

**Project Proposal**  
**On**  
**Project for Social Development**  
**through Poverty Reduction (PSDPR)**  
**Matarbari, Moheshkhali**

**Submitted to:** **Mrs. Mathilde Lueninck Knipp**  
Chairperson  
\_\_\_\_\_ (Delated)-----

**Submitted By:** **Mr. Jahurul Islam**  
Executive Director  
BGS, Bangladesh

1. Details on executing agency:

1.2 Name of the Organization: **Bangla-German Sampreeti (BGS)**

*"Association for Culture and Development"*

**Address:** **Bangla German Sampreeti (BGS)**  
Rasheda Villa  
1/17, Block-B, Humayun Road  
Mohammadpur, Dhaka - 1207, Bangladesh.  
**Phone: 912 432 18, Fax: 912 43 19**  
E-mail: bgsbgs16@yahoo.com

**Contact Person: Mr. Jahurul Islam**  
Executive Director

1.2.1 Legal status of the organization:

BGS is a registered Non-profitable, Non-Governmental and Voluntary Organization (NGO). It was registered with Social Welfare Department of Bangladesh Govt. in June 06, 1984 and got F.D. Registration in November 20, 1985. The Registration numbers are given below:

(a) Department of Social Welfare:	Reg. No. DSS WTa-02647, dt. November 11, 1991
(b) NGO Affairs Bureau:	Reg. NoS/FDO/R-633/92 dt. June 30, 1992
(c) Micro Credit Regularity Authority	Reg. No.: MRA 00234 dt. May 14, 2008

**Vision of the organizational aim:**

The vision of BGS is a **"Society in Peace"** where religious harmony exists, rights of men and women are respected, and everyone is able to lead an economically independent and a socially conscious life.

**Mission of the Organization**

BGS desires to establish a situation in which people will utilize their inherent capacities to free themselves from economic dependence, practice positive human values that bind them together. They will be aware of their basic rights and positive and progressive socio-cultural values and practice those in cooperation with all development organizations.

