



30 BED GENERAL HOSPITAL

Gariaon, Jaunpur

Project Concept Report

December 2015



Shanti Nandan Bauddha Welfare Society

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Executive Summary

Sanrakshan Center for Medicare (SCM) 30-bed General Hospital Project is a philanthropic initiative of Shanti Nandan Bauddha Welfare Society that aspires to help the underprivileged section of the society to avail quality health services at affordable cost. "Expenditure on health is also substantive for rural households in the district. A fairly high 14 per cent of the total household expenditure is incurred on the treatment of household members. This expenditure is comparatively much higher among rural households. The 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 private services". This intervention will also be an attempt to satisfy the concern over spending on health care in villages of Mungra Badshahpur Block Jaunpur district.

The hospital seeks to provide basic health facilities such as, General Medicine, Dental, Eye, Physiotherapy & Orthopedics, Common Laboratory Tests, Pain Management, and support services. The hospital is projected to serve roughly about 3,200 out-patients and 500 in-patients annually. The hospital is aimed at serving the need of the community and will be run on a not-for-profit basis.

Shanti Nandan Bauddha Welfare Society's existing network of Doctors and Other institute 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 30 bed General Hospital in Gariaon, Mungra Badshahpur Block of Jaunpur district which would also cover all nearby villages of this block where there are no primary health care centers. The hospital will offer affordable and quality services for patients. The commencement of hospital in Gariaon, Jaunpur would enable easy access to patients in the area and nearby villages.

The hospital is estimated to have a built up area of about 12,000 square feet on 1 acres of land, at an estimated total project cost of INR 4.03 Crores 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 and 30 In-Patient Beds.

This general hospital project is expected to be completed and ready for operations within two 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.



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Table of Contents

Contents	Page No
Executive Summary	2
1. Introduction	4
1.1. An overview of Basic healthcare facility in Rural India	4
2. Shanti Nandan Bauddha Welfare Society	6
2.1. Team Profile	7
3. Hospital Project	9
3.1. Project Overview	9
3.2. Project rationale	9
3.3 Role of Shanti Nandan Bauddha Welfare Society in Health Care	14
3.4. Location and Communities served by the proposed project	15
4. Hospital Facilities	16
4.1. Overview	16
4.2. Medical Specialties & Services	16
4.3. Other Services	17
4.4. Patrons & professionals supporting the project	18
5. Project Financials	18
5.1. Project cost and funding envisaged	18
6. Implementation Plan	20



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1. Introduction

1.1. An overview of Basic healthcare facility in Rural India

Rural Health care is one of biggest challenges facing the Health Ministry of India. With more than 70 percent population living in rural areas and low level of health facilities, mortality rates due to diseases are on a high. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist.

India also accounts for the largest number of maternity deaths. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications. Due to non accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks.

To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to the health care in rural areas. The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities.

The uneven distribution of health care facility and attainment of health status is a major cause of concern here. We have on the one extreme state like Kerala and Tamil Nadu that can match the most advanced emerging market economies in health indicators and on the other, states like Bihar and Uttar Pradesh where the situation is pathetic. Uttar Pradesh and Bihar which are first and third largest state of India respectively from the viewpoint of population not only fair badly in terms of basic health care facilities, but also show wide inter region and inter district variations. Such a situation on the one hand



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works against the interest of the poor and deprived section of population living in these areas and on the other result in the states suffering even after having rather rich natural resource base.

The public sector hospitals are more widespread (around 60%), but the budgetary allocation of <1% of the GDP, is insufficient to even service the existing infrastructure. The private sector has been growing for the last 15 years and accounts for an estimated 95% of new hospital beds that have been added in this period. While the affluent and the urban middle-class with a capacity to pay have been catered to by the mushrooming

Various organizations are coming together for improvements in health care and technology plays a crucial role to facilitate this. Information and communications Technology provides hosts of solutions for successful implementation of these changes

Private healthcare providers and Corporate Hospital Groups; the economically weaker sections of the society are dependent on the trust hospitals and NGOs.

Not-for-Profit Trust hospitals established by various NGOs, Missionaries and religious groups have a significant presence in India and have over the years played a key role in bridging the healthcare gap particularly for the under-privileged. The healthcare trusts infrastructure is very wide and ranges from 5-bed nursing homes to 1000-bed teaching and super-specialty hospitals.

