

GOBINDAGONJ HOSPITAL

A MODERN STATE OF THE ART HEALTH CARE FACILITY FOR LOCAL PEOPLE



PROSPECTUS 2017 (Revised)

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Ayub Korom Ali
Chairman,
Zam Zam Health Care Ltd

PREFACE

Gobindagonj Hospital is a project of Zam Zam Health Care Ltd, a Private Limited Company incorporated in Bangladesh.

Gobindagonj lies in the heart of Chhatak and is the 'gate way' to Sylhet town for more than 25,000,000 people who live in Chhatak-Duara, Sunamgonj Shodor and its surrounding areas. Apart from a few poorly funded government hospitals, this vast area has no decent medical provision. The nearest facilities are in Sylhet town which is anything from 1 hour to 4 hours drive. Many patients requiring emergency treatment lose their lives on the way.

Our vision is to build a modern general hospital which is easily accessible to people of this region. In phase 1 we will build a 50 bed hospital which will have Maternity, Paediatric, A&E and General In-Patient and Out-Patient care. The hospital will have a modern Diagnostic Centre offering services to both in and out-patients. In the second phase, we intend to open a Nursing College attached to the hospital, training nurses from the locality to meet the demand for nurses in Bangladesh and abroad.

The hospital has been designed by a British RIBA Chartered Architect and the needs of the patients have been in the forefront of the design objective. Once built, the hospital will offer a modern health care facility

in a quiet rural environment surrounded by lush green paddy land yet easily accessible and well connected by local roads. In time we expect the hospital to be the leading health care facility in the greater Sylhet area.

The project will be entirely privately financed. The funds required will be raised by issuing shares in the company to investors both in UK and in Bangladesh. We have 7 investors who have already signed up to be directors in the company. However, to raise the funds required, we need many more. This prospectus gives you an idea of the kind of hospital we are hoping to build, the cost involved and most importantly its commercial prospects. We feel this is an exciting opportunity to be a part of a development that is not only financially sound but has the potential to transform the area. We invite you to join us in creating a lasting legacy in health care in our area and take advantage of the commercial benefits it offers.

If you wish to find out more about the project or want to discuss any issues raised you can contact me on the following number. I look forward to talking to you:

Ayub Korom Ali Chairman, Zam Zam Health Care Ltd
UK Mobile: 07931 575 168, Bangladesh Mobile: 01731 147 809,
Email: aybli@yahoo.com



LOCATION

The proposed location of the hospital is on left hand side of Sunamgonj – Sylhet Road and is a stone throw away from Gobindagonj Rail Gate.

There is an approach road both from Sunamgonj and Chaatak Road leading to the hospital. The site consists of approximately 5 bigas land in one plot which will be used for the hospital and staff accommodation.

The transfer of the land to the company was completed in March 2017. We are happy to report that the owner of the land Mr. Akhlakur Rahman of Village Toki Pur, Gobindagonj is a director in the company and is very keen in the hospital project.



Location map



A&E



DESIGN

The preliminary design has been prepared by

Alan Thompson BA(Hons) MSc BA DipArch RIBA AoU FRSA

Alan is an RIBA chartered architect and affiliated member of the Landscape Institute. He is also an academician of the Academy of Urbanism and a fellow of the Royal Society of Art. Alan was previously a senior design review advisor at the Commission for Architecture and the Built Environment (CABE) and recently Head of Design Review for Caba at the Design Council.

www.apthompson.com

London, UK

CONCEPT

Visiting a hospital can be quite traumatic; so, every effort has been made to make the patient experience as comfortable as possible.

The hospital has been designed to function as a modern and efficient healthcare facility. However, it has also been conceived as an attractive and welcoming place.

This is achieved by four main design principles:

- Patient-centered environment
- Separating clinical activity from patient areas
- Optimising natural daylight and ventilation
- Maximising links with the landscape

ARCHITECTURE

The calm modern architecture is designed to promote a feeling of authority and reassurance.

