

PROJECT PROPOSAL

ON

**EBF MOTHER AND CHILD HEALTH CARE HOSPITAL WITH
NURSING INSTITUTE**

**Rural area of Bangladesh
Bhedergonj, Shariatpur**

Non Profit and Sustainability Project

Pilot Phase

Duration: 04 Years

Submitted To:

**Fundraiso.ch
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1. Proposed Project:

a.	Name of the Project	EBF Mother and Child Health Care Hospital with Nursing Institute (Non Profit and Sustainability Project)
b.	Address/ Location of the Project	P.O. Bhedergonj 8030, Police Station – Bhedergonj, Upazila – Bhedergonj, District – Shariatpur Bangladesh
c.	Name of Contact Person or Chief Executive	Miah Nurul Islam – Präsident Verein Hilfswerk Bangladesh Postfach 807 LI – 9494 Schaan Liechtenstein Phone: 0041 78 659 65 54 Email: info@eurobanglafoundation.li
d.	<i>Bank Account</i>	Verein Hilfswerk Bangladesh Account No. IBAN LI08 0880 0000 0566 4126 1 Liechtensteinische Landesbank AG BIC LILALI2XXXX Clearing No. 8800 Stadtle 44 LI – 9490 Vaduz, Liechtenstein
f.	Starting Date	March 2021
g.	Main Sector of Activities	Mother and Child health
h.	Number of Direct Beneficiaries	120,000 targeted under privileged women, man, Child, Students and poor people.
i.	Budget of the Project	Total Budget of the Project: CHF 1,295,057.- Community Contribution (30%): CHF 388,517.10 Ammount Request From Donor (70%): CHF 906,539.90
j.	Project Duration	04 Years
k.	Construction Cost of the Project	CHF 259,500.-

2. Nature of the Organization/ About Euro Bangla Foundation: Euro Bangla Foundation (EBF) is a non-profitable, non-political and non-Governmental Organization which has been working for the health, environment, technical education, vocational training, forestation and development of the rural poor. It began functioning in 2003 to provide educational opportunities to the young boys and girls, landless people, hardcore poor, widow and orphans children and thereby to increase their access to better socio-economic opportunities. EBF was established with a mission to raise the health and socio-economic condition of the rural poor to a level that they can effectively participate in national development with enhanced capacity and dignity and fulfillment of their basic rights. Its beginning was limited insofar as the number of beneficiaries was concerned, but the ambition and the vision of its founder knew no limits. This organization is also working to the 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. EBF organized a training centre, where underprivileged women and unemployed men are educated on several practical activities. The Euro Bangla Foundation also helps people affected by flood, drought, cyclones and other natural disasters, by distributing water, medicine, clothes and food etc.

Last natural disaster in Bangladesh July / August 2017, the Verein Hilfswerk Bangladesh collected donation CHF 15,000 in a very short time, and on September 15 and 16, 2017, distributed relief to around 500 poor families Bhedergonj Upazila in Shariatpur district. They received direct help with fresh water, rice, Potatoes, biscuits for children and some cash money.

Recently Euro Bangla Foundation (EBF) 01 May, 08 May, 17 July and 24 July 2020 Humanitarian help for Covid 19 Corona Virus in Bangladesh helped 1350 Families in Charpayatoli and Bhedergonj Pourosova in the district of Shariatpur. The provided items were Rice, Potatoes, Dal, Sola Bood and hand soap. Estimated of Distributed items were Rice 12,930 kg, Potatoes 2800 kg, Dal 1500 kg, Sola bood 550 kg and Hand soap 950 Pcs.

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

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

a. Legal Status/Registration

Department	Date and Registration No.
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

3. Why we want to Build EBF Mother and Child Care Hospital:

Bangladesh is the seventh poorest country in the world with 166 million inhabitants as per 2019 (est. World Bank). Bangladesh is one of the most densely populated country in the world and it has an area of 147,570 SQ KM.

By destroying the health department of Bangladesh our President, Ministers, Parliament members, Businessmen and other high officials of Government goes abroad like Singapore, India, London and America for their treatment. But general people of the country are dying every year because lack of proper treatment. Moreover sometimes they get wrong treatment.

Shariatpur district is the most backward and neglected in Bangladesh among the 64 districts. Shariatpur district is situated on the south side of Bangladesh's capital Dhaka, surrounded by Padma River. It consists of 6 Upazila. Bhedarganj Upazila is situated in the remote areas of Shariatpur district. In this whole district there is no any good quality Hospital. That is the cause in this district Poor women, pregnant women and children are being deprived of treatment. There are some good private hospitals in the city of Dhaka. Due to the lack of money and backward system in the communication field for the people of Bhedarganj Upazila is not possible to get medical services in the capital city of Dhaka. As a result many people are dying without getting proper treatment and are being attacked in different complex diseases.