The healthcare services in the district are predominantly centered on the Medical College in Allahabad. There are many small and medium sized hospitals in the district which is not able to meet the demand in the region owing to equipment break-downs and lack of qualified manpower. People in the district are dependent on Allahabad City or Jaunpur City for their healthcare needs.

Shanti Nandan Bauddha Welfare Society proposes to establish a 30 bed General Hospital with Medical, Surgical and Laboratory facilities. The hospital is to be located in Gariaon, Jaunpur at an estimated project cost of INR 4.03 crores. The project will be a not-for-profit hospital and self-sustained with cash generated from its operations. The proposed hospital will serve the nearby villages of Gariaon in Mungra Badshahpur Block.



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2. Shanti Nandan Bauddha Welfare Society

The Shanti Nandan Bauddha Welfare Society (SNBWS), Gariaon, is a non-governmental, not political, non profiteering based organization established in the year 2013 by a group of great and dedicated social workers and educationists of tremendous vision as response to the general mass and deprived population. It has been legally registered on 27.12.2013 under the Society Registration Act-XXI of 1860 vide, Regn. No. 1083/2013-14 by the Registrar of Society, Department of Registration Uttar Pradesh Government.

With mission to Empowerment of the underprivileged sections of the society Shanti Nandan Bauddha Welfare Society is focused on social welfare activities aimed at alleviation of human suffering and all-round development of the community especially for the poor, helpless & weaker sections children, youth and women through relevant education, innovative healthcare and market-focused livelihood program.

The Sanrakshan Health and Medical Camp is a successful project. Under this Project we have organized many health checkup camps in the last 18 months (the project was inaugurated on 24th March 2014), for rural & socio-economically backward people. In these camps, where people are facilitated with free health checkup & medicine. So far 7168 persons have benefited from the project. For this purpose, Shanti Nandan Bauddha Welfare Society has entered into a partnership with JRK Hospital for providing these medical facilities in the region. This project is being funded by the volunteers and supporters.

Programs and Activities of the Society

SANKALP - EDUCATION

- Sankalp Center for Elementary Education
- Sankalp Public Library
- Sankalp Center for Computer Training

SANRAKSHAN - HEALTH CARE

- Multi-specialty Medical Check-up Camps
- Cataract Screening & Eye Examination
- Awareness Generation Programme (Physiotherapy)



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SRIJAN - LIVELIHOOD

- Vocational Training in Cutting & Sewing
- Vocational Training in Handicraft
- Food Processing Training

2.1. Team Profile

2.1.1. Mrs. Asha Devi - President

Occupation: Social Activities

Age: 43 years

A self-employed professional, Smt Asha is a Founder-Member of Shanti Nandan Bauddha Welfare Society and truly its moving spirit. Zealously committed to the society's cause, Smt Asha is involved in everything from fund-raising and strategy to content development and is a very hands-on governing council member helping steer the organization in its desired direction. She also runs Hast Shilp Kala Kendra, her personal favorite part of the job.



2.1.2. Mr. Virendra Kumar - Vice-President

Occupation: Social Activities & Business

Age: 48 years

Mr. Virendra Kumar has an inner drive to help people in need. A self-employed professional, he is also a Founder-Member of Shanti Nandan Bauddha Welfare Society and truly its moving spirit and committed to the society's cause.





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2.1.3. Mr. Uday Bhan Maurya - Secretary

Occupation: Project Engineer

Age: 33 years

Mr . Uday Bhan Maurya has an inner drive to help people in need. In 2013, he started Shanti Nandan Bauddha Welfare Society as a result of this drive. He is efficient, conscientious, positive and with a can-do attitude, he is a great source of information, keeping the wheels of the engine running smoothly. He takes great satisfaction in watching Shanti Nandan Bauddha Welfare Society grow and loves the fact the no two days are the same.



Key responsibilities at Shanti Nandan Bauddha Welfare Society include:

- ✓ Raising funds for Shanti Nandan Bauddha Welfare Society through corporates.
- ✓ Support in identifying and getting volunteers from Corporate for projects.
- ✓ Ensure strong governance and controls are established.
- ✓ Provide support as volunteer to some of the projects.

2.1.3. Mrs. Priya Devi - Treasure

Occupation: Social Activities

Age: 34 years

She is a Post Graduate in economics and housewife. *She brings a 'can-do' creative, positive and friendly attitude to work every day.* She is also a Founder Member of Shanti Nandan Bauddha Welfare Society.





