

GRANT PROPOSAL

Ethiopia Health Equity, Bioethics and Teaching Hospital Initiative

A philanthropic, non-profit vision for equitable care, health-professional education and ethical biomedical research

Grant proposal developed by

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Project horizon: phased development through 2035

Prepared for philanthropic, institutional and development-funding partners

1. Executive Summary

Guiding principle: “He who is generous to the poor lends to the LORD” (Proverbs 19:11, as cited in the source proposal). This project expresses that philanthropic commitment through non-discriminatory service and accountable stewardship.

The Ethiopia Health Equity, Bioethics and Teaching Hospital Initiative is a proposed philanthropic, non-profit project based in Addis Ababa, Ethiopia, with a long-term ambition to expand access to essential health services, strengthen health-professional education, and develop an integrated centre for bioethics, nutrition, biomedical research and faith-informed community support. Its priority populations are people experiencing poverty or social exclusion, including street-connected children, orphans, refugees, people with disabilities and households facing financial barriers to care.

The proposal responds to documented challenges in healthcare access, maternal and newborn health, child nutrition, out-of-pocket health expenditure and the social vulnerability of street-connected children. Studies have described persistent inequalities in child mortality, poor access to quality intrapartum care, financial impoverishment linked to healthcare costs and barriers to service use in Ethiopia and the wider region (Quentin et al., 2014; Obse & Ataguba, 2020; Chimdessa, 2022; Negash et al., 2024; Tiruneh et al., 2024).

The long-term vision is to establish a non-profit teaching hospital and medical education platform, complemented by a bioethics and research centre, a nutrition and early-life health programme, a responsibly governed biobanking facility, community/mobile outreach and a spiritual-care and learning centre, with the proposed Henoch Seminary concept subject to feasibility and appropriate institutional and regulatory arrangements. The project will serve people without discrimination on the basis of religion, ethnicity, race, sex, disability, sexual orientation or economic status. Faith motivation may inform the founder's service ethos, but access to care and benefits will be based on need and transparent eligibility criteria.

This document is a fundable concept proposal. The source proposal does not provide a verifiable total budget, completed architectural plans, land documentation, a feasibility study or a regulatory pathway for a teaching hospital and biobank. These are therefore treated as essential start-up deliverables rather than assumed to be completed. A detailed costed budget and construction schedule should be finalized after technical feasibility, site, design, licensing and operating-cost assessments.

2. Project Summary

Item	Description
Project title	Ethiopia Health Equity, Bioethics and Teaching Hospital Initiative
Proposed location	Addis Ababa, Ethiopia; community/mobile outreach may extend to underserved areas subject to feasibility
Project type	Philanthropic, non-profit health service, education and research initiative
Long-term horizon	Phased development through 2035
Lead proposer	Demelash Bezabih Ewnetu, PhD
Primary beneficiaries	Low-income households; street-connected children; orphans; refugees; people with disabilities; underserved women, newborns and children
Core components	Teaching hospital; health-professional education; bioethics and biomedical research; nutrition and early-life health; ethically governed biobanking; outreach; community and spiritual support
Funding request	To be determined after feasibility, site/design, regulatory and cost assessments

3. Background and Rationale

3.1 Health access and financial hardship

Access to timely and appropriate healthcare remains constrained for many low-income households. Research from Ethiopia has described the relationship between poverty, illness and healthcare-seeking behaviour, as well as the financial strain that can arise when families pay directly for medicines and treatment (Asfaw, 2014; Onarheim et al., 2019; Obse & Ataguba, 2020). Studies also identify inequalities in health-service utilization and access among women and young people in East Africa (Bazie & Adimassie, 2017; Tiruneh et al., 2024). The proposed initiative will prioritize affordable, transparent and needs-based access, while building partnerships with existing public and community services.

3.2 Maternal, newborn and child health and nutrition

Maternal and newborn health, undernutrition and early childhood development are central concerns for the proposed programme. Research has documented gaps in access to quality intrapartum care in Ethiopia (Negash et al., 2024), wasting among under-five orphans (Wete et al., 2019), and the intersection of malnutrition and childhood cancer in a clinical sample (Yifru & Muluye, 2015). An umbrella review has also described priority diet-related diseases and nutritional deficiencies relevant to Ethiopia (Bekele et al., 2023). The project therefore proposes to integrate nutrition screening, referral, caregiver education and maternal/newborn services into its future clinical and community model.

