





Grameen Health Services Support

- Overall development and management
- Funding of the land, construction, and equipment
 - Through Green Children / Grameen America, Calvert Fund, Lavelle Fund, and other sources

Seva Foundation Support

- Liaison building among partners
- Reporting strengthening process
- Funds for capacity building & training – Through Google : US\$ 100,000
 - Through Google : US\$ 100,000 - Through MSDF : US\$ 540,000

Aravind Support

- Recruit & Select initial Grameen Hospital staff
- Train the Staff at Aravind 20 mid level personnel per hospital; refresher for all ophthalmologists; managers
- Guide on Infrastructure Design
- Provide Equipment Planning
- Facilitate Vision Building process for Grameen's development of a Strategic Plan
- Design Integrated Hospital Management System
- Depute Aravind Human Resources in the initial stage to start the operations
- Put Management Systems & Procedures in place
- Provide onsite consultancy at regular intervals



- GHS started functioning since August, 2006.
- It is a "No Loss Company", Established under Bangladesh Companies Act, 1994.
- Professor Muhammad Yunus is the Founder Chairman of GHS.
- The Stakeholders of the Company are following four Grameen Organizations with equal share:
 - Grameen Byabosa Bikash/Grameen Business Promotion Services
 - Grameen Kalyan/Grameen Welfare
 Grameen Shakti/Grameen Energy
 - Grameen Telecom
- The Board of Directors consists of 7 members

Grameen Health Services: Mission

- To provide quality services with affordable cost
- To target to achieve sustainability
- To use cross subsidy mechanism to achieve selfsustainability
- To serve poor people at free or subsidized price
- To serve well-off people at a competitive price

GHS initiated its function with-

- Undertaking establishment and management of various Health Care institutions.
- Establishing two eye hospitals thus far.
- Identifying land for two more eye hospitals.
- Planning to establish 7 such eye hospitals in near future.
- Expanding scope to work on other areas of healthcare including Schools for Nurses, Medical Assistants, a full Medical School, and Cardiac Hospital.

1 st at Bogra	2 nd at Barisal
 A northern district of Bangladesh 225 km NorthWest from the Capital, Dhaka 4 km South from Bogra City Center 	 Located at the south-west side of the Barisal City corporation, the divisional head quarter. Within 1/2Km from the inter-district Bus stand On the side of main road going to Jalakhati district which is about 15 Km away from the hospital

Initial Infrastructure (1st Hospital)



- Land area is 1.44 acre
 A two storied building at the beginning with the provision of four stories
- Floor space 13,000 sft Another approx.13,250 sft for utility shed, car parking, road & pavement.
- Green area 0.84 acre

Human Resources	
Bogra	Barisal
 Initially started with 	Initially started with
 – 3 Ophthalmologists 	 – 3 Ophthalmologists
 18 paramedics 	 – 21 paramedics
 1 Administrator 	 – 1 Administrator
 1 outreach person 	 1 outreach person
 1 accounts in charge 	 – 1 accounts in charge
 1 instrument maintenance staff & 	 1 instrument maintenance staff &
 Few other support staffs 	 Few other support staffs
 At present 	At present
 1 ophthalmologists & 12 paramedics trainees has been added to the pool 	 1 ophthalmologists & 6 paramedics trainees has been added to the pool

Performance (Hospital & Outreach through July 2011)

Bogra – Since Nov,2007

- New Patient: 131,232
- Review patient: 57,765
- Total: 188,997
- Cataract Surgeries: 7,110
- Other surgeries: 1,600
- Spectacles Dispensed: 26,282

Barisal – Since April,2009

- New Patient: 60,662
- Review patient: 22,831
- Total: 83,493
- Cataract Surgeries: 2,371
- Other surgeries: 1,079
- Spectacles Dispensed: 15,784

Services offered

- Cataract services (SICS & PHACO)
- Refractive correction
- Glaucoma (Medical & Surgical)
- Cornea services (Medical)
- Community Outreach including mobile spectacle shop
- Health education for awareness, prevention, and early detection









Sustainability Challenges

- Retention of doctors
- Scarcity of doctors
- Difficulty attracting staff to rural areas
- Free surgeries by other nearby agencies
- Affordable cost yet high quality