



Namaste Gumda Switzerland
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Project to build a health centre (dispensary) in Kerauja, Darche 2, Gorkha, Nepal



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Introduction

The Kerauja Health Post is the only public health facility serving approximately 3,200 residents in Ward 2 of the rural municipality of Darche (Gorkha). Over the past ten years, the local population has grown significantly, putting pressure on an already inadequate infrastructure and making it essential to expand healthcare capacity.

The current facility operates in a temporary prefabricated building installed after the 2015 earthquakes. After eleven years of use, this structure has far exceeded its expected lifespan and is now in a state of significant disrepair: recurring leaks, gradual subsidence of certain sections, faulty thermal insulation, corrosion of metal components and general material fatigue. This deterioration compromises the safety of patients, staff and medical supplies, and makes it impossible to maintain a reliable clinical environment.

The rooms are too small and poorly laid out to properly provide consultations, maternal care or emergency treatment. The internal layout combines outpatient consultations, administration, prenatal and postnatal care, childbirth and staff accommodation in cramped spaces, creating risks of cross-contamination and failing to guarantee patient privacy or adequate working conditions. A small secondary building, located about 15 metres away, is used informally for consultations or storage, but its undefined role contributes to the fragmentation of services.

Nearby, a community hall is used for health education, mothers' group meetings, prenatal consultations and training for local health workers. This space supports community mobilisation, but does not compensate for the structural limitations of the health centre.

Findings such as the advanced deterioration of the building, the saturation of space, population growth and the dispersion of services demonstrate that the current health centre is no longer able to meet the needs of a rapidly expanding population. The construction of a permanent, larger and better-designed structure is now essential to ensure safe, dignified and truly appropriate care for this isolated community.



1 Values, purpose and objectives of the 'association

1.1 Values

Namasté Gumda believes that all human beings are entitled to a minimum standard of living. We defend the principle of distributing the world's wealth, reducing poverty, and providing access to education and healthcare.

It is essential for us to involve the beneficiary populations in the development process and in the implementation of our projects, because by involving them, they will feel fully engaged. We want the men and women of the community to be responsible in most cases for the evaluation, decision-making and management of the projects we finance.

1.2 Goal

Our primary goal is to meet the needs of local communities in Nepal by providing support for infrastructure, educational and social projects.

Many NGOs from numerous Western countries are present in Nepal, and coordinating them is no easy task. For this reason, we are establishing numerous contacts with them in order to avoid duplication as much as possible.

Although the political situation in Nepal is difficult and subject to rapid change, it is important for us to obtain the acceptance and authorisation of the local authorities when necessary, as without their consent, our long-term action would be compromised.

To support us in these efforts, we can count on the help and commitment of our local partners, who are fully aware of the needs and coordinate our activities on the ground.

1.3 Objective

Our goal is to improve the social and infrastructural life of villages. To do this, we carry out projects related to family and public life, education and health. Each project we fund must meet criteria such as usefulness, cost, deadlines and follow-up, to name just a few. They must also correspond to a real need and bring added value to the population and the community.

Requests from our local partners are analysed and approved by the association's committee. If they meet our criteria, the project process is then initiated.

2 Location

2.1 Location

The village of Kerauja, district no. 2, rural municipality of Darche, Gorkha district, Gandaki province, Nepal, is located at an altitude of 2,130 metres in the foothills of the Himalayas. (Appendix 2)

Kerauja serves as the main service centre for several isolated localities in the ward. Its central location makes it the most effective site for a permanent Basic Health Service Centre (BHSC).

2.2 Local population

Kerauja District No. 2 has a population of approximately 3,200, all of whom depend exclusively on the local health post for last-resort medical services. No other health facility is accessible within a reasonable distance, placing the community in a situation of high health vulnerability.

2.3 Distribution by age and vulnerable population groups

The demographic profile of District 2 indicates a high density of citizens at significant medical risk:

- Children under 5 years of age: approximately 500.
- Elderly people (aged 65 and over): approximately 300.
- Pregnant women: approximately 15 to 30 pregnancies per year.

2.4 Strategic impact note

In the high-altitude regions of Nepal, neonatal mortality rates remain a significant challenge. This demographic profile justifies the design of a specialised facility that prioritises maternal and child health (MCH) and geriatric support in order to address profound health inequalities.

2.5 Distance and accessibility to health care centres

The nearest referral facility is the eight-bed hospital in Khorla Besi, but getting there is a real challenge. To reach this health centre, residents must walk three hours downhill on steep, uneven terrain; while the descent is arduous, the return uphill is often impossible for pregnant women, the elderly or patients with respiratory distress. Access to vehicles remains very limited, as the only link to the Machhakhola market is via a pedestrian suspension bridge. Although a road suitable for vehicles has been built in the neighbouring district, it is several dozen kilometres away and is not always passable, which greatly reduces its usefulness for medical emergencies.

2.6 Seasonal access and geographical isolation

Kerauja suffers from extreme isolation, especially during the monsoon season, when landslides cut off access and suspend transport. The only alternative road, which is long and poorly maintained, is only passable during the dry season and does not allow for emergency evacuation. In addition to this seasonal fragility, the village is highly exposed to earthquakes, which can sever its rare connections with the outside world at any time.

In this veritable "geographical dead end", walking three hours along a trail becomes an insurmountable obstacle to accessing essential healthcare. Building a permanent healthcare facility that is climate-resistant and adapted to natural hazards is the only sustainable solution to guarantee access to emergency care for the region's 3,200 marginalised inhabitants.

3 Current health situation in

This section details the specific medical challenges facing Kerauja and the structural deficiencies of the existing facility that prevent the provision of safe and dignified care.

3.1 Main pathologies encountered in the community

The disease profile in District 2 reflects a combination of environmental stressors and limited preventive care:

- **Acute illnesses:** high prevalence of **upper respiratory tract infections (URTI)**, bronchitis, seasonal influenza, diarrhoeal diseases and skin infections.
- **Chronic/non-communicable diseases (NCDs):** high rates of hypertension and chronic respiratory problems, largely exacerbated by indoor air pollution from traditional cooking methods.
- **Maternal and neonatal:** persistent complications related to unsupervised home births and high rates of prenatal anaemia.
- **Development outlook:** The lack of local treatment for NCDs and maternal care increases households' vulnerability to health-related financial shocks, which remain one of the main factors contributing to poverty in rural Gorkha.

3.2 Infant mortality rate and maternal

- **Local situation:** Currently, no official records are kept at the temporary health post. This lack of data hinders the implementation of evidence-based care and masks the true extent of local mortality.
- **Regional context:** In the mountainous regions of Nepal, the neonatal mortality rate (NMR) remains alarming, with 46 deaths per 1,000 births, rivalling the most disadvantaged regions of sub-Saharan Africa.
- **Strategic need:** A permanent structure is needed to establish a reliable **health information system** to monitor and reduce maternal mortality, which stands at 151 per 100,000 live births nationally.

3.3 Current access to emergency care

The inhabitants of Kerauja have virtually no access to vital stabilisation care. In situations of severe trauma or obstetric emergency, the "**golden hour**" – the critical first hour during which adequate care greatly increases the chances of survival – is systematically exceeded. The journey to the nearest hospital takes more than three hours, depending on the condition of the roads.