Approaching by car from the South, the central drum, draws the eye towards two clearly expressed drop off entrances on either side.

Approaching on foot from the west, either from the car park or from the bus drop off area, one final entrance leads back into the central drum, via a small parade of kiosks and the pharmacy.



CLINICAL SEPARATION

The Main Hospital and the A&E Department both have their own dedicated entrances and independent waiting areas. However they are both conveniently served by a central cafe.

The mass of the building, is split into two discrete elements: the central drum, which is embraced by a “U-shaped” perimeter block.

The welcoming, public drum is linked to the more secure, clinical spaces by glazed walkways. Two internal courtyards are formed by this arrangement; these gardens offer a direct experience of nature from every inward facing room. Outward looking rooms benefit from distant rural views.

CENTRAL DRUM

This volume contains most of the public spaces. The ground floor houses the main reception desk, the out patient’s waiting area and cafe. The first floor houses an in-patients restaurant with an outdoor dining terrace.

‘U-SHAPED’ PERIMETER BLOCK

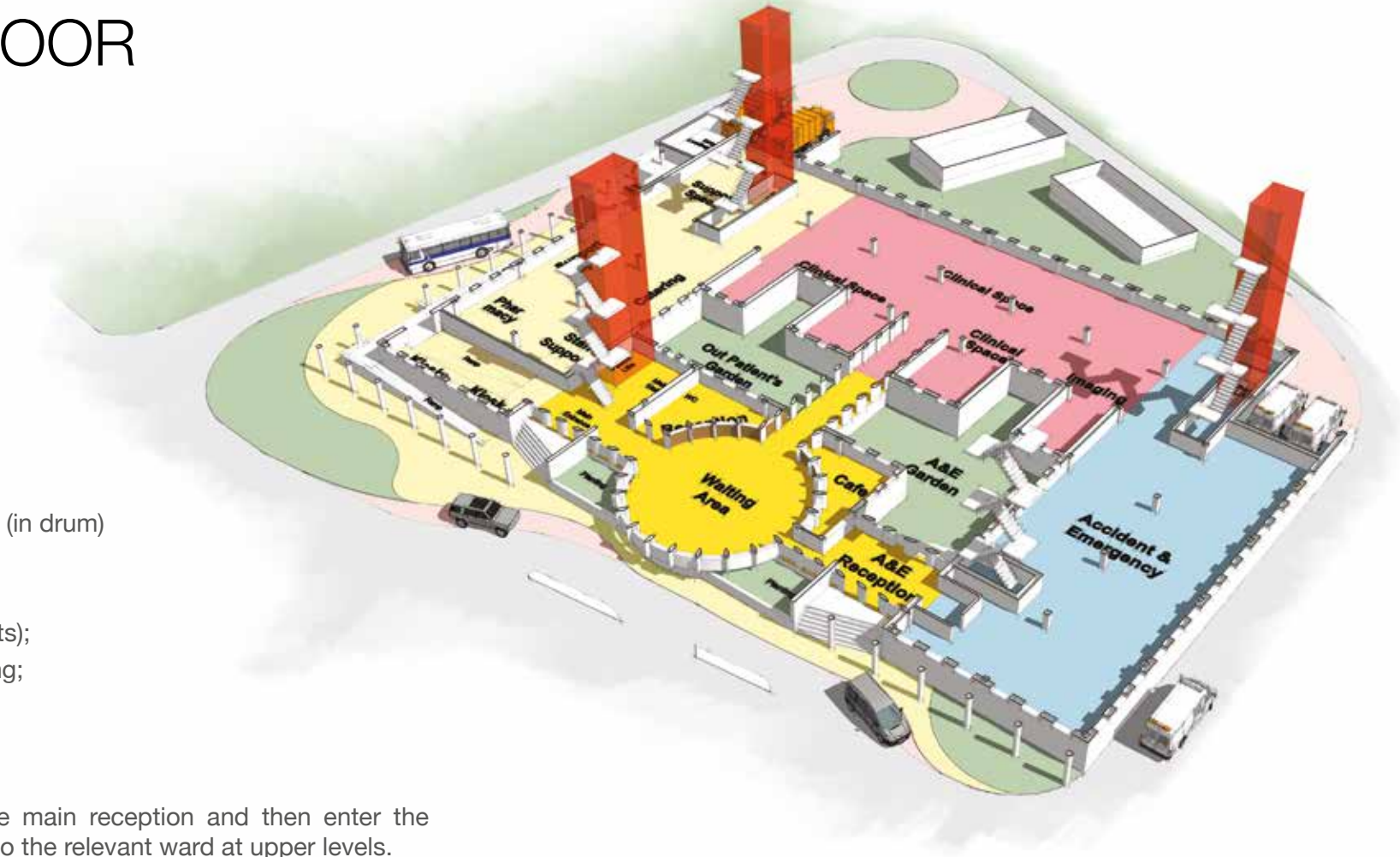
These three wings, which wrap around the central drum, contain all clinical and support spaces.

