PROPOSAL

FOR

EL BENE HOSPITAL PROJECT

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INTRODUCTION

The health project shall be named **EL BENE HOSPITAL.** It shall initially comprise of a Medical Centre, Primary Health Care Unit, Community Project Unit and other projects to be undertaken when fully established. It shall be located in the Southern Nigerian city of Port Harcourt, the capital of River State. River State is one of the 36 states in the Federal Republic of Nigeria. Port Harcourt is known to the outside world for being the headquarters of the Oil Industry in Nigeria and the most prominent town in the Niger Delta region (see appendices IV, V). The project's contact address shall be specified in the site location of Phase I and II respectively.

The Project will be structured and executed in 3 phases with specific targets and time frame.
PHASE I: The "**pre-take off phase**" will cover the period from planning and preparation, which this write up is part of, to the establishment of an office and residence in Port Harcourt, identifying and equipping the temporary site to starting operations/activities. Further details will be found in the relevant sections in this project proposal. The duration is estimated to last 6 months.

PHASE II: The "**Take-off phase**" will cover the period from the end of phase **I** when the Medical Centre is open to the public and in full steam at the temporary site till the movement to the permanent site. This is the period when the project would be fully operational and terminates with the movement to the permanent building complex and Staff housing Estate. This period is expected to last 4 years.

PHASE III: The "**Post-take off / Consolidation period**" would be the period from the end of phase **II,** starting with the movement to the permanent site that is expected to comprise of a 3 storey (4 floors) building complex to house a modern Medical Centre and Offices and a Staff/Doctors' housing Estate. This phase would also see the expansion and replication of the project in other parts of Nigeria and Cameroon, the eastern neighbouring country where the dream started.

VISION

This project is the crystallisation of a dream. It has always been my dream to do something for patients: poor and rich, ignorant and well informed that abound in Africa and most of the third world who are often short-changed in the health institutions in this part of the world. Within the fulfilment of this dream is also the desire to establish a health institution that can address the frustrations, needs and challenges of doctors, nurses and other paramedicals who are endowed and willing to sacrifice and serve with the highest professional standards and remain in Africa.

The seed of this project was indeed sown while I was working as a young medical officer with other fraternal colleagues (medical and paramedical) in the Presbyterian General Hospital, Manyemen, South West Province of the Republic of Cameroon between 1990 and 1995. I could see how the medical team of doctors and paramedicals from Europe and Africa worked together and played football and other games after the medical exertions during the day. I could see the positive effects of effective North-South cooperation and how aid can be used to make a difference in peoples' lives and whole communities. I could also see the shortcomings in the management/administration of the health institutions by traditional establishments. I experienced the effects of diversion of aid/embezzlement, corruption, nepotism and other negative un-economic decisions and lack of accountability. I said to myself one day I would be part of a team that can do it well and better!

I first shared this dream with my benefactor, friend and colleague, Dr Ger H. van der Vlies who with his wife and children have supported me since our meeting in 1990 as missionary doctors in a rural, undeveloped African "bush" (Manyemen, Cameroon). We discussed this project for the first time in 1997. Later, the same year in November, I had the opportunity to share this dream openly with a benevolent Dutch couple Mr & Mrs Lenferink, making their first holidays in Africa. After an evening with them in a Methodist Guest House in Nairobi, the fire to see this dream into a reality was lit. The dream turned into a burning ambition. Now it is a passion, I have committed all my energies to translate this dream into a reality.

I have a vision of:

- A medical centre providing excellent medical care with modern facilities to the community with the highest professional ethics and conduct that is often lacking in many government and private medical institutions where the desire to amass profit far exceed the desire to assist / help the patient.
- A medical institution that can be a centre for cooperation between colleagues and friends from the developing and developed world thus enhancing North-South cooperation. A rallying umbrella for men and women of goodwill who have it in them to put smile on the faces of others who are less fortunate.
- A centre of cultural exchange that would encourage interaction across the globe.
- An economically viable project that would use surplus revenue generated to promote community development in the areas of health, education and environment.
- A project that would convince the 'North' that outside the government and religious institutions, there are other channels of aid that can be better managed, monitored and free from nepotism, corruption and bureaucratic bottlenecks.
- A centre that can positively contribute to a reduction in brain drain or flight of health professionals to the "North" for economic and infrastructural reasons.