Under these conditions, a woman in labour experiencing complications or a seriously injured patient must undertake a long and arduous journey, too often turning a treatable condition into a fatal outcome. The lack of immediate stabilisation care thus makes distance and transport time the main factors in preventable mortality in the region.

3.4 Availability of health care personnel

The project is currently ready in terms of staffing, as personnel have already been assigned to the service. Six government-approved staff members are currently working in Kerauja:

- 1 health assistant (HA)
- 2 health assistants (AHW)
- 2 auxiliary midwife nurses (ISA)
- 1 office assistant

Commitment: this team is currently operating from the temporary unit and is fully committed to transitioning to the new permanent premises once they are completed.

3.5 Existence of a temporary structure (prefabricated ' ')

Health services are currently being provided in a temporary prefabricated house built as an emergency measure after the 2015 earthquake.

- **End of life:** prefabricated units of this type have an expected lifespan of 8 to 10 years.
- **Structural failure:** after 11 years of use, the structure shows significant fatigue, with roof leaks, poor thermal regulation and cracked or broken plaster walls. This deterioration compromises the vaccine cold chain and prevents the maintenance of a sterile clinical environment.

4 Justification for the project

This section defines the critical problems that the proposed project will solve and the strategic impact that the new facility will have on the 3,200 inhabitants of Kerauja.

4.1 Priority problems that the health centre must solve

- **Eliminating the "geographical trap":** the main objective is to break down the physical barrier created by the more than three hours of arduous descent through the mountains to reach the nearest hospital in Khorla Besi. This distance currently prevents stabilisation during the "golden hour" for trauma and obstetric emergencies, making localised care a matter of survival.
- **Replacing obsolete infrastructure:** this project will enable the transfer of services from an 11-year-old temporary prefabricated building that has exceeded its expected lifespan. The new health centre will be a permanent structure, resistant to earthquakes and bad weather, and will comply with modern federal standards.
- **Securing the medical supply chain:** the centre will provide a structurally sound, temperature-controlled environment for the storage of essential medicines and vaccines. Currently, the poor insulation of the prefabricated building jeopardises the cold chain for vaccines during the extreme seasonal changes in the Gorkha region.

4.2 Expected impact on public health

- **Maternal and neonatal survival:** the facility is designed to increase the rate of hospital births to 100%. By providing a safe and accessible delivery centre, the project directly addresses the regional neonatal mortality rate (NMR), which stands at 46 deaths per 1,000 live births, one of the highest in the region.
- **Management of chronic diseases:** the facility will enable early diagnosis and management of hypertension and chronic respiratory diseases (bronchitis/URTI), which are common due to indoor air pollution and altitude-related stress factors.
- **Transforming health behaviours:** a permanent, dignified facility builds community confidence in the public health system. This encourages residents to seek early intervention for childhood illnesses and prenatal care rather than waiting for emergencies.

4.3 Official request from the community

The construction of the clinic has clear institutional support, as it directly responds to an official request made in the minutes of the citizens' assembly (Nirnaya Patra) of Darche Ward No. 2. The project is also supported locally by the Health Facility Management and Operation Committee (HFOMC) and the network of female community health volunteers (FCHV), ensuring strong local ownership, active participation and shared responsibility for the future infrastructure.

4.4 Alignment with the priorities of local authorities and provincial authorities

- **Constitutional mandate:** the project complies with Article 35 of the Nepalese Constitution, which guarantees every citizen the fundamental right to free basic and emergency health services.
- **Alignment with national policy:** it supports the 2019 national health policy and the Gandaki Province health strategy, which impose the principle of "one neighbourhood, one health centre" in order to guarantee universal health coverage.
- **Building back better:** the project follows federal mandates to replace temporary shelters intended for post-earthquake reconstruction with permanent, climate-resilient reinforced concrete (RCC) infrastructure.

4.5 Emergencies or risks in the absence of medical infrastructure

- **Avoidable mortality:** without this facility, women remain at extreme risk of death from postpartum haemorrhage or labour obstruction during the long journey to a referral hospital.
- **Public health vulnerability:** there is a constant risk of vaccine deterioration or undetected epidemics, as the current temporary structure cannot protect medical supplies or provide a sterile clinical environment.

5 Land issues and legal

This section documents the legal security of the site and the technical logistics required to maintain a medical supply chain and emergency evacuation routes in a high-altitude, disaster-prone environment.

5.1 Precise location of the proposed site

- **Site identification:** construction will take place on the existing site of the Kerauja health centre.
- **Location:** Kerauja village, Ward 2, Darche Rural Municipality, Gorkha.
- **Strategic centrality:** This site serves as the primary service centre for 3,200 residents. It is the only viable location for providing 'last mile' healthcare, ensuring that services are located where the community already seeks care.

5.2 Legal status and property

- **Type of property:** The site is public land owned by the government, officially designated for health services.
- **Documentation:** The land ownership certificate (Lalpurja) has been obtained. (Appendix 5)
- **Registration:** The land is officially registered in the name of the Kerauja Health Centre.
- **Technical aspect:** registering the land directly in the name of the healthcare facility ensures that it remains a permanent part of the national healthcare system. This legal clarity protects capital investment against potential future disputes and guarantees local sustainability, under the leadership of the government.

5.3 Accessibility and logistical

Vehicle accessibility is the most critical challenge for this project. The facility is currently located in a "geographical trap" where a journey of more than three hours to the nearest hospital is an insurmountable obstacle to emergency care. To overcome this, the project uses two separate operational routes:

- **Route 1 (emergency link):** this route connects the village to the Machhakhola road via a suspension footbridge. Although it is reserved for motorcycles and stretchers, it is the main artery for the rapid transfer of patients to ambulances waiting at the entrance to the road.

- **Route 2 (supply chain and construction):** the new alternative road through neighbourhood No. 6 (Kashi Gaun) allows heavy loads to be transported. This route is essential for transporting medical supplies and construction materials (sand, cement, aggregates) using local tractors, which are the only vehicles strong enough for this terrain. Unfortunately, this access is regularly cut off due to rockfalls or landslides.
- **Universal access integration:** the building design includes ramps suitable for stretchers and wide doors. This ensures that patients transported from remote locations can be safely transferred to the facility for stabilisation.

6 Design and functionality requirements

This section details the architectural and clinical requirements for the new facility, to ensure that it meets updated standards for a health post and effectively addresses the "geographical trap" that currently hinders local emergency care. Please note that the missing medical items will be funded by the municipality. This is specifically mentioned in the letter from the municipality attached to this file.

