



Internship Report
on
Scope of Social Business in Bangladesh

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On
“Scope of Social Business in Bangladesh”

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Letter of Transmittal

21 January, 2019

Mrs. Nusrat Nargis
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Subject: Letter regarding submission of internship report on Social Business

Dear Madam,

It would be great pleasure to present my internship report titled “**Scope of social business in Bangladesh.**” I was assigned to make this report being a necessity for the completion of BBA Program under Department of Business Administration. I have tried my level best to fulfill the objectives of the study and make it comprehensive, detailed and informative with logical information, statistics evidential document that I have gathered.

Thank you for allowing me to work on such topic. I believe that it was refreshment of my knowledge & at the same time enriched both my knowledge & efficiency further.

I am obliged to you for giving me the opportunity to prepare this report and shall be pleased to answer any queries to this report.

Sincerely Yours,

Naznin Akter

ID: 152-11-4672

Major in Finance

BBA Program

Faculty of Business Administration

Supervisor's Declaration

This is to certify that, Naznin Akter, a regular and an active student of Daffodil International University, ID #152-11-4672 has successfully completed her ‘‘Internship Program’’ and prepared a report titled ‘‘ Scope of Social Business in Bangladesh’’, under my supervision to accomplish the partial prerequisite of BBA program.

She has completed her work under my supervision and guidance. She has tried her level best to do the assigned work successfully. I wish her success and affluence.

Nusrat Nargis
21.01.19

Mrs. Nusrat Nargis

Assistant Professor

Department of Business Administration

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Student's Declaration

I, Naznin Akter, student of Bachelor of Business Administration (BBA), under the Faculty of Business & Entrepreneurship (FBE) at Daffodil International University, am confirming that this report on the topic of **“Scope of Social Business in Bangladesh”** has only been prepared for the fulfilment of BBA program.

I therefore announce that each staff submitted in this report is exclusively created by me. I also proclaim that the report has not been submitted earlier either partly or wholly to any other University or Institution for any Degree.

Naznin Akter

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Acknowledgement

At the plain starting, I might want to offer my profound thanks to omnipotent Allah for giving me the quality to complete the internship report inside the time allotment. I might want to accept the open door, to thank those individuals who helped me completely through to finish my internship report.

At first, I should need to thank my internship supervisor Mrs. Nusrat Nargis, Assistant Professor faculty of Business Administration under Faculty of Business and Entrepreneurship to instruct me the best approach to finish the internship report.

Furthermore, I might want to thank my team member of MediSure-Kamrul Hasan Sojib, Harunur Rashid and Tanvir Ahamed Tuhin who helped me to finish this bit of work. I might want to express gratitude toward the runner up team of Social Business Creation 2017 for providing me guidance and assistance. It would have been relatively difficult to think of this report without the assistance of them who dependably demonstrated an uplifting state of mind and energy to educate and participate. My thankfulness will dependably be there for these helpful and well-disposed individuals for giving me their endeavors and significant time.

At long last, I might want to thank my folks whose impact and motivation has empowered me to finish this report.

Abstract

An internship program is very important and essential for acquiring experience through learning and spreading the scope of knowledge. In this report I have explained about the Scope of social business in Bangladesh. According to Professor Muhammad Yunus Social commercial enterprise may be described as a non-dividend business enterprise this is created to address and solve a social trouble. The investors or owners of a social business can gradually recompense their invested money but will not get any dividend. The purpose of the investment is to solve a social problem through running the business operation. Social Business considers its beneficiaries as independent subject rather than considering them object. It gives support to its beneficiaries in such a way without offering any donation or charity just to make them self-reliant. Under this, poor people are considered to be an independent entity who can think, speak and take decision and if they are provided with money to invest in a venture then they will be able to express their hidden talent before the world. Health System of Bangladesh is exposed to various challenges. Bangladesh has an acute shortage of physician, nurses, midwives, health technician etc. The deficiency will keep increasing as the population increases. Deficit of trained human resources in the health sector of Bangladesh is a powerful limiting factor for population health. Public awareness is a must in this regard. Without this, it is quite difficult for a Social business to create an effective support system. In order to make sure the high success rate of social business education of the entrepreneurs are very much important both in social skills and in business.

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Chapter 01

Introduction

1.1 Introduction

On the very beginning, I want to acknowledge the immeasurable benefits and profound kindness of Almighty Allah. A number of people have made full-size contribution in preparing this challenge whose insights, advice and pointers helped a lot. This paper is been prepared to meet our course requirement. This report contains definition of social business, its key requirement, principles, features, objective, current country scenario, and scope of social business in Bangladesh and what will be the suggestion to develop social businesses in Bangladesh. This report is trying to illustrate business models of social business, traits of an ideal social business, and statistics of health sector all over the country.

1.2 Idea of Social Business

According to Professor Muhammad Yunus, Social Business can be defined as a non-dividend company that is created to address and solve a social problem. The investors or owners of a social business can gradually recompense their invested money but will not get any dividend. The purpose of the investment is to solve a social problem through running the business operation. The business plan must be sustainable in such sector such as education, healthcare, environment, poverty, housing, climate change etc. After recompensing the investment amount by the investor, the profit amount will be kept in the business for the purpose of expanding business operation and to enhance the social impact.

1.3 Objective of the Study

1. To evaluate the scope of Social Business in our country.
2. To estimate the factors affecting performance of social business.
3. To find out the way of achieving sustainability
4. To suggest better ways for enhancing the performance of social business

1.4 Scope of the Study

Scope means the area on which the study has to be done. The study is only related to Social Business. This report focuses on the Overall evaluation of Social Business and its future opportunities.

1.5 Methodology of the Study

Method of them have a look at correct and easy of completion of document requires adherence to some guidelines and technique for making the report, the decision has been taken to collect numerous primary and secondary information. Statistics have been gathered by means of oral interviewing the responsible doctors, projected clients, medicine supplier and so on. Different forms of statistical configurations have been used to make the study meaningful and realistic. After collecting data from the interview and materials provided by them were carefully scrutinized first. Then the data was organized as required. In order to make the study effective and efficient, following two types of data and information have been used widely:

Primary Sources:

- Face to face conversation with few doctors.
- Face to face conversation with projected customers.
- Close observation of the healthcare sector.
- EDULIB

Secondary Sources:

- Published documents.
- Data available at the website.