OBJECTIVES

- To provide quality health service to all especially the poor and less privileged in terms of access and delivery setting a standard beyond profit making.
- To make specific provision for care of the less privileged through the introduction and management of a “Poor and Sick Fund” [PSF].
- To promote North-South cooperation, cultural and health exchange outside the traditional confines of government.
- To promote partnership and collaboration amongst medical colleagues within and outside the country.
- To encourage/promote continued education of personnel: medical, paramedical and support staff.
- To provide an alternative channel of informal aid flow to the developing world with effective supervision, monitoring and evaluation.
- To provide a welfare policy for staff to encourage stewardship and teamwork.
- To encourage the concept of revenue surplus for development by carrying out community development projects.
- To establish an effective HIV/AIDS awareness, prevention, treatment and counselling programme to cover the region.
- To organise a primary health care programme that can make positive impact in Bayelsa and Rivers States.
- To organise regular cancer screening exercise campaigns for the common cancers like breast, cervix and prostate.

GOALS

The cardinal goal is to enhance the implementation and actualisation of the dreams, vision and objectives of the project as already stated at the minimum cost possible, thereby providing quality Medicare service to the poor peoples in the third world.

The goals are divided into three to match the three phases of the project. Each phase has specific goals, targets and time frame.

Phase I	-	Immediate goals
Phase II	-	Intermediate goals
Phase III	-	Long-term goals

IMMEDAITE GOALS (first 6 months)

1 – Complete movement from Cameroon to Nigeria and establish residence / office in Port Harcourt.
2 – Complete registration of Foundation / N.G.O.
3 – Movement to temporary site and take off.
4 – Procurement and installation of equipment, instruments and utilities.
5 – Recruitment of staff
6 – Commencement of operations at temporary site of Medical Centre.

INTERMEDIATE GOALS (first 5 ½ years)

1 – Provision of affordable quality health care to all especially the less privileged at the level of the Medical Centre.

2 – Provision of an efficient Primary Health Care programme to cover both Rivers and Bayelsa States through satellite health centres

3 – Regular exchange of health experts and volunteers between North and South
4 - Completion and movement to permanent site.
5 – Capacity building for sustainable health project.
6 - Establishment of a Scholarship Fund to cater for some indigent students and promote excellence in selected schools around the region.
7 - Establishment of modality for repayment of loans and reinvestments.
8 - Initiation of other community development projects.

<u>LONG TERM GOALS</u> (after 5 ½ years)

1 – To be a model health project in the developing world.
2 – Establish and replicate project in other areas and possibly Cameroon.
3 – Declaration of revenue surplus for:

- Community projects
- Education
- Equipment
- Training of staff
- Computerization of facility
- Seminars
- Workshops.

MISSION STATEMENT

To provide the highest levels of health care at an affordable cost to all especially the less privileged; job satisfaction and fulfilment to the project team through a transparent and dynamic management in collaboration with partners, friends and benefactors from within and abroad.