6.1 Room layout (single-storey design with 8 rooms)

The facility will comply with Nepalese Health Infrastructure Development Standards (NHIDS), adapted to a single-storey reinforced concrete (RCC) structure in order to maximise stability in an area with high seismic activity (zone V). To ensure continuity of clinical care, the layout includes eight specialised rooms:

- **Delivery room (with airlock):** this room is the clinical priority. The integrated airlock allows for immediate decontamination of instruments and management of biological waste, ensuring high standards of infection prevention and control (IPC), which is currently impossible in the temporary prefabricated building.
- **Prenatal/postnatal/vaccination room (with en-suite bathroom):** by including a dedicated en-suite bathroom, the design prioritises patient privacy and dignity. This room serves as a centre for skilled birth attendance (SBA) and preventive maternal care, with the aim of increasing the rate of facility-based deliveries to 100%.
- **Emergency/intervention/dressing room:** located near the main entrance, this room allows for the rapid stabilisation of trauma cases (victims of falls or landslides) before their transfer to the hospital at the bottom of the mountain.
- **Outpatient consultation room:** main workspace for general outpatient services, early diagnosis of non-communicable diseases (NCDs) and treatment of respiratory infections.
- **Pharmacy/dispensary/medical store:** a secure area with a dispensing counter overlooking the waiting room to manage patient flow and ensure the safe distribution of essential medicines provided by the government.
- **Autoclave and sterilisation room:** an essential addition to ensure that all clinical tools meet sterilisation standards, thereby preventing nosocomial infections.
- **Administration/registration/office:** a dedicated space for six staff members to manage patient records and use the e-LMIS digital reporting system.
- **Clean linen and equipment storage:** ensures that medical supplies and sterile linen are protected from environmental degradation.
- **Sanitary infrastructure:** In order to maintain hygiene, a new outdoor sanitary block will be built near the building. Although two old sanitary blocks currently exist on the site, the new block is necessary to meet the increased capacity and sanitary requirements of a permanent facility.

6.2 Need for accommodation for health centre staff

The outbuildings of the health centre, currently used for secondary tasks, will be repurposed for housing and the needs of health personnel. This reorganisation will ensure a continuous medical presence and improve working conditions for healthcare workers.

6.3 Priorities of the municipality and the community

The rural municipality has identified mobility and accessibility as a top priority for the hilly terrain of Kerauja:

- **Wheelchair access:** essential for the **universal design** of the single-storey building, enabling the safe transport of elderly or disabled patients from the main access ramp to the consultation and treatment rooms.

6.4 Essential elements missing (gaps to be filled immediately)

The following equipment list combines federal requirements and locally identified gaps to ensure clinical efficiency and patient safety in the new permanent building.

The purchase of this equipment will be provided by the municipality of Kerauja.

- **Heating to maintain the temperature of the delivery room:** an essential element for survival in the harsh winters of Gorkha. Newborns are very sensitive to hypothermia; dedicated heating ensures a safe thermal environment for births.
- **ANC/PNC examination bed:** a specialised bed for the private maternity wing to carry out thorough prenatal and postnatal examinations.
- **Bedside trolleys:** necessary in the antenatal and postnatal care ward to allow hospitalised patients to keep their personal belongings and medical supplies close at hand.
- **Privacy screens:** essential for ensuring **the dignity of** patient care in multi-bed rooms or outpatient departments, they provide visual privacy during examinations.
- Equipment for efficiency and safety

To make the **delivery room** operational in accordance with modern infection prevention and control (IPC) standards, the following items are essential:

- **Autoclave for sterilisation:** the "heart" of the clinical wing. It ensures the sterility of all surgical, suture and dressing kits, thus preventing nosocomial infections.
- **Large and medium sterilisation drums:** for the organised storage and transport of sterile linen and instruments.
- **Modern delivery bed:** ergonomically designed for safe labour and delivery.
- **Foetal Doppler:** for accurate monitoring of the foetal heart rate, an essential tool for the 24/7 maternity ward.

6.5 Use of basic equipment

The healthcare staff already working in Kerauja currently use the following basic tools, which will be transferred to the new facility to ensure continuity of service:

- **Diagnostic tools:** blood pressure monitors, digital thermometers and pulse oximeters.
- **Maternal health:** existing Doppler and autoclave (to be supplemented with new equipment).
- **Emergencies and minor procedures:** complete dressing kits and suture kits for trauma stabilisation (falls/landslides).
- **Operational aids:** timers to monitor breathing and heart rate.

7 al resources

The staffing and professional development framework for the Kerauja health post has been established to ensure the delivery of high-quality services that are fully integrated into Nepal's federal health infrastructure. By aligning with national standards, this project ensures that the physical infrastructure is immediately supported by a skilled workforce funded by the government.

7.1 Staff alignment with national guidelines

The Kerauja Health Post is staffed in strict accordance with national guidelines defining the personnel required for municipal health facilities. In order to meet federal service standards, the government has authorised the establishment of a multidisciplinary team of six licensed positions that are already in place in the village:

- **Health Assistant (HA):** acts as clinical manager and facility manager.
- **Nurse midwives (ANM):** focus on maternal and neonatal care, providing skilled obstetric care 24 hours a day, 7 days a week, once the on-site accommodation is completed.
- **Health assistants (AHW):** responsible for outpatient services, emergency stabilisation and management of non-communicable diseases (NCDs).
- **Administrative support:** manages facility maintenance and non-clinical logistics.

This team is also supported by a network of female community health volunteers (FCHVs), who are the primary link for community health promotion and referral of pregnant women.

7.2 Recruitment and sustainability Financial

Under Nepal's decentralised federal system, these agents are recruited and managed directly by the rural municipality of Darche.

- **Decentralised funding:** although funding comes from the federal level, approximately **32.2% % of the national health budget** is transferred to local governments, ensuring that salary management and staff accountability remain at the municipal level.
- **Formal security:** in order to protect the capital investment, a formal letter of commitment has been obtained from the mayor of the rural municipality of Darche. This document guarantees the permanent assignment of all approved staff and the continued funding of their salaries from the municipality's recurrent budget.

7.3 Written commitment from the local authority for the assignment of staff

The municipality of Dharche confirms its firm commitment to ensuring the provision of qualified staff for the future Kerauja health centre. In accordance with current national policies, it guarantees the assignment of duly trained health professionals, including nursing staff, health assistants and, in accordance with government standards, additional medical staff when required. The municipality will cover all their salaries, allowances and benefits, as defined by the regulations of the Ministry of Health. This commitment is not limited to the opening phase of the health centre: the municipality is committed to maintaining a continuous and sufficient presence of staff, ensuring that the necessary replacements, rotations or recruitments are carried out without interrupting the service.

In its email of 30 January 2026, the municipality of Kerauja confirmed in writing that this staffing and the associated financial costs will be included on a recurring basis in the annual operating budget. This written confirmation provides an additional guarantee of the sustainability of the human resources essential to the proper functioning of the health centre.

7.4 Professional development and targeted training

In order to ensure that staff can provide comprehensive "last mile" care, the following government-standardised training courses are a priority for the team:

- **Skilled Birth Attendant (SBA) training:** essential for ANMs to manage deliveries and identify life-threatening complications in remote mountainous areas.
- **Medical abortion (MA) training:** to provide safe and legal reproductive health services at the local level.
- **Nutrition training:** focused on combating maternal anaemia and improving paediatric health outcomes.
- **Community-based integrated management of neonatal and childhood illnesses (CB-IMNCI):** a set of essential measures to treat common childhood illnesses such as pneumonia and diarrhoea.
- **Electronic Health Management Information System (EHMIS) training:** to enable real-time digital reporting, ensuring that health posts are synchronised with the national surveillance framework.

7.5 Description Strategic

- **Systemic absorption of recurring costs:** all long-term operational expenses, including salaries for the six sanctioned staff members and the purchase of essential medicines, are **absorbed 100%** by existing public systems.
- **Filling the funding gap:** by financing the one-off investment cost of a permanent reinforced concrete (RCC) structure, the donor resolves a critical infrastructure crisis. This allows the government to focus its resources on providing sustainable services for decades to come.
- **Institutional sustainability:** Once completed, the facility is handed over to the municipality. Its continued operation is mandated by the Local Government Operations Act, which enshrines health services in the municipal budget and protects the facility from future political or economic shocks.