1.6 Limitations of the Study

- Collection of data was not smooth.
- Unwillingness to giving information.
- The staffs of Govt. sector were sometime so busy that they could not help us all the time.

Chapter 02

Details about Social Business

2.1 Background of Social Business

Since the beginning of the 80s in many countries more and more businesses and organizations began to pursue social interest instead of profit, within the rules of the free market. Reasons for this are to be found in the inadequacy of both the traditional businesses and of the government policies to respond to social issues. It took several years for the governments to understand a shape of business in which the final intention is not income, but social improvement. In Italy, for example, a regulation was delivered in only 2005 to define once and for all the idea of Social enterprise as a "personal employer without moneymaking intention, whose primary economic interest is the production or the alternate of products or services to advantage the society or elements of it."

In his e-book creating a international without Poverty - Social enterprise and the destiny of Capitalism, Professor Dr. Muhammad Yunus defines what a social enterprise is and what it is not. It boils down to the following requirements:

1. social objectives: it needs to have definitive social objectives (help comes from the altruistic social services that the business provides to the poor): e.g. health, education, poverty, environment or climate urgency
2. Non-income distribution: traders cannot take profits out of the agency as dividends.
3. A business can also be classified as a social business if is owned by the poor, and therefore the profits directly work to gain the social objectives of the business, hence this second definition.

It is often owned by the poor or disadvantaged (dividends and financial growth return to the poor where their fiscal situations are helped bringing them out of poverty): e.g. women, young people or long-term unemployed.

2.2 Objective of Social Business

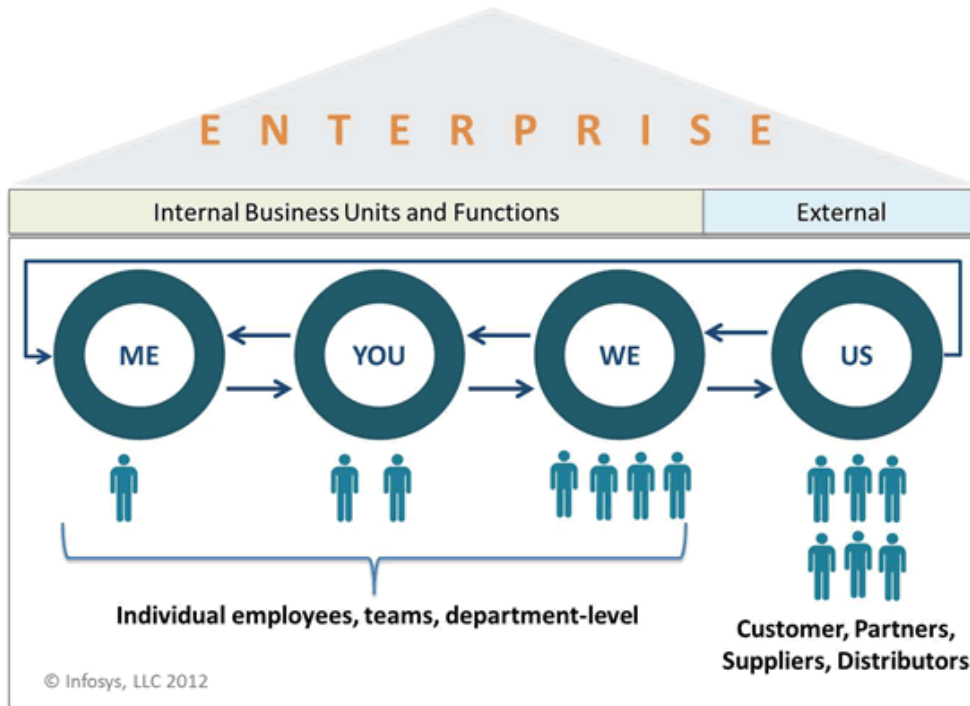
1. To Design Operations to profit for both social impact and survival of the organization.
2. Innovate focusing on community or environmental issues.
3. To Institutionalize impact and scale up for optimal efficiency and growth of a cause to maximize reach.
4. To be operated without incurring losses.

2.3 Principles of Social Business

There are seven principles of social business. Those are-

1. Enterprise objective will be to overcome poverty, or one or more troubles (such as education, fitness, generation get entry to, and surroundings) which threaten humans and society; no longer profit maximization.
2. Financial and economic sustainability.
3. Investors get back their investment quantity best. No dividend is given beyond investment cash
4. When investment quantity is paid back, agency income stays with the corporation for enlargement and improvement
5. Gender sensitive and environmentally conscious
6. Group of workers gets market salary with higher operating situations
7. Do it with joy.

2.4 Four Dimension of Social Business



It is clearly visible that social business has a technological, societal, management and human dimension.

1. The Social Technology Dimension: It involves social networks and structures, a mess of tools, business applications and consumers, next generation web technologies, data etc. Nowadays social collaboration and customer facing processes are prominent.

2. The Social Perspective:

It refers to dynamics and concepts of phenomena driven via the social and mobile reality and all its impact on how people behave, react, tell themselves, shape communities, co-create and so on. Empowered purchasers can improve their voice greater strongly than ever earlier than.

3. The process and management view:

It looks at control patterns and techniques, making ready of different procedures in the employer and its ecosystem, new enterprise version, extraordinary way of running.

4. The Social and Human dimension in social business

It focuses extra on human ideas in the manner they do commercial enterprise and behave as groups inside the world round us. People centricity, an multiplied awareness on human values, social top, social duty that matches with the actual definition and authentic which means of social commercial enterprise.

2.5 Two Models of Social Business

Model -1

This model focuses on businesses dealing with social objectives only. The product or service manufactured by the business will be for the benefit of poor or target people in order to solve a particular social problem. Grameen-Danone is an example of this business model under social business. The Shakti Doi Yogurt produced in Bogra enriched with micronutrients that are missing in the poor children of Bangladesh. If malnourished children start having Shokti Doi 2 cups per week and continue it for 8 to 10 months then they can grow healthy.

Model -2

The second type of social business can take up any profit maximizing business for so long and it will be owned by the poor and the disadvantaged who can gain through receiving direct dividend or some indirect benefit. Examples of this model are Grameen-Otto and Grameen Bank. Point to be noted that, Grameen Bank is the combination of model -1 and model -2 as it is owned by poor people and it provides a financial service that is loan without any collateral for income generating activities which was previously unavailable to poor people especially to the women.