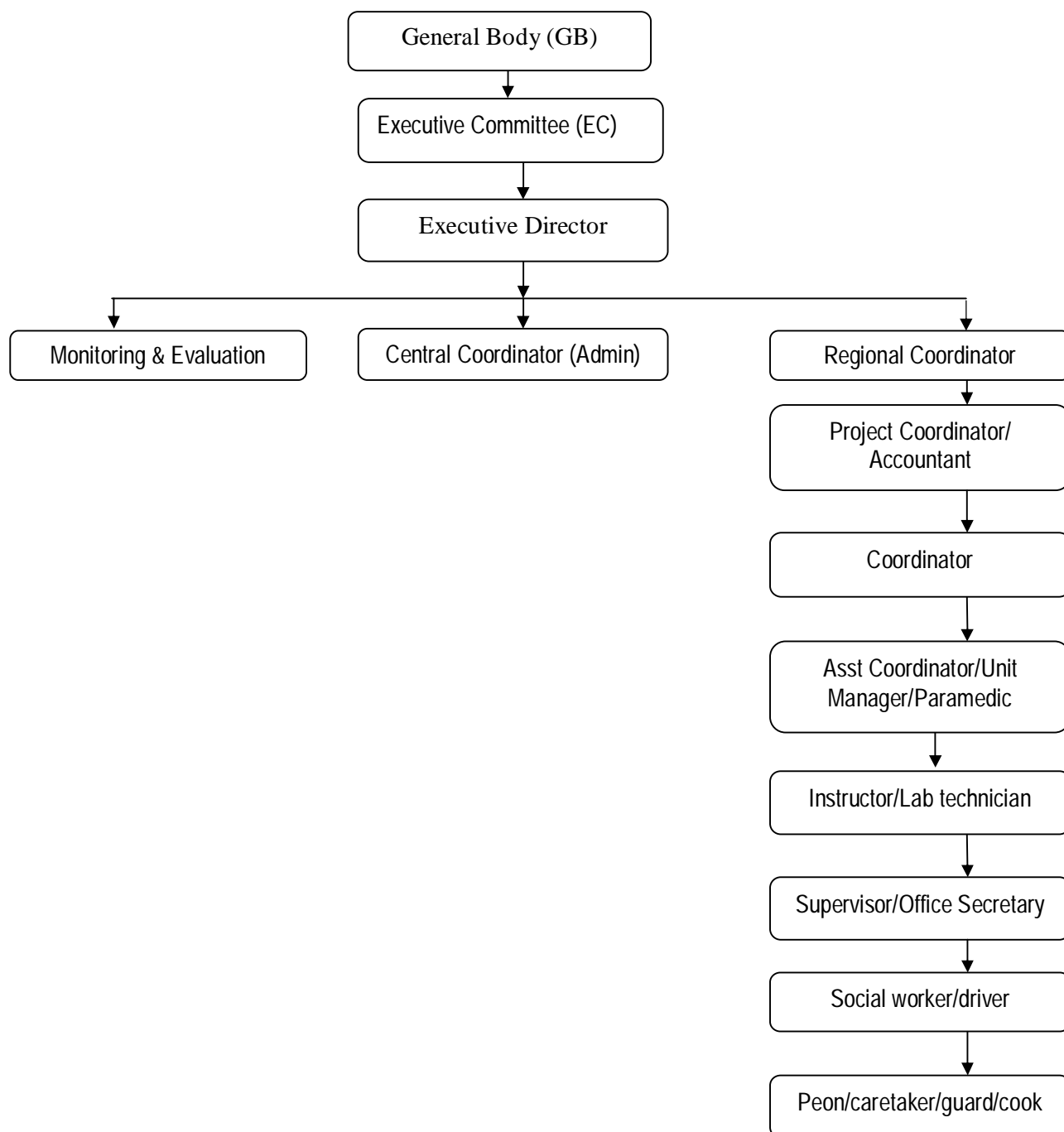
**Objectives of the Organization**

- Building organization among poor people and organize them to work united against the factors that perpetuate poverty.
- Promotion of employment and income generation opportunity through providing vocational training and micro credit facility for improvement of socio-economic condition of the poor and disadvantaged.
- Promotion of women's empowerment and their rights to increase the level of their participation in all areas of life.

- Promotion of functional literacy skills among the adults and extend educational facilities to the poor children through operation of non-formal primary schools.
- Create an opportunity of human resources development among the poor and downtrodden people of the community and help them utilize their unused potentials to meet human needs.
- Promotion of inter-cultural and inter-religious understanding among community people in which social harmony exists.
- Promotion of culture of the oppressed and underprivileged rural community people to equip them with the advantaged.

### Organogram of the NGO:

To achieve its aims and objectives, BGS has a General Committee (GC) and an Executive Committee. The General Committee is for policy making and the Executive Committee is to oversee the execution of the projects. The Executive Director is responsible for overall implementation of all projects of the organization supported by concerned staff. BGS organogram is given below:



### **Strategic Approaches of the Organization are:**

01. Life oriented children education.
02. Health, hygiene and sanitation.
04. Skill development for employment and income generation.
05. Income generation support through micro credit.
06. Building community organization for sustain abilities.
07. Agriculture extension and environmental promotion & preservation.

### **BGS Development Approach**

BGS practices integrated and participatory way in planning and implementation of its development programs. Since BGS believes in the progress and betterment of all human being so it works for community development as a whole. It applies both community and target group approaches in its development efforts. But there is a certain class of people in our society that needs special attention. This attention helps them integrate with the advanced one. These people are the marginal youth, farmers, day labors, widows and the other oppressed people of rural origin. Besides, type of people having up to 0.5 acres of cultivable land or a yearly income not exceeding Tk. 46,000.00 are also the target people of BGS

- a. There is scope to maintain comprehensive information of the family, especially regarding family resources like- land, animals, manpower, trees, etc., which are important for development.
- b. There is provision to include all grown up members of the family in the development process.
- c. It is easy and simple to follow up and monitor the changes taking place in the family due to development interventions.
- d. The family can identify the problems, prepare projects and learn necessary skills as per their family development plan.
- e. This will provide scope for evaluation to check and review changes and impact in future.

#### **1.2.3 Number of staff:**

**The total number of existing staff 137 (Regular 87 and Part time 50)**

#### **1.2.4 Sphere of operation:**

Main on-going activities of BGS are:

- Group formation, savings, income generating and employment creation
- Creative children education
- Preventive health care service
- Primary health care centre
- Water and sanitation
- Technical skill development training
- Job oriented skill training
- Human resource development training
- Social afforestation
- Fisheries development

- Organizational development
- Agriculture extension and farmers training

## **2. Project description:**

### **Background of extension of the project**

With the financial support of (---Deleted---), BGS has been implementing "Project for Social Development through Poverty Reduction (PSDPR)" since 2006. The project determined the major components are such as; micro credit, preventive and curative health care service and pre-school education programmed. Through the implementation of the project, BGS has achieved some important output and the target beneficiaries have been benefited by the project activities. It was decided to initiate some focused group discussion (FGD) and internal evaluation of the project.