Although there is a government hospital in Shariatpur district, it is not possible to provide medical treatment to the poor people of the entire district due to lack of medical treatment, doctors, nurses and modern machines. The Euro Bangla Foundation has already established a school in Charpayatali, Bhedarganj Upazila of the district. The name of the school is **Euro Bangla Foundation Model School**. There are lessons from Play Group to class 10. About 30,000 (thirty thousand) people live in this union and more than 50,000 (fifty thousand) people live in the side by the Union. Almost of this region people are very much poor. More than four hundred students are studying in the Euro Bangla Foundation model school. In this area there is no any hospita for pregnant women, children, teachers and students if they get sick. The distance from Dhaka to Shariatpur is very high and because the system is very backward, many people die prematurely due to lack of treatment or living helplessly due to dysfunction. Meanwhile, the Euro Bangla Foundation has planned to construct a 50-bed EBF Mother and Child Care Hospital to provide medical services to poor people in Bhedergonj Upazila.

4. Target and Beneficiaries from the project:

After the construction of the EBF Mother and Child Care Hospital at Bhedarganj Upazila, 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.

Direct Benefit from the project:

- ❖ 10,000 families will get preventive health care facilities from the project.
- ❖ 30 CHVs will get basic training and 30 TBAs will get refreshers training from the project.
- ❖ 2,000 women will get health education from monthly group meetings
- ❖ 1,0000 women (15-49 yrs) will be safe from tetanus.
- ❖ 3,000 women will get antenatal care to the domiciliary level.
- ❖ 3,000 pregnant women will be immunize against tetanus.

- ❖ 3,000 women will get postnatal care to the domiciliary level.
- ❖ 3,000 infants will be 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 give check-up, advice and treatment.
- ❖ 3,000 postnatal women will give check-up, advice and treatment.
- ❖ 10,000 children will give treatment.
- ❖ 10,000 women will give treatment.

OUR VISION & MISSION:

To provide the medical services to the pregnant women, children, poor citizens and the poor students of Shariatpur district. Protecting them from premature death.

5. OUR PREVIOUS PROJECT:

The Euro Bangla Foundation has already established a school named Euro Bangla Foundation Model School in Charpayatali village under DM Union of Shariatpur district, which is running from the Play Group to the 10th standard. The educational activities of that organization started on 1st January, 2017 and now 400 (four hundred) students are studying. Gradually increasing the number of students every year. There are good arrangements for studying 1,000 (one thousand) students in the Euro Bangla Foundation Model School. Because of the construction of this institution, all the people of this area are benefiting and the dropout students are getting education well. It is revealed that the organization has been established by the donor organization and personal donation of the organization. We started this project 2012 and it will be closed end of this year December 2020.

Here is recent Photos Euro Bangla Foundation Model School January 2020





6. Detailed Description of the Project EBF MCH Hospital:

Context in which the proposed project will take place

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 services in the district hospital were very poor and the poor target people did not have access to the government health facilities. There are many private clinics in the area but these are very expensive. In 2007 about twenty pregnant women died at the time of delivery which was an alarming situation in the project area.

To ensure safe delivery of the pregnant mothers EBF wants to establish a 50 beds EBF Mother and Child Health Care Hospital with Nursing Institute. 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.

About 80% of the people depend on agriculture. Most of them are either tenant farmers possessing no land of their own or landowners cum 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 labourer 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.

The mass poverty prevailing in the area has been the cause of a number of socio-economic problems crippling the economy of the target community further. For example, most of the people in the target area are illiterate-the literacy rate being 40% in the target area. Due to lack of literacy majority of the people

believe in superstition and suffers from prejudice. This situation expedited enhancement of population growth, ill health, malnutrition, high morbidity and mortality of women and children. Yet another effect of mass poverty in the target area is the presence of malnutrition characterized by conspicuous lack of requisite calorie-intake, protein, vitamin A by children, etc. Malnutrition affects different classes of people adversely. It hampers the physical and mental growth of the children. It retards fetal development inside the womb of the woman and increases the risk of infant and maternal mortality.

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. 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. Ultimately about 50% of the children of 1 to 5 year age group die of pneumonia, diarrhea, and measles. The situation of women in the project area is poor. Due to early marriage and lack of contraception practice there occurs early pregnancy. The poor and illiterate pregnant women are not provided adequate food; rest, immunization and check-up. 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. Govt. health service is inadequate and irregular. When labour pain starts the decision maker in the family either husband or mother-in-law invites a traditional birth attendant (TBA) for delivering the baby. The non-trained TBAs lack knowledge of safe delivery and often they do harmful practice. They cannot identify risk cases requiring better care in the upper levels. They make every attempt to deliver all babies at the domiciliary level. As a result pregnant women or the newborn babies become the victims of suffering and death. Maternal death occurs due to anemia, hemorrhage, eclampsia, septic abortion, infection, prolonged and obstructed labour. Neonatal death is due to birth trauma, asphyxia and respiratory infection. There is no specialist doctor in the Upazilla Health Complex to manage these problems. As per report of World Bank about 75% doctors of Upazilla Health Complex remain absent. They are involved in doing private practice elsewhere.

In the district hospitals adequate facilities are not available due to inadequate skilled manpower and inadequate logistics. The poor people have limited access to the government hospital. There is one Medicine Consultant who cannot cope up with the increasing the number of patients. Poor patients cannot wait in the queue for getting treatment from the district hospital. They cannot afford the high cost of service of a private Medical Consultants in Shariatpur town, which is also inadequate and irregular. In the target area people have lack of knowledge about HIV/AIDS/STD. They need social change, awareness build up and aware on religious obligation and guidance for pure life and safe sex.