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3. Hospital Project

3.1. Project Overview

Shanti Nandan Bauddha Welfare Society is working to set up a 30 bed General Hospital



with a multidisciplinary approach to healthcare services. The proposed location of the hospital is Gariaon, Jaunpur.

The proposed hospital will serve the nearby villages of Mungra Badshahpur and Machhalishahar blocks of Jaunpur district, where there are no basic health care centers. The hospital will offer affordable and quality services for patients.

3.2. Project rationale

Poor people in urban and rural areas face a huge burden of ill health: almost 10% of them have had at least one illness in the past two weeks. Despite high burden of illness, many—as many as one in five—do not seek any healthcare. When they seek care, they often do so from informal private providers, because of ease of reaching them, flexible payment options, and extended hours of service. Families also end up spending significant money (almost ₹ 300 for an out-patient consultation, and almost ₹ 2000 for in-patient) despite receiving poor quality of care. *It is not surprising, then, that expenditure on healthcare is one of the major reasons for families slipping into indebtedness in rural Uttar Pradesh.*

On account of absence of the adult male from the household and erratic availability of liquid cash, families of migrants are even more likely to defer treatment when ill, and more likely to fall into indebtedness due to expenditure on healthcare. Migrants themselves have higher vulnerability to illness due to the unhealthy and unhygienic environment in which they work and live. Being less familiar with the city and its healthcare systems, and having limited liquid cash, they defer seeking care when ill, or go back to the “pastures” they know better: their own village, prematurely breaking the migration tenure and further reducing their income.



Health Care around the World

Health provision varies around the world. Almost all wealthy nations provide universal health care (the US is an exception). Health provision is challenging due to the costs required as well as various social, cultural, political and economic conditions. Health care provision is incredibly complex and many nations around the world spend considerable resources trying to provide it. Many other rights and issues are related to health, inequality being an important one, for example. Education, gender equality and various other issues are also closely related. Viewed from the spectrum of basic rights, the right to health seems core.

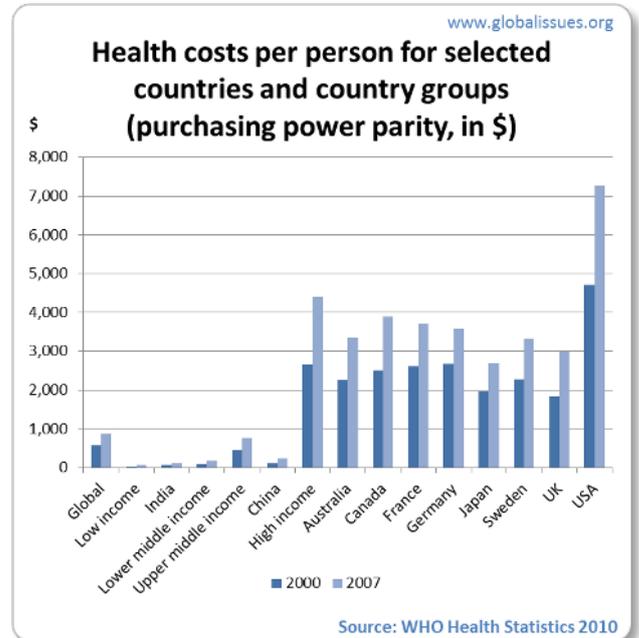
At some point the debate becomes ideological rather than practical, and most nations that attempt universal health care, while often supporting individual freedoms see value in a society generally being healthy.

- There are numerous ways such a system is provided, for example:
- Government funded (tax paid) national systems
- Government funded but user fees to top up (often at point of use)
- Health insurance systems (funded by governments, citizens, or some mixture)
- Decentralized, private systems run for profit or not for profit

Different parts of the world have used different means for health care and generally, poorer nations have struggled to provide adequate health care.