### **Process of data collection through FGD and internal evaluation:**

A team of 10 members conducted the Focus Group Discussion (FGD) in the 10 villages of Matarbari. The team members visited the locality, organized the FGD and talked to the local people and collected data from the participants regarding the PSDPR project. The community people fluently shared and informed us about positive outcome of the project activities. They also shared the need of future works and extension of project activities.

In the same manner, a 3 member team conducted an internal evaluation of the project based on its goal and objectives. The team took 1 week to make random evaluation visiting house to house of project beneficiaries. The team members personally talked to the beneficiaries on basis of project activities and prepared an outcome reports.

### **Strategy Analysis**

The team finally discussed and analyzed the data and information best-fit strategies of the extension project. Impact on the project beneficiaries and problems were analyzed proper objectives addressing the problems properly. On the basis of constrains follow-up activities were designed to achieve the project objectives and goal.. The team also assessed the coverage of target beneficiaries in the follow up project.

### **Consensus on findings and strategic matter:**

The project evaluation team was convinced with the findings of group works through FGD and beneficiary individual evaluation which was conducted a participatory way.

### **Positive outcome/result:**

The project evaluation team summarized the positive outcome of the project on be basis of participatory discussion, analysis and consensus argument that briefed as follows:

- a. The pre-school programme has made a remarkable awareness among the parents and guardians of children in the project, as a result, the enrolment rate has increasing day by day in the BGS pre-schools and also at local primary schools;
- b. BGS pre-school programme achieved a qualitative pre-school education during the project operation, and consequently, almost 90% passed out children from BGS pre-school are continuing their education in the primary schools, while other children dropped rate is more than 50%.
- c. For the favour of BGS pre-school programme every year at least 600 children get into primary education, otherwise, these huge of number children would never be enrolled for primary education.

- d. The rate of school enrolment has increased at least 20% through BGS pre-school programme.
- e. Through the "child to child" programme, as many as 3000 children received the ideas and knowledge on personal hygiene, use of sanitary latrine, use of pure water, first aid and preventive means of some common diseases.
- f. Similarly, the "mother club" programme also contributed for the awareness building of women in the project area. The women have at least learnt about personal hygiene, nutrition food value, use of pure water, use of sanitary latrine and care of pregnant mother. As a result, some women have changed their life style, but are still not, as because they are poor to maintain a healthy life.
- g. The "Traditional Birth Attendant (TBA)" also contributed a better for pregnant mothers during child delivery. Within short time, 12 TBA was trained up and they have developed well handling of safe delivery and saved many lives of mother and children.
- h. At least 520 families received sanitary latrine sets from BGS and 80% latrine are being properly using by the family members. Subsequently, these families have improved in some extends of common diseases.
- i. A total 50 tube-well were distributed and 1750 families are fully using the pure water for their household use and some additional families who are using tube-well water for only drinking. As a result, a positive behavioral change and affect of waterborne diseases are decreasing.
- j. Through the health centre community people, in particularly the women and children are getting health care services by a specialist doctor.
- k. The pathology lab has reached a good demand in the area and well accepted by the community people. As a result different blood tests are being done very quickly and people

### **Rationale to extend the project:**

The project evaluation team critically analyzed the data and information gathered through FGD and individual interaction with project beneficiary. The team summarized constrains and problems that are still to improve to reach the project goal and objectives determined at the beginning of the project:

- Remoteness of project area from main land
- People are poor enough to buy health services
- Lack of awareness on modern treatment
- Lack of safe water
- Lack of hygienic latrine use
- High population growth rate
- Dowry and early marriage
- Lack of quality education at pre and primary levels
- Poor road communication
- High dropout rate in school levels
- Women are oppressed
- Unhealthy housing condition
- Lack of capital

### **Problem analysis:**

Among the finding of existing problems, the evaluation team scrutinized them in presence of the village people and prioritized the problems, which are considered as the major hinders still for the development of the area. Major problems were identified including their contributory factors of each problem towards core problem. It may be noted that the problems finding identified during evaluation found in the lower level and during analysis of the problem it was found the there are more higher level effect of those problems.