CIRCULATION

There are two bed-lifts at the rear of the building and a central stair and patient lifts adjacent to the main entrance.



GROUND FLOOR



ACCOMMODATION

- Main Reception and Waiting (in drum)
- A&E Reception
- Accident and Emergency;
- Clinical Services (out-patients);
- Staff Support Area & Catering;
- Pharmacy & Kiosks

DESCRIPTION

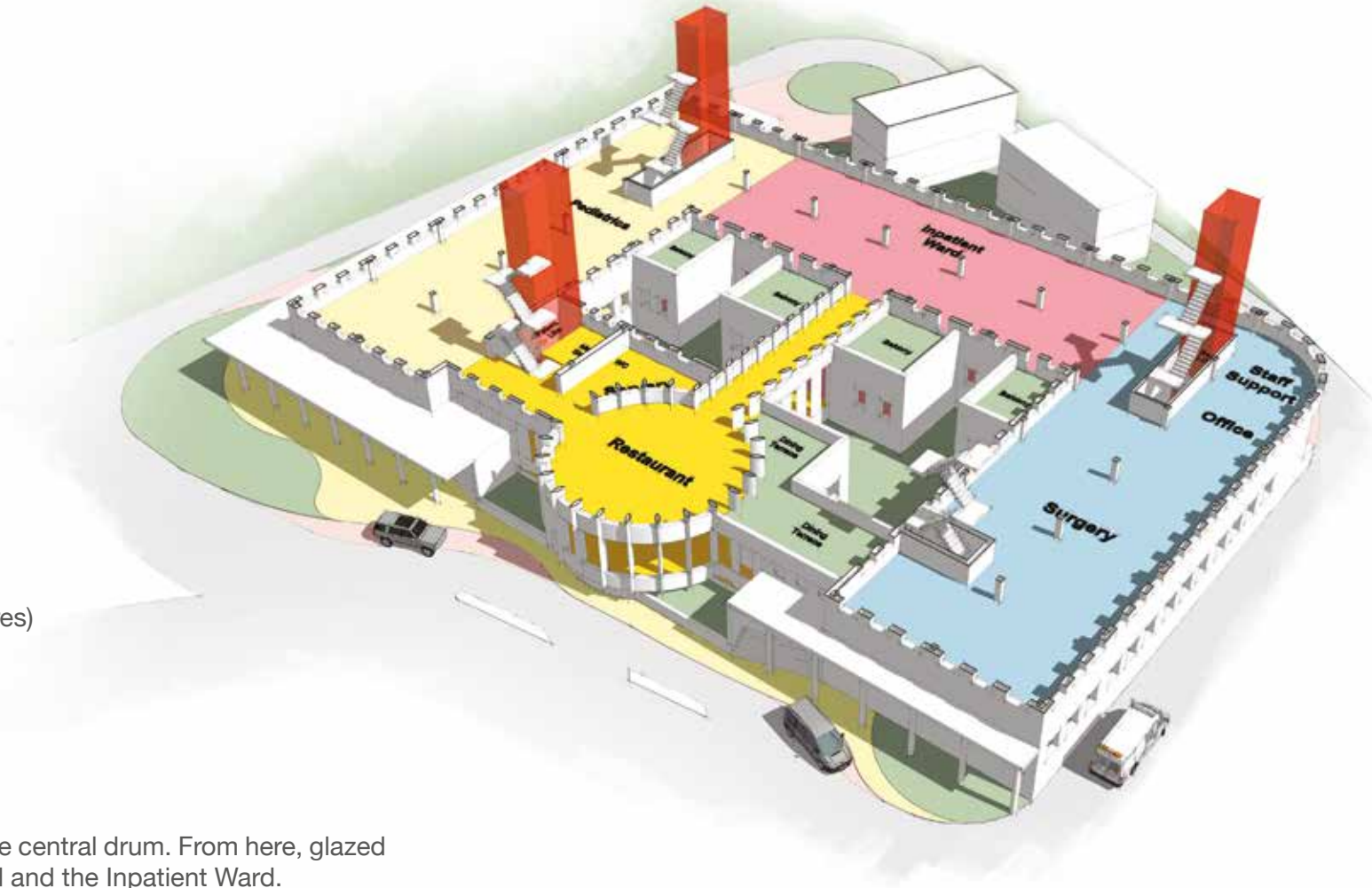
Impatients are welcomed at the main reception and then enter the secure main stair core, leading to the relevant ward at upper levels.