PROJECT JUSTIFICATION

1. There is need for affordable quality health care in Nigeria (indeed the entire third world) that will counter the activities of quack health facilities, expensive private hospitals and ill-equipped lax government hospitals.
2. The health sector remains a viable area for sustainable investment, which can provide resources for community development.
3. Possibility of providing affordable specialised surgical services [e.g. orthopaedics] that are usually available at tertiary centres like teaching hospitals and in the developed world. Hence the project can help patients who ordinarily would not be able to afford such high level of Medicare.
4. The project would fulfil the desires of health professionals in the North who wish to make this contribution to developing world.
5. The main co-ordinators have multidisciplinary experience in the setting up/organising health projects and exchange programmes in the developing world.
6. There are a number of willing collaborators and benefactors within and outside the country who have already declared interest. A good number of doctors and other professionals in Holland, Switzerland, Britain, Botswana, Cameroon and Nigeria have signified willingness to collaborate with the project once it is off the ground.
7. The project would create opportunities for medical personnel who desire to remain in Africa and hence limit brain drain that is a major problem in the continent amongst professionals
8. The decision to register the Foundation as a Non Governmental Organisation is to win the government sympathy towards its objectives/goals with the attendant tax incentives and possible duty reduction on imported goods and services.
9. The chosen location of the project is an area distinctly characterised as one of the underdeveloped regions in Nigeria.
10. Port Harcourt is also accessible to most of the underdeveloped rural villages / settlements in the Niger Delta by roads and waterways.

LEGAL STATUS

The Project shall be registered as a Non Governmental Organisation [NGO] with articles of Association and Board of Directors/Trustees according to the laws governing the registration of NGOs in the Federal Republic of Nigeria.

The Board of Directors/Trustees shall comprise of the following protem officers.

1. Dr Raymond C. Nge : **The main local co-ordinator**
2. Dr G. H. van der Vlies : **The overseas coordinator.**
3. Mr & Mrs Lenferink : **The main financiers**
4. Local Medical Partner yet to be identified
5. Political resource person from Rivers State
6. Legal counsellor
7. Local Business Executive yet to be selected.

RESOURCE PERSONS

1 – **Dr Raymond C. Nge,** Surgeon
Main Local Coordinator,
Current address in Cameroon:
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2 – **Dr Ger H. van der Vlies**, Huisarts
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ADVISERS

1 – **Dr Godknows Boladei Igali**
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PROJECT SCOPE

The health project is expected to cover primarily the whole of Port Harcourt, other parts of Rivers and Bayelsa States and indeed other distant parts of the country.

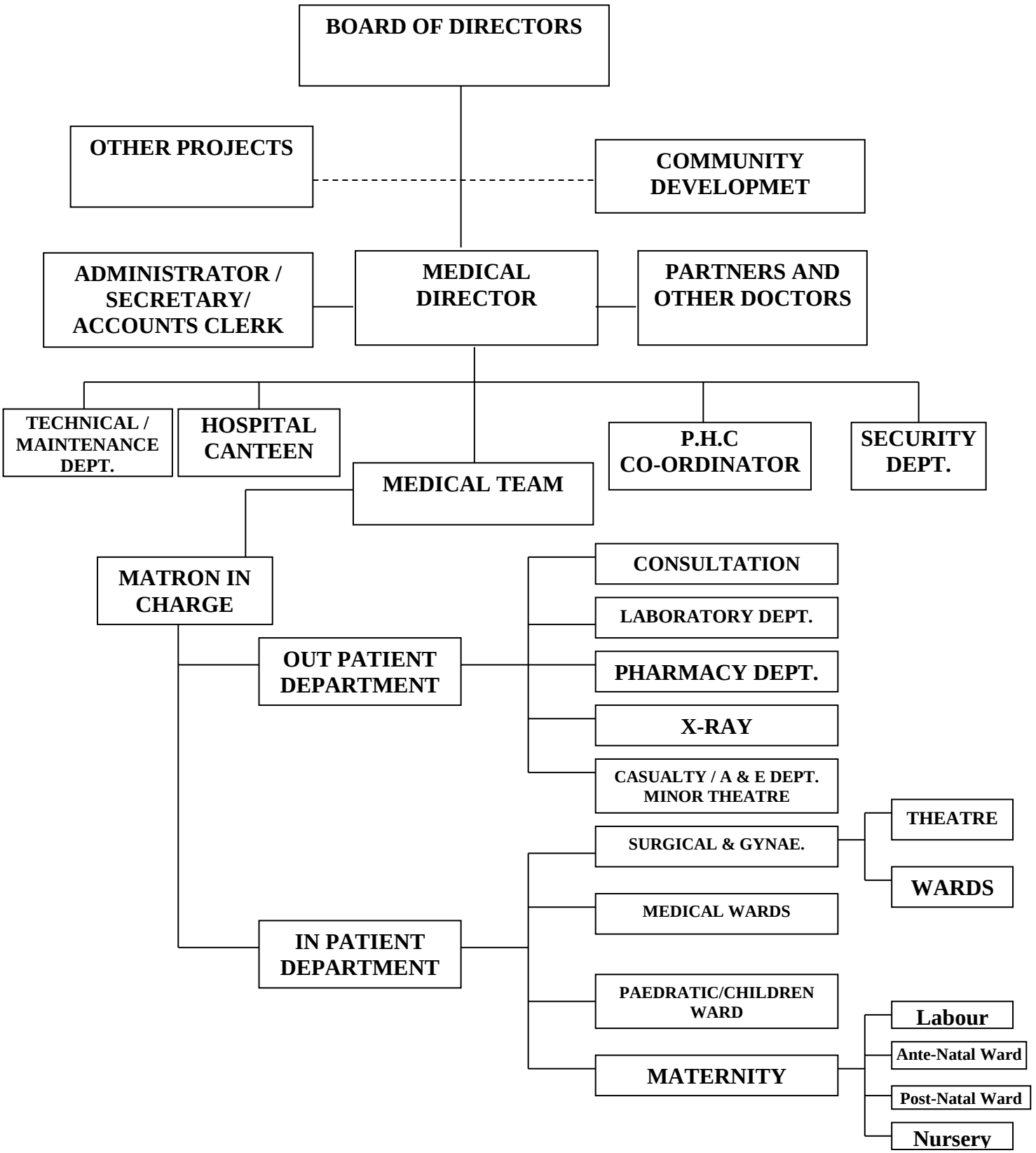
The medical centre would provide outpatient & inpatient services and primary health care activities that would include:

- General medical practice.
- Specialist consultations and services as would be arranged from time to time.
- General Laboratory services including histopathology.
- Primary Health Care programme and services like vaccinations through satellite health centres and health education in schools.
- HIV/AIDS awareness, prevention, treatment and counselling unit.
- Efficient casualty department / reputable Accident and Emergency [A&E] unit.
- Pharmacy service / drugs dispensing
- X-ray services, ultrasound and ECG
- Surgical operations: general, obstetric and gynaecological, occasional complex orthopaedic operations during visits of foreign surgeons.
- Cancer screening campaigns.
- Ambulance services.

LIMITATIONS

1 – Finance
2 – Economic hardship in the country
3 – Exchange rate fluctuations especially Naira devaluation and inflation
4 – Political stability of the country
5 – Time
6 – Competition.

MANAGEMENT AND ORGANOGRAM OF THE PROJECT



PROJECT TIME FRAME

Phase I – PRE TAKE – OFF: Arrival and establishing residence and office in Port Harcourt to starting the medical centre estimated to last 6 months. Consider October 2001 to April 2002 or January 2002 to June 2002.

Phase II – TAKE-OFF: The Medical Centre at full operation before movement to permanent site, estimated to last 4 years. Consider April 2002 to April 2006 or June 2002 to June 2006.

Phase III: CONSOLIDATION / PERMANENT SITE: From April 2004 and beyond.