### **Objectives of the project**

Analyzing the problems, the team agreed and selected the objectives, which will be achieved to gradual elimination of the problems. The objectives and sub-objectives are as follows:

**Objectives:**

1. Dropout rate in education reduced as 70%.
2. Improved the health and hygienic conditions by 60%.
3. Ensured water and sanitation facilities by 75%.
4. Increased the curative health care service by 65%.

**Project goal: "Social Development through Poverty Reduction"**

**Objective – 1**

Reduce 70% dropout rate in schools by the year 2014 through gradual reduction of the dropout rate.

Sub-Objectives:

- 1.1. About 70% students regularly attend school.
- 1.2. Increase passing rate by 90% students from BGS pre-schools.
- 1.3.

**Objective – 2:**

Overall health and hygienic conditions improved by 60%.

Sub-Objectives:

- 2.1. All Mother and infant survived.
- 2.2. Malnourishment of the children under-5 reduced by 100%.
- 2.3. Cases of communicable diseases reduced by 50%.

**Objective – 3:**

Reduce of suffering from waterborne diseases by 70%

Sub-Objectives:

- 3.1. Ensure use of pure water in household activities.
- 3.2. Ensure use sanitary latrine facilities for all targeted families.

**Objective – 4:**

Primary and curative health care services among the community people ensured by 65%. .

Sub-Objectives:

- 4.1. All Mother and infant survived.
- 4.2. Malnourishment of the children under-5 reduced by 100%.
- 4.3. Cases of communicable diseases reduced by 50%.

**Process for measuring the achievement of the objectives:**

The existing situation of the project area has been identified through a evaluation process and has been documented through quantifying the measurers for the future reference. The qualitative measures will be

quantified in numbers for proper measurement of the situation so that the changes could be measured. The preliminary data and information will be collected through a periodical evaluation and also they will be documented. On the basis of the finding of evaluation report, the project activity's targets will be planned to achieve according to the set objective of the project. Similarly, the achievement will be measured at the end of the project period quantifying the qualitative measures. The information at the end of the project period will be also available in the family development card and documents to be remained with the families.

#### Activities:

To achieve the selected objectives, the respective interventions were designed as per the identified problems and needs of the people. The deserving target people for the project intervention will be identified through direct field visit. On the basis of the report, beneficiary will be selected as project as per follow-up selection criteria.

**Objective-1:** Reduce 70% dropout rate in schools by the year 2014 through gradual reduction of the dropout rate.

To achieve this objective, a package of activities will be implemented through establishing pre-schools in the project location. Through the pre-school children, parents and guardian of children will be encouraged to increase the enrollment. A qualitative and creative learning will be created so that children will be encouraged to attend school even after BGS pre-school. Besides, the school authorities like the Govt. officials, school management committee, teachers, parents of student and if there any educational support services in the area will be contacted and motivated about the quality of education and to ensure the responsibilities of the respective authorities. The pre-school teachers will be trained up well to transform the quality education among the children.

#### Activities:

Sl. No	Name of Activities	Target
1	Selection of 20 female teachers with minimum qualification of secondary school certificate (SSC) from the project location.	20 pre-school teachers
2	Selection of sites for pre-school establishment in the project location and repairing old pre-school and construction of new school house. Repairing of 8 pre-schools and construction of 12 schools. BDT.598,000 will be needed for the repairing and construction cost.	8+12=20 pre-schools
3.	Conduction of children survey and selection of student for pre-school from the selected areas by the teachers. Age of children will be 5-7 years old. A number of 30 students for each pre-school, however, more children will be surveyed.	20x30x3 yrs=1800 children
4.	Formation of School management committee initiated by respective pre-school teachers. The number of SMC will be 5 and teacher will act as secretary in the committee.	20 school management committee
5.	Procure of furniture for replacing old one. Many further furniture like bench, chair, black board damaged for long time use and they are not usable. BDT 151,200 will be needed for the cost furniture replacement.	12 Pre-schools
6.	Purchase teaching materials for pre-school and materials for students. For school it contains alphabetical chart, picture, yearly calendar, attendance register, SMC register, supervision register, lesson plan register. BDT 240,000 will be needed for materials cost.	20 Pre-School
7.	Organization of follow-up training for pre-school teachers. To make well skilled and adaptable with changes of learning process and methods, the teachers have to be trained up yearly. BDT 60,000 will be needed for teacher training cost.	20 Pre-school teachers