7. The main aim and object of this Project:

Our main aim and object of this project is to provide better medical treatment to the poor and under privileged people of the village Bhedergonj, Shariatpur. Mother and Child who are suffering from critical diseases and not getting proper treatment, our aim is to bring them under the umbrella of a good medical treatment.

To get the medical treatment is the basic need of human being. We want to stand besides the poor people so that they don't get deprived from their basic right.

- To provide Mother and Child Health Care, Clinical Care and Service to any one who seeks for it, and under privileged including localities; and
- To convert the unskilled and unemployed youth into skilled manpower through Nursing education; on the following components of health care:
 - * Mother and Child Health Care with Nursing Institute Antenatal Care
 - * Maternity Service
 - * EBF Primary Health Care centre.
 - * Diagnostic and treatment of commonly occurring diseases and ailments of women, children and men through outdoor, indoor and Diagnostic services.
 - * To convert the unskilled and unemployed youth into skilled manpower through Nursing education.

Objectives of the Project EBF MCH Care Hospital with Nursing Institute:

- To establish EBF Mother & Child Health Care Hospital Shariatpur District in 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.
- 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.
- Aware on religious obligation and guidance for pure life and safe sex.
- 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.

Overall objective:

- To construct the 2 (two) storied EBF Mother and Child Care Hospital with Nursing Institute building.
- To procure medical equipment, 01 ambulance and others necessary equipment for ensuring quality and emergency service to patients.
- To reduce mortality and morbidity of 10,000 families in Shariatpur District.
- To ensure service to the patients in the OPD, Emergency and IPD.

a) OPD:

- ❖ To ensure general treatment to 5000 pregnant and postnatal women, children, women and other patients.
- ❖ To provide specialized treatment to 1000 women with obstetrical & gynecological problems.
- ❖ To provide specialized treatment to 1000 children.
- ❖ To provide specialized treatment to 1000 patients with skin diseases.

b) IPD:

- ❖ To provide service to 2000 patients in the IPD

- ❖ To provide service for 300 normal deliveries
- ❖ To provide caesarean delivery for 500 difficult deliveries
- ❖ To provide operative service to 300 children (Minor-200 and major-100)

- ❖ To provide general operative service to 200 patients
- ❖ To provide surgical treatment to 200 patients for gynecological problems
- ❖ To provide phototherapy to 100 babies
- ❖ To provide dressing to 100 patients.

c) Diagnostic service:

- ❖ To provide proper pathological services to 2000 patients
- ❖ To provide efficient X-ray service to 2000 patients
- ❖ To provide efficient ECG service to 2000 patients
- ❖ To provide Ultrasonogram services to 3000 patients.

d) Nursing Institution

- ❖ To convert the unskilled and unemployed youth into skilled manpower through Nursing education.
- ❖ To raise the socio-economic condition of the rural youth to a level that can effectively participate in national development with enhanced capacity and dignity and fulfillment of their basic rights.

8. Project implementation strategies

A. EBF Mother and Child Health Care Hospital with Nursing Institute:

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 25-26 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.

Maternal 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 Child Health Care Hospital**.

Polio eradication programme:

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 malnutritional 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 out side 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 Child Health Care Hospital with Nursing Institute Building:

The proposal envisages construction of the **EBF Mother and Child Health Care Hospital with Nursing Institute** 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.

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.

Operational Plan:

Sustainability Funds will be generated from patients coming to the OPD, IPD, delivery, operation, emergency and diagnostic facilities. Full payment will be collected from well to do patients and subsidized recharges from the category "A" and Category "B". From the day one of the functioning of the hospital, irrespective of income, patients will be charged for receiving treatment or any facilities from any discipline. The entire operating cost of the Health Care Centre will be borne from its income. Funds accumulated will

be spent for further extension and development of the hospital. Once the good service can be ensured and accepted to the patients, charges will be raised in the subsequent years.

Monitoring system:

The Project coordinator shall monitor the overall activities of MCH Hospital and Community Health Care Centre and the Medical Officer (Field) shall monitor the EBF Primary Health Care Centre in five units of three Upazillas. 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.

9. Means of Verification:

EBF Mother and Child 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 Minutes of EC meeting Joint evaluation reports.	

10. Time Frame of proposed project:

Year 1

SL No.	Description of the Program	1	2	3	4	5	6	7	8	9	10	11	12
A.	Construction Work and Purchase EBF Mother and Child Health Care Hospital supplies & equipment etc.												
1.	Purchase of land, main gat, earth filling and leveling etc already completed.	*	*	*									
2.	Deign, and Construction of Primary Health Care Centre building, outside finishing and distemper and other works. (1 st Floor	*	*	*									
3.	Purchase of rod, cement, sand and other materials etc (For 1 st Floor)		*	*	*								
4.	Construction work			*	*	*	*	*	*	*	*	*	*
5.	Monitoring and supervision	*	*	*	*	*	*	*	*	*	*	*	*
6.	Monthly meeting	*	*	*	*	*	*	*	*	*	*	*	*
7.	Evaluation/Audit							*					*