2.6 How social business adds value

Social Business (Company Name)	Addressing social problem	Value Proposition	Value Constellation
<p>Grameen-Danone Foods (Fights Malnutrition with fortified yogurts, named Shukti Doi)</p>	<p>56% of the world's pre-school-aged children are undernourished</p> <ul style="list-style-type: none"> • The severe (long-term) effects of malnutrition cause economic underdevelopment • Poverty 	<p>Selling fortified yogurt to children</p> <ul style="list-style-type: none"> • Yogurt fortified with micro-nutrients • Delivers 30% of a child's daily needs in vitamin A, iron, zinc, and iodine 	<ul style="list-style-type: none"> • 50/50 joint venture between Grameen and Danone Foods • Grameen provides local and social-cultural know-how • Danone provides product and technical know-how • Local production • Two distribution channels: direct door-to-door sales by local 'Grameen ladies' and production plant to retailers to consumers • Differentiated pricing for different regions due to difference in marketing and distribution cost

<p>Grameen GC Eye Care Hospital (Eye care for underprivileged)</p>	<ul style="list-style-type: none"> •7.5 million blind people in Bangladesh •2.5 million people with ametropia (low vision) • There are only 1400 ophthalmologists in Bangladesh 	<ul style="list-style-type: none"> • Provide low care subsidized eye care. •Operations conducted by Grameen Health Care Services • Seva Foundation bears the cost; medical training held at 	<ul style="list-style-type: none"> • 3 hospitals offering general eye examination and special surgery •20% cheaper than competitors. •Free or subsidized price if necessary • Facilities located at Bogra, Barisal, Thakurgao districts in.
<p>Grameen Shakti (provides clean energy for rural households)</p> <p>Grameen Febric & Fashion(Fighting unemployment)</p>	<ul style="list-style-type: none"> • Low living standards and unhealthy environment in rural areas. 	<ul style="list-style-type: none"> •Health and environment friendly system. • Solar home system 	<ul style="list-style-type: none"> • Standalone business in corporation

2.7 Traits that make Social Business Unique

Social Business considers its beneficiaries as independent subject rather than considering them object. It gives support to its beneficiaries in such a way without offering any donation or charity just to make them self-reliant. Under this, poor people are considered to be an independent entity who can think, speak and take decision and if they are provided with money to invest in a venture then they will be able to express their hidden talent before the world.

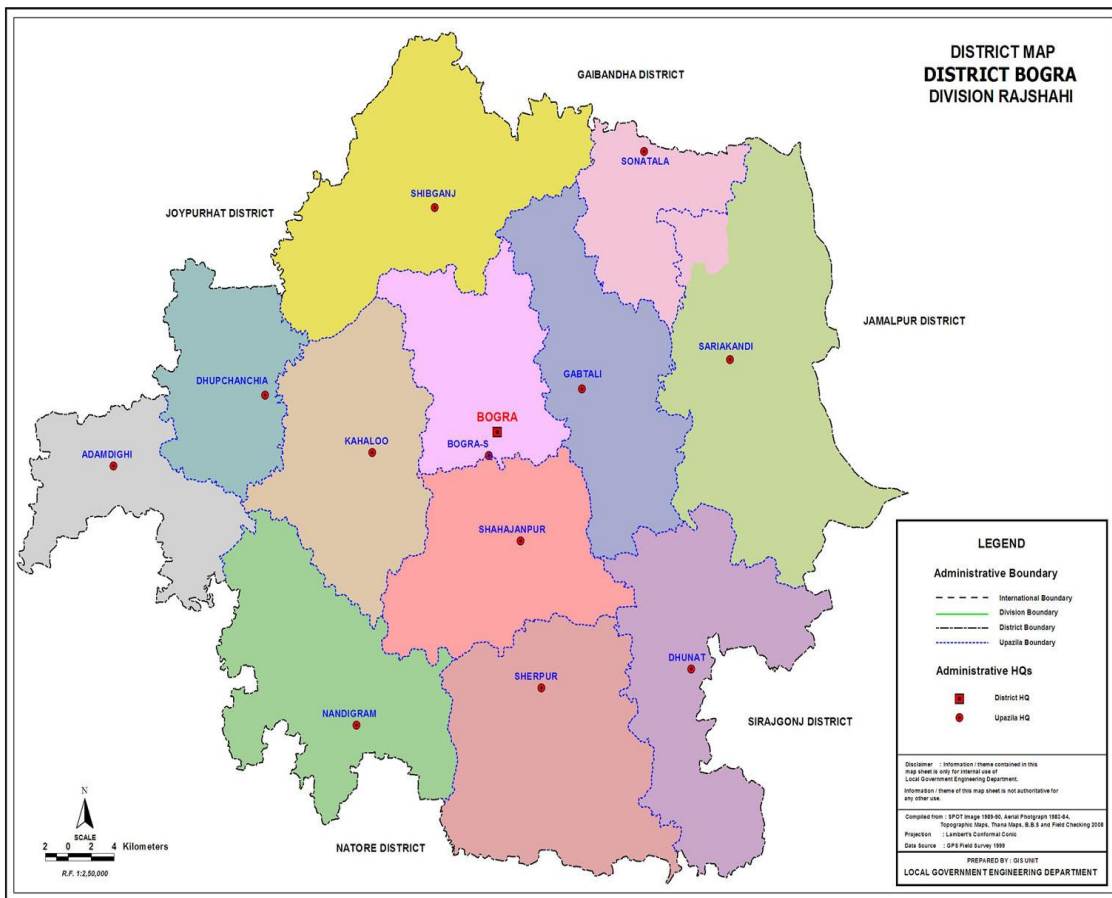
1. It does not rely on continuous inflow of donation or charity fund. According to noble laureate Dr. Muhammad Yunus, Charity can be invested once but the social business dollar can be invested over and again.
2. It is a business with mandatory objectives to solve a social need. Social business cannot give priority on making profit over its social agenda. Undoubtedly social business will run its operation to earn profit so that it can achieve sustainability but will surpass the objective of social interest.
3. Social business gives platforms to those people who have talent but lack of financial support.
4. According to Maslow's hierarchy of needs, those who belong to the top of the hierarchy of needs, they feel a need for self-actualization. Those who have already met their materialistic needs can feel urge for self-fulfillment by doing such a momentous job that can make him or her immortal in this world. For example, Bill Gates and Warren Buffett have already donated majority of their wealth for the noble cause. So, if anybody invests money in social business for a good cause, he/she can also meet the needs for self-actualization by serving for humanity or investing money in any other purposes that will bring a positive change in the society.
5. Social business offers a reason to investors for selflessness. Professor Muhammad Yunus has put an emphasis in his article Vision 2050: A Poverty-Free World that "the biggest flaw in the present interpretation of capitalism lies in its misinterpretation of human nature: human beings engaged in business are portrayed as one-dimensional beings whose only mission is to maximize profit. This is a much distorted picture of a human being since this interpretation denies any role to other aspects of life rather they are multidimensional beings, they are not just moneymaking robots; their happiness comes from many sources – not just from making money. While they have their selfish dimension, at the same time, they have also their selfless dimension."