8 Budget and contribution

8.1 Contribution from local authorities

While the rural municipality of Darche supports the integration of the project into the national health system, its immediate contribution focuses on land assets and the absorption of recurring costs:

- **Provision of land:** the municipality has officially allocated a plot of land designated for the Kerauja health post.
- **Legal status:** the land ownership certificate (Lalpurja) has already been obtained and registered directly in the name of the Kerauja health post, thus guaranteeing the permanent legal security of the investment.
- **Staff and salaries:** The municipality has committed to long-term funding for the six authorised staff members and to providing essential medicines.
- **Financial constraint:** No additional financial assistance for site preparation (such as levelling or perimeter walls) is currently available from local authorities; these costs must be included in the construction budget.

8.2 Contribution from the community

Community participation focuses on logistical support and labour:

- **Available labour force:** District No. 2 has a sufficient pool of skilled and unskilled labour that can be hired to carry out construction work and material handling.
- **Local materials:** Basic construction materials such as sand and stone are not available free of charge and must be purchased at market prices from local suppliers or transported from the Machhakhola market area.

8.3 Expectations of the international NGO partner

Funding for the entire eight-room building, including site preparation, earthquake-proof levelling and reinforced concrete construction (RCC), is provided by the NGO Namaste Gumda.

The municipality of Darche 2 plans to finance the purchase of the equipment needed to run the clinic. However, in the event of financial difficulties, the international NGO partner may be asked to cover the shortfall and provide the missing equipment mentioned in point 6.4.

At this stage, this equipment is not included in the construction budget. However, its cost is estimated at CHF 3,000.

8.4 Monitoring and verification of standards

In order to ensure that the facility complies with the National Building Code (NBC) 202-2024 and federal clinical requirements, the following monitoring mechanism is in place:

- **Verification authority:** the district office will serve as the primary monitoring body for the construction site located in Kerauja.
- **Quality assurance:** Technical representatives from the neighbourhood office and the rural municipality's engineering department will conduct site visits to verify that the work complies with the design specifications.

8.5 Construction budget

The estimate provides for a construction cost of NPR 11,413,392.68, or at the current exchange rate of 1 February 2026 (equivalent to NPR 180 for CHF 1), CHF 61,693.47 distributed as follows:

Item	Amount NPR	Amount in CHF
Civil engineering	NPR 7,902,516.18	CHF 42,716.30
Electrical installation	NPR 420,537.68	CHF 2,273.18
Plumbing	NPR 841,075.36	CHF 4,546.35
Carpentry	NPR 508,137.45	CHF 2,746.69
Contingencies related to construction (5%)	NPR 483,518.33	CHF 2,513.61
VAT (13%)	NPR 1,257,407.67	CHF 6,796.80
Subtotal	CHF 11,413,292.68 NPR	CHF 61,693.47, rounded to CHF 62,000
Change in exchange rate (5%)		CHF 3,100, rounded to CHF 3,000
	Total	CHF 65,000

We must also take into account unforeseen circumstances outside the construction site. Although the exchange rate has been favourable for several years, the global geopolitical context remains unstable and a reversal of the trend could occur, with a direct impact on the final cost of the project. As a precaution, we are therefore incorporating a potential increase margin of +5%, in addition to the contingencies already included in the construction costs. This approach ensures realistic financial planning and protects the project against unforeseen economic fluctuations.

8.6 Plan Funding

Funding is the key factor in the implementation of our projects. At this stage, we are able to guarantee CHF 10,000, mainly from surpluses generated by a favourable exchange rate during our previous operations in Nepal. This amount represents our initial and secure contribution to the launch of the project.

Our other sources of funding come from private donors, members of the association and institutional donors approached through targeted requests. Thanks to the experience gained from our previous projects, we now have a clear understanding of fundraising mechanisms and the amounts that can usually be raised.

On this basis, we are able to draw up the following provisional financing plan, based on our own funds, local public contributions and potential support from international partners.

Position	Source	Amounts
Equity	Assets	CHF 10,000
Public funds	Local authorities, canton	CHF 15,000
Private funds	Individual donations, foundations, associations, companies.	CHF 40,000
	Total	CHF 65,000

9 Sustainability and building maintenance

9.1 Building maintenance plan

Responsibility for maintaining the health centre is shared between the Health Facilities Management and Operations Committee (HFOMC) and the rural municipality of Darche. The HFOMC will identify maintenance needs and oversee minor maintenance work, while the municipality will provide the resources and technical support necessary for major repairs.

9.2 Planned annual budget for maintenance

Funding for maintenance will be provided through the municipal budget process. The HFOMC will submit an annual maintenance proposal to the Rural Municipality of Darche, which will allocate the necessary funds from its health sector grants and municipal resources.

9.3 Medical stock management and pharmaceutical

A systematic supply chain will ensure the constant availability of essential medicines:

- Integration into the government supply chain: the health post will be fully integrated into the government's national logistics system for the automated ordering and delivery of free essential medicines and vaccines.
- Local stock management: the health post manager will be responsible for stock management using the government's digital reporting platform to prevent shortages.

9.4 Community participation in health post management

The facility will be managed by the Health Facility Management and Operation Committee (HFOMC), mandated by law, which includes representatives from the neighbourhood office, health workers, female community health volunteers (FCHVs) and local citizens to oversee the quality of services and maintenance of facilities.

9.5 Long-term strategy to ensure the sustainability of services

A multifaceted strategy ensures that the facility remains a permanent, high-quality health service centre:

- Institutional integration: Once completed, the facility will be officially registered as a municipal asset in the health sector. All long-term operational responsibilities for staffing, drug supply and funding will be permanently transferred to the Nepalese government at the local level, as guaranteed by binding commitments from the Darche Rural Municipality.
- Continuity of capacity: the municipality will facilitate the ongoing training of health post staff through standard government programmes in order to maintain clinical service standards.
- Namaste Gumda Switzerland's role ends after the construction and handover of a fully equipped and functional facility, thus ensuring long-term operational independence.

10 Risk management

The project involves several major risks related to Kerauja's geographical, climatic, technical, political and organisational context. The mountainous environment presents natural soil instability, variable quality of locally available materials and limited availability of skilled labour, all of which could affect the quality and durability of the work. Added to this are challenging climatic conditions: monsoons, landslides and trail closures can disrupt the schedule, hinder access to the site or damage infrastructure under construction. The village's isolation also increases logistical risks, with delays in supplies, fluctuations in transport costs and possible stock shortages among regional suppliers.

In addition to these constraints, there is a growing political risk linked to upcoming national and local elections. Nepal is going through a period of institutional instability, marked by frequent changes in leadership and tensions between parties. These dynamics may influence administrative continuity, the speed of authorisations or the availability of public resources. Furthermore, the emergence of a politically active Generation Z, which is very active in social movements and local protests, may lead to unpredictable mobilisations, changes in community priorities, or pressure on local authorities. Although these dynamics may also encourage greater citizen participation, they represent a factor of uncertainty that must be taken into account in planning.

Financially, the budget remains sensitive to fluctuations in material prices and the NPR/CHF exchange rate, which may affect the final cost of the project. Finally, there are social and organisational risks, particularly in relation to coordination between local authorities, the distribution of responsibilities and communication between stakeholders. Working conditions at altitude, the sometimes dangerous terrain and limited access to personal protective equipment also pose safety risks for workers. All these factors require rigorous planning, enhanced technical supervision and proactive management of unforeseen events.