3.3 Poverty, exclusion and disability

Poverty is multidimensional and can reinforce poor health, interrupted education and reduced economic security. Reviews of poverty in Ethiopia identify multiple social and structural determinants (Ambisa, 2019), while research on street-connected children in Addis Ababa documents challenges including insecurity, fragmented support networks and unmet basic needs (Chimdessa, 2022). The proposed project will adopt disability-inclusive design and safeguarding standards, and will establish clear referral and support pathways for children and adults experiencing social exclusion.

3.4 Ethical research, biobanking and early-life health

The proposal envisages a future bioethics and biomedical research centre, including a possible biobanking facility and work on nutrition and early-life health. These components require separate technical and regulatory feasibility assessments. Any biobank would need valid informed consent, privacy and data governance, transparent access policies, appropriate sample governance, independent ethics review, and compliance with Ethiopian law and relevant standards before collecting or storing samples. The project will not undertake human-subject research or biobanking before the necessary approvals and infrastructure are in place.

3.5 Spiritual care and holistic support

The proposer describes the initiative as faith-motivated but open to all people. Its holistic approach may include voluntary spiritual care, pastoral support and community learning alongside clinical care. Such services will be optional, respectful of patient choice and separated from eligibility for treatment, education or material assistance. The project will apply the bioethical principles of autonomy, beneficence, non-maleficence and justice as guiding commitments.

4. Overall Goal and Specific Objectives

Overall goal: To improve equitable access to healthcare and health-professional education in Ethiopia through a phased, sustainable, non-profit teaching hospital and an associated centre for bioethics, nutrition and ethically governed biomedical research.

Specific objectives

- Conduct a feasibility and needs assessment covering service gaps, beneficiary priorities, site requirements, costs, staffing, licensing and long-term financial sustainability.
- Develop a phased plan for a non-profit teaching hospital that prioritizes essential, safe and affordable clinical services and referrals.
- Build partnerships and a staged education plan for training health professionals, aligned with national accreditation and workforce requirements.
- Develop a bioethics and research programme, with any biobanking activity conditional on feasibility, governance systems and regulatory approval.
- Integrate maternal, newborn, child-health and nutrition support into clinical services and community outreach.
- Provide disability-inclusive and safeguarding-centred support to street-connected children, orphans, refugees and other eligible underserved groups.
- Create transparent governance, monitoring, financial controls and fundraising systems to support accountable use of philanthropic resources.

5. Relevance and Significance

The project is relevant to efforts to improve access to essential healthcare, reduce avoidable financial barriers, strengthen health-professional capacity and support populations that may be poorly served by existing systems. It brings clinical services, education, research ethics, nutrition and community support into one long-term vision, while recognizing that each component requires staged development and appropriate approvals.

- Health equity: establish a clear, non-discriminatory approach to subsidized care and referral for people who cannot afford treatment.
- Workforce development: prepare a pathway for accredited undergraduate and postgraduate health-professional education, subject to regulatory approval and institutional partnerships.
- Bioethics and research governance: develop local capacity in consent, confidentiality, fair research participation, responsible sample use and ethical oversight.
- Nutrition and early-life care: integrate prevention, screening, caregiver education and referral for maternal and child nutrition needs.
- Community resilience: coordinate with public services, civil society and local organizations to support vulnerable people without duplicating services unnecessarily.
- Inclusive spiritual and psychosocial support: make voluntary, culturally responsive support available while protecting freedom of conscience and equal access.

6. Expected Results and Impact

Level	Expected result	Illustrative indicators
Short term: planning	Feasibility, needs assessment, governance model and phased implementation plan completed.	Assessment completed; site/design and regulatory pathways documented; stakeholder consultations held.

Medium term: partnerships and readiness	Funding partnerships, service agreements, operating policies and education/research governance frameworks developed.	Number of active partnerships; policies approved; funding commitments secured; licensing milestones met.
Long term: service delivery	A functioning non-profit teaching hospital and related services, subject to financing and approvals.	Patients served; proportion receiving subsidized care; referral completion; service quality and patient-experience measures.
Long term: education and research	Accredited training and ethical research capacity established as approvals permit.	Programmes accredited; learners enrolled and graduated; ethics review processes functioning; research outputs produced.
Equity and inclusion	Improved reach to underserved groups through eligibility criteria, outreach and disability-inclusive services.	Beneficiary profile disaggregated by age, sex, disability and vulnerability where appropriate; outreach visits; complaints resolved.