A smaller A&E reception respectfully offers separation for emergency and trauma patients. Out patients wait in the central drum before being admitted to the Outpatients Department (red).

The consultation rooms project into the garden courtyards, maximising views of these areas.

The Diagnostics and Imaging department conveniently sits at the junction of Clinical Services, Out Patients and A&E Departments.

FIRST FLOOR



ACCOMMODATION

- General In-patients' Ward
- Paediatric Ward
- General Surgery (operating theatres)
- Restaurant
- In-patients' garden terraces
- Dining Terrace

DESCRIPTION

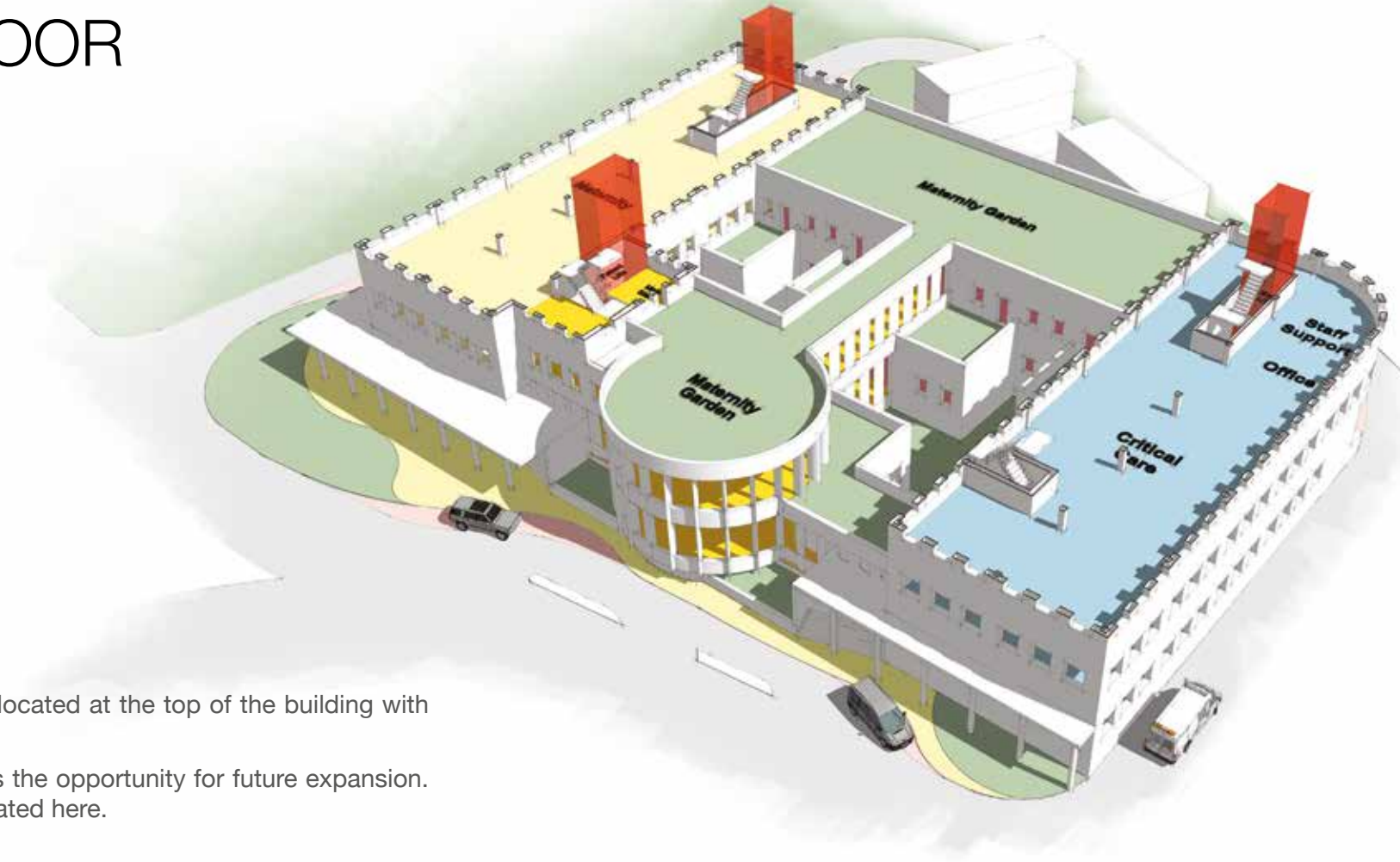
The patient restaurant is located in the central drum. From here, glazed links lead out to the Paediatrics Ward and the Inpatient Ward.

The In-patient's Ward has four small planted terraces for relaxation and recuperation.

The Surgical Services (main operating theatres) are only accessible from the adjacent In-patients ward or by bed lift from A&E or Critical Care.

Maternity and paediatrics patients can also access the surgical areas via a combination of both bed-lifts and a connecting clinical corridor at ground floor level.

SECOND FLOOR



ACCOMMODATION

- Maternity Wards
- Critical Care Unit
- Maternity Roof Garden

DESCRIPTION

Maternity patients are securely located at the top of the building with their own generous roof garden.

The rear maternity garden offers the opportunity for future expansion. An additional ward could be located here.

ROOF



ACCOMMODATION

- Children's Roof Terrace
- Children's Garden
- Plant Area

DESCRIPTION

The children's roof terrace and garden offer a safe place for young patients to socialise and recuperate.

Similarly to the rear Maternity Garden, this space offers the opportunity for further expansion. An additional ward could be located here and the children's garden relocated above.

The roof of the surgical block contains the majority of mechanical plant for various technical services and the heating and cooling systems. This area is screened with louvres to protect the equipment and keep it looking tidy.



SUSTAINABLE DESIGN

The slim perimeter blocks are designed to maximise natural daylight and ventilation.

Carefully designed brise soleil, above the windows, shield the hospital rooms from overheating. Generous floor to ceiling heights and narrow block widths allow for natural, cross ventilation.