Sl. No	Name of Activities	Target
8.	Supervision of pre-school activities regular basis. The coordinator (education and health) will supervise the daily pre-school activities visiting in the field. It will help the teachers to strengthen the pre-school program.	20 Pre-schools
9.	Procurement of monthly teaching materials for pre-school children for students of pre-schools. It consist of chak (writing in the black board), colour pen, colour paper. BDT 54,000 will be needed for teaching logistic cost.	20 Pre-schools for 3 years
10	Conduction of half-yearly learning assessment of students. The teachers will make a schedule and take the assessment in the end of June each year.	1 Time x 3 years
11.	Organization of monthly meeting with the members of School Management Committee (SMC). Teacher will organize the meeting the village. The coordinator of education and health will represent from BGS office. BDT 15,000 will be needed for SMC meeting cost.	12 times x 3 years
12.	Conduction of monthly teacher's coordination meeting at BGS office. In the meeting the teachers will present the monthly report and issues relevant issues. The meeting continued for whole day. BDT 54000 will be needed for teacher monthly coordination meeting cost.	12 meets x 3 years
13.	Holding annual examination. At the end of year the final examination will be organized for each school in a similar date. The questionnaires will be printed for different 3 subjects. The coordinator for education and health will coordinator, supervise the examination process. BDT 19,500 will be needed for questionnaires printing cost.	Annual exam for 3 years
14.	Arrangement of annual sports and culture program for pre-school children. The sports program will be organized just after the annual examination. It will be organized 5 days program and each day children of 4 pre-school will participate. BDT 300,00 will be needed for annual sports and culture program cost.	Annually once x 3 years.

**Objective-2:** Overall health and hygienic conditions improved by 60%.

To achieve this objective, a package of motivational session, awareness raising campaign, participatory learning process will be rendered in the field. A two distinct group of beneficiary will be included in this program; women group whose age are between 18-45 years old, while the children group whose age will be between 8-14 years old. The women group will be called as "Mothers Club"(MC) and children group will defined as "Child to Child" (CTC). Through the MC and CTC motivational session on preventative health care issues will be disseminated to aware and make conscience to the women and children. Women and children are members of a family, so, if women and children are aware then the family will be developed in the sense of family healthiness.

**Activities:**

Sl. No	Name of Activities	Target
1	Selection and orientation of health worker will be the main implementer in the field and will conduct different motivational session.	5 health workers
2.	Train up the health workers. The training will be offered to the health workers based on the issues improving family health and personal hygiene considering the aspects of local community. The training will be organized by professional external trainer. BDT 40,000 will be needed for organizing training for health workers cost.	5 health workers
3.	Organize follow-up training for health workers. There will be two follow-up training in the 2 <sup>nd</sup> and 3 <sup>rd</sup> year of project period. To sharpen the learning and adaptation of new learning is essential, so follow up training will organized. BDT 40,000 will be	5 health workers For 3 days