The Indian Healthcare System Scenario

India's public health care system is patchy, with underfunded and overcrowded hospitals and clinics, and inadequate rural coverage. India still spends only around 4.2% of its national GDP towards healthcare goods and services (compared to 18% by the US). Additionally, there are wide gaps between the rural and urban populations in its healthcare system which worsen the problem. A staggering 70% of the population still lives in rural areas and has no or limited access to hospitals and clinics. Consequently, the



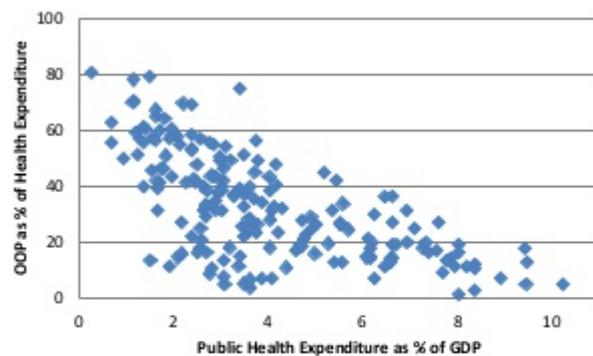


rural population mostly relies on alternative medicine and government programmes in rural health clinics. One such government programme is the National Urban Health Mission which pays individuals for healthcare premiums, in partnership with various local private partners, which have proven ineffective to date.

In contrast, the urban centres have numerous private hospitals and clinics which provide quality healthcare. These centres have better doctors, access to preventive medicine, and quality clinics which are a result of better profitability for investors compared to the not-so-profitable rural areas.

Health Care System in India

- Gaps in access to quality care, financial protection, efficiency
 - Low public spending
 - Equity
 - Accountability in public provision
 - Weakly regulated private supply
- Initiatives for Universal Healthcare Coverage, including government sponsored HIs



The government's low spending on health care places much of the burden on patients and their families, as evidenced by the country's out-of-pocket (OOP) spending rate, one of the world's highest. According to the World Health Organization (WHO), just 33 percent of Indian health care expenditures in 2012 came from government sources. Of the remaining private spending, around 86 percent was OOP