BUDGET

Phase I - **PRE TAKE OFF**

Phase II – **TAKE--OFF**

Phase III – **PERMANENT SITE**

PHASE I BUDGET

	Amount in US Dollars ($)
A – (i) Pre take off secretariat in Cameroon (meetings, secretarial work, consultations, mobilization, telephone, etc…)	500
(ii) Registration of NGO in Nigeria, mobilisation and consultation	1 000
B – Movement **to Nigeria and Pre take off (Duration 6 months)**	
i) Accommodation for doctor and support office @ 65$/month 3 or 4 Bedroom flat with boys quarters if possible x 24 months rents in advance	1 560
ii) **Refurbishing and basic house equipment**.	1 200
o 2 family beds – 2 hospital beds for temporary hospitalisation	
o 1 record timed fridge	
o Reconditioned deep freezer (2)	
o Gas cooker and gas cylinders	
o Cuttings / Blinds / Nets and other home fittings	
o 4 tables and 6 chairs	
o 1 triple seater settee	
o 2 single seater	
o Dining room table and 6 chairs	
o 4 standing fans	
o cupboard (things, books, files, drugs etc…)	
o Room divider	
o Miscellaneous	
iii) - Small clinic	200
o consulting table	
o BP machines	
o Thermometers	
o Drugs cupboards	
o Cupboards for files, drugs, books.	
iv) - Small office equipments in the house	
o Desktop computer Fax machine / Printer…	600
o Telephone installation & internet facility, Post Office Box	375
o Doctor's allowance @ 400$/month x 3 months	2 400
o Nurse's allowance @ 120$/month x 3 months	720
o Secretary's allowance @ 80$/month x 3 months	480
o Utilities (Electricity, water, e-mail service, telephone @ 100$/month x 6 months	600
SUB-TOTAL……	**$9 635**
o Add 10% Contingency……..	963.5
TOTAL…….	**$10 598.5**
Less 20% local or self financing	**2 119.7**
TOTAL…….	**$ 8 478.8**

TARGETS AND BUDGET JUSTIFICATION FOR PHASE I

It is expected that a certain minimum support is required to take the project off the ground and initiate the movement to take up residence in Port Harcourt. During this period, there are targets.

1) Movement to Nigeria and set up office / take up residence in Port Harcourt.
2) Initiate registration of medical centre/N.G.O.
3) Devise and start awareness strategy for the project.
4) Small scale "in house" medical consultations and minor procedures as a contribution to sustenance, running cost and payment of allowances of basic support staff for the first 6 months of phase I.
5) Identify and negotiate rent of temporary site and plan renovations.
6) Review and adopt effective budget / plan of action (P O A) for phase II.
7) Trip to Europe (Holland, Switzerland) to procure reconditioned/2nd hand or used hospital equipment/materials etc.
8) Clearing of imported equipment from the seaport.
9) Installation of equipment and utilities like telephone etc…
10) Staff recruitment for Medical Centre.
11) Establishing contacts with colleagues / friends abroad for collaboration in Phase II and III
12) Establishing contact with maternity homes and health centres for possible cooperation / collaboration and referrals in future.
13) Logistics for establishing histopathological services.
14) Political contact building and selecting other members of the board.
15) Explore possibility of local loan facility.

PHASE II BUDGET

1 - **RENTS**
- 4 three bedroom flats @ $65 per month per flat $6 240
  (24 months rents advance deposit minimum
  requirement in Port Harcourt)

2 – **RENOVATION AND REFURBISHING**
Partitioning, repainting, sluice rooms, theatre room renovation, … $2 000
sinks, septic tanks/placenta pits, locks, cuttings / blinds etc…

3 – Reconditioned Lister (5.5 KVA) diesel generator for electricity… $2 200

4 – Reconditioned air-conditioners @ $150 per unit x 8 $1 200
for (theatre, consulting room, private rooms)

5 – Reconditioned refrigerators @ $150 per unit x 2 $ 300
(Hospital & guest flat)
1 Deep freezer @ $150…….. $ 150

6 – Furniture for hospital and Guest flat…….. $ 3 000
- 20 tables
- 40 chairs
- 20 shelves
- 6 long sitting benches
- 6 drug cupboard
- 3 family beds for guest flat and mattresses etc…

7 – 30 locally made hospital beds and mattresses, 2 examinations $4 000
couches, 1 locally made delivery bed and 1 theatre bed all will stirrups….