Chapter 03
Grameen GC Eye Care Hospital



3.1 About Grameen GC Eye Care Hospital

At first, Grameen GC Eye Hospital started its journey by establishing their first hospital in Bogra in th year 2007. The occupied area is Bogra district 2900 square kilometers that holds 3.5 million population. The exact location of the hospital is Betgari which is almost 3.5 kilometers away from the main Bogra city. The reason behind the name of Grameen GC Eye Hospital is that a USA based social welfare foundation named Green Children Foundation has contributed half of the total establishment cost of the hospital.



3.2 How it Functions

Modern technology and latest equipment are being used by Grameen GC Hospital to identify problems and provide treatment to the eye patients. Ophthalmologist, ophthalmic assistants and office staffs are experienced and trained. Staffs have received their training from Arvind Eye Hospital situated in India which is a reputed eye hospital and post graduate institute of Ophthalmology. Ophthalmologist have special training and expertise regarding performing

cataract surgery by the use of Phaco emulsification machine. Two foundations named SEVA Foundation, USA and Aravind Eye Care System, India are supporting GHS for providing training to the staffs.

3.3 Services

Grameen GC Eye Hospital, Bogra is providing eye care facilities in two different ways to make sure that people of all kind can get access to eye care facilities.

1. At hospital
2. At satellite camp that are organized in remote areas.

GHS are providing services that includes consultancy, eye examination, investigation of eye diseases, cataract surgery, other eye surgery on orbit and oculoplasty, glaucoma, comea etc. At camp, patients are getting eye examination and prescription, necessary diagnosis etc. patients who are in bad need of surgery are taken to the hospital and surgery's taken place at hospital's operation theatre and they are brought back to their locality after the completion of surgery.

3.4 Price of Services

Registration fee is tk 100 during the visit at hospital, patients get eye examination and prescription within that registration fee. There are different types of service available for different kinds of people. There are various kinds of packages that starts from BDT 4,000 to 32,000 depending on the techniques and equipment's used in the surgery. Other eye surgery costs range from BDT 1000 TO BDT 5500.

At the camp, patients are getting eye care services which are free of cost. Cataract surgery is also free for the poor and destitute. Subsidized cataract surgery rate for the camp patient is BDT 1500 and subsidized fund is available for them who are not unable to afford the cost.

3.5 Services of Grameen GC Eye Care Hospital

1. Consultation
2. ECCE/SICS with rigid IOL
3. Phaco with foldable IOL
4. ECCE
5. Stich removal

6. Removal of corneal F.B
7. Dressing
8. Epilation
9. Release of tarsorrhaphy
10. Chalazion
11. DCR
12. Pterygium
13. Eye camp
14. Health Education
15. Lid repair
16. DCT
17. Evisceration
18. Entropion correction
19. tarsorrhaphy

3.6 Performance of Bogra Hospital

Grameen GC Eye Care Hospital, Bogra has provided service to 7,08,519 from 1st November, 2007 to 31st December, 2017 among these numerical figure 2,06,639 have get facilities free of cost during the eye camp organized in different remote areas. Grameen GC Eye Care Hospital has performed 40,566 eye surgeries till 31st December, 2017. Among those surgeries 33,102 surgeries are cataract surgeries. Hospital provide around 3,765 cataract surgery free of cost for the poor and destitute.

Grameen GC Eye Care Hospital is one of the most respected hospitals in northern part of Bangladesh as well for medical tourism.

3.7 Financial Information

Grameen GC Eye Care Hospital is currently covering all operation after 12 months of operation. Each year its quality of service is improving and its revenue is also increasing

(Amount in Taka)		
Year	Expense	Revenue
2013	9,000,000	4,000,000

2014	13,000,000	9,000,000
2015	15,000,000	11,000,000
2016	15,750,000	13,000,000
2017	20,000,000	19,760,000