The green roofs, planted with extensive vegetation, will also moderate the climate within the buildings and significantly help to reduce the running costs associated with HVAC mechanical cooling.

SEGREGATED SERVICE AREAS

A dedicated screened service yard is located at the rear of the building. The hospital has been designed to separate dirty and clean services. There is one loading bay for delivery of clean goods and another for pick up of waste. This strategy is supported by a network of clean and dirty routes / storage areas within the hospital.





SUPPORT BUILDINGS

There is a significant amount of adjacent living accommodation, both for nurses, doctors and their families. These buildings are located to the rear of the site, a separate pavilions.

IMPORTANCE OF GOOD LANDSCAPE

The hospital has been arranged around two central garden courtyards and has a number of roof terraces and gardens.

Gardens can offer considerable consolation during illness.

Connection with nature has been proven to aid recovery and leads to shorter in-patient stays and a more efficiently run and economic healthcare facility.

TRANSPORT PLAN

Convenient drop off areas serve visitors travelling by local buses as well as patients arriving by car. There is a generous provision of car parking adjacent to the building.

Two ambulance bays provide for emergency drop off; directly into A&E, or by rapid bed lift to either Surgery or Critical Care, directly above.





STRATEGIC PARTNERSHIP

AMINA HEALTH CARE GROUP, DUBAI

We signed an MoU in September last year with Amina Health Care Group, a Dubai based health care provider. The Group run an extensive range of health care services including the Amina Hospital (www.amina-hospitals.com) in Ajman.

Dr. Gafoor, the Managing Director of the Group travelled to London to sign the MoU. The MoU commits the two organisations to support each other for mutual benefits. In particular, Amina Group will help Gobindagonj Hospital with technical advice especially in sourcing medical equipment, staffing and appropriate management structure. We are very proud of this partnership and are working very closely with Dr. Gafoor.



COSTINGS

FINANCING

ITEM	TAKA (in lacs)
Land (purchase cost)	154
Land (development cost)	40
Construction (hospital and staff quarters)	1108
Medical equipment and furniture	1100
Generator/Service Station	40
Professional fees	23
Microbus (patients and doctors)	70
Delivery Team	25
TOTAL	2560

Zam Zam Healthcare plans to fund the project by selling shares in the company. There will be three types of shareholders in the company – Shareholder Directors, Institutional shareholders (i.e other companies/ businesses like textile, schools, IT companies, Pharmaceutical

companies etc) and Ordinary Shareholders. Each share will have a value of 100 taka. Those who will buy 25,000 shares (25 lac taka) will join the board of the company as Directors. There will be 25 Directors in total. Institutional Shareholders will need to buy a minimum of 25,000 shares (25 lac taka). Those who will buy less than 25,000 shares will be Ordinary Shareholders. An Ordinary Shareholder will be expected to invest a minimum of 500,000 taka (5000 shares) in the company. The table below shows the likely director/investor split in the company.

POSITION	TOTAL	No. OF SHARES	TAKA (in lacs)
Directors	25	6,25,000	625
Institutional Shareholders	25	6,25,000	625
Ordinary Shareholders	TBC	13,10,000	1310
	TOTAL	25,60,000	2560

PROJECTIONS

The company has undertaken a feasibility study for the hospital. This was carried out by a team of doctors working in Sylhet who have extensive knowledge of the medical care market both in rural and urban areas. Based on their report the financial prospect of the project looks very positive. With a performance around 40% capacity, the project is expected to break even in the first year and make a small profit. The table below gives a summary of the financial projection for Year 1.

PROJECTED INCOME: IN-PATIENT

SERVICE	AMOUNT (in taka)
Seat rent	20,000
Service charge	7,500
Extras	6,500
OT	8,000
DAILY TOTAL	42,000
MONTHLY TOTAL	12,60,000

PROJECTED INCOME: OUT-PATIENT

SERVICE	AMOUNT (in taka)
Non-critical OP (20)	22,400
Critically ill (10)	11,200
Lab tests (after costs)	15,700
Pharmacy	15,700
DAILY TOTAL	65,000
MONTHLY TOTAL	19,50,000

SUMMARY OF MONTHLY INCOME

SERVICE	AMOUNT (in taka)
In-patient	12,60,000
Out-patient	19,50,000
TOTAL	32,10,000



PROJECTED MONTHLY EXPENDITURE

ITEM	AMOUNT (in taka)
Chief Executive	1,00,000
Finance/HR Director	50,000
Duty Doctors (x6)	2,00,000
Doctors OPD (x2)	60,000
Nurses (x8)	90,000
MLSS (x24)	1,50,000
Office Staff (x3)	50,000
Drivers (x2)	50,000
Security (x3)	18,000
Gas and Electricity	1,20,000
Fuel	1,00,000
Misc	1,00,000
TOTAL	10,88,000

SUMMARY OF MONTHLY PROJECTED INCOME AND EXPENDITURE

Monthly income	32,10,000
Monthly expenditure	10,88,000
MONTHLY SURPLUS	21,22,000
ANNUAL SURPLUS	2,54,64000

RETURN ON INVESTMENT (ROI)

At 40% Occupancy of the hospital the return on investment is 9.9% this is a conservative estimate. However, at 80% occupancy the ROI is 19.9%. In terms of capital cost payback period, this is 10 years based on 40% Occupancy and 5 years based on 80% Occupancy. We believe we can achieve a figure close to about 80% Occupancy.

	40% Occupancy	80% Occupancy
Return on Investment - ROI (%)	9.9%	19.9%
Capital payback (years)	10 years	5 years



BECOMING A DIRECTOR/SHAREHOLDER

Those wishing to invest in the project will be expected to complete an application form (p. 25). On receipt of your completed form you will be contacted by the company to agree your payments schedule. On full payment, your shares will be registered with the Registrar of Joint Stock Company in Bangladesh and your share certificate will be issued. Those investing 25 lac taka will also be registered as a director of the company.

DIRECTORS		
1st PAYMENT (June 2017)	2nd PAYMENT (January 2018)	3rd PAYMENT (December 2018)
Amount: Tk 10 lacs	Amount: Tk 10 lacs	Amount: Tk 5 lacs

DIRECTOR & SHAREHOLDER BENEFITS

The services and treatments offered by the hospital will be available at a discounted rate for Directors/Shareholders and their immediate family members. Other benefits includes priority on appointments to see consultants; priority in terms of access to beds at our wards and priority on access to private room for the patient. Details of the benefits on offer and discount levels for directors and shareholders to be determined at a later time.



INVESTMENT INCENTIVE SCHEME

We are offering a great incentive scheme for investors looking to invest larger amounts and taking advantage of the rewards on offer.

The reward start at investment Level B, where by investing 25 Lac and fully paid by 15th June, entitles you to an Airplane ticket for the Official Opening of the Hospital. The reward gets bigger and bigger as the investment level is increased. At Investment Level C, investing 45 Lac entitles you to two Airplane tickets to the opening of the hospital and 5 Lac Takas worth of free shares (taking your total shares to 50 Lac value). The highest reward can be gained at investment D. An investment of 85 Lac, entitles you to four Airplane ticket and 15 Lac Takas worth of free shares (taking your shares to 100 Lac value). This is summarised in the table on page 22.





INVESTMENT LEVEL	INVESTMENT AMOUNT	INVESTMENT TYPE	REWARD	PAYMENT SCHEDULE
A	5 Lac to 24 Lac	Shareholder		
B	25 Lac	Director	Airplane ticket for Official Opening of the Hospital	Fully paid by 15 June 2017
C	45 Lac	Director	Same reward as investment level B + additional ticket + 5 Lac takas worth of free shares	25 Lac paid by 15 June 2017 5 Lac by 15 July 2017 15 Lac by 31 December 2017
D	85 Lac	Director	Same reward as investment level B + 3 additional ticket + 15 Lac takas worth of free shares	30 Lac paid by 15 June 2017 15 Lac by 15 July 2017 35 Lac by 31 December 2017

TIMELINE

TASK	TARGET DATE	STATUS
Company formation	July 2014	Completed
Site Selection	January 2014	Completed
Consultation with local residents	January 2015	Completed
Feasibility study	March 2015	Completed
Architectural plan	December 2014	Completed
Recruitment of directors and share holders	January 2014 – ongoing	7 Directors fully signed up so far
Land registration	March 2017	Completed
Land development	March 2017 – December 2017	Work in progress
Construction (buildings)	December 2017 – December 2019	
Staff Appointment	Mid 2019	
Registration of hospital	January 2019 – July 2019	
Installation of medical equipment	End of 2019	
Hospital opens	Jan 2020	



RISK ANALYSIS

All new business ventures carry with them a certain amount of risk. The directors have considered the issue of risk involved in the hospital project and identified risks that fall into three distinct phases in the project: before, during and after the construction of the hospital.

BEFORE CONSTRUCTION

The building of the hospital requires a significant amount of capital investment.

Q1. What happens if the directors are not able raise the capital required? What will happen to the payments made by the investors?

A1. A decision has been made in principle that no expenditure will be made until the directors are totally confident that enough investment commitment has been made to see the project through to completion.

If following initial marketing we find ourselves short of the investment commitment required, the directors may:

- decide to extend the marketing period,
- or return the payments made by investors and halt the project there.

DURING CONSTRUCTION

Q2. What happens if we manage to raise the funding required, purchase the land, start construction and then find that we have underestimated the cost?

A2. In such a scenario and depending on the size of the shortfall, the directors will have two choices:

- sell the land earmarked for the Nursing College and use the proceeds to finance the construction;
- or raise the shortfalls through a bank loan.

AFTER CONSTRUCTION

Q3. In the third and final scenario, what happens if we manage to raise the money and complete the project; but, after opening, we find that our projections are wrong?

A3. In such a scenario the directors will have to look at their marketing strategy very carefully and explore ways of enabling users to pay for healthcare in less traditional ways. A simple family health insurance scheme could be one way, which could improve the revenue of the hospital significantly. We can also form a charity in the UK to raise money to care for poor people, who can not afford their treatment. This could also help to raise the revenue of the hospital.



ABOUT US

The team of directors involved in this project have a wide range of experience in developing and running successful businesses in the UK and in Bangladesh.

One of our most recent project, in which a number of Zam Zam directors are involved is the **Bridge Academy**, in Gobindagonj. The Bridge Academy is a modern English medium school, built on a 4 biga site close to Gobindagonj Rail Gate. The cost of the project was around 8 corer taka, raised entirely through private investment using a similar financial model. The school opened in 2012 and is now offering international standard education to 150 children. The school is now financially self sustaining. We hope to use our experience gained, in developing and delivering the hospital project.



ZAM ZAM HEALTHCARE LTD

Application to become a Director/Shareholder

Name

Address in UK
.....
.....

Address in Bangladesh
.....
.....

Mobile.....Email.....

DOB.....Nationality.....

National ID No

Amount to be Invested Tk

I wish to become a (please tick as appropriate)

Director.....

Shareholder.....

Please attach a recent passport sized photograph with the application.

Signature.....Date.....

Please send your completed form to:

Ayub Korom Ali
Chairman,
Zam Zam Healthcare Ltd

ADDRESS IN BANGLADESH:

Zahra Lodge
East Suhith Pur
Gobindagonj
Chhatak
Bangladesh

ADDRESS IN UK:

152 Osborne Road
London E7 0PN
United Kingdom

Email: aybli@yahoo.com