Sl. No	Name of Activities	Target
	needed for organizing training for health workers cost.	
4.	Formation of MC in the project area. Each MC will consist of 20 members who will be the main target beneficiary and all motivational session will be concentrated involving the women and encourage to transform the learning to the others member of their families.	40+40+40+120 MCs
4.	Procurement of teaching materials for mothers club which includes; flip chart, pictures, poster, books, video cassette, learning objective to demonstrate during the training session. BDT 135,000 will be needed for teaching materials cost.	40 Mothers Clubs
5.	Conduction of MC session/training. The health workers will conduct the training session MC for 2 hours weekly basis in the respective location in the project areas. Following topics will be discussed in the training session:	5 health workers @ 5 days
	· Water borne diseases	
	· Use of latrine	
	· Safe water use	
	· Cleanliness	
	· Nutrition education	
	· Ante-natal & post natal care	
	· Disadvantages of oversized family etc	
	- Family planning	
6.	Organize food cooking session for MC members. The sessions will specially emphasis on nutritional food cooking methods which enrich the knowledge of women on cooking daily food keep intact of nutrition values of food. BDT 24,000 will be needed for food cooking training cost.	20+20+20=60 sessions
7.	Formation of CTC involving 15 children for per group. Most of the children will be student of primary and high schools from the same location. The health workers will communicate and will form the CTC group to enhance health motivation.	40+40+40+120 CTCs
8.	Procurement of teaching materials for CTC which includes; flip chart, pictures, poster, books, video cassette, learning objective to demonstrate during the training session. BDT 120,000 will be needed for teaching materials cost.	40+40+40+120 CTCs
9.	Conduction of CTC learning session weekly basis. The health workers will conduct the session for 2 hours for each session. Through the session the children will be taught about personal hygiene, and different diseases those sufferers children mostly.	20+20+20=60 sessions
10.	Organize Traditional Birth Attendant (TBA) training. A total number of 2 training will be organized 12 TBA. The TBAs are not skilled dealing child delivery properly, so they will train up by external and expert trainer on the field. BDT 50,000 will be needed for TBA training cost.	12 TBAs
11.	Distribution of materials for TBA such as torch, antiseptic, blade, soap, cloths, plastic etc. which they will use during child delivery time. BDT 45,000 will be needed materials cost.	12 months x 3 years
12.	Organize monthly meeting of health worker and TBA in BGS office to assess the achievement as per target, discuss problematic issues they face during working in the field, reporting of details activities of the monthly plan. BDT 21,600 will be needed for monthly meeting cost.	12 months x 3 years.

**Objective-3:** Reduce of suffering from waterborne diseases by 70%

To achieve this objective some specific activities have been defined to implement during the project period. Ensure the implication of the objective deep tube-well and sanitary latrine will be distributed among the targeted families and villages.

#### Activities

Sl. No	Name of Activities	Target
1.	Distribution of Tube-wells among the beneficiaries to ensure use of safe water and to reduce waterborne diseases in the project during the project period. BDT. 2,565,000 will be needed to distribute tube-wells among the families.	45 tube-wells
2	Distribute Latrine Sets among the beneficiaries and motivate all the people in the project to use hygienic latrines. BDT.2,100,000 will be needed to distribute latrines among the families.	1500 nos.

**Objective-4:** Primary and curative health care services among the community people ensured by 65%.

To achieve this objective different health services such as specialized, trained up full time paramedic, 24 hour pathological laboratory service, health counseling, satellite health camp will be provided through the primary health care centre. Besides, antenatal and postnatal checkup and special care will be offered.

#### Activities:

Sl. No	Name of Activities	Target
1.	Purchase health equipment (Nebulizer, IPS) for the health centre. The equipment are specially for pathological section for blood of patients. BDT. 35,000 will be needed for equipment purchase cost.	2 sets.
2.	Organize training for paramedic of the health centre. The training will be organized at district level hospital or health centre to enrich her knowledge. BDT 20,000 will be needed for paramedic training cost.	1+1+0-2 times
3.	Purchase re-agent for pathology laboratory to use in different blood test. BDT 60,000 will be needed for monthly meeting cost.	For the duration of 3 years
4.	Organize satellite health camp in the village. To the services for poor people and people of remote areas 4 health camp will be organized annually. BDT 120,000 will be needed for organizing health camp cost.	4+4+4=12 health camps
5.	Arrange promotional advertisement of the health centre. Through miking, leaflet and poster wide promotional activities will be organized to inform people about various curative care service from the BGS health centre. BDT 18,000 will be needed for promotional activities cost.	1+1+1=3 years

#### Renovation of Project Office:

The project office at Matarbari has become old enough. Most of project staff residing in the centre. Specially in the rainy season it will be more troublesome for staff member as because the area is cyclone prone. So, the house needed renovation. In the same time, surrounding of the centre is not protected; only two sides are protected by brick wall boundary. Another 2 sides is unprotected which needed to build a boundary wall. BDT 470,000 will be needed for house renovation and construction of boundary wall cost.

#### Transport and vehicles:

For proper implementation and mobilization of the project, transportation facilities are essential. A motorcycle is essentially needed for field supervision and monitoring of all sorts of project activities. BDT.130,000 will be needed for purchase of Motorcycle.

#### **2.4 Project duration and implementation schedule:**

The project is planned for 3 years (2012 - 2014) commencing from January 01, 2012.