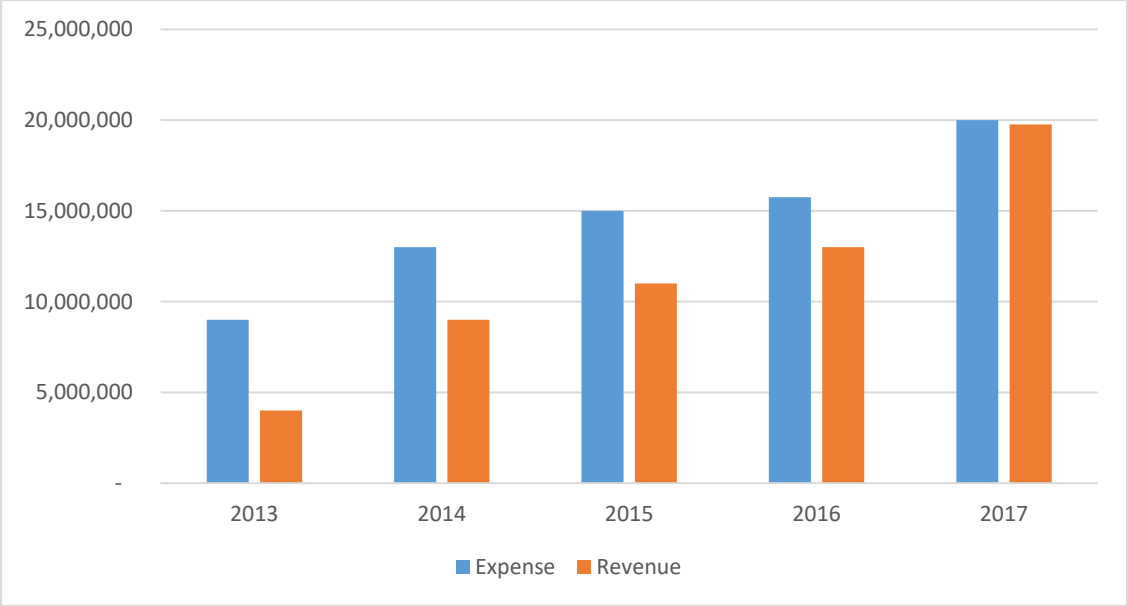


Figure: Cost and revenue graph

From the above graph, it is quite clear that expense amount is increasing over the years and this increase takes place as the number of patients is increasing, so, Grameen GC Eye Care Hospital increase level of the available facilities that causes rise in the expense level of Grameen GC Eye Care hospital. Purchase of equipment’s that are of modern technology and arranging campaign very frequently in various places for the poor people are also responsible for getting a raise in the expense level. Moreover, it is also noticeable that revenue is also increasing steadily and in the year 2017, it was almost equal to the expense. So, it can be said due to establishment cost the expense level is a bit high but there is a clear indication that the service holds high commercial potentialities and it is highly desirable by its target customer and increase in revenue over the years is an indicator that it is on its way of sustainability. Till now Grameen GC eye Care hospital is running 3 ongoing project in two different area Barisal and Thakurgao after attaining sustainability in its first project in Bogra.

3.8 Beneficiaries Information

District wise patient

Joypurhat	3%
Natore	4%
Natore	4%
Naogoan	4%
Gaibanda	4%
Shirajgonj	2%

Sex wise Patient	Percentage
Male	51%
Female	49%

Age wise patient	
0-15 years	11%
41-50 years	19%
51-60 years	15%
61-70 years	11%
71-80 years	4%
Above 81 years	1%

Table: Patient statistics of Grameen GC Eye Care Hospital

Chapter 04

Health Sector Overview of Bangladesh

4.1 Health Sector Overview of Bangladesh

Bangladesh is an over populated nation in South Asia. The nation is experiencing a significant social and economic changes. Wellbeing and populace insights demonstrate that throughout the last forty five years newborn child and maternal mortality has relentlessly declined in Bangladesh and future has risen consistently. The level of individuals approaching safe drinking water and office of clean methods for transfer of excreta has made strides. It very well may be said without a doubt that, countless of Bangladesh don't have any entrance to least auxiliary or tertiary dimension therapeutic consideration because of their restricted money related capacities. States of Upazila Health Complex which are built up to give therapeutic support of the rustic individuals are pitiable. Nonappearance of specialists, insufficiency in supply of medication and dressing gear, rusted restorative hardware and unserviceable drugs have turned the greater part of them in a desert. Just a single third of the Union Healthcare Center is enhanced with a MBBS specialist. Govt. distributed 4000 posts for MBBS specialist. Subsequent to Recruiting on that presents on different wellbeing Center, the medicinal offices to country regions remain under-used in view of carelessness and nonattendance of specialists and their private practices. Then again, the vast majority of the specific doctor's facilities and foundations with super claims to fame in both open and private division are being built up in metro region. There are 67 restorative school everywhere throughout the nation. Nonetheless, it is very lamentable that the instruction and preparing in a significant number of these restorative school is flawed because of absence of experienced and qualified full time and customary instructing staff that incorporates personnel. If there should arise an occurrence of coronary illness demonstrative strategy and task, disease finding technique, careful evacuation of tumors, radiotherapy and chemotherapy. Every one of these methods and treatment are exceptionally costly and distant for the low salary amass individuals and the poor provincial individuals like negligible agriculturists, mechanical specialists, day worker, merchant, etc. They can't get assistance from open establishments nor would they be able to dream about such sort of medicinal services.

4.2 Challenges for the health system in Bangladesh

Bangladesh Health System has some drawbacks. Some major drawbacks include:

4.2.1 Limited Public Facilities

Around 536 public hospital along with 37,387 beds provide inpatient service for the population of 160 million. District or Upazila hospitals have very few specialty care facilities. It is proven that, 65% of ambulances under these facilities do not function properly at the time of need due to lack of maintenance or fuel money. In most of the public health care center few facilities like X-ray machine, incubators and lab equipment's are mostly found in need of repairmen or need new one to be purchased. Moreover, essential drugs or family planning commodities are being sold by private

Vendors which were supposed to be distributed among the patients free of cost.

4.2.2 Unavailability of Health Workforce

Inpatient health care needs workforce are of high quality that includes physician, dentist, nurses, medical technologist, midwives etc. Bangladesh has a chronic shortage of trained human resources and this kind of shortage is considered to be a strong limiting factor for mass population. Bangladesh govt. has sanctioned 20,234 positions for physicians out of which 11300 is filled by trained physicians that also shows total vacancy of 44.2 %. These shortage are undermining the health care quality.

4.2.3 Compromised Access

Three tiered PHC system (sub-district, union and village level) is being established to serve the population at large but in reality the health care facilities in this sector is often being compromised. In public hospitals basic health care facilities are supposed to be free but the patients are often seen bearing the cost of medicine and laboratory tests along with some unseen cost. All these restrain the access of poor and disadvantaged from health care services that are funded publicly. In fact, there is a clear gap between principle and application of public health facilities. Around 66% of health care cost is out of range expense bearded by individuals and families that restricts the access of poor to the health care system

Type of medical care and staff	Sanctioned	Vacant
Allopathic Medicine		
Physicians	20,234	8,934
Senior Nurse	161	155
Junior Nurse	463	313
Aide Nurse	16,559	3,232
Medical Technologists	6,150	1,492
Medical Assistant	5,411	1,717
Domiciliary staff	26,416	3,131
Non-medical	466	248
Alternative medicine		
Unani	66	46
Ayurvedic	66	44
Homeopathy	66	50
Compounder	64	16
Herbal Garden Assistant	467	42

Source: Directorate General of Health Services (DGHS) 2016

4.2.4 Lack of essential commodities

Easy access to drugs, medical supplies and family planning commodities is a common problem throughout the country and the origin of this problem is lack of effective supply chain management, lack of funds for the payment of supplies which is another serious issue. Logistics shortage in most health care center especially at Upazila Health Complexes and district hospitals is a common scenario.

4.2.5 Lack of devolution

Though decentralized, the health care system never go for the process of devolution. Decision and power will be exercised centrally in the MHFW in Dhaka City where the UHCs simply carry out the plans and programs set by Ministry. Local level professionals are deprived of exercising decision making power as a result they cannot respond effectively in case of emergency.