Year 2

SL No.	Description of the Program	1	2	3	4	5	6	7	8	9	10	11	12
B.	Construction Work of Second floor.												
1.	Purchase of rod, cement, sand and other materials for second floor.	*	*	*									
2.	Outside finishing and distemper and other works. (1 st & 2 nd Floor)										*	*	*
3.	Purchase of hospital supplies & equipment (1 st & 2 nd Floor)											*	*
4.	Construction work	*	*	*	*	*	*	*	*	*	*	*	*
5.	Monitoring and supervision	*	*	*	*	*	*	*	*	*	*	*	*
6.	Monthly meeting	*	*	*	*	*	*	*	*	*	*	*	*
7.	Evaluation/Audit						*						*

3rd-4th Year

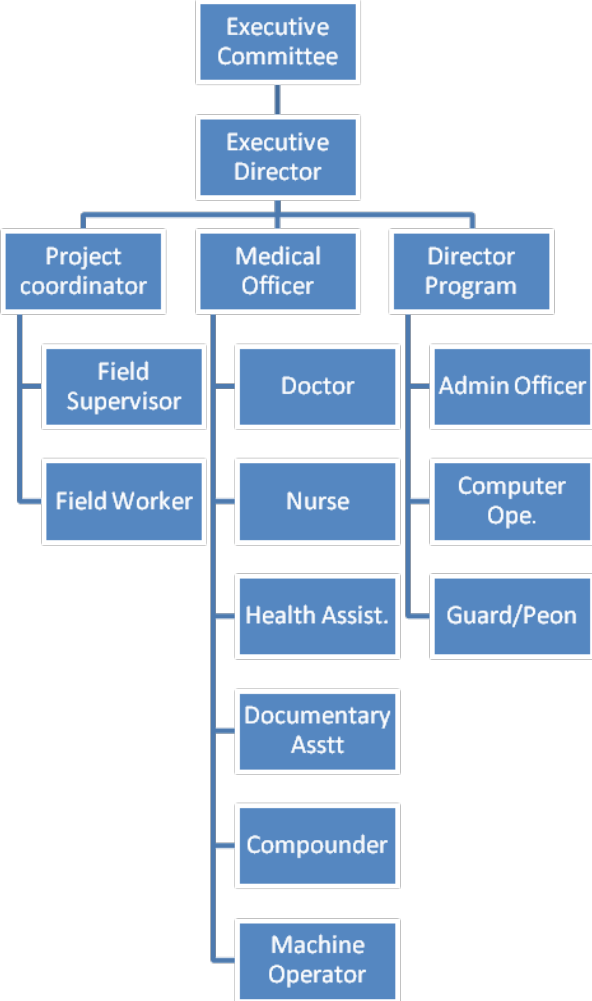
Sl. No	Description of the Program	Year 3 rd -5 th Year											
		1	2	3	4	5	6	7	8	9	10	11	12
C.	Purchase of hospital supplies & equipment.												
1.	Purchase of hospital supplies & equipment (1st & 2 nd Floor)	*	*										
2.	Purchase of medicines	*	*	*									
D.	EBF Primary Health Care Centre/ Preventive & primitive Health Care												
1.	Recruitment of CHVs	*	*										
2.	Orientation of doctor and Nurses	*	*										
3.	Training of CHVs												
4.	Procurement & supply of stationery, medicine, materials, equipments etc.												
5.	Selection of TBAs	*											
6.	TBA refreshers training	*											
7.	Health Education of Group	*											
8.	Regn. of pregnant women/counseling & follow-up		*		*			*			*		*
9.	Immunization of Pregnant women	*											
10.	Immunization of women 15-49 years		*	*	*	*	*	*	*	*	*	*	*
11.	Safe delivery by trained TBAs	*	*	*	*	*	*	*	*	*	*	*	*
12.	Regn of postnatal women/counseling & follow-up	*	*	*	*	*	*	*	*	*	*	*	*
13.	Referral of risk cases	*	*	*	*	*	*	*	*	*	*	*	*
14.	Immunization of infants	*	*	*	*	*	*	*	*	*	*	*	*
15.	Eradication of Polio			*	*	*	*	*	*	*	*	*	*
16.	Blindness prevention	*	*	*	*	*	*	*	*	*	*	*	*
17.	Counseling of family planning	*	*	*	*	*	*	*	*	*	*	*	*
18.	Deworming	*	*	*	*	*	*	*	*	*	*	*	*
19.	Monitoring and supervision		*		*		*		*		*		*
20.	Monthly meeting		*		*		*		*		*		*
21.	Evaluation/Audit						*						*
E.	Service of mobile clinic												
1.	Antenatal check-up & counseling	*	*	*	*	*	*	*	*	*	*	*	*
2.	Postnatal check-up & counseling	*	*	*	*	*	*	*	*	*	*	*	*

