

PROJECT PROPOSAL

BUILD A LIFESAVING HOSPITAL TO END MATERNAL DEATHS



GlobalGiving Project

"When governments fail, communities rise,"
Etubi, Joy Ojochogwu
Founder

PREPARED BY:
EQUITABLE MEDICAID AND CLINICAL
RESEARCH LTD/GTE
CHARITY ID: 7479279



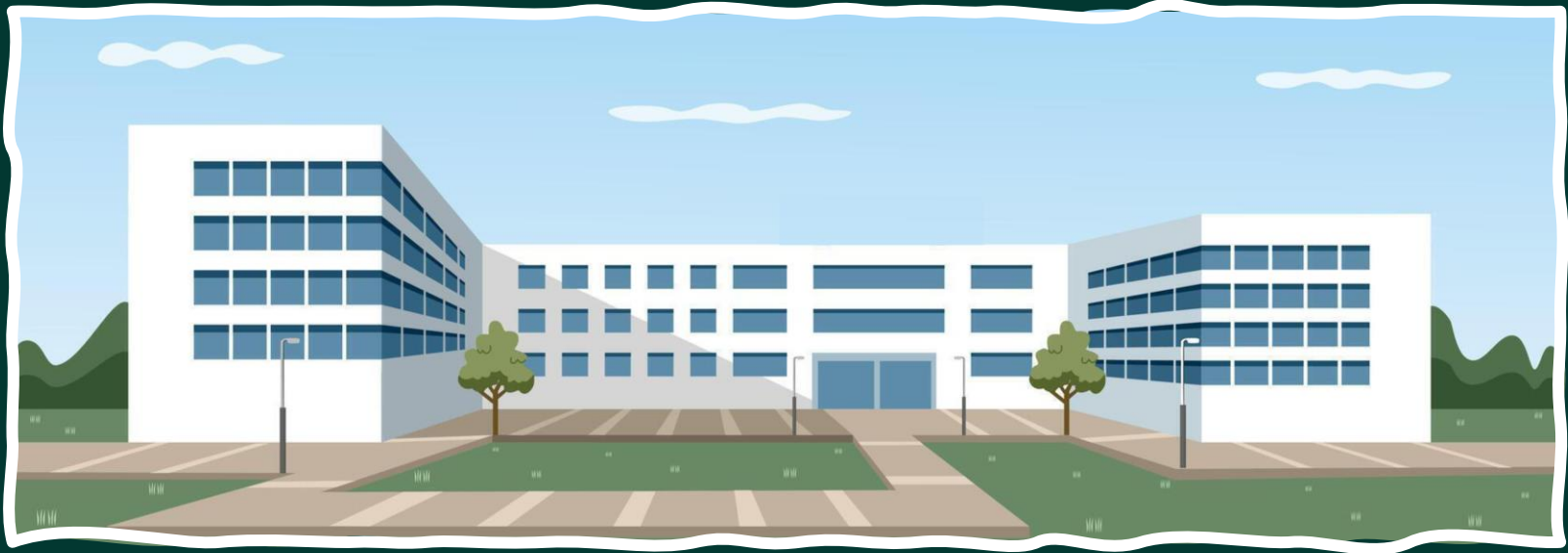
<https://emecr.org>



CURRENT STATE OF SOME RURAL HOSPITALS IN NIGERIA



PROPOSED HOSPITAL BUILDING (FRONT VIEW)

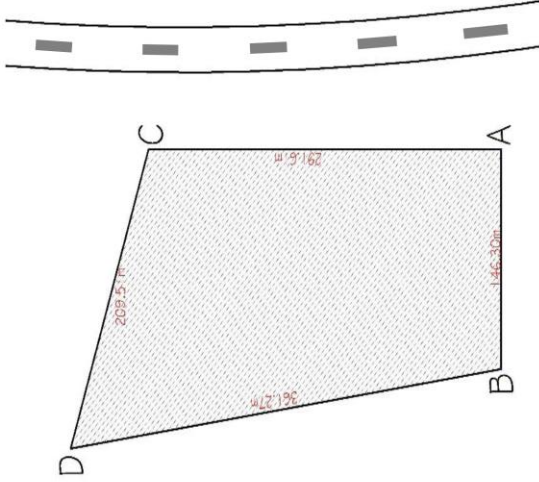


This hospital will be the first comprehensive EmOC facility in the rural village of Ogodo, strategically located on a 1,120-square-foot plot. It will serve 400,000 women across 15 villages, providing:

- 24/7 emergency obstetric care (C-sections, blood transfusions).
- Prenatal and postnatal check-ups.
- Neonatal intensive care for premature infants.
- Health education to combat harmful traditional practices.