4.2.6 Lack of Local Level Planning

Upazila Health Complexes are always asked to develop a plan of action to be implemented for the upcoming year on the basis of local epidemiological and demographic situation but the local area plans are routinely presented to the Ministry, they barely receive any attention when the overall health sector plan is being developed.

4.2.7 Misuse of Resources

Clients of UHC's often complain that medicine or drugs which are supposed to be distributed free of cost are most often disappeared from UHC and find them in the local market being sold at a high price. It is quite clear that, due to misuse or inappropriate around 65% ambulances given to Upazila Health Complex are most of the time found non-functional at a given point of time and people suffer for the inefficiency of the health sector.

4.2.8 Lack of Community Empowerment at Local Level

According to government regulations, community management committees are often established to look after the activities but these committees barely represent their communities or are empowered to demand justification from the health officials. Bureaucratic efforts in forming the local committee recognize that, men, women, rich, poor all kind of people are needed to represent a committee. A committee made of so called leaders can never represent a community in a true sense. While talking regarding community participation, Bangladesh health system fails could not make it up according to the reality.

4.2.9 Lack of Public Health and Management Expertise

Health system at district or sub district level suffers from scarcity of knowledge regarding public health and management expertise. Though the government has prescribed office hours for all employees at district hospitals, UHC's, community clinics, physicians of these clinics maintain their own working hours that are different from official one. Patients are seldom given respects rather patients are often being abused or humiliated by the health care workers.

4.2.10 Inadequate Financial Resources

In our Bangladesh, around 3.4% of total GDP is spent on public health but government contribution is only 1.1%. More than two third of the total expense is being financed through private sources and from the remaining one third, 60% out of that is financed by government which is out of tax revenue. Basically, health is based but the poor people spend more on health by going out of their affordable range which leads them to impoverishment. Health insurance nonexistent in Bangladesh.

4.2.11 Growing and continuing inequity within Health System

The poor and the disadvantaged group nevertheless have appreciably much less access to health care offerings than the rich and the privileged. As an instance, most effective 8% of pregnant women from the poorest income quintile give birth their infants at any hospital or sanatorium in comparison to 53% pregnant ladies from the richest income quintile. There's severe disparity in terms of antenatal and post-natal care too. Even as handiest 31% pregnant girls from the poorest income quintile ever are seeking antenatal care, the fee is as high as eighty two% some of the richest earnings quintile. The corresponding figures for post-natal care are 7% and fifty one% for the poorest and richest profits quintile moms respectively. Most significantly, terrible maintains to die at a more youthful age than their rich compatriots. The toddler mortality charge varies from a low of 43 consistent with 1,000 stay births many of the richest income quintile to over 85 in keeping with 1,000 live births a number of the poorest earnings quintile.

4.2.12 Political Instability and lack of commitment

As Bangladesh is a developing country, it is challenged with political unrest and instability that most often turns into violence. At the time of political procession, movement of all type of public and private transport are forced to be stopped roaming.

4.2.13 Weak Health Information System

Reliant, reliable and up to date information is a must to develop a effective health system. Collecting raw data is not enough rather it needs systematical management, analysis and dissemination to facilitate and to take prompt action. Over the years, many nation-wide as well as smaller scale surveys, surveillances and research studies have been conducted in the health sector of Bangladesh; but it still do not follow a standardized procedure to collect and manage health-related data from all health facilities at a regular interval. Civil surgeons are accountable to oversee the district health system even as Upazila fitness and family making plans officials (UHFPOs) are the heads of the Upazila health Complexes. Civil surgeons are physicians and so are most of the UHFPOs. Civil surgeons are accountable to oversee the district fitness system even as Upazila fitness and circle of relatives making plans officials (UHFPOs) are the heads of the Upazila fitness Complexes. Civil surgeons are physicians and so are maximum of the UHFPOs. Civil surgeons are responsible to oversee the district health gadget at the same time as Upazila

health and own family planning officials (UHFPOs) are the heads of the Upazila health Complexes. Civil surgeons are physicians and so are maximum of the UHFPOs. Civil surgeons are responsible to supervise the district fitness machine at the same time as Upazila fitness and circle of relatives making plans officials (UHFPOs) are the heads of the Upazila health Complexes. Civil surgeons are physicians and so are maximum of the UHFPOs. Civil surgeons are accountable to supervise the district fitness system even as Upazila health and circle of relatives planning officers (UHFPOs) are the heads of the Upazila fitness Complexes. Civil surgeons are physicians and so are maximum of the UHFPOs Civil surgeons are responsible to oversee the district fitness machine at the same time as Upazila fitness and own family making plans officials (UHFPOs) are the heads of the Upazila fitness Complexes. Civil surgeons are physicians and so are most of the UHFP.

Chapter 05

Findings and Recommendations

5.1 Discussion of the study

The analyses and finding have been done keeping in mind the objective of the study. Health System of Bangladesh is exposed to various challenges. Bangladesh has a acute shortage of physician, nurses, midwives, health technician etc. The deficiency will keep increasing as the population increases. Deficit of trained human resources in the health sector of Bangladesh is a powerful limiting factor for population health. When it comes to health technicians of different, the deficit is almost half of overall figure. There are also shortage of midwives and community health worker. The difference between government allotment and the vacant position clearly indicates that, Bangladesh has to make greater effort to ensure accessibility to essential health care services. However, the Human Resources are heavily focused in urban areas and the rural area deprived of it. According to the report of Bangladesh Health Watch Report (BNHA 2011), In Bangladesh, 62% medical doctors are working in the private sector. The health workforce has a ratio of doctors and nurses that is 1:0.4 and the ratio of doctors to technologists is 1.24, on the other hand WHO recommended ratio is 1:3.5.

Bangladesh has only 0.4 hospital bed against 1,000 population in comparison with Ghana that has 0.9 hospital bed against 1,000 population (WHO 2011). Though having the same economic level as Bangladesh, Kenya has 35 percent higher ratio of hospital bed against 1,000 population.

Another weakness of Bangladesh health sector is the poor state of infrastructure facilities. It should be clearly mentioned over here that, Bangladesh government has a policy of establishing 1 community clinic against every 6,000 population that will cover rural Bangladesh. However, it is on hold for fully implementation. The most common scenario of community clinic consists of two rooms with drinking water and laboratory facilities along with a covered waiting room. But it is quite unfortunate that, remote areas of Bangladesh do not have even this kind of scant infrastructural facilities over there.