3.	Treatment of children and mother						*						*
4.	Monitoring and Supervision	*	*	*	*	*	*	*	*	*	*	*	*
5.	Monthly meeting	*	*	*	*	*	*	*	*	*	*	*	*
6.	Evaluation/Audit						*						*
F.	EBF Primary Health Care Centre	*	*	*	*	*	*	*	*	*	*	*	*
1.	Antenatal check-up & counseling OPD			*			*			*			*
2.	Postnatal check-up & counseling OPD	*	*	*	*	*	*	*	*	*	*	*	*
3.	Treatment to general patients - OPD						*						*
4.	Specialized treatment to gyni patients												
5.	Specialized treatment to children	*	*	*	*	*	*	*	*	*	*	*	*
6.	Specialized treatment for skin diseases	*	*	*	*	*	*	*	*	*	*	*	*
7.	Treatment to patients in IPD	*	*	*	*	*	*	*	*	*	*	*	*
8.	Normal delivery-IPD	*	*	*	*	*	*	*	*	*	*	*	*
9.	Caesarean delivery for complicated cases-IPD	*	*	*	*	*	*	*	*	*	*	*	*
10.	Surgical treatment to patients of gynecological problems	*	*	*	*	*	*	*	*	*	*	*	*
11.	Surgical treatment to patients IPD	*	*	*	*	*	*	*	*	*	*	*	*
12.	Phototherapy to babies-IPD	*	*	*	*	*	*	*	*	*	*	*	*
13.	Pathological service to patients	*	*	*	*	*	*	*	*	*	*	*	*
14.	Radiological service to patients	*	*	*	*	*	*	*	*	*	*	*	*
15.	Ultrasonography service to patients	*	*	*	*	*	*	*	*	*	*	*	*
16.	ECG service to patients		*	*	*	*	*	*	*	*	*	*	*
17.	Ambulance service		*	*	*	*	*	*	*	*	*	*	*
19.	Monitoring and supervision		*	*	*	*	*	*	*	*	*	*	*
19.	Monthly meeting		*	*	*	*	*	*	*	*	*	*	*
20.	Evaluation/Audit							*					*

11. Geographical Area of the Project:



12. Organogram of the project:



13. Functions and expertise of the staffs:

Designation	Qualification	Responsibilities	Reported to
Executive Director	Master's in Social Science/MBA	All responsibilities	Executive Committee
Gynecological Doctor/ Surgery	Specialist Gynecological/ Surgery	Women Health monitoring and Surgery	Reported to Chief of doctor
Medical Officer	FCPS/MD (Male/Female)	Health monitoring clinical service training & teaching for nursing education	Executive Director
Doctor/ child Specialist	MBBS/ Child Specialist	Check up Child patient and given them medicine	Reported to Chief of doctor
Nurse	Diploma in Nursing	Assist. to Doctor's and and Medical Officer	Doctor
Health Assistant	Diploma in Nursing (Female)	Assist. to Medical Officer, Doctors & Nursing	Medical Officer
Health Educator	Higher Secondary Level (Female)	Health Services Preventive Campaign	Medical Officer
Machine Operator	Diploma in radiology	Operating X-ray and Ultrasonography machine	Medical Officer
Documentation Associate	Graduate in Management (Female)	Computing, Accounts, Report Compilation documentation, Filing, Office Management.	Medical Officer
Director Program	Graduate in Social Welfare/ or Social Science or in Food & Nutrition	Follow up program and official activities.	Executive Director
Project coordinator	Graduate in Social Welfare/ or in Food & Nutrition (Female)	Coordination, Trainings, Report Preparation Supervision	Director Program
Field Supervisor	Graduate (Male/Female)	Field Training, Visit, Monitoring	Project Coordinator
Field Worker	Higher Secondary Level (Male/Female) Campaign	Implementation, Motivation	Supervisor
Aya	Skilled	Care of patient and child	Nurse
Guard/Peon/Cleaner	Class eight pass		Director Program

14. Training:

After recruitment of the project staff **EBF** will organize a 7 (seven) days training workshop. Resource persons from local and national level will be hired for conducting the workshop. 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 in training centre at EBF Training Centre.

Staff Level:

Training	Duration	Participants	Remarks
basic Orientation on Integrated Nutrition Development	7	16	All staffs associated with this programme
Follow-up/Refreshers	7	16	All staffs associated with this programme
Organization Management	5	8	Supervisors, Field Workers, Health Educators
Cooking & Balance Food	3	12	Supervisors, Field Workers, Health Educators

Group level:

Training	Duration (days)	Participants	Remarks
Basic Orientation on Integrated Nutrition Development	5	170	One Member from each group
Gender and Development	5	170	One member from each group

Awareness build up training (Health and Sanitation):

Training	Duration (days)	Participants	Remarks
STD/HIV/AIDS	3	300	Villagers, Day labour, Students and Rickshapollar.
Health and Sanitation	3	300	Villagers and Students
Family Planning Program	3	300	Women and teenage girl
Mother and Child health Care	3	300	As above
Public Health	5	300	Villagers and Group members.