10.1 al SWOT analysis

In the context of the Kerauja construction project, SWOT analysis is a strategic tool for systematically assessing all internal and external factors that could influence the project's success.

Strengths	Weaknesses
<ul style="list-style-type: none"> • The NGO has solid experience in the region and good knowledge of the field. • Established relationships with the authorities and the community. • Ability to raise funds and attract donors. • Positive reputation facilitating local support. 	<ul style="list-style-type: none"> • Variable quality of local materials. • Limited skilled labour. • Complex logistics due to the village's isolation. • Budget sensitivity to fluctuations in the NPR/CHF exchange rate.
Opportunities	Threats
<ul style="list-style-type: none"> • Sustainable strengthening of health infrastructure. • Growing involvement of Generation Z in community initiatives. • Possibility of additional international partnerships. • Promotion of the project to donors thanks to its social impact. • Improved local resilience to health risks. 	<ul style="list-style-type: none"> • Political instability linked to upcoming elections. • Climate risks: monsoon, landslides, access disruptions. • Supply delays, fluctuations in transport costs, stock shortages. •

10.2 Recommendations

Project risk management is based on a strategy of enhanced anticipation and close coordination with all local stakeholders. Logistics are planned in advance to reduce the impact of weather conditions and access difficulties: precise seasonal planning, creation of buffer stocks, securing essential transport and selection of reliable suppliers. This preparation limits construction interruptions and guarantees the availability of critical materials, even in times of tension or price increases.

Strategic procurement management is optimised to reduce exposure to price fluctuations, stock shortages and NPR/CHF exchange rate variations. Sensitive materials are identified, prioritised and, where necessary, purchased before periods of high demand or anticipated disruptions.

Strengthening local skills is another essential pillar. Training teams improves technical understanding, reduces execution errors and promotes community autonomy. This increase in skills contributes to the quality of the construction site while reinforcing the sustainability of the project.

Community engagement is consolidated through regular and transparent exchanges. These meetings help align expectations, prevent tensions and maintain a favourable collective dynamic. They also reinforce the legitimacy of the project and facilitate the rapid resolution of any local disputes.

Financially, diversifying funding sources and building a budget reserve strengthens the project's resilience to economic or logistical contingencies. This safety margin allows for cost variations to be absorbed without compromising quality or schedule.

Finally, ongoing dialogue with local authorities, combined with active administrative monitoring, ensures the smooth progress of the project in a sometimes unstable political context. This vigilance makes it possible to anticipate regulatory changes, secure the necessary authorisations and maintain operational continuity, even during election periods or times of increased social unrest.

11 Conclusion

The project to build a permanent health centre in Kerauja meets a vital need that has been clearly identified by the community, local authorities and our partners in the field. After more than eleven years of use, the prefabricated structure that was installed as an emergency measure after the 2015 earthquakes is no longer able to provide safe, dignified care that complies with national standards. In a context where 3,200 inhabitants depend exclusively on this centre, the challenge goes beyond simply improving a building: it is about guaranteeing a fundamental right, that of access to basic and emergency healthcare.

Kerauja's geographical isolation, exacerbated by the lack of reliable road access and seasonal landslides, turns every medical emergency into a critical situation. The journey of more than three hours to the referral hospital deprives patients of the "golden hour," which is essential for survival in cases of trauma or obstetric complications. A permanent structure, earthquake-resistant and adapted to the climatic realities of Gorkha, is therefore essential to stabilise patients locally and reduce avoidable mortality.

The new health centre, designed to NHIDS standards, will offer eight functional rooms providing comprehensive care: safe deliveries, maternal and neonatal care, emergency stabilisation, general consultations, pharmacy, sterilisation and administrative management. This modern infrastructure will enable a major objective to be achieved: increasing the rate of deliveries in health facilities to 100% and sustainably strengthening prevention, vaccination and the management of chronic diseases.

The project benefits from strong institutional alignment. The community has made an official request, the municipality guarantees to cover the costs of staff and medicines, and the land is legally secured in the name of the health centre. This convergence of commitments ensures the operational viability of the centre and the sustainability of the investment.

Beyond infrastructure, this project represents a real lever for social transformation. It will strengthen the community's resilience to natural disasters, reduce catastrophic health expenditure for families, and consolidate confidence in the public system. It fully embodies the values of solidarity, dignity and shared responsibility that guide the work of Namaste Gumda Switzerland.

The construction of this health centre is not just a project: it is a long-term commitment to an isolated population, a structural investment for future generations, and a decisive step towards equitable access to healthcare in this mountainous region of Nepal.

12 Table of annex

The following documents are attached to this proposal in order to verify the legality of the project, community support and government commitment, as required by Namaste Gumda Switzerland as part of its due diligence.

Appendix 1 Official letter of request from the neighbourhood office

Official letter from the District Office No. 2 of the Rural Municipality of Darche, requesting the construction of the new Kerauja Health Post and confirming local support.

Appendix 2 Map of the site and GPS coordinates

GPS COORDINATES

1. 28.233786, 84.90506
2. 28°14'01.63"N 84°54'18.22"E

Appendix 3 Detailed estimate from the civil engineer

The civil engineer appointed by the project team has drawn up a detailed estimate covering all stages of construction.

Appendix 4 Plans

Architect's plan of the building and 3D view generated by AI

Appendix 5 Proof of ownership or letter of allocation from the land

Land ownership certificate (Lalpurja) registered in the name of "Kerauja Health Post", certifying that the land is public land belonging to the government, intended for health services and free from any legal disputes.

Appendix 6 Written commitment regarding financial responsibility by the municipality

The binding official letter of commitment from the rural municipality of Darche, signed by the elected president, guaranteeing the permanent assignment and funding of health personnel, coverage of operational costs and the supply of medicines for the new facility.

Appendix 7 Photos of the proposed site

A complete series of photographs documenting the current dilapidated prefabricated structure, the proposed construction site from all angles, and the surrounding village context.

Appendix 1 – Letter from the municipality

Official request from the municipality of Kerauja



DHARCHEURAL,
MUNICIPALITY

LITY



2 No. Ward Office Kerauja,
Gorkha

at (Letter No.):
@B2/083

Gandaki Province, Nepal

¥14¥ (Dispatch No.): 95

Date: 23 November
2025

To

The Chairperson,
Naasaete Gzada Orgsatzatioa Swiaertnod.