SITE PLAN

SHOWING PLOT: PROPOSED HOSPITAL SITE FOR EQUITABLE MEDICAID AND CLINICAL RESEARCH ALONG OGODO - EGBECHE ROAD IN ADANAWO DISTRICT OF ANKPA LOCAL GOVERNMENT AREA OF KOGI STATE



SCALE 1: 1000

DISTANCE	BEARING
146.30m	228° 12'
361.27m	216° 5'
209.51m	207° 5'
291.61m	202° 0'

NOTE:
FULL BEACON NUMBER A-D, B10
COORDINATE SYSTEM UTM ZONE 32N
CADASTRAL MAP 1:1000

-	-
7.396076 N	-
-	-

PRINTED AND ISSUED BY :

Achitect Eneojo Ekele
Head, GIS,
Triple E Consultancy
Tel: +234 8037337375

**CAUTION THIS SITE PLAN IS TO AID IN PREPARATION
OF BUILDING PLAN ONLY**

1,120-square-foot
plot of land is fully
secured.

The proposed
hospital will be built
on this land.



PROJECT LEADERS



KADIRI UGBEDE-OJO D.
COORDINATOR



LYDIA IJEKE
M&E OFFICER



NUHU M. AGANDHI
WASH OFFICER



ETUBI JOY OJOCHOGWU
FINANCE



MARGIMARI M. ABBA
PROGRAM OFFICER



DURU CHIDUBEM
PUBLIC HEALTH

TABLE OF CONTENTS

01

Why the Project

Statement of the problems

15

Financials

The project budget and breakdown

17

Our First Milestone

The first progress made on this project

25

Long term impact

The impact of this hospital project

WHY THIS PROJECT?

- Nigeria, with a population of over 250 million, faces significant healthcare challenges. Rural and underserved communities are the most affected. Limited access to skilled healthcare providers, emergency obstetric care, and maternal health education increases risks, resulting in preventable deaths during pregnancy, childbirth, and postpartum.
- Language exclusion further deepens this crisis. Despite Nigeria's 521 living languages, only four are officially recognized, leaving critical maternal health resources such as prenatal guidelines, emergency warnings, and postpartum care instructions inaccessible to millions of women in underserved regions, including urban slums. This communication gap forces many to rely on traditional remedies for pregnancy-related complications. Without medically trained guidance or evidence-based practices, these interventions often fail to address emergencies like hemorrhage, sepsis, or eclampsia, contributing to avoidable fatalities.

Proposed Solutions

- This project will establish a maternal health center to provide life-saving care for women in underserved communities. The center will offer prenatal services, emergency obstetric care, safe childbirth assistance, and postpartum support to reduce preventable maternal deaths.
- Equipped with modern medical tools, the facility will ensure timely diagnosis and treatment of complications such as hemorrhage, sepsis, and eclampsia. Trained healthcare workers will provide education on safe pregnancy and childbirth practices. This hospital project will help save lives and improve health outcomes for women and newborns.





THE PROBLEMS

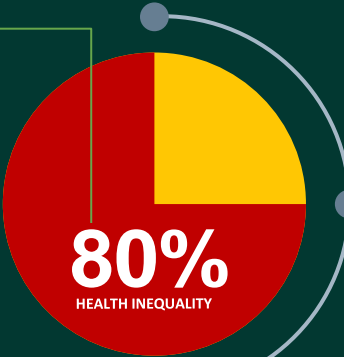
In rural Nigeria, pregnancy is not a celebration of life but a gamble with death. According to the World Health Organization (WHO, 2023), Nigeria accounts for 28% of global maternal deaths, with a maternal mortality ratio (MMR) of 1,047 deaths per 100,000 live births. For women in Ogodo and surrounding villages, there is no hospital offering emergency obstetric care (EmOC).