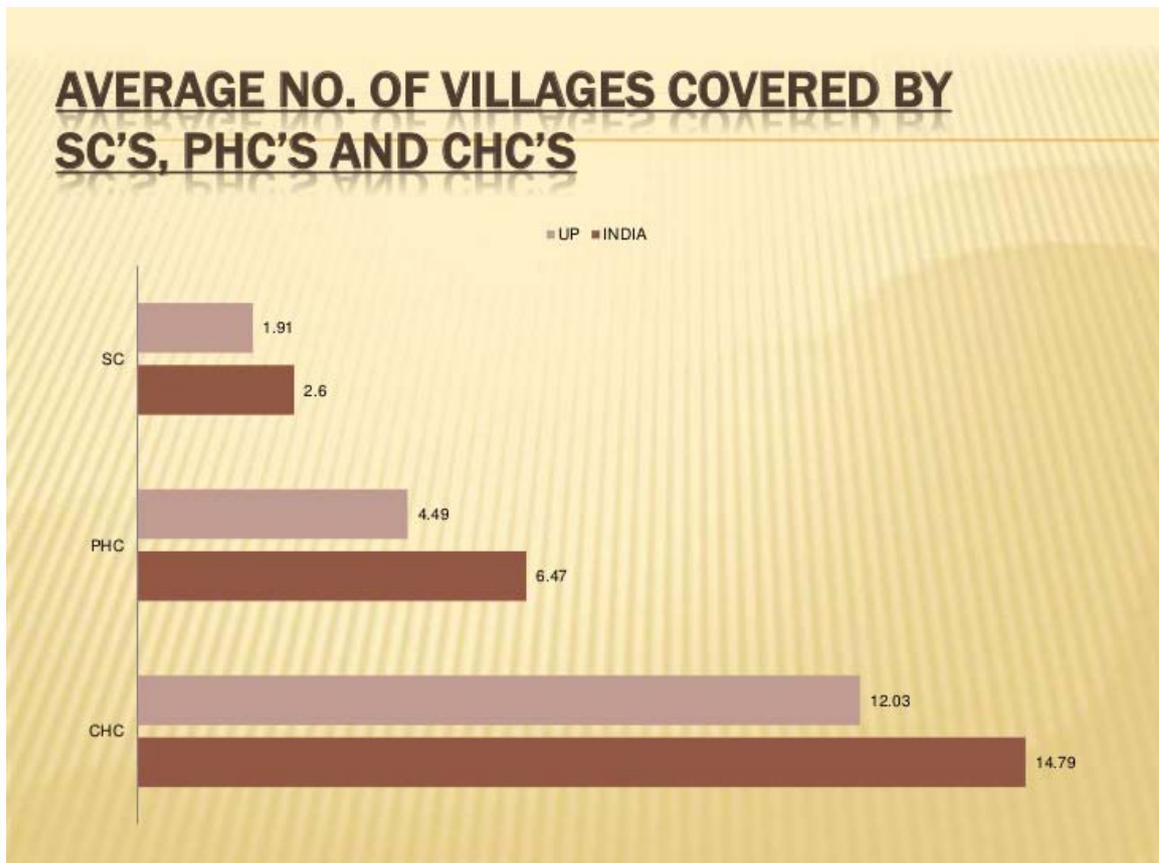


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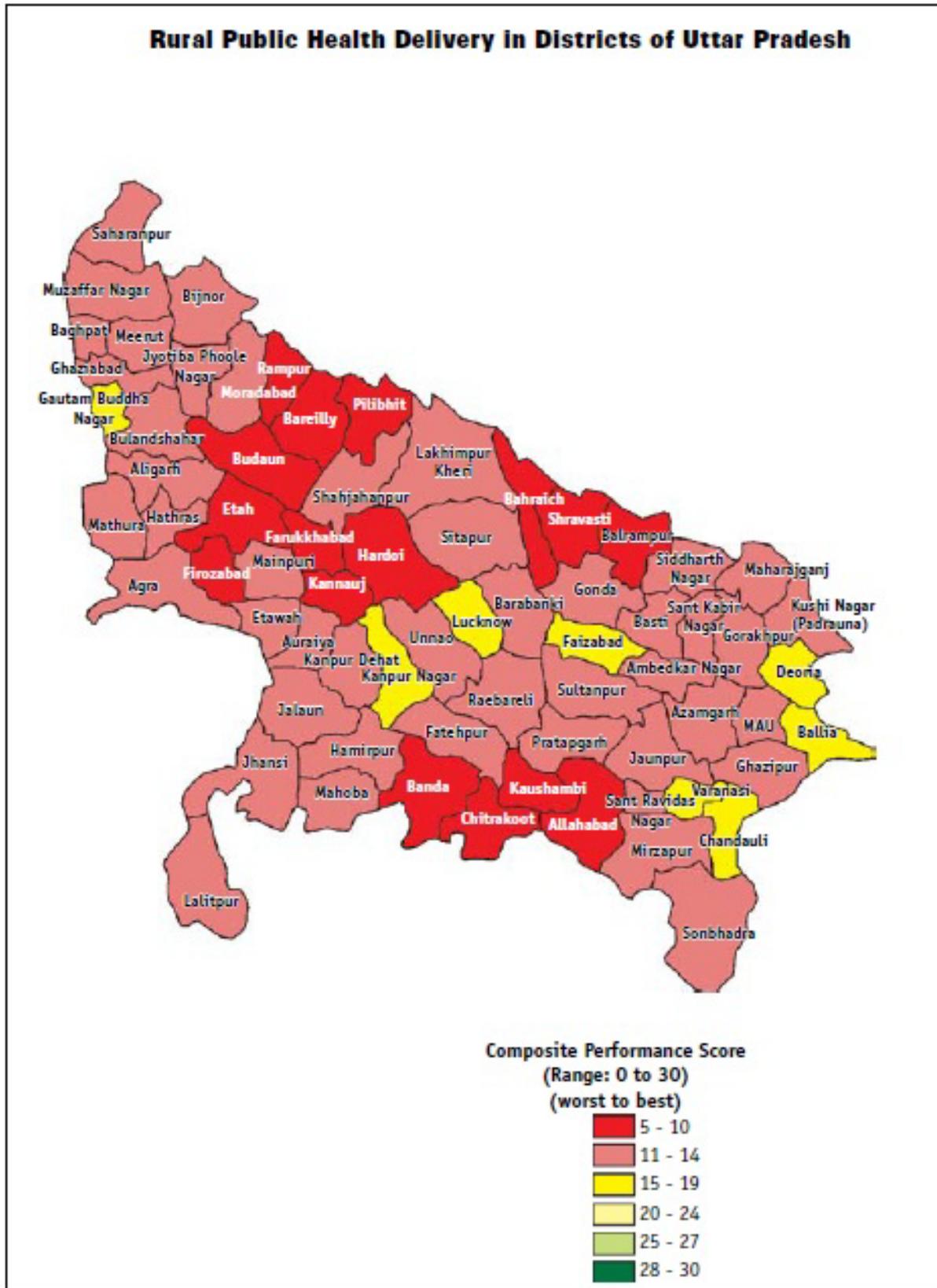
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Uttar Pradesh

The state Health Department, through its wide range of programs, such as NRHM and Health Systems Development Project, has been involved in improving the health infrastructure and human resources in the state; however, the popular perception about healthcare providers is still negative. The Government of Uttar Pradesh like other state governments is committed to provide high quality, affordable and accessible, preventive, curative, primitive and comprehensive health care services to the population. But unfortunately the performance of the state on various health parameters is not encouraging.



