discourage people from going abroad for treatment and check huge foreign currency from going down the drain every year.

Growing outbound-medical tourists

According to a report carried by the Times of India on Jul 24 this year, a huge majority of medical tourists — 54.3 per cent — who visited India last year were from Bangladesh, followed by 9.0per

cent from Iraq, 8.0per cent from Afghanistan, 6.0per cent from the Maldives and 4.5 per cent from a group of African nations. Citing the data released by the Indian Union Tourism Ministry, the report also said Bangladesh accounted for 23.6 per cent of medical tourists in 2009, while the Maldives had the highest share at 57.5 per cent. While Bangladesh's share increased, that of the Maldives went down in the last 10 years. A recent survey report of the Bangladesh Bureau of Statistics (BBS) said a large portion of people travel to different countries from Bangladesh mainly for treatment. Among the outbound tourists from Bangladesh in the 2018-19 financial year, it said, 60.41 per cent went to India alone. The BBS report said 29 per cent of the total Bangladeshi tourists abroad spent money on receiving treatment in different countries. In the 2018-19 FY, Bangladeshis spent Tk 99.33 billion on treatment abroad while the total expenditure by the outbound tourists was Tk 336.80 billion. According to Bangladesh Outbound Tour Operators Forum, on average eight lakh people go abroad for treatment every year from Bangladesh while India is the most favourite destination for them. The other major destinations of Bangladeshi medical tourists are Thailand, Singapore and Malaysia. Many rich people also go to the USA, The UK and Dubai for treatment. Experts, however, said the actual figures of Bangladeshis outbound-medical tourists and their expenditure are much higher.

Our motivation behind building Specialized Hospital-

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.

Case Studies from our Beneficiaries: Mosa: Panna was a potential member of Euro Bangla Foundation's microfinance program. She 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.

On the other hand, another woman, 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.

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 unbearable 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 Cardiac 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 diarrhea. 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, immunization 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 Hopistal with Cardiac 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 Cardiac support:

The proposal envisages construction of the EBF Mother and Child Health Care Hospital with cardiac 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 Cardiac Support Project.

Phase 1 (Year One and Year 2):

- a) 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.
- b) 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 2023.
- c) 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):

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

Phase-3 (Year Four and Year 5):

- a) Starting treatment services.
- b) Appointing doctors under Ministry of Health and Planning Department for quality treatment and ensuring weekly visits by highly experienced doctors.
- c) Improvement of medical system through patient evaluation to maintain quality treatment and transparency in hospital operations.
- d) Establishing a trauma center for accident cases under the hospital.
- e) Setting up a research center for improving healthcare.
- f) Establishing a blood bank for emergency cases.
- g) Starting ambulance service for emergency and critical patients.
- h) 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.
- i) Building EBF Mother and Child Care Hospital with Cardiac 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.
- j) 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 trainers 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 organized 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 carryout 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.

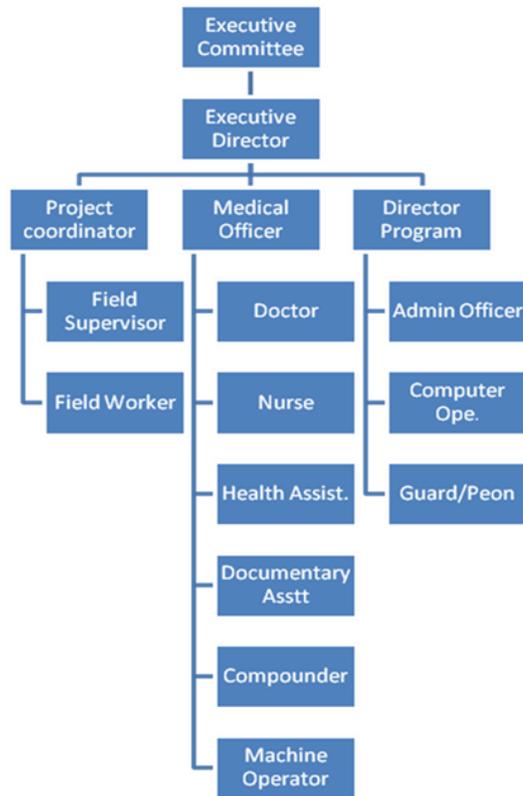
Report, Audit and Evaluation:

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 Specialized Health Care 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, 2023

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 2023 and 2024 (1st Floor and Second Floor)

Discription of Materials	Qty	Amount CHF
Land purchase and earth filling completed		
Brick (40,000 pcs)per floor 1 thousand = CHF 120.-	80,000 Pcs	9,600.00
Iron Rod (30 Tones) per floor 1 Ton = CHF 900.-	60 Tons (Rod)	54,000.00
Cement (3500 bags) per floor l bags = CHF 6.-	7000 Bags (Cement)	42,000.00
Sand Local (3000 feet) per floor 1000 feet = CHF 450.-	6000 Feet (Local Sand)	2,000.00
Stone Sand (2000 feet) per floor 1000 feet = CHF 800.-	4000 Feet (Stone Sand)	3,000.00
Small stone for Roof (1500 feet) per floor 1 feet = CHF 2.-	3000 Feet (Small stone)	6,000.00
Wooden work and Greel (1st and 2nd floor)	(1st and 2nd floor)	25,000.00
Safety Tanki & Sanitary work	(1st and 2nd floor)	18,000.00
Electrical Goods and Watering system	(1st and 2nd floor)	22,000.00
Distemper and others	(1st and 2nd floor)	10,000.00
Labour Cost and Engineer/Supervisor cost	(1st and 2nd floor)	67,000.00
Total Cost of Construction		CHF 259,000.00

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	6,100.00
03	USG (COLOUR DOPLER)	01	37,500.00	37,500.00
04	Other Necessary Medical Equipment Cost	–	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)	–	90,600.00	90,600.00
07	Medicine cost and other cost	–	95,000.00	95,000.00
	Total Medical Equipment Cost			607,000.00

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 CHF

Summary Budget For the Entire Project [Starting Phase]

SI No	Description	Total Cost CHF
01	Construction Cost	259,000.00
02	Medical Equipment Cost	607,000.00
03	Training Cost	20,000.00
04	Decoration Cost	34,000.00
05	Staff Overhead Cost	50,000.00
	Total Budget	970,000.00

Current Project Expenditure by Euro Bangla Foundation

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

Requesting for Donation to Partner Organization: 679,000.00 CHF [70% of the budget]

EBF will Bear: 291,000 CCHF [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>

Our Achievement:

Due to our efforts in providing aids, in November 28th, 2020, The Euro Bangla Foundation EBF) - Bangladesh received the "Mother Teresa Golden Award" from the Journalist Society for Human Rights in Bangladesh for humanitarian aid on Saturday. The award is received by Tasmia Mahmud Adhora, Executive Director of Euro-Bangla Foundation.



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

Organizational Integrity and Policies: Euro Bangla Foundation (EBF) maintains ethical code while conducting its project. The organization does not condone violence in any sort or not related with any kind of militancy in any way, shape or form. EBF believes in equality and always encourages women participation. We have zero-tolerance policies regarding breaking any laws or associating with corruption. For the past 19 years, through expert recruitments, maintaining CSR (Corporate Social Responsibilities) we are a reputed NGO and maintain a large network containing Government authorities and Civil Society.

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 Organization**.

Date: July, 2023

Miah Nurul Islam - President
Verein Hilfswerk Bangladesh