The Gates Foundation's 2023 *Goalkeepers Report* highlights that 63% of maternal deaths in Nigeria result from preventable causes: hemorrhage, sepsis, and obstructed labor. In Ankpa local government of Kogi State, 92% of births occur at home with untrained traditional birth attendants (TBAs), and 1 in 15 women dies from pregnancy-related complications. There is no health center within walking distance or a pharmacy nearby. People rely on illegal clinics run by quack doctors using traditional medicine without proper diagnosis, some of whom are rumored to be involved in organ harvesting and baby trafficking.

People in comas have been buried alive. Women die in childbirth due to the lack of cesarean services, and those suffering from postpartum psychosis (a severe mental illness) are abandoned as "spiritual cases"— seen as cursed by the gods rather than suffering from treatable conditions. The recent freeze of USAID health funding to Nigeria has worsened this crisis. USAID previously supported 40% of maternal health programs in Nigeria, including midwife training and emergency transport systems. With the suspension of \$150 million in aid, clinics are closing, and experts predict maternal deaths could double by 2025.

HEALTH INEQUALITIES GAPS

Health inequality in Nigeria starkly divides rural and urban populations, with maternal mortality rates among the world's highest. Northern regions face extreme disparities due to poverty, gender inequity, and inadequate healthcare infrastructure. Over 80% of rural women deliver without skilled care, versus 20% in cities. Language barriers, costly treatments, systemic underinvestment, and geographic inequities exclude marginalized groups, perpetuating preventable deaths.

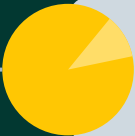


Health Inequality Gaps in Nigeria



Female

Male



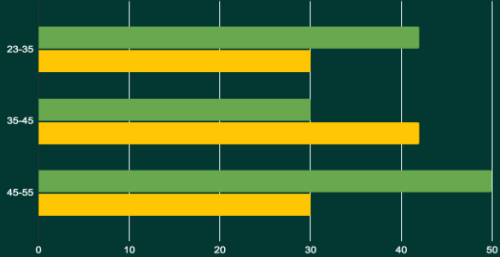
INADEQUATE HEALTHCARE INFRASTRUCTURE
Limited facilities, staff, and essential resources.



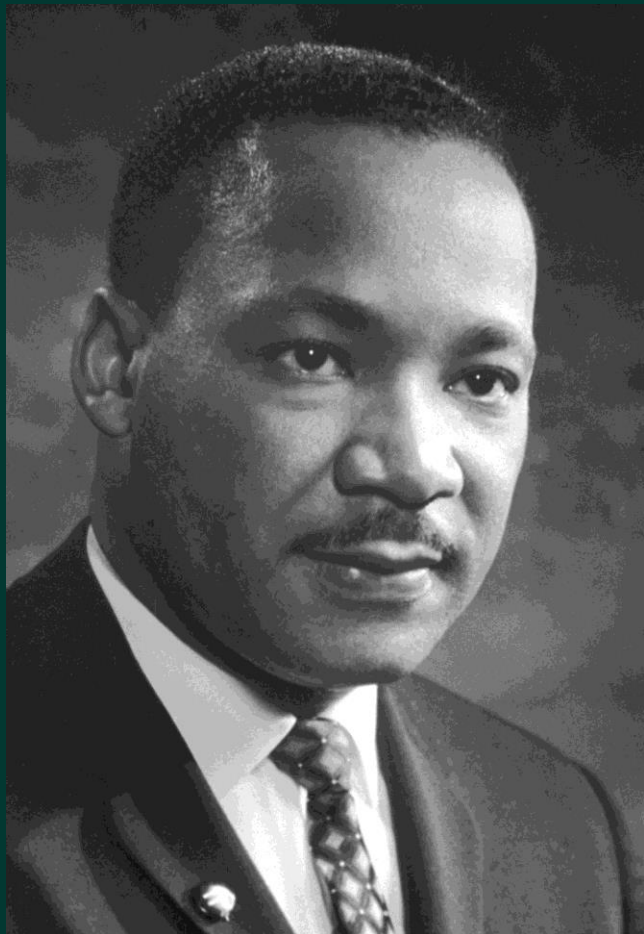
ECONOMIC AND GEOGRAPHIC
Costs, distance block access to care.