As far human health is concerned, it is not clearly mention if the sanctioned position will be well enough to serve the need of all citizen. Overseeing the expenditure allotted for Bangladesh health sector is the most important thing to look at. The major sources of health care sector in Bangladesh include households, government, NGO's and development partners. The rural poor people bear the cost of national health expenditure by out of pocket payment or direct. In total, out of pocket expenditure of health sector increased from 57% to 64% from 1997 to 2007. It should be kept in record that, patients end up bearing the cost of medicine, laboratory test and some additional unseen cost where all these facilities were supposed to be free in public hospitals. Currently,

around 5,122 diagnostic centers are running in Bangladesh. Moreover, there are a large number private clinics whose target market include medium to high income range people of our country. As per a Health Bulletin of 2013, there are 29,83 registered private clinics having a overall capacity of 45,485 beds. Among them, only a few offers free bed for the poor. Currently, the Health System Information Technology Emphasizes on safe motherhood, family planning, child health and immunization. But it is quite unfortunate that, chronic non communicable diseases does not get the consideration of Health system Information Technology.

True fact is, the inequity in our health sector cannot be ignored. The heavy burden of out of pocket expense make it more difficult for the poor to get the access of needed health care services.

5.2 Geographical reach

Half of total social business respondents operates regionally (55%), on the other hand 37% operates nationally and 8% operates internationally. Women led social businesses are more likely to operate regionally and the ratio of male run ventures and women led social business is 0.49: 0.77. Around 11% organization consider it as subsidiary of another organization rather than running it as an independent organization of their own right.

5.3 Legal Status

In Bangladesh, social business have no legal status. According to a recent survey of BRAC, sole proprietorship is the most common form of registration chosen by the social business entrepreneurs which is 26%. Social businesses have more diverse legal statuses than mainstream business. 65% of total SME's are registered as sole proprietorship and 24% as partnership (according to World Bank 2013).

5.4 Objectives

In step with a current survey of BRAC, half of of the survey respondents take into account providing a carrier as one of their essential objective. other goals consist of education, employment, support to susceptible humans and selling items. 34% of those with different targets

work in training zone. So, it's far very clean the, schooling is the most prior objective for Bangladeshi social enterprise marketers.

Table: Social enterprise objectives

Objective	Respondent (%)
Providing a service	47%
Other	32%
Creating employment opportunity	30%
Promoting education and literacy	30%
Selling a good	21%
Supporting vulnerable people	20%
Supporting vulnerable children and young people	20%
Improving particular community	18%
Supporting other social organization	17%
Improving health and well being	16%
Protecting the environment	11%
Addressing social exclusion	6%
Providing affordable housing	3%

5.5 Sector

One third respondent work in education sector. Other commonly selected sectors are services, business development services and entrepreneur support, livelihood and employment creation, health and social care etc. Any of the respondent do not show any kind of interest to work in the transport sector.

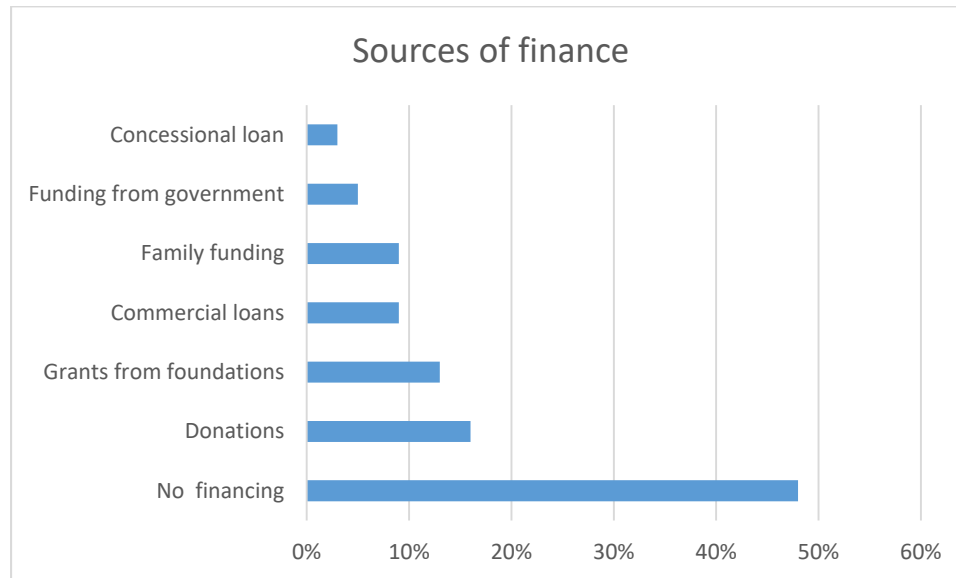
Sector	Respondent (%)
Education	32%
Services	26%
Business development services and entrepreneurship support	22%
livelihood and employment creation	21%
health and social care	20%
Food and nutrition	11%
Financial services	7%
Manufacturing	6%
Retail	5%
Water and sanitation	4%
Justice and rehabilitation	3%
Forestry	3%
Agriculture and fisheries	3%
Energy and clean technology	1%
Housing	1%

5.6 Sources of finance

Around half social enterprise do not report any external funding. Actually, the highest ratio of funding comes from non-returnable capital (donation, grants and unding from family and friends). Commercial loans are more common type of loan than concessional loan but only a small number of social entrepreneurs have got any kind of loan.

Sources of finance	Percentage
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No financing	48%
Donations	16%
Grants from foundations	13%
Commercial loans	9%
Family funding	9%
Funding from government	5%
Concessional loan	3%