The original concept proposes a future service volume of approximately 150 patient visits per day and education of about 100 students annually. These are aspirational planning figures, not validated forecasts. They should be retained only if a feasibility study confirms demand, staffing, service capacity, accreditation requirements and operating finance. No mortality reduction or population-level health impact can be attributed to the project until services are operational and evaluated.

7. Target Beneficiaries and Equity Commitments

The initiative will prioritize people facing financial or social barriers to healthcare, including:

- Low-income households and people unable to afford essential care.
- Street-connected children and young people, orphans and children at risk.
- Refugees and displaced people, subject to safe and lawful service arrangements.
- People with disabilities and their caregivers.
- Pregnant and postpartum women, newborns and children requiring maternal, child-health or nutrition services.
- Students and health professionals who may benefit from accredited training and mentorship.

Eligibility for subsidized services will be defined through a transparent policy, applied consistently and monitored for fairness. Services will not be conditioned on religious affiliation, participation in worship, or acceptance of spiritual counselling. Child safeguarding, informed consent/assent where relevant, confidentiality and accessible complaints mechanisms will be required.

8. Project Components and Implementation Strategy

Component 1: Feasibility, governance and partnerships

Undertake a documented assessment of population needs, service gaps, competing providers, site and land status, environmental and social risks, construction requirements, recurrent costs, staffing, licensing and accreditation. Establish a governing board or equivalent oversight structure, conflict-of-interest rules, financial controls and a community advisory mechanism.

Component 2: Teaching hospital and clinical services

Develop a phased clinical service plan aligned with Ethiopian health-facility standards. Final service lines, bed capacity, equipment and staffing must be determined by the feasibility study and approved design. Clinical care

should include referral arrangements, quality and patient-safety systems, infection prevention, emergency preparedness, records management and a clear policy for subsidized treatment.

Component 3: Health-professional education

Prepare a pathway for undergraduate and postgraduate education through partnerships with accredited institutions and regulators. The proposed medical college, classrooms, student accommodation, dining facilities and digital library are long-term infrastructure elements; no enrolment or training should begin until accreditation, faculty, clinical placements and student-support requirements are met.

Component 4: Bioethics, research and potential biobanking

Create a bioethics and research capacity-building programme. Before establishing a biobank, commission a separate technical, financial, legal and ethical assessment covering scientific purpose, sample governance, consent, privacy, security, access, benefit-sharing, sustainability and independent oversight. Sample collection and storage will only begin after all required approvals and systems are in place.

Component 5: Nutrition, maternal and child health

Develop screening, nutrition education, caregiver support and referral pathways that complement existing health services. Clinical interventions should be evidence-informed, delivered by qualified personnel and linked to routine monitoring of outcomes and safety.

Component 6: Community outreach and holistic support

Explore mobile outreach and partnerships with community organizations and public facilities to reach underserved groups. Outreach will be designed after local needs and logistics are assessed. Voluntary spiritual care and psychosocial support may be offered separately from clinical decision-making and without discrimination. The original concept also proposes a Henocho Seminary; any such institution would require a separate educational, governance and feasibility plan.

9. Work Plan and Timeline

Phase	Indicative period	Key activities and deliverables
Phase 1: Inception and feasibility	Year 1	Stakeholder mapping; needs assessment; legal/site review; service and workforce analysis; environmental/social screening; preliminary architectural and operating-cost estimates.
Phase 2: Design and resource mobilization	Years 2–3	Finalize master plan and phased business case; establish governance; seek land/site and regulatory clearances; secure funding commitments and partnerships.
Phase 3: Initial service and education readiness	Years 3–5	Subject to funding and approvals: develop priority facilities, recruit leadership and staff, procure essential equipment, build quality systems and formalize accredited education partnerships.
Phase 4: Expansion and research capacity	Years 5–8	Scale approved clinical services; develop bioethics and research capacity; evaluate the feasibility of biobanking; expand outreach and nutrition programming.
Phase 5: Consolidation toward 2035	Years 8–10 and beyond	Assess service quality, financial sustainability and equity; expand only where demand, approvals, staffing and recurrent funding support it.

The timeline is indicative and will be revised after the feasibility study. Construction and operational milestones depend on land/site readiness, design, financing, licensing, accreditation and staffing.

10. Monitoring, Evaluation and Learning

A monitoring, evaluation and learning (MEL) framework will be prepared during inception and aligned to funder requirements. Baseline data will be collected before service targets are finalized. The project will report quarterly on implementation and finance, with annual reviews of progress, risks, equity and learning.