DOCTOR TO PATIENT RATIO
0.2 doctors per 1000 people

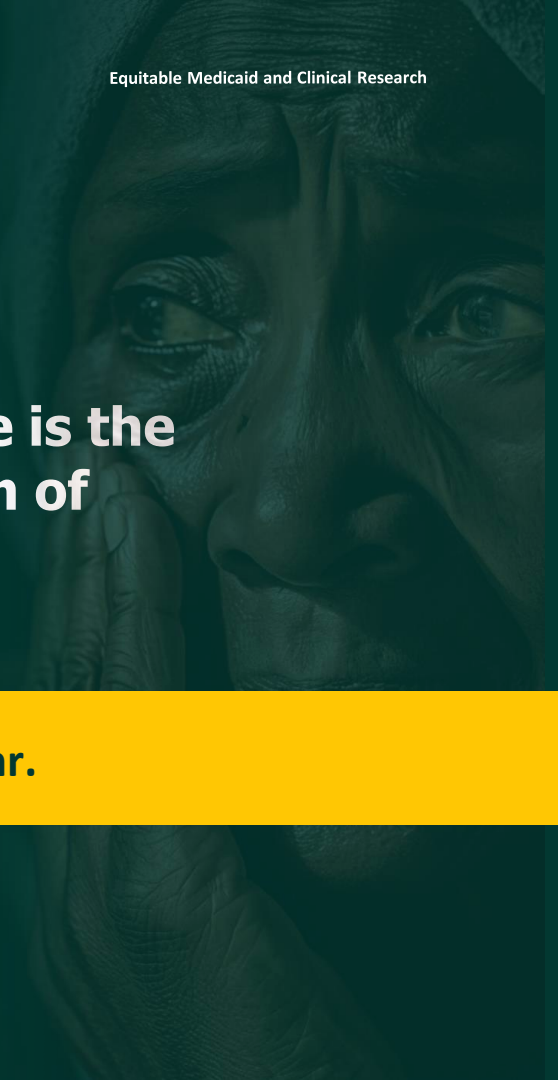


Female Male
AGE

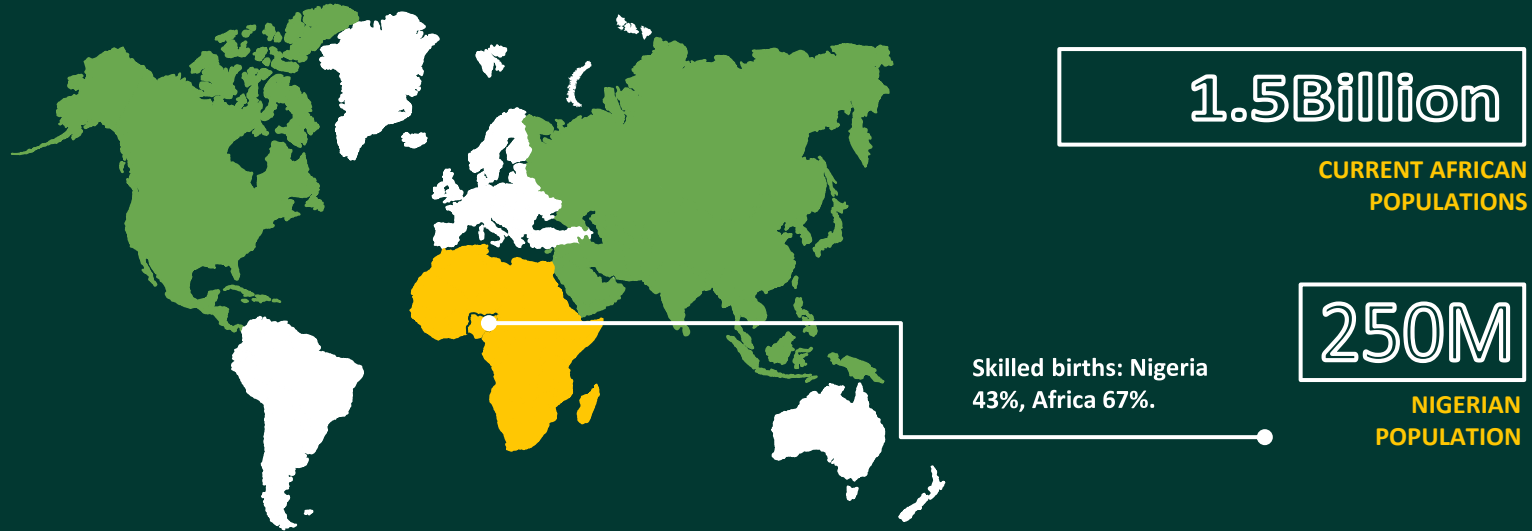


**“Health injustice is the
most brutal form of
inequality”**

— Martin Luther King Jnr.



HEALTH CRISIS IN GROWING POPULATIONS



EMERGING THREATS: While Africa's population is projected to grow, health inequalities and diseases will cripple its population. The continent will struggle to meet the healthcare demands of its people, primarily due to factors such as income level, geographic location, gender, and access to medical services. As a result, marginalized communities experience higher rates of preventable diseases, lower life expectancy, and limited access to quality healthcare compared to wealthier populations.

MOTHERS WITH DISABILITIES

Women and young girls living with disabilities in Ogodo lack access to maternal care services and cannot travel long distances to hospitals. Mothers with disabilities such as deafness, blindness, or mobility impairments (e.g., limb loss) are often rejected by hospitals even if they manage to reach them, leaving their survival to fate. This proposed hospital will prioritize inclusivity, offering assistive devices like sign language interpreters, tactile pathways, and wheelchair ramps to ensure accessibility for all.



PLANNED INTERVENTIONS

This project will build and equip a fully functional community hospital to provide accessible healthcare services to over 400,000 people. The hospital will offer emergency care, surgeries, maternal and child health services, and proper diagnosis with modern medical equipment. A pharmacy will be available for essential medications. Mental health support will be included to care for patients often abandoned or stigmatized. The hospital will bring safe, professional healthcare to the community.