The problem is more serious in rural areas as compared to urban areas. The rural population primarily depends on government infrastructure and on private health services providers or mainly on quacks. The availability of physical health infrastructure in the state still lags behind the * ICSSR Teacher Fellow, GIDS, Lucknow national average. Apart from this, non availability of staff and medical services at these health facilities is another issue of major concern. As a result the state is facing a great challenge to fight communicable and non communicable diseases,, maternity and child health malnutrition and newly emerging fatal diseases like AIDS.





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Some other alarming facts about status of healthcare infrastructure in rural developed areas vis-à-vis urban areas are:

- Rural doctors to population ratio is lower by six times
- Rural beds to population ratio is lower by 15 times
- Seven out of ten medicines in rural areas are substandard / counterfeit
- Sixty six percent of the rural population lack access to critical medicine
- Thirty one percent of the rural population travels for over 30 kilometers for medical treatment.

The Government of Uttar Pradesh decided in 2003 to enter into contracts with NGOs to provide basic health services at Sub-Centers in remote areas. After some adjustment it was determined that the NGOs would provide slightly more advanced care than what would normally be stipulated at Sub-Centre level, including hiring a doctor qualified in allopathic, Ayurvedic or homeopathic medicine. For this reason the facilities were labeled 'Health Posts' rather than Sub-Centers.

3.3. Role of Shanti Nandan Bauddha Welfare Society in Health Care

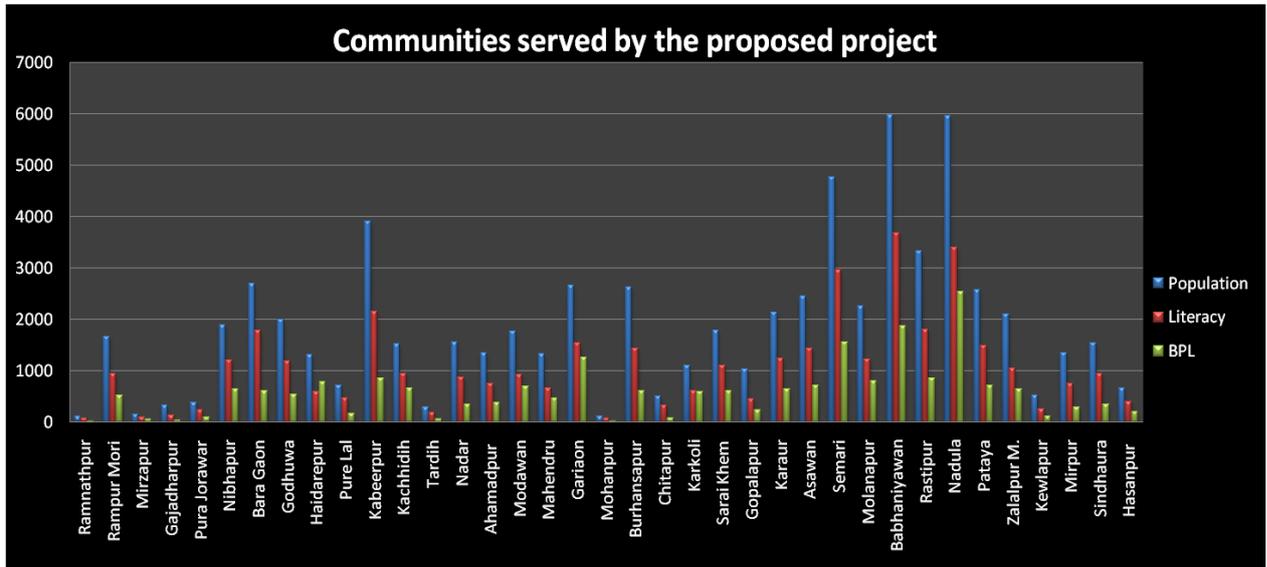
Shanti Nandan Bauddha Welfare Society has been involved in social and charitable activities ever since its formation in the year 2013. Some of the key achievements of the society over the past years are given below:

- Organized Free Multi-specialty Medical Check-up Camp in many villages of Mungra Badshahpur block Jaunpur district in collaboration with JR K Hospital and M/s Rajendra Medical Store Meerganj Jaunpur With the expertise of our doctors and pharmacists, the camp provided primary health diagnosis, medicines and health awareness absolutely free to about 5000 underprivileged individuals from the villages of Mungra Badshahpur block Jaunpur district. The major diseases catered to were cataract, dental, cough, cold, fever, arthritis, indigestion, diarrhea. The sole purpose of this camp was taking health to the door steps of the underprivileged and the economically downtrodden.
- Time to time awareness generation program (Physiotherapy) organized in rural areas of Jaunpur district under Sanrakshan Project, in these program experts of the field aware the people about their Physio problems and how they can overcome on it. And also demonstrate and train the people about essential exercise which can keep them fit and fine. Under this program physically handicapped who have problems in their limb movements are prescribed certain exercise to pick up the movements.

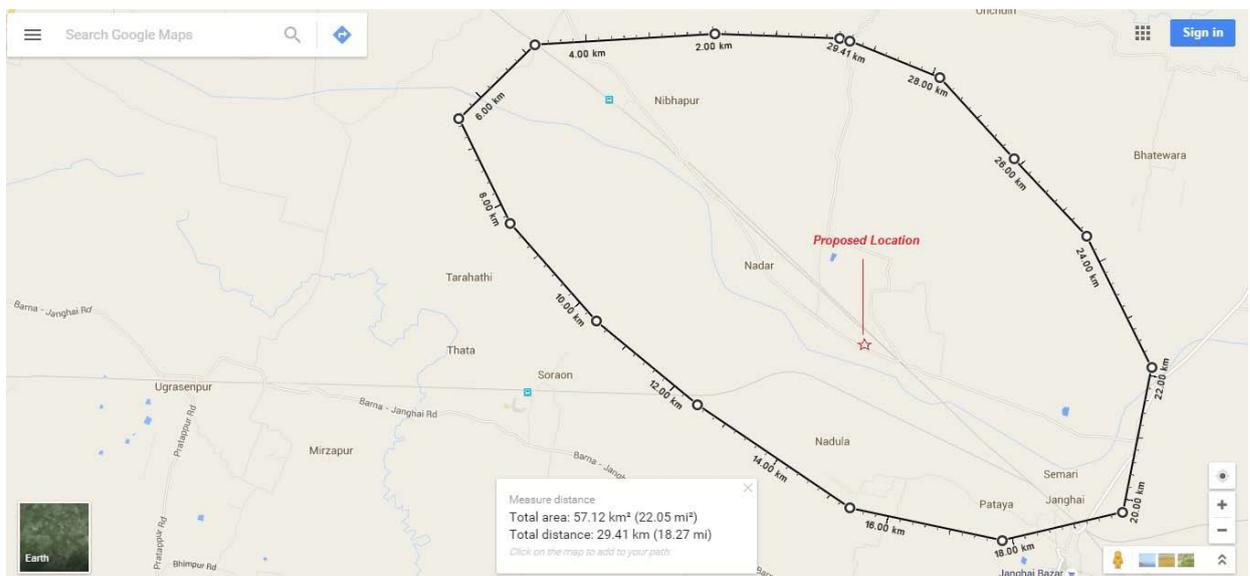


3.4. Location and Communities served by the proposed project

The 30 bed General Hospital facility is proposed to come up in the Gariaon, Jaunpur district of Uttar Pradesh. This village would cater the needs of the nearby villages in Mungra Badshahpur block of Jaunpur district.



Gariaon, Jaunpur: Gariaon (Bazaar) is a center or marketplace of around 37 nearby villages, as of 2011 census of India, these villages had a total population of 68303. Males constitute 48.96% of the population and females 51.04%. These villages have an average literacy rate of 59.64%, lower than the national average of 74.04%: male literacy is 35.04%, and female literacy is 24.60%.





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The village has an area of 57.12 square kilometers coverage. In these villages 31.57% population is living below poverty line. Location of PHCs and CHCs a far of distance from rural areas procures a heavy daily loss of wages. This leads the rural people accessing facilities of private health care practitioners, usually unregistered at affordable charges in their villages.