Subject: Request for Project Funding

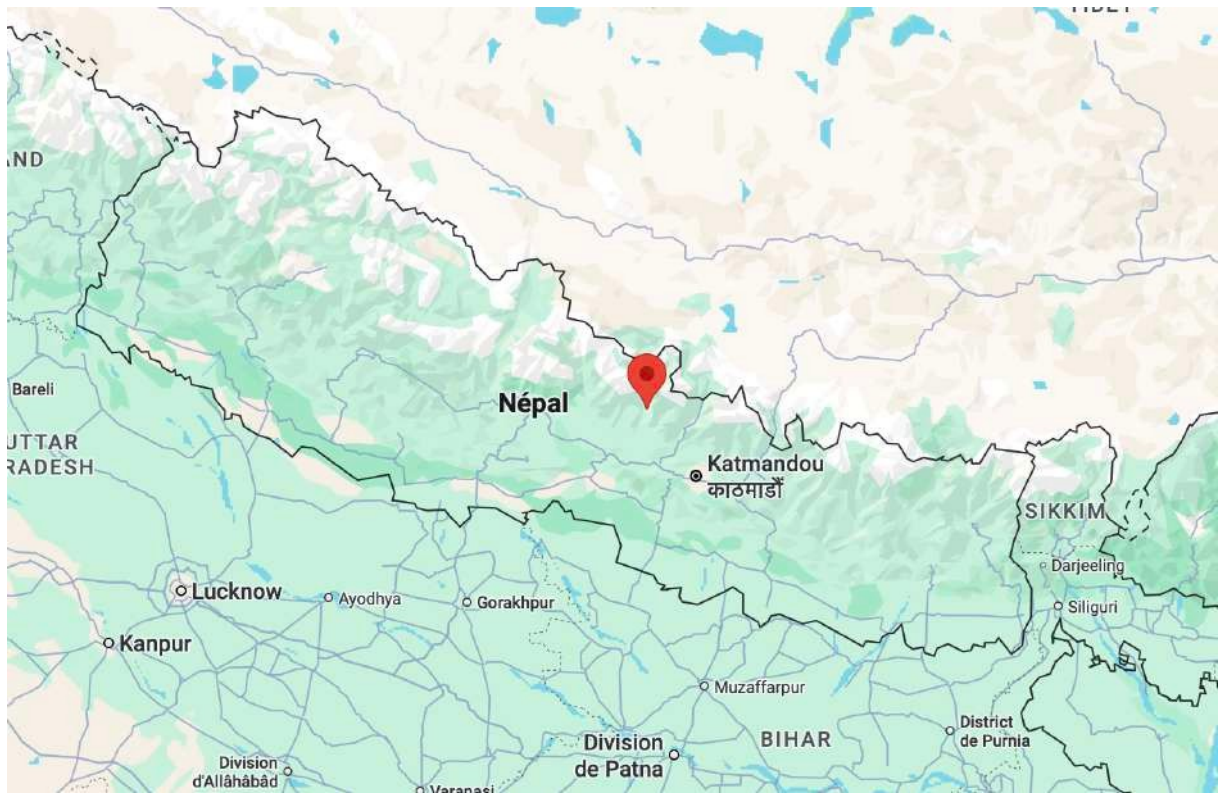
In reference to the above subject, after the devastating earthquake of 2015 (2072 B.S.), the building of **Kernu's Hentfi Posi** located in Kernujn, **Word !'4o. 2 of Dharche Rurul Muzicipslity, Gorhhs District**, was completely destroyed. As an immediate solution, a four-room prefabricated building was constructed by the non-governmental organisation PHASE Nepal, through which health services have been provided to approximately **3,200** beneficiaries **from 777** households within this area. ward, However. As this prefabricated building is deteriorating day by day, we earnestly request your support, along with the recommendation of this **Ward Officer**, to construct a permanent building for the health post.

Sarah Gurung
Ward Chairperson
Saroj Gurung
Ward Chairperson

Appendix 2 – Geographical location

GPS COORDINATES to enter into Google Maps 28°14'01.63"N

84°54'18.22"E



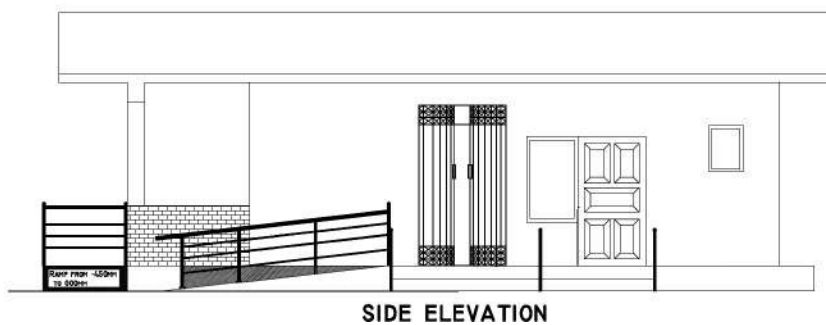
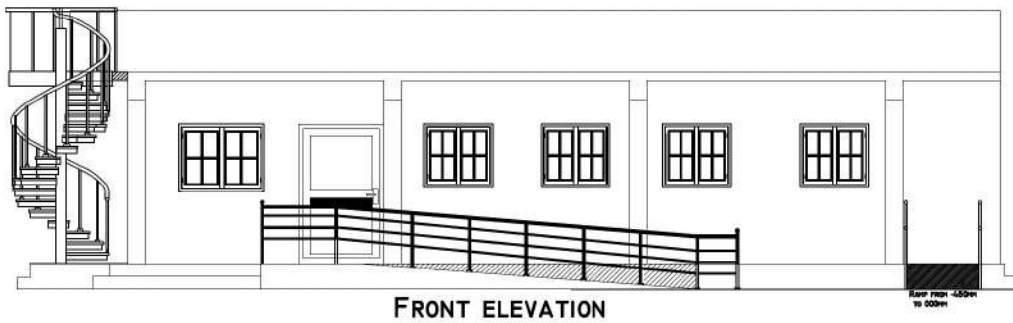
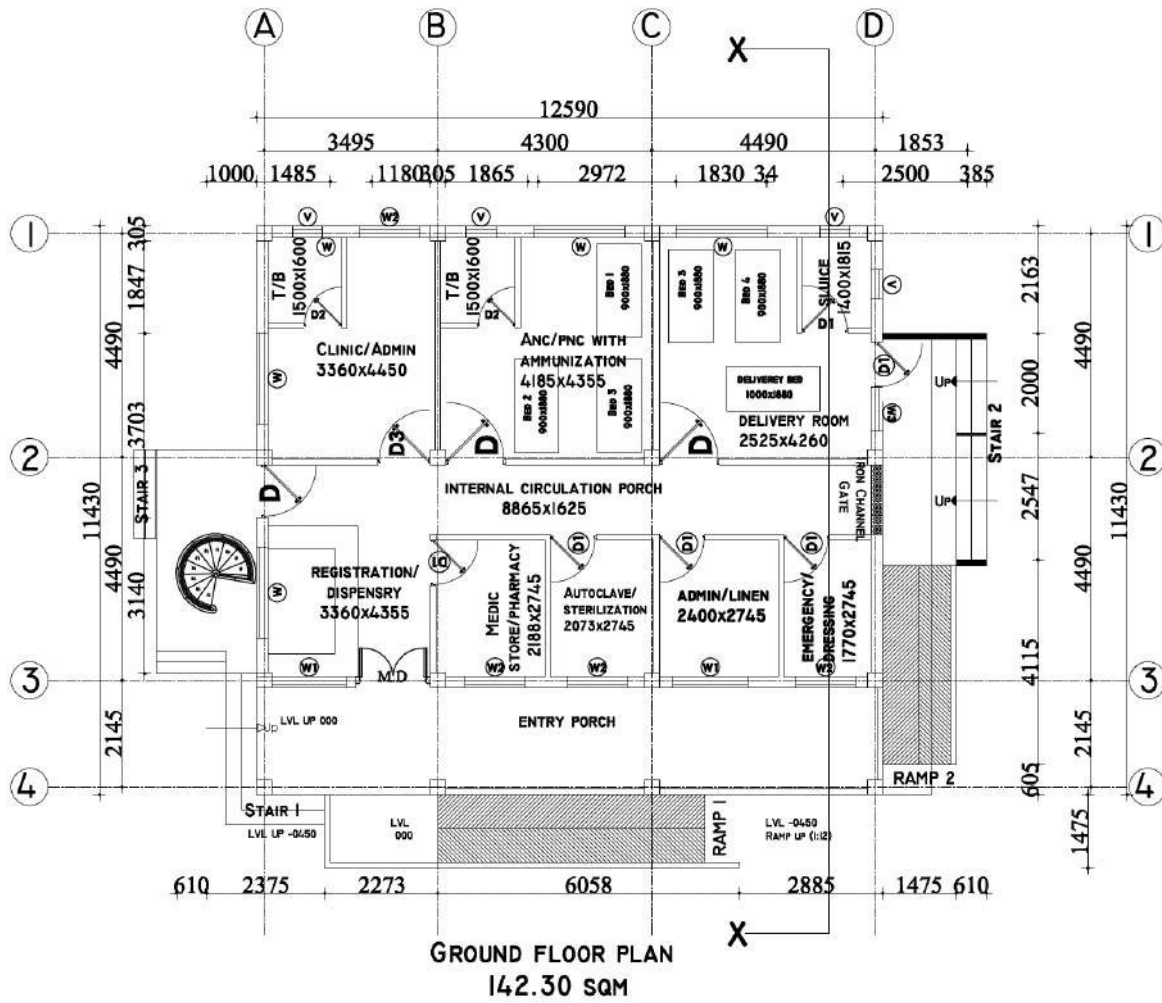
Appendix 3 – Cost estimate