FUNDING MODEL

01

Care now, pay if you can

Free services for indigent patients; sliding-scale fees for others

02

Sustainability

Nominal charges fund staff salaries and supplies.

03

Transparency

100% of donations are reinvested locally.

\$450,000

FINANCIALS

We are seeking support of \$450,000 for the construction, furnishing, and equipping of the hospital, as well as the payment of staff salaries for the first three years.

“Every dollar reinvested here stays here. We’re building for generations, not for profit.”



BUDGET BREAKDOWN

Category	Description	Amount (USD)
Building Construction	Foundation, roofing, walls, plumbing, electrical work	\$250,000
Medical Equipment	Hospital beds, ventilators, incubators, ultrasound machines, surgical tools and laboratory equipments	\$85,000
Staffing & Training	Salaries for doctors, nurses, and midwives (first 3 years)	\$30,000
Essential Medicines	Initial supply of drugs, vaccines, IV fluids	\$30,000
Solar Power & Water	Solar panels for electricity, borehole for clean water	\$20,000
Fairly Used Ambulance	Emergency transport for critical patients	\$7,000
Administrative Costs	Legal fees, operational cost	\$3,000
Hospital Furnishing	Chairs, desks, waiting area, cabinets, Internet, hospital management systems, computers	\$25,000
	TOTAL	\$450,000

FIRST MILESTONE

1,120-square-foot plot secured in Ogodo along Egbeche road.

Catchment Area

50,000+ residents across 15 villages like Emanyi, Akwu, and Enale.



HOPE FOR THE FUTURE

For villagers like Aisha Ibrahim, 34, who lost two children to malaria and a sister to postpartum hemorrhage, the hospital offers rare hope.



"We pray this place comes fast," she said.
"Now, we bury too many."