15. Effect of the Project:

- I) Decrease the rate of child and mother death.
- II) Awareness build up to immunize infants against six killer diseases, malnutrition blindness, polio, contraception and birth spacing of the fertile women.
- III) Build up awareness of how STD generates HIV during having sex and the consequence when anybody dies from no-production age.
- IV) To convert the unskilled and unemployed youth into skilled manpower through Nursing education.
- V) Purchasing capacity will be raised and employment opportunity will be possible;
- VI) Food habit changed towards having balanced diet;
- VII) Preventive & curative health services will be ensured through mini and mobile clinic. As a result health status will be increased;
- VIII) Participation of community people will be ensured through campaign programme;
- IX) People will be aware to using their natural resources;
- X) Scope of practical training and know-how knowledge on integrated nutrition development will be ensured by the demonstration complex;
- XI) Women empowering will be possible by the way of providing Gender and Development (GAD) training.

b. 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-

- I) The people will know and follow the principles of preventive health issues;
- II) The people will have sound health and will not be the victims of vicious circle of poverty;
- III) The future generation will be healthy and industrious;
- IV) People will have the source of extra income beyond their normal/usual income. Moreover, the women will also have the earning scope;
- V) The health clinic will be self-reliant with the people's contribution/fees to be collect. People will be able to afford the actual costs of doctor's fee and required medicine when their income will raise;

16. Estimated cost for entire Project:

Project Expenses:

Summary Budget (for 4 years)

No.	Activity	Year-1 & 2 CHF	Year-2 & 3 CHF	Total Cost CHF
01.	Construction EBF Mother and Child Health Care Hospital with Nursing Institute 2 Storied.	247,500.-		247,500.-
02.	Medical Equipment and Furnituer for EBF Mother & Child Care Hospital		468,157.-	468,157.-
03.	Doctors Nurses and Staff Salary		374,400.-	374,400.-
04.	Vehicles		90,600.-	90,600.-
05.	Medicine Cost		25,000.-	25,000.-
06.	Office Equipment Cost		27,400.-	27,400.-
07.	Decoration & Others Cost		30.000.-	30.000.-
08.	Training Cost		20,000.-	20,000.-
09.	Construction Monitoring Cost Engineer and Supervisor	12,000.-		12,000.-
	Yearly Basis Fund Required	259,500.-	1,035,557.-	1,295,057.-
	Total Fund Required			1,295,057.-

17. Detailed Budget : (For 4 years)

a. Construction Cost of the Project: Year 2021 and 2022 (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.-
Iron Rod (30 Tones)per floor 1 Ton = CHF 900.-	60 Tons (Rod)	54,000.-
Cement (3500 bags) per floor 1 bags = CHF 6.-	7000 Bags (Cement)	42,000.-
Sand Local (3000 feet) per floor 1000 feet = CHF 450.-	6000 Feet (Local Sand)	2,700.-
Stone Sand (2000 feet) per floor 1000 feet = CHF 800.-	4000 Feet (Stone Sand)	3,200.-
Small stone for Roof (1500 feet) per floor 1 feet = CHF 2.-	3000 Feet (Small stone)	6,000.-
Wooden work and Greel (1st and 2nd floor)	(1st and 2nd floor)	25,000.-
Safety Tanki & Sanitary work	(1st and 2nd floor)	18,000.-
Electrical Goods and Watering system	(1st and 2nd floor)	22,000.-
Distemper and others	(1st and 2nd floor)	10,000.-
Labour Cost	(1st and 2nd floor)	55,000.-
Engineer and supervisor monitoring cost	(1st and 2nd floor)	12,000.-
Total Cost of Construction		CHF 259,500.-

b. Medical Equipment Cost for EBF Mother & Child Care Hospital:

SL.NO	DESCRIPTION OF EQUIPMENTS	QTY.	COST CHF	TOTAL COST CHF	REMARKS
01	General X-ray	01	105,000.-	105,000.-	
02	Hospital bed(standard)	40	50.-	2,000.-	
03	Bed side locker,	40	50.-	2000.-	
04	Oxygen Set	2	250.-	500.-	
05	ECG 12 CHANNEL	01	6,250.-	6,250.-	
06	USG (COLOUR DOPLER)	01	37,500.-	37,500.-	
07	X-Ray viewer 8	03	50.-	150.-	
08	Standby Generator	01	37,500.-	37,500.-	
09	Cold room 1	01	25,000.-	25,000.-	
10	Cot child drop	02	80.-	160.-	
11	Crib trolley, infant	02	70.-	140.-	
12	Cupboard	03	125.-	375.-	
13	Desk, single pedestal with 3 drawers	03	150.-	450.-	
14	Emergency trolley	02	300.-	600.-	
15	Executive chair	02	200.-	400.-	
16	Filling cabinet	05	200.-	1,000.-	
17	Key cabinet	02	50.-	100.-	
18	Mattress, adult bed polyurethane foam	40	50.-	2,000.-	
19	Office chair	50	40.-	2,000.-	
20	S.S. tool,	50	20.-	1,000.-	
21	Waste paper tub	50	20.-	1,000.-	
22	Clothing Lockers, Metal	15	20.-	300.-	
23	Washer extractor 2	01	27,500.-	27,500.-	
24	Drier 2	01	7,000.-	7,000.-	
25	Ironer 1	01	22,500.-	22,500.-	
26	Linen cupboard	01	175.-	175.-	
27	Linen trolley	01			
28	Cooking pot 3	03	10.-	30.-	
29	Coffe Table	05	45.-	225.-	
30	Potato Peeler 1	01	1500.-	1500.-	
31	Gas cooker 2	02	120.-	240.-	
32	Weighing machine 1	01	700.-	700.-	