#### **2.5 Viability of Project:**

The project is planned for gradual elimination of poverty from the society and to make the people resourceful. It was experienced in the development that once the human are resourceful, they are capable to take up initiative for development. So, the specific measurers for sustainability of this project are described below:

- (a) The learning and knowledge acquired by the women and children will be practicable among the beneficiaries and also transformable to the family members even after the project ending on the issues of personal hygiene, family health, transmissible diseases which will continually improve the health conditions of the project areas.
- (b) Through the continuous implementation of pre-school education program a system will develop among the community people to send their children into school and a self awareness will grow among the parents that children education is a vital issue for development. So, this system will ultimately develop decreasing the rate of drop out and increase the rate of school going children gradually.
- (c) The installment of tube-well and latrine sets will definitely continue for at least 5 years to serving the people needs and afterwards hopefully there must be some changes among the people's conscience that will ensure for re-installation of tube-well and set sanitary latrines.
- (d) After 3 years of project implementation the primary health centre will be well know to all the community people of Matarbari and the services rendered from the centre will be highly appreciated by the beneficiaries as well as the other community people. So, the patient flow will increase to considerable level which, will serve at 40-50% of expenditures of the centre. A gradually, the centre will be proceed towards to self financing through a passage of time.

#### **2.6 Alteration or extension:**

This is an extension project.

#### **3. Project staff:**

For proper implementation of the project the staff salary will be provided according to the pay-scale of the organization and according to the agreement with the donors. Following is the details of the staff responsibilities and salary status of the project:

##### **(a) Project Coordination staff - 2: Total salary Tk. 1,067,144.for the project period.**

###### **(i) Project Coordinator (1):**

The Project Coordinator will be the overall responsible for implementation of the project under the direct supervision of the Executive Director of BGS and with the support of the project staff.

###### **(ii) Accountant (1):**

The Accountant will be the responsible for maintenance of project account. S/he will prepare vouchers; maintain accounts books, dealing with cash, prepare final account statement and other accounts related activities.

**(b) Assistant Coordinator – 1: Total salary Tk. 430,300 for the project period.**

**(i) Assistant Coordinator (Education and Health)**

The Assistant Coordinator (Education and Health) will be responsible for supervision of the field works and guide the education and health related staff for effective implementation of the activities of the education and Health of the project. She/he will also provide the coordination service to the Health Centre of the Project.

**(c) Paramedic - 1: Total salary for the project period is Tk. 516,360.**

The paramedic will be responsible for health centre all time service. In absence of doctor, he/she will prescribe the patient and will provide necessary treatment.

**(d) Lab Technician – 1: Total salary for the project period is Tk. 430,300.**

The lab technician will be responsible for pathological laboratory of primary health centre. H/she will collect blood, maintain records, doing pathological test, preparing reports and collection fee which will be deposited to the accounts at the end of the day.

**(e) MBBS doctor-1: Total salary for project period is Tk. 1,506,050.**

The doctor will be a part-time appointment. The part-time doctors will attend the health centre weekly 4 days from morning 9 am to 4 pm in the evening. H/she will be the main physician of the centre. The doctors will be specialized on children and mother health since the project designed to serve the mother and children in major portion of its service.

**(f) Health worker-5: Total salary for 5 health worker for the project period is Tk. 753,025.**

The health worker will be the most important motivator and animator of health works in the field level. They will be trained up with skilled. They will responsible for operating MC and CTC program in the field, doing house visit of target families, monitoring of TBA activities, motivation and encouragement for proper use of tube-well and sanitary latrine, participate in government immunization program, propaganda of BGS primary health care centre, conduct health motivation session in credit group and some additional function assigned by the project management.

**(g) Pre-school teacher-20: Total salary for 5 health worker for the project period is Tk. 1,549,080.**

The pre-school teachers will be fully responsible for smooth functioning of pre-school program. They will survey and select children, conduct regular class and other relevant activities, house visit of parents of children, organize meeting with school management committee, preparation of reports, arrangement of children admission into primary school after one year education.

**(h) Support service-2: Total salary for 2 support service staff for the project period is Tk. 249,695.**

**(i) Aya (assistant in health centre)-1**

She will be responsible for helping of health centre. She will keep clean the health centre, help the female patients, wash all necessary things, help the female paramedic in dealing pregnant mother etc.

**(ii) Peon (1)**

He will be responsible for maintenance of project office; doing all letter posting, open and close office room, operate generator, guest maintenance, paper works for office and all the essential functions of project will be done by peon.