— AISHA IBRAHIM

DONOR RECOGNITIONS

\$500

\$2,500

\$50,000

NAME OF DONOR ON A
HOSPITAL PLAQUES

HOSPITAL WARD NAMED IN
HONOUR OF THE DONOR

HOSPITAL BUILDING NAMED
IN HONOUR OF THE DONOR

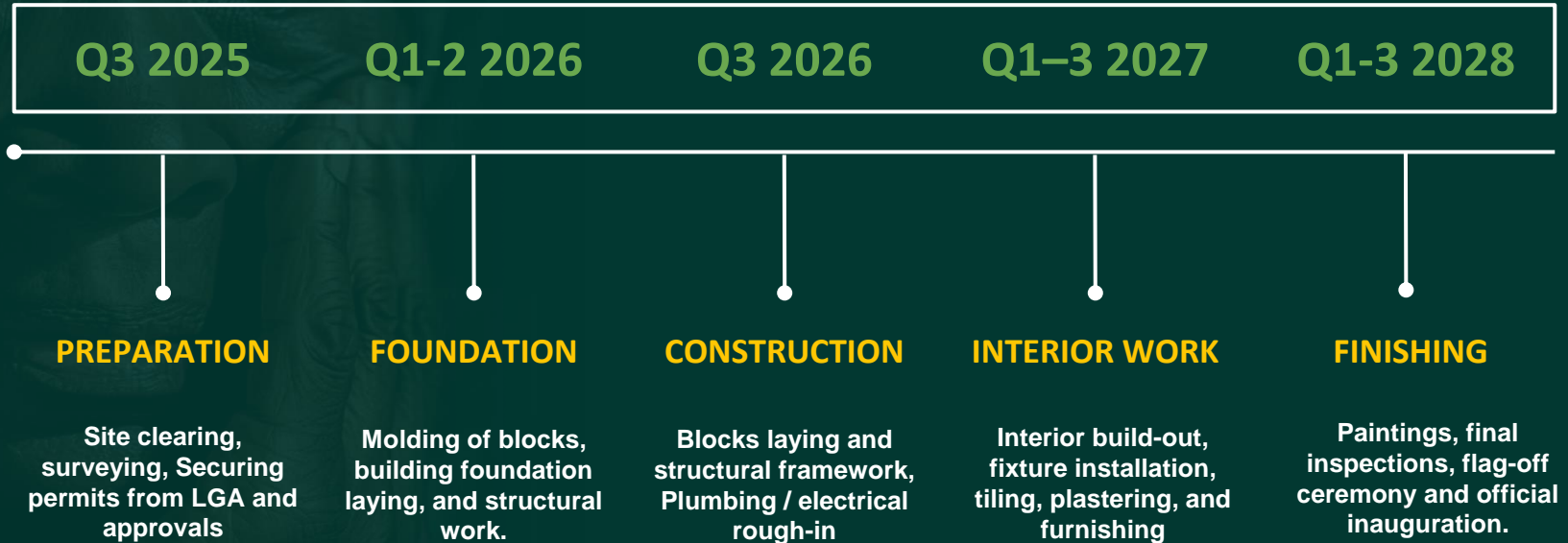
PLAQUES

WARDS

BUILDING

IMPLEMENTATION TIMELINE

NB: This is a tentative project implementation timeline in case of funding gaps



GANTT CHART

Task	Q3 2025	Q1 2026	Q2 2026	Q3 2026	Q1 2027	Q2 2027	Q3 2027	Q1 2028	Q2 2028	Q3 2028
Preparation	XXX									
Foundation		XXX	XXX							
Construction				XXX						
Interior Work					XXX	XXX	XXX			
Finishing								XXX	XXX	XXX

FAQS

HOW WILL MY DONATION BE USED?

100% of funds go toward construction, staffing, and hospital operations.



HOW WILL THE HOSPITAL SUSTAIN ITSELF?

Through a combination of nominal fees and financial contributions from Equitable Medicaid and Clinical Research



CAN I VISIT THE HOSPITAL?

Yes! We welcome donors to see the impacts of their contributions.



HOW WILL THE HOSPITAL SERVE PEOPLE WITH DISABILITIES?

The hospital will have wheelchair ramps, sign language interpreters, and tactile pathways to ensure accessibility for all patients

ENVIRONMENTAL CONSIDERATIONS

RENEWABLE ENERGY

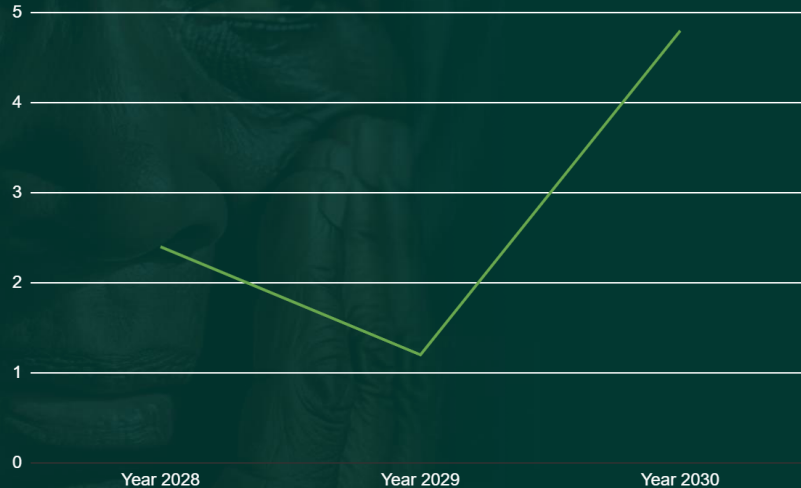
The hospital will be powered entirely by solar energy including waste management plans (e.g., incinerators for medical waste).



SWOT ANALYSIS

	CHALLENGE	RESULTS	SOLUTION
STRENGTHS	High-impact healthcare solution	Improved maternal and child health	Establish a fully equipped hospital
WEAKNESS	High initial costs	Funding gaps may delay progress	Seek diversified funding sources
OPPORTUNITIES	Crowdfunding	Increased donor support	Launch a strong fundraising campaign on GlobalGiving
THREATS	Economic instability	Rising costs may affect operations	Continuous financial support from EMCR

LONG TERM IMPACT



Impact graph showing progress from 2028 -2030

REDUCED MATERNAL MORTALITY

Cuts maternal mortality 50% (1,047→524/100k births) by 2030 for 400,000 women, tackling 63% preventable causes (hemorrhage/sepsis) via 24/7 emergency care and skilled staff.

INCREASED SKILLED BIRTH ATTENDANCE

Targets 70% skilled births (from 43%) via 100 midwives trained yearly, reducing neonatal deaths 30% through prenatal/postnatal care for 80% rural mothers vs. 20% today.

ECO-SUSTAINABLE HEALTH EXPANSION

Solar energy (100% renewable) and waste systems (90% safe disposal) slash costs 40%, serving 50k/year. Model inspires 10+ clinics by 2040, closing rural-urban care gaps.



THANKS!

Do you have any questions?

info@emecr.org

+234 80 624 913 86 | <https://emecr.org>



**“Some give to the Mission by going, some go
to the mission by giving”
- MSP**

*Thanks for your lifesaving donation. We sincerely
appreciate your support.*

RESOURCES

IN THE NEWS

- [New Hospital Tackles Maternal Deaths, Diseases In Rural Nigeria](#)
– **Leadership Newspapers**
- [Foundation Launches Life-saving Charitable Hospital To Combat Nigeria's Rural Health Crisis As Global Funding Gaps Loom](#)
– **Times Reporters**
- [Care now, pay later – Foundation Launches Life-saving Hospital](#)
– **Tarakirivoice Newspapers**
- [Foundation Launches Life-saving Charitable Hospital To Combat Nigeria's Rural Health Crisis As Global Funding Gaps Loom](#)
– **Crossfire Reports**
- [Pregnancy is not a disease': why do so many women die giving birth in Nigeria?](#)
- [Maternal deaths in northern Nigeria remain critically high – WHO](#)
- [Nigeria's worsening rate of maternal mortality](#)
- [172 LGAs account for over half of maternal deaths in Nigeria – FG](#)
- [Maternal Deaths: 950,000 women at risk in Zamfara – Commissioner](#)
- [Talking about maternal health in Nigeria — How many lives are at stake?](#)
- [FG to investigate causes of child, maternal deaths](#)
- [Nigeria's maternal health crisis: When antenatal care becomes a luxury](#)
- [The Economics Behind Nigeria's Midwife Exodus](#)