33	Food trolley 5	02	900.-	1800.-	
34	Meat mincer 2	02	500.-	1000.-	
35	Lactometer 2	02	60.-	120.-	
36	Flasks 5	02	10.-	20.-	
37	Tea Urn 5	02	80.-	160.-	
38	Refrigerator -domestic 1	01	850.-	850.-	
39	Toolbox, complete 4	01	850.-	850.-	
40	Digital clamp meter 2	01	180.-	180.-	
41	Drilling Machine, hand 2	01	600.-	600.-	
42	Grinder, angle 2	01	550.-	550.-	
43	Welding Machine(ARC) 1	01	1800.-	1800.-	
44	Hammer	01	20.-	20.-	
45	Blower 1	01	15.-	15.-	
46	Gas Welding Torches 1	01	225.-	225.-	
47	Flaring Tool 1 5,500 5 ,500	01	80.-	80.-	
48	Systems Analyser(Refrigeration)	01	250.-	250.-	
49	Bench Vice 2	01	120.-	120.-	
50	Soldering gun 2	01	110.-	110.-	
51	Die Stock, complete 1	01	180.-	180.-	
52	Multi-meter 2 7,500 1 5,000	01	100.-	100.-	
53	Air Compressor 1 85,000 8 5,000	01	1050.-	1050.-	
54	Anaesthetic machine with ventilator 1	01	31250.-	31250.-	1 OT
55	Operating light 1	01	15750.-	15750.-	1 OT
56	Examination Lamp	01	450.-	450.-	1 OT
57	Trolley instrument(assorted)	01	300.-	300.-	1 OT
58	Trolley, dressing	01	180.-	180.-	1 OT
59	Operation table	01	5500.-	5500.-	1 OT
60	Electrosurgical unit	01	7500.-	7500.-	1 OT
61	Suction machine, electrical	01	850.-	850.-	1 OT
62	X - ray viewer	01	550.-	550.-	1 OT
63	Patient trolley	01	550.-	550.-	1 OT
64	Baby cot	05	400.-	2000.-	
65	Delivery bed	03	2500.-	7500.-	
66	Obstetric bed	03	180	540.-	
67	Fetus detector	01	1950.-	1950.-	
68	Incubator, infant	03	5000.-	15000.-	
69	Infant radiant warmer	01	1475.-	1475.-	

70	Phototherapy unit	01	1100.-	1100.-
71	Infant weighing scale	01	550.-	550.-
72	Ultrasonic Nebulizer 2	02	450.-	900.-
73	Gynecological examination table	01	800.-	800.-
74	Examination Lamp	01	600.-	600.-
75	Autoclave	01	6500.-	6500.-
76	Resuscitaire	01	1800.-	1800.-
77	Fetoscope	05	3.-	15.-
78	Infusion stand	03	650.-	1950.-
79	Sphygmomanometer(BP machine) 4	03	25.-	75.-
80	Refrigerator 1	01	800.-	800.-
81	Blood warmer	01	800.-	800.-
82	Oxygen set 2	02	225.-	450.-
83	Suction machine, manual	01	850.-	850.-
84	Commode chair 2	02	450.-	900.-
85	Cool box 2	02	250.-	500.-
86	Electric cookers 1	01	125.-	125.-
87	Examination couch metal/wooden 1	04	450.-	1800.-
88	Examination lamp, mobile 1	03	450.-	1350.-
89	Infusion stand 10	05	60.-	300.-
90	Bin pedal	10	6.-	60.-
91	Emergency lamp 1	03	20.-	60.-
92	Cabinet, dangerous drug	03	200.-	600.-
93	Screen bed 6	10	125.-	1250.-
94	Spot light 2	02	20.-	40.-
95	Tape measure 2	05	5.-	25.-
96	Trolley instrument(assorted) 2	02	275.-	550.-
97	Trolley, dressing 2	02	175.-	350.-
98	Trolley, oxygen gas cylinder 1	01	130.-	130.-
99	Trolley, general purpose 1	01	300.-	300.-
100	Trolley, linen 1	01	350.-	350.-
101	Trolley, medicine/drug 2	01	1100.-	1100.-
102	Trolley, patient, stretcher 1	01	350.-	350.-
103	Wall clock 1	01	50.-	50.-
104	Weighing scale adult with height measuring 1	01	120.-	120.-
105	Wheel chair adult 2	02	150.-	300.-

106	Hollow ware set, ward (Assorted) 2	02	100.-	200.-
107	Diagnostic set 2	02	90.-	180.-
108	Manual suction machine 1	01	80.-	80.-
109	Sphygmomanometer 3	02	25.-	50.-
110	Thermometer clinical 10	10	2.-	20.-
111	Stethoscope 3	03	9.-	27.-
112	Percussion Hammer 2	02	15.-	30.-
113	Stethoscope, baby 2	02	60.-	120.-
114	Suction machine, electrical 1	01	900.-	900.-
115	Bench	10	10.	80.-
116	Electric kettle	01	60.-	60.-
117	Bed craddle	01	180.-	180.-
118	Electric heater(wall mounted)	02	250.-	500.-
119	Dressing pack	02	60.-	120.-
120	Binocular microscope 2	02	420.-	840.-
121	Calorimeter 1	01	420.-	420.-
122	Centrifuge 1 65,000 6 5,000	01	800.-	800.-
123	Glucose analyzer 2	02	90.-	180.-
124	Haemoglobinometer, electronic 1	01	3650.-	3650.-
125	Distiller 2 100,000 2 00,000	01	1300.-	1300.-
126	Fridge, Pharmaceutical 3	01	850.-	850.-
127	Balance, precision 2	01	1100.-	1100.-
128	Balance, heavy duty 2	01	650.-	650.-
129	Motor & pestle 2	02	20.-	40.-
130	Tablet counter 2	02	180.-	260.-
131	Weighing scale(electronic) 2	01	400.-	400.-
132	Drug cabinet	02	200.-	400.-
133	Counting trays	02	90.-	180.-
134	Dispensing stools	04	30.-	320.-
135	Fire extinguisher	02	250.-	500.-
136	Stretcher with IV pole	05	300.-	1500.-
137	Suction machine, electrical 4	03	900.-	2700.-
138	Lockable Cabinet 4	05	200.-	1000.-
	Office Equipment (Computers, Printers, Scanning machine, UPS, OPS and Revolving Chair			
139	Computer (40)	20	600.-	12,000.-
140	Printers	05	200.-	1,000.-