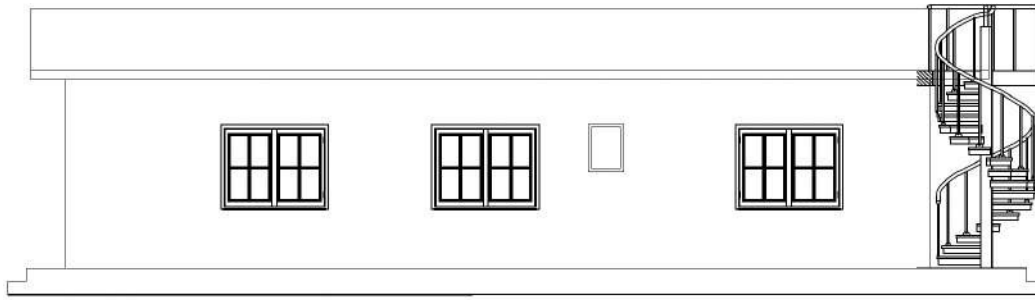
Abstract of Cost				
Project Name: Erauja Type 1 Health Post				
Proposed Location: Dhavhe Rural Municipality, Dist. no. 2, Kerau's				
A	Civil works			
1.00	Site Clearance			
	Clearing the site by removing bushes, trees, concrete pavement and any hard surfaces on site up to its rod depth, including layout work, marking the trench, construction of permanent reference points along each grid precisely in line and level and including construction of all necessary staff and labour facilities.	cu.m	173.48	28 77 4990.80
2.00	Excavation of foundations in all types of soil: foundations, trenches, footings, pits, etc. To the required depth, including dewatering by manual or mechanical means, etc., as per specifications with all contractors' own machinery and equipment, providing crossing of track, shoring, strutting, timbering and bracing with appropriate materials and all such measures necessary to retain position the sides of the foundation pit and including refilling the excavated material with watering, ramming, levelling the soil and disposing of the surplus/unusable earth within 50m, all completed in accordance with drawings, specifications and the Engineer instructions.	Cu.m	94.16	000.67 94223.29
2.10				
3.00	Providing and laying coursed hand-packed rubble stone masonry with cement sand mortar for joints @ G:5 1:6 below the plinth level in between tie beams, floors of building, steps and ramps with dressing of stone including filling interstices with suitable quantity waste or stone chippings or quarry sand. Watering, compaction using appropriate mechanical compaction means with all contractors materials, handling, placing etc. all complete as per drawings, specifications and instructions of the Engineer. The complete Eem including	Cu.m	40.17	1,025.18 609627.35
3.10	all lead & lift.			
3.20	Providing and laying uncoursed hand-packed soling Stone masonry in Foundation of Footing & Ramp without dressing of stone including filling interspaces with suitable quarry waste or stone chips or quarry sand, watering, compacting using appropriate Mechanical compaction means with all contractors' materials, handling, placing, etc., all complete as per drawings, specifications, and instructions of the Engineer. The CCX complete item including all lead-in.	Cu.m	30.18	430320 40077026
4.10	Supplying, laying, compacting and curing plain cement concrete M10 (1:3:6) in foundation with cement, sand and Local Crushed Aggregate finishing to approved level, lines and dimensions all complete as per drawings, specifications Grid instruction of the site engineer.	Cu.m	11.40234426	17108.55 196617.35
4.20	Providing, laying, compacting and curing M15 (1:2:4) plain cement concrete for foundation of R.C.C. works with cement sand and Local Crushed Aggregate down finishing to approved level line and dimensions all complete as per specifications, drawings and instructions. Cubic metres	44.83		17108.55 766,983.54

4.30	Providing and laying in position machine-mixed and vibrating machine for concrete mix 1:1.5:3 (1 cement:1.5 sand:3 coarse aggregate) M2Q grade for reinforced concrete work using approved cement with 20 mm graded machine crushed stone aggregate of approved quality in various locations and heights including transportation of concrete to site of placing, compaction, finished to required line and level, protection and curing, etc. all complete as per drawings, specifications and the instructions of the Engineer, but excluding the cost of centring, shuttering, and reinforcement all complete as per drawings, specifications and instructions of the Engineer	Cu.m	4g.71g03215	22087.13	1098128.64
5.00	Brick Work				
5.10	Providing and installing first class chimney near Dncx one or more brick thick wall in cement mortar 1:6 (1 cement : 6 coarse sand) above ground floor including the cost of single or multi-stage scaffolding, soaking bricks, curing, raking joints, provision for recesses, openings, toothing, etc., all complete as per drawing, specifications and instructions of the Engineer	Cu.m	48.91	23432	1146072.78
6.00	Reinforcement Work				
6.10	Providing and fixing in position Fe 5U0 steel Reinforcement of various diameters confirming to relevant IS code in R.C.C. works including straightening, cutting, bending, binding with 20 'AWG annealed wire for tying the reinforcement bars at each junction (binding wire shall not be measured separately) including all waste and cut pieces, provision for adequate numbers of spacers, chairs, providing and placing cement mortar (1:T) cover blocks to keep the bars in the intended position at all levels, all complete as per drawings, specifications and instructions of the Engineer. Authorised lap length and for bars exceeding 10 metres in length shall be measured for payment.	Kg	S087.00	163.73	073701.61
7.00	Plastering Work				
7.10	120mm thick Cement sand plaster (1:4) on building inner and outer surfaces of good finish in perfect line level and plumb including grooving in plaster wherever shown in drawings including chiselling racking the joints, wetting the surface and cutting the work all complete as per specification and instruction of the consulting engineer all complete	Çq m	92B.92	553.62	14264.4
8.00	Flooring Work				
8.10	*10 mm thick P.C.C in (1:1:4) with cement punning (1:1) for flooring work with approved floor hardener (Dreitop FH, Mapetop, Fairtop, Sika Chapddur or equivalent floor hardener) with approved quality cement, sand & aggregate 12 mm and down grade including mixing, laying, curing, all complete work as per specification	Sq.m	3D.60	079.19	33024.28
8.20	Supplying and laying of 20mm thick good quality marble in cement sand mortar (1:2) with approved colour on floors on perfect line & level as per design, specification and instruction of site engineer.	Square metres	163.08	5894.61	964201.87
9.00	Formwork Work				
9.10	Centering and shuttering with local wood for Gdurin work, including all necessary propping, scaffolding, staging, support, dismantling and clearing from the site, including shuttering, all completed in accordance with design drawings, specifications and instructions from the site engineer.	Sq.m	1D7.88	1874.95	202,270.14