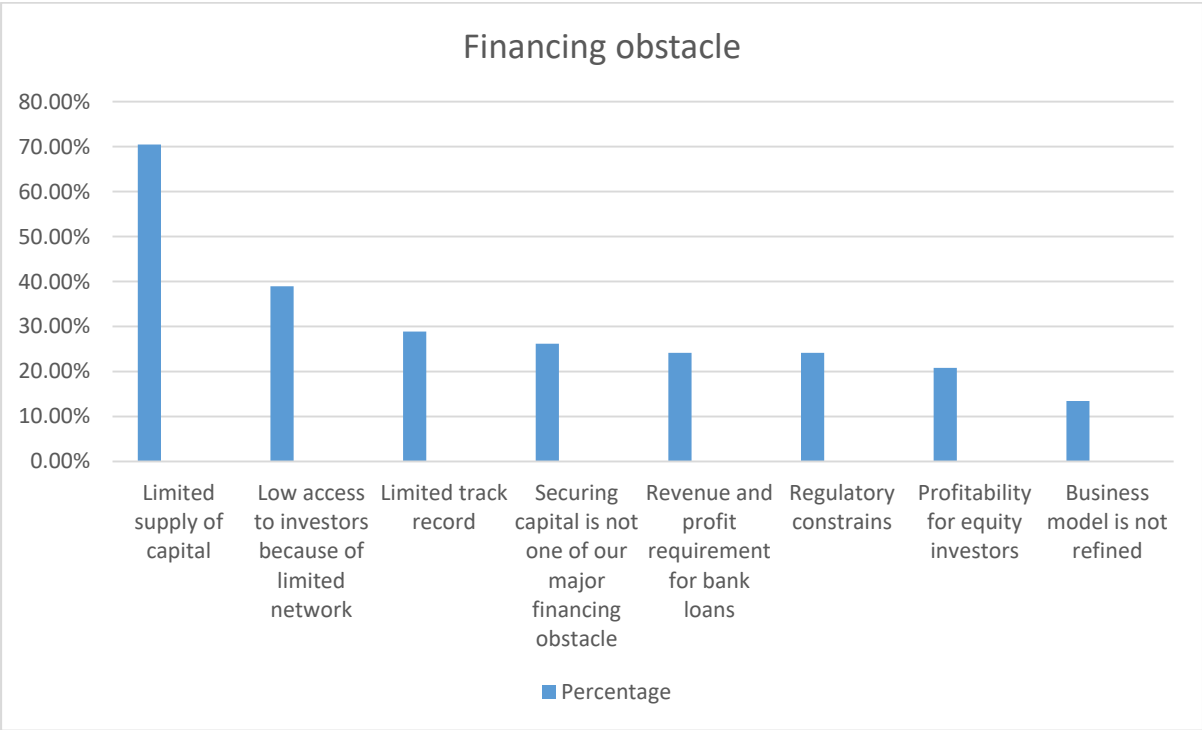
5.7 Financing Obstacles

The top three factors reported as obstacles of social enterprise financing are limited capital supply, low access to investors having limited network and limited track record. Regional differences regarding financial obstacles were minor. A large portion of social entrepreneurs in Rajshahi realize that securing capital is not a financial obstacle.

Top three financing obstacle

Facts	Percentage
Limited supply of capital	70.47%
Low access to investors because of limited network	38.93%

Limited track record	28.86%
Securing capital is not one of our major financing obstacle	26.17%
Revenue and profit requirement for bank loans	24.16%
Regulatory constrains	24.16%
Profitability for equity investors	20.81%
Business model is not refined	13.42%



5.8 Estimation of social business enterprises in Bangladesh

Based on a very small unrepresentative sampling process, it is quite possible to assume the potential size of social enterprise sector. This study estimates that nearly 1,50,000 social enterprises are currently operating in Bangladesh. The above table contains all the data on the basis of which this estimation has taken place.

Source	Total number	Social enterprise prevalence rate	Expected number of social enterprise
NGO's	2471	25%	618
SME's	970,431	15%	149,297
Online searches	396	100%	396
Organizations that did not complete the survey but provide data on inclusion criteria	60	78%	47
Total			150,358

5.9 Findings:

1. Eye problem in Bangladesh is one of the most serious health issues. For this vast population, only 3 social business eye hospitals and fund raising is not sufficient enough to meet up the need.
2. Most of the rural people are not well known about the benefits of it and there comes a credibility issue on the way of its sustainability.
3. The top three factor reported as obstacle of social enterprise financing are limited capital supply, low access to investors having limited network and limited track record.
4. Bangladesh has an acute shortage of physician, nurses, midwives, health technician etc. The deficiency will keep increasing as the population increases. Deficit of trained human resources in the health sector of Bangladesh is a powerful limiting factor for population health.
5. The rural poor people bear the cost of national health expenditure by out of pocket payment or direct.
6. In Bangladesh, social business have no legal status.
7. Around half social enterprise do not report any external funding. Actually, the highest ratio of funding comes from non-returnable capital (donation, grants and undying from family and friends).
8. The expense level has an increasing trend in comparison with the revenue due to its high establishment cost.

5.10 Recommendation

1. Public awareness is a must in this regard. Without this, it is quite difficult for a Social business to create an effective support system. For example, in Finland a national label identifies social enterprises as such raises consumer awareness.
2. Recently, support of private investors has become important to make funding less dependent on public resources.
3. A possible way to encourage social business is an enabling environment providing service and advice along with an opportunity to share ideas in order to handle problems.
4. Those organizations play an important role to facilitate this exchange and cooperation who enable networking among social entrepreneurs.
5. In order to make sure the high success rate of social business education of the entrepreneurs are very much important both in social skills and in business.
6. The difference between government allotment and the vacant position clearly indicates that, Bangladesh has to make greater effort to ensure accessibility to essential health care services.
7. A committee made of so called leaders can never represent a community in a true sense. While talking regarding community participation, Bangladesh health system fails could not make it up according to the reality, a strong leadership from the authority is needed in this regard.
8. The expense level has an increasing trend in comparison with the revenue due to its high establishment cost. Grameen GC eye care hospital should cut few cost to enhance its revenue for sustainability.
9. According to a survey, around 32% of overall social businesses focus on education sector which is needed but the health sector also needs some ray on it because population with a sound health can build a successful nation but only 20% social business works on it which needs to be increased.

5.11 Conclusion

Social commercial enterprise advantages the mass of human beings, it may transform the society right away. Social business is an opportunity for investment with non-monetary returns. By seeing the overall health sector of Bangladesh, it may be fairly stated that Bangladesh faces numerous challenges in its health system. This challenges can be resolved through enhancing the prevailing health gadget, so that, the needy and prone human beings can get smooth get entry to to fundamental health care offerings. Health is the primary human proper and all people has same proper to have identical health popularity. The health sector of Bangladesh definitely needs a leadership that is ready to put into effect and layout evidence primarily based rules and applications. The fitness area have to have a clear and specific imaginative and prescient to enhance each the general public and non-public health quarter of Bangladesh. At ultimate, There are not any quick strategy to this social demanding situations, answer –targeted tactics want to be advanced or developed over time via partnership with key stakeholders.

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