8 – Basic Hospital Requirements $3 000
like beddings, bed fans, 2 wheel chairs, 2 stretchers, books
4 screens, washing machine, 4 trolleys, fire extinguisher etc…..…

9 – Basic medical equipment
- Diathermy machine…… $2 000
- X- Ray machine…… $4 000
- E C G machine……. $1 500
- Ultrasound machine…….…… $3 000
- Anaesthetic machine…… $ 500
- Theatre light……. $ 500
- BP machines, thermometers, auroscopes, anoscopes etc…… $ 500
- Laboratory equipment and chemicals…….. $1 500

10 - Return ticket to Holland to select/order equipment…….. $1 500

11 - Clearance of container and duty at the port…….. $3 000
- Transport from Lagos to Port Harcourt…… $ 500

12 - Initial drug supplies…… $1 000

13 - 3 months salary of staff (3 x 4347.5) …… $13 042.5

14 – Poor & Sick Fund initiative (PSF)…… $1 000

15 - Reconditioned Volvo S/wagon Ambulance……. . $4 000

$62 631.5

Add 10% Contingency ……. . **$ 6 263.2**

$68 894.7

Less 20% local/ self-financing……..…….. $13 778.9

TOTAL……. $55 115.8

PHASE II BUDGET TARGETS

1. Establish a well organised 28-bed health facility with, OPD, surgical, obstetric and gynaecology, medical, paediatric, pathology, laboratory, radiological and pharmacy departments with possibilities for expansion
2. Generate sufficient revenue to pay and motivate workers within 3 months of take off.
3. Initiate, and manage a Poor & Sick Fund (PSF) to cater for poor patients.
4. Intensive Primary Health Care programme and establishment of satellite Health Centres in rural parts of Rivers and Bayelsa States.
5. Initiate a scholarship programme to assist indigents and promote excellence.
    a) Scholarship to 10 indigents students in selected secondary schools.
    b) Award of prizes to best students in Biology, Physics, Chemistry and Mathematics in selected secondary schools.
    c) Award of cash prize to best students in community medicine in the medical and nursing schools.
6. Generate sufficient revenue to purchase land and start development of permanent site and staff housing estate.
7. Repayment of loans.
8. Reinvestment/initiation of community development projects.
9. Establish regular co-operation and exchange with overseas colleagues, sponsors, benefactors and volunteers.
10. Evaluation and monitoring of current and future projects.
11. Expansion possibilities.

POOR AND SICK FUND (PSF) INITIATIVE

This would be a special fund to take care of in part or full, the cost of Medicare for patients who cannot afford to pay for medical services or surgical operations. This is to fulfil one of the objectives of the project to specifically cater for the poor and less privileged. The medical director in consultation with the other doctors and matron will decide who benefits from this facility and to what extent.

There would be an initial start off deposit of $1000 and every year, a percentage to be agreed on of the revenue surplus will be paid into the fund. Active solicitation/fund raising would be encouraged to boost the fund. An annual report of the management of the fund shall be made available to the Board of trustees and benefactors.

BUDGET SUMMARY

PHASE I……	$10 598.5
PHASE II……..	$68 894.7
TOTAL…….	**$79 493.2**
Less 20% projected local or self financing…	$15 898.6
TARGET……	**$ 63 594.6**

Assumptions and minimum take off requirements.

- Staged implementation of budget.
  Phase I take off…….. $ 8 478.8
- Phase II 50% of budget requirement for
  implementation and take off/progress…….. $34 447.4

CONTEMPLATED SOURCES OF FUNDING

	CASH	KIND
Self-financing/personal savings		
Local contributions		
Grants / Donations		
Loans		
Other supports		
Revenue from project operations		

PHASE III

CONCEPTS / TARGETS

1 – Movement to permanent site.

* 4 floor (3 storey) building complex as:
  - Official headquarters of Foundation
  - Hospital complex, conference / lecture hall and chapel
  - Dormitory accommodation concept for relatives and caretakers of patients.

2 – Movement to Doctors'/staff housing estate.

5 Bungalow estate for Doctors and guests with recreational facilities. (Swimming pool, games, garden, bar)

3 – Establishment / promotion of a welfare scheme for staff

4 – Establishment of other Foundations and medical centres.

5 – Promotion of goodwill worldwide through conferences, cross-country initiatives etc.