**4. Project preparation:**

To prepare this a evaluation team was conducting evaluation in the project area. During the team visit all levels of project beneficiaries, and community people spontaneously participated in providing information. Moreover, information from monthly, quarterly, half-yearly and yearly report of BGS was collected and considered for preparation of this extension project. On the basis of the information complied, the team hold meeting to scrutinize and analyze the information and data to find strategies to respond to the needs of the project beneficiaries. All the constrain that were collected through the team considered for analysis. Through this process the core problem and their effecting manners including the root problems were identified in the meeting.

**5. Financial plan: Elaborated below**

**5.1 Expenditure Plan: Elaborated below**

**5.1.1 Investment:**

<i>Sl. No.</i>	<i>Particulars</i>	<i>Total (Taka)</i>
1.1.	Construction of 12 pre-schools	426,000.00
1.2.	Repairing of 8 pre-schools	172,000.00
1.3.	Furniture of 12 pre-schools	151,200.00
1.4.	Equipment for health centre (nebulizer, generator)	35,000.00
1.5.	Motorcycle with insurance and registration	134,500.00
1.5.	Project office renovation and boundary fencing	370,000.00
<b>Sub-Total for Investment Cost (1)</b>		<b>1,288,700.00</b>

**5.1.2 Operating expenditure:**

<b>2</b>	<b>Operating Expenditure</b>	<b>Total (Taka)</b>
2.1	Follow up training for pre-school teacher	60,000.00
2.2	Teaching materials for pre-schools	240,000.00
2.3	Monthly teaching materials for pre-schools' children	54,000.00
2.4	Monthly teacher' coordinator meeting	54,000.00
2.5	Organize of monthly SMC and parents meeting	15,000.00
2.6	Annual examination of pre-school	19,500.00
2.7	Annual sports and culture program for pre-schools	30,000.00
2.8.	Training for health workers	40,000.00
2.9.	Follow up training for health workers	40,000.00
2.10.	Training for 12 TBAs	50,000.00
2.11	Materials for 12 TBAs	45,000.00
2.12.	Teaching materials for CTC activities	120,000.00

2.13.	Teaching materials for MC activities	135,000.00
2.14.	Demonstration of nutritional food cooking for MC	24,000.00
2.15.	Monthly health worker and TBA meeting	21,600.00
2.16.	Distribute of 1500 latrine sets	2,100,000.00
2.17.	Installation of 45 deep tube-wells	2,565,000.00
2.18.	Training for Paramedic	20,000.00
2.19.	Organize satellite health camp	120,000.00
2.20.	Promotion of health centre services	18,000.00
2.21.	Re-agents cost for pathological laboratory	60,000.00
2.22.	Fuel and maintenance for motorcycle	31,200.00
2.23.	Telephone and postage	43,200.00
2.24.	Electricity & gas	42,000.00
2.25.	Printing & stationary	84,000.00
2.26.	Conveyance and carrying	75,000.00
2.27.	TA/DA	90,000.00
2.28.	Monitoring	75,000.00
2.29.	Audit fee	15,000.00
<b>Sub-Total for Operating Cost (2)</b>		<b>6,289,500.00</b>

### 5.1.3 Personnel Cost:

<b>3</b>	<b>For Personnel</b>	<b>Total (Taka)</b>
3.1	Project Coordinator (Partly)	645,450.00
3.2	Accountant (partly)	421,694.00
3.3	Coordinator (education & health)	430,300.00
3.4	Paramedic	516,360.00
3.5	Pathology technician	430,300.00
3.6	Doctor (Part-timer)	1,506,050.00
3.7.	Health worker	753,025.00
3.8.	Pre-school teacher	1,549,080.00
3.9.	Aya	129,590.00
3.10.	Peon	150,605.00
<b>Sub-Total for Personnel Cost (3)</b>		<b>6,532,454.00</b>

### 5.1.4 Total expenditures:

	<b>Sub-Total expenditure (5.1.1+5.1.2+5.1.3)</b>	<b>14,107,654.00</b>
	<b>10% overhead cost</b>	<b>1,410,765.40</b>

<b>Grand Total intake</b>	<b>15,518,419.40</b>
<b>Grand Total in EURO</b>	<b>163,351.78</b>

**Note:** The conversion rate calculated in the budget is 1 EURO = Bd. Taka 95.00

(Md. Jahurul Islam )  
Executive Director.  
Bangla-German Sampreeti (BGS)