- Inputs and readiness: funding received, expenditure against budget, staffing and procurement milestones, approvals and partnership agreements.
- Service delivery: patient volumes, referral completion, wait times, service mix, patient safety incidents and patient experience after services commence.
- Equity: reach of eligible underserved groups, use of subsidized care, accessibility accommodations and complaints resolution.
- Education and research: accreditation milestones, faculty readiness, learner participation and outputs from approved research activities.
- Sustainability: recurrent cost coverage, diversified funding, audit findings and implementation of corrective actions.

11. Governance, Ethics and Risk Management

Governance and accountability

The project should establish clear oversight responsibilities, documented procurement rules, dual authorization for payments, annual independent financial review/audit, donor reporting, conflict-of-interest declarations and a protected channel for complaints or concerns. Fundraising materials and reports should distinguish confirmed achievements from planned or aspirational outcomes.

Ethical and regulatory safeguards

Clinical services must comply with applicable Ethiopian laws, professional standards and facility requirements. Research involving people, identifiable data or biological materials must receive the required independent ethics review and regulatory approvals before it begins. The project will protect confidentiality, obtain valid consent where required, use data minimally and securely, and avoid coercion or undue influence. Spiritual care will be voluntary. Child protection, disability inclusion and safeguarding will be embedded in policies and staff training.

Key risks and mitigation

Risk	Mitigation
Insufficient or delayed funding	Use phased investment gates; avoid construction or recruitment commitments before funds are secured; diversify donors and partners.
Land, design or licensing delays	Complete due diligence and regulatory mapping early; obtain professional architectural and engineering advice.
Unsustainable recurrent costs	Develop a multi-year operating model, transparent subsidy policy, referral partnerships and realistic staffing assumptions.
Shortage of qualified staff	Build institutional partnerships, staged recruitment and retention plans; align training plans with accreditation requirements.
Biobank ethical, legal or	Treat biobanking as a separate feasibility and approval decision; implement

technical risk	consent, privacy, sample security and independent governance before launch.
Exclusion or perceived religious discrimination	Publish non-discrimination and eligibility policies; provide accessible complaints channels; audit beneficiary access and outcomes.

12. Sustainability and Partnership Strategy

Sustainability will depend on a combination of philanthropic contributions, institutional partnerships, grants, in-kind support and carefully governed income-generating activities consistent with the non-profit mission. Any earned income will be transparently accounted for and reinvested in approved services. The project should pursue partnerships with public health authorities, accredited educational institutions, hospitals, research institutions, civil society organizations and community groups. A sustainability plan must model capital costs, staffing, maintenance, utilities, medicines, equipment replacement, insurance, compliance and the ongoing cost of subsidized care.

13. Budget Framework and Justification

The source proposal refers to a total budget but does not provide a complete, auditable amount or line-item costing. To avoid inventing financial figures, this version presents a budget framework for completion after feasibility, engineering/design, service planning and supplier quotations. The final grant submission should state the requested amount, currency, period, unit costs, assumptions, taxes/import costs, contingency and any co-funding.

Budget category	Items to cost	Basis/justification
Feasibility and project preparation	Needs assessment, legal and land due diligence, architectural/engineering studies, environmental and social screening, business plan.	Required to establish scope, cost, risks and regulatory readiness.
Land and infrastructure	Site/lease, design, construction, utilities, accessibility, safety and waste management.	Major capital costs; require approved plans and local quotations.
Clinical equipment and supplies	Diagnostic and treatment equipment, furniture, initial consumables, maintenance and calibration.	To be based on the approved service package and equipment list.
Education infrastructure	Teaching rooms, library/digital resources, learning equipment, student support facilities.	Conditional on accredited education model and projected enrolment.
Human resources	Clinical, academic, technical, administrative, support and safeguarding staff.	Use approved staffing plan, salary scales and phased recruitment.
Bioethics/research and potential biobank	Research governance, ethics review, secure data systems, sample storage and quality systems if approved.	Separate feasibility and approval required before any biobanking activity.
Community outreach and nutrition	Outreach transport, screening/education materials, referrals, accessibility and beneficiary support.	Costed against target geography and service design.
Monitoring, audit and administration	MEL, financial audit, reporting, insurance, communications and contingency.	Supports accountability and funder compliance.