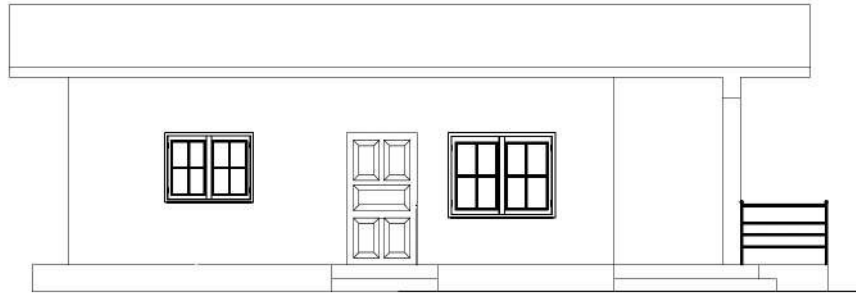
9.20	Centering and shuttering with Local wood for Beam work including all necessary propping, scaffolding, staging, supporting, dismantling and clearing from the site, including shuttering all complete as per design drawings, specifications and instruction of the site engineer .	Sq.m	138.77	1493.51	207262.06
9.30	Centering and shuttering with 18mm Thick Water Proof Ply including Wooden Props. for Slab work including all necessary propping, scaffolding, staging, supporting, dismantling and clearing from the site, including shuttering all complete as per design drawings, specifications and instruction of the site engineer .	Sq.m	230.52	1117.34	257569.99
10.00	Wood Work				
10.10	38mm thick Local wood pannel shutter with good finish including 3Nos. Of 10 cm hinge per leaf, 2 Nos. of 15cm long approved quality handles, 1 No. M.S. hook bolt per leaf fixing on wooden frame and one set of Mortise Lock, as per drawing, specification and instruction of Engineer, all complete.	Sq.m	33.54	11983.54	401972.04
10.20	Local Wood Framework of 100mmx75mm thick frame for door, windows and Ventilation, etc. with good finish of approved seasoned Local wood including fixing with necessary hold fast, as per drawing, specification and instruction of Engineer,all complete.	Cu.m	0.73	146117.39	106265.39
11.00	Painting Works				
11.10	2 coat Weather coat (apex) over one coat primer.	Sq.m	928.92	502.62	466897.63
11.20	2 coat readymade Enamelpaint over one coat primer.	Sq.m	33.54	419.82	14082.44
12.00	Iron Works				
12.10	Making & fixing 4.5*20 mm iron gril including one coat Red oxide paint after rubbing with sand paper.	Sq.m	14.08	4332.61	61010.10
12.20	Iron Collapsiable channel Gate	Kg	132.80	259.28	34433.84
13.00	Supplying & Fitting, fixing Stainless steel in staircase Hand Rail including joining & fabrication all complete as per specification and instruction of Site incharge / Engineer.	Kg	137.16	613.50	84145.82
14.00	Supplying & Fitting, fixing Stainless steel in staircase having 9cm Iron Main Post with 35mm Hand Rail including joining & fabrication all complete as per specification and instruction of Site incharge / Engineer.	Nos.	1.00	42187.00	42187.00
Total Civil Work Cost					8410753.63
B	Total Electrical Cost	Electrical Installation (5% of Civil works)			420537.68
	Total Sanitary work	Sanitary work (10%) including Construction of Sep			841075.36
		Sub Total (B)			9672366.68
C	Contingencies (5% of Sub total of B)				483618.33
E	13% VAT of Sub total B				1257407.67
Grand Total					11413392.68

Appendix 4 – Architectural plans

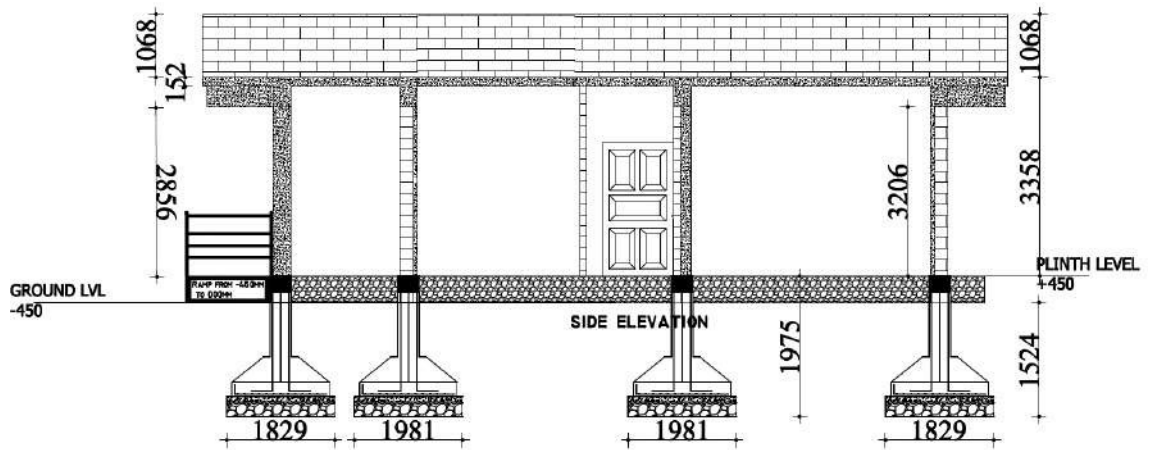




RARE ELEVATION



SIDE ELEVATION



SECTION AT X-X

Appendix 5 – Certificate of ownership



Dharche Rural Municipality
Office of The Municipal Executive
Machhikhola, Gorkha



Reference No :-082/83
Dispatch No :- 1067

Gandaki Province, Nepal

Date: 29/Jan /2026

To
Namaste Gumda Switzerland
Rte de Céligny 58
1298 Céligny
Switzerland

Subject: For the Official Certification of Land Ownership for Kerauja Health Post.

Dear Sir/Madam,

This letter serves as formal certification regarding the land proposed for the construction of a new permanent health post in Kerauja, Ward No. 2, Darche Rural Municipality.

The Darche Rural Municipality hereby certifies the following:

Legal Ownership: The plot of land located in Kerauja, Ward No. 2 is government-owned public land, legally designated and reserved for public health service infrastructure.

Title Holder: The land is formally registered under the name of "Kerauja Health Post" with the relevant land revenue office.

Clear Title: The land is free from any legal disputes, encumbrances, private claims, or liens. All property taxes and government levies pertaining to this land are current.

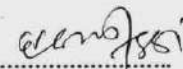
Purpose: The land is allocated specifically for the construction and permanent operation of a government health post to serve the local community.

Access & Use: The Rural Municipality guarantees unimpeded access to and use of this land for the stated project and grants all necessary permissions for construction.