141	Scanning machine	02	200.-	4,00.-	
142	UPS	20	50.-	1,000.-	
143	IPS	20	50.-	1,000.-	
144	Toner, paper Chair, Table etc.			12,000.-	
	Vehicles				
145	Ambulance	01	60,000.-	60,000.-	
146	Micro bus	01	22,000.-	22,000.-	
147	100 c.c Honda (02)	02	2,500.-	5,000.-	
148	50 c.c Honda	02	1500.-	3,000.-	
140	By-cycle (10)	05	120.-	600.-	
141	Medicine cost :			25,000.-	
142	Dress for Doctors, Nurses and staff etc.		15,000.-	15,000.-	
154	Decoration, Generator & Others Cost		55,000.-	55,000.-	
	Total Cost of Medical Equipment			CHF 641,157.-	

c. Staff, Medical Officer & Nurse salary Year 3rd and 4th (2023 - 2024)

Details of Staff	QTY	Amount CHF
Salary of Executive Director 1 month = CHF 600.-	01 (24 months)	14,400.-
Salary of Project Coordinator 1 month =CHF 500.-	01 (24 months)	12,000.-
Salary of Medical Officer 1 month = CHF 500.-	02 (24 months)	24,000.-
Salary of Specialist Doctors		
Doctor- Surgeon 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor-Medicine 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor- Gynae 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor-Anesthesiology 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor-Sinology 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor-Pathology 1 month = CHF 600.-	01 (24 months)	14,400.-
Doctor-Physiotherapist 1 month = CHF 500.-	02 (24 months)	24,000.-
Nursing Supervisor 1 month = CHF 350.-	02 (24 months)	16,800.-
Salary of Staff Nurses 1 month = CHF 300.-	10 (24 months)	14,400.-
Salary of Radiographer 1 month = CHF 250.-	01 (24 months)	6,000.-
Salary of Lab Technician 1 month = CHF 400.-	01 (24 months)	9,600.-
Medical Assistant 1 month = CHF 300.-	01 (24 months)	7,200.-
Receptionist/ Register 1 month = CHF 250.-	03 (24 months)	18,000.-
Ambulance Driver 1 month = CHF 300.-	02 (24 months)	14,400.-
Wardboy/Aya/Cleaner 1 month = CHF 200.-	10 (24 months)	48,000.-
Store Keeper/ dispenser	02 (24 months)	14,400.-

1 month = CHF 300.-		
Admin Assistant 1 month = CHF 350.-	02 (24 months)	16,800.-
Computer operator (4) 1 month = CHF 300.-	03 (24 months)	21,600.-
Hospital Administrator 1 month = CHF 250.-	02 (24 months)	12,000.-
Salary of Peon/Night Guard (1) 1 month = CHF 200.-	03 (24 months)	14,400.-
Total Amount of Staff Salary for two years		374,400.-

d. Training Cost of The Project:

SL No.		QTY	Amount CHF	Total Amount CHF	Remarks
01	Training Cost of the Project		20,000.-	20,000.-	
	Total			CHF 20,000.-	

18. List of Abbreviations

EBF = Euro Bangla Foundation

MCH = Mother and Child Health Care Hospital

TBA = Traditional Birth Attendant

CHV = Community Health Volunteer

CHW = Community Health Worker

GOB = Government of Bangladesh.

NGO = Non-Governmental Organization

Requesting Donation for the project EBF Mother and Child Care Hospital:

Details/ Discription	Amount CHF
Total Cost of the Project	1,295,057.-
EBF contribution 30%	388,517.10
Requesting Donor Support 70%	906,539.90

19. How EBF will finance the other costs?

The source of income of EBF are given bellow:

1. Outdoor tiecket charge from the patient : 20 Tk./Patient
2. O.T. Charge : 500 Taka.
3. Bed Charge : 200 Taka/Patient
4. Ambulance fare : 1000 Taka
5. Cabin Charge : 400 Taka
6. Surgery Charge (Delivery, Abortion : 1000 Taka
M.R etc.)

20. Duration of the Project: March / 2021 to March / 2025

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 Donar Organisation.

Date: Schaan, 05.10.2021



Miah Nurul Islam - President
Verein Hilfswerk Bangladesh