Budget completion checklist: (1) obtain a site and design estimate; (2) develop capital and recurrent budgets separately; (3) include procurement, taxes and import costs where applicable; (4) state unit costs and quantity assumptions; (5) identify in-kind contributions and co-funding; (6) define contingency according to funder rules; and (7) link every budget line to a work-plan activity and output.

14. Applicant and Project Leadership

The proposal is developed by Demelash Bezabih Ewnetu, PhD, affiliated with St Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia. The proposer brings a stated interest in health, bioethics, community service and faith-informed philanthropy. The scale of the proposed institution will require a multidisciplinary leadership team with demonstrated expertise in hospital planning and operations, clinical governance, medical education, finance, construction, biomedical research, ethics, safeguarding and community engagement. These roles should be appointed or formally partnered before implementation proceeds beyond the feasibility phase.

15. Conclusion and Funding Invitation

The Ethiopia Health Equity, Bioethics and Teaching Hospital Initiative presents a long-term philanthropic vision to improve equitable access to care, support vulnerable communities, strengthen health-professional education and develop responsible bioethics and research capacity. Its ambition is substantial; responsible implementation therefore requires a staged approach, transparent governance, a validated budget, technical feasibility, regulatory approval and partnerships with established institutions. Philanthropic and development partners are invited to support the initial feasibility and planning phase, which will generate the evidence, costings and governance arrangements needed for informed investment in later phases.

References

- Ambisa, Z. (2019). Review on the Current Status of Poverty and Its Determinants in. *Journal of Poverty, Investment and Development*, 50, 44–56. <https://doi.org/10.7176/JPID>
- Asfaw, A. (2014). How poverty affects the health status and the health care demand behaviour of households? The case of rural Ethiopia. <https://www.researchgate.net/publication/238757464>
- Bazie, G. W., & Adimassie, M. T. (2017). Modern health services utilization and associated factors in North East Ethiopia. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0185381>
- Bekele, T. H., Trijsburg, L., Brouwer, I. D., de Vries, J. H. M., Covic, N., Kennedy, G., Alemayehu, D., & Feskens, E. J. M. (2023). Dietary recommendations for Ethiopians on the basis of priority diet-related diseases and causes of death in Ethiopia: An umbrella review. *Advances in Nutrition*, 14(4), 895–913. <https://doi.org/10.1016/j.advnut.2023.05.005>
- Chimdessa, A. (2022). Initiation into the street, challenges, means of survival and perceived strategies to prevent plights among street children in Addis Ababa, Ethiopia 2019: A phenomenological study design. *PLOS ONE*, 17. <https://doi.org/10.1371/journal.pone.0272411>
- Lumpkin, J. B. (2010). The universal Bible of the Protestant, Catholic, Orthodox, Ethiopic, Syriac, and Samaritan Church.
- Negash, W. D., Asmamaw, D. B., Wassie, G. T., Azene, A. G., Eshetu, H. B., Terefe, B., Muchie, K. F., Bantie, G. M., Bogale, K. A., & Belachew, T. B. (2024). Less than one in four mothers get quality intrapartum health care services in Ethiopia. *Scientific Reports*. <https://doi.org/10.1038/s41598-024-54506-x>
- Obse, A. G., & Ataguba, J. E. (2020). Assessing medical impoverishment and associated factors in health care in Ethiopia. *BMC International Health and Human Rights*.

- Onarheim, K. H., Sisay, M. M., Gizaw, M., Moland, K. M., Norheim, O. F., & Miljeteig, I. (2019). Selling my sheep to pay for medicines – household priorities and coping strategies in a setting without universal health coverage. BMC Health Services Research.
- Quentin, W., Abosedo, O., Aka, J., Akweongo, P., Dinard, K., Ezeh, A., & Hamed, R. (2014). Inequalities in child mortality in ten major African cities.
- Tiruneh, M. G., Fenta, E. T., Endeshaw, D., Eshetu, H. B., & Adal, O. (2024). Six in ten female youths in low-income East African countries had problems in accessing health care: A multilevel analysis of recent demographic and health surveys. BMC Health Services Research.
- Wete, A. T., Zerfu, T. A., & Anbese, A. T. (2019). Magnitude and associated factors of wasting among under-five orphans in Dilla town, southern Ethiopia: 2018: A cross-sectional study.
- Yifru, S., & Muluye, D. (2015). Childhood cancer in Gondar University Hospital, Northwest Ethiopia. BMC Research Notes. <https://doi.org/10.1186/s13104-015-1440-1>