4. Hospital Facilities

4.1. Overview

The hospital will be 30 beds General Hospital complying norms laid under Bureau of Indian Standards (BIS)/ Indian Public Health Standards (IPHS) / NABH (National Accreditation Board for Hospitals) besides applicable Guidelines/Policies of State and Central Government. It will provide reasonable, affordable and comprehensive services to cover all the health care needs of the patients and provide preventive and curative outpatient services and primary health care for free to the poor families as part of its mission to give equal access to quality health care for all.

4.2. Medical Specialties & Services

The hospital will have following fully equipped departments/wings:

- OPD
- IPD
- Surgery
- Medicine
- Orthopedic
- Gynecology
- Pediatric
- Ophthalmic
- Emergency
- DOT centre and designated microscopy centre
- X Ray/Scan/Diagnostic/ Pathology Diagnostics & Treatment



Medical Support Facilities

- Consultation Rooms (3 nos)
- Operation Theater (01 nos)
- Ambulance (1 nos)
- Medical Records
- Pharmacy (OP & IP)
- Counseling Room
- Physiotherapy

Support Service

- Engineering & Maintenance
- Canteen
- Front Office (Admissions & Reception)
- House Keeping
- IT

Administrative Services

- Finance & Secretarial
- HR
- Materials
- Security

4.3. Other Services

- Dispensing about 110 essential drugs to the patients.
- Counseling on nutrition and contraception.
- Skilled and responsive staff
- Adherence to clinical protocols
- Maintaining a clean and friendly atmosphere
- Follow-up care at households
- Rational drug treatment
- Use of generic drugs



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4.4. Patrons & professionals supporting the project

Sl. No.	Name	Qualifications	Specialization	Proposed Role in the Project
1	Dr. Vandna	MBBS, MD	Gynecology	Chairman to the Advisory Committee
2	Dr. Saurabh Singh	MBBS, MS	General Surgery	Medical Director
3	Dr. Neetu Maurya	BDS	Dentistry	Advisor
4	Dr. C B Maurya	DPT, BPT	Physiotherapy	Advisor
5	Dr. Alok Kumar	MBBS, MS	Ophthalmologist	Advisor
6	Dr. Ved Prakash	BAMS	General Medicine & Ophtho	Advisor
7	Mr. Uday Bhan Maurya	MCA	Business Development, Operations	Advisor

Table 1: Patrons and professionals supporting the project

5. Project Financials

5.1. Project cost and funding envisaged

The project is proposed to be the establishment of a 30 bed general hospital in about 1.0 acres of land. The hospital will have a built up area of 12,000 square feet, as per Area and Space norms of the hospital 80 to 85 sqm per bed to calculate total plinth area. The area will include the service areas such as waiting space, entrance hall, registration counter etc. In addition, Hospital Service buildings like Generators, Laundry, Kitchen and essential staff residences are required in the Hospital premises. 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 and 30 In-Patient Beds. The estimated project cost is **INR 4.03 crores** which is expected to be funded by donations and contributions from Government, likeminded volunteers and supporters.



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The break-up of total project cost is given below:

SI No	Item Description	Estimated Cost (In Rs.)
1	Land Cost - Hospital 1 acres @ Rs.20 Lakhs per acre	2,000,000.00
2	Construction Cost - 12,000 sq ft x Rs.1100 per sqft	13,200,000.00
3	Machinery & Equipment	13,030,000.00
4	Furniture, Fixtures & Air-conditioning	6,000,000.00
5	Vehicles	750,000.00
6	Contingencies - 5% of Construction Cost	1,000,000.00
7	Funded Operating Losses	2,367,845.00
8	Preliminary & Preoperative	2,000,000.00
9	Total Cost of Project	40,347,845.00

Table 2: Cost of Project details

Note: The above mentioned cost are indicative and includes all expenses except land cost and medical equipment



6. Implementation Plan

The proposed implementation plan of the project is given in

SI No.	Particulars	Timeframe
A	Pre Project	
1	Screening of patients	Completed
2	Ground work and research	Completed
B	Phase I: Land Acquisition	
1	Land Acquisition	Based on discussion
2	Soil Testing & land classification	15 days
3	Architectural Drawing	2 months
4	Approvals & Permits	3 - 6 months
C	Phase II : Construction	
1	OP Block & Admin Block	14 months
2	Administration Block	14 months
3	Pharmacy Block	14 months
4	Radiation Block	14 months
5	Laboratory Block	14 months
6	IP Block	14 months
7	Furniture and Air-conditioning	2 months
D	Phase III: Miscellaneous	
1	Machinery	6 months
2	Vehicles	3 months

Table 3: Implementation Plan