MONITORING AND EVALUATION

- Meticulous records and book-keeping
- Yearly internal audit by a reputable accounting firm.
- Twice yearly board meeting and financial accounts reconciliation
- Yearly review by overseas partners / co-ordinator.

APPENDIX I

STAFF REQUIREMENTS

	Average monthly salary ($)	Projected staff requirement	Total monthly salary ($)	Minimum staff requirement for Take off	Minimum total monthly salary ($)
Surgeon	1000	1	1000	1	1000
Medical officer	600	1	600	½*	300
Anaesthetic nurse/assistant	200	1	200	1	200
Qualified nurses	200	8	1600	4	800
Laboratory technician	200	1	200	1	200
X-Ray technician	200	1	200	½*	100
Auxiliary nurses -Theatre assistant - Ward auxiliaries - Lab auxiliaries - Pharmacy	16	16	1600	12	1200
Secretary/administrative officer/accounts clerk	150	1	150	1	150
Cashier	100	1	100		-
Cleaners	85	1½*	127.5	1	85
Laundry man	85	½*	42,5	½*	42,5
Driver/Mechanic/ maintenance man	100	1	100	1	100
Security	85	2½*	212.5	2	170
TOTAL		**36½**	**6132.5**	**25½***	**4347.5**

KEY: * Part time staff.

APPENDIX II

SPACE / ROOM DISTRIBUTION

Economics of space

The temporary site is to comprise of a block of 4 flats of 3 bedrooms each. 3 flats would be partitioned, renovated and refurbished for use as the Medical Centre.

The 4th flat would be renovated and furnished as Guest flat or doctors' flat.

Total accommodation available:

3 flats: 4 rooms x 3 =	12 rooms
3 kitchens - equivalent to:	1room
	13 rooms

1-	Administration / Reception	½ Room
2-	Consulting Rooms	1 ½ Rooms
3-	Laboratory	½ Room
4-	A + E/minor theatre/casualty	½ Room
5-	X-Ray	½ Room
6-	Pharmacy	½ Room
7-	Surgical & Medical wards (Male & Female)	2 Rooms
8-	Full private room	2 Rooms
9-	Semi-private room	2 Rooms
10-	Paediatric Ward	1 Room
11-	Nursery	½ Room
12-	Theatre	1 Room
13-	Delivery room	½ Room
14-	Kitchen	½ Room
15-	Sterilizing Room	½ Room
	TOTAL……	**13 rooms**

APPENDIX III

BED DISTRIBUTION

• Nursery	4 Cotts
• Medical / Surgical Ward	8 Beds (4 each)
• Children Ward	6 Beds
• Maternity Unit	4 Beds
• Private Wards	2 Beds
• Semi Private Wards	4 Beds
Total…….	**28 Beds**

APPENDIX IV

BACKGROUND INFORMATION ON PORT-HARCOURT

Port Harcourt has a population of approximately 2.5 million. It is the capital of Rivers State, one of the 36 states in the Federal Republic of Nigeria. River State has 6 state-managed general hospitals and in each of the 23 local government areas there is a comprehensive health centre. There is a University teaching hospital in Port Harcourt.

There are about 50 registered private clinics. The town has an international Airport and there is daily air-link with Lagos, Abuja, Kaduna and all the major cities in Nigeria.

There is a good road network and waterway link with other towns and villages in the Niger Delta region.

Crude oil exploration and refinery is the biggest industry. There is a sizeable number of expatriates in the town mostly engaged in the oil industry.

There are tourist attractions and recreational facilities like the wild life, shrines, war relics, slave trade artefacts etc…

The area is the biggest town in the Niger Delta region and has winding creeks and streams and beautiful white sandy beaches, natural lakes and swamps.

The climate is tropical rainforest with temperature ranging between 23 – 33°C.

There is a democratic dispensation in place in Nigeria since 1999 and political stability can be described as fair.

APPENDIX V

MAP OF NIGERIA SHOWING RIVERS STATE, IMPORTANT CITIES AND NEIGHBOURING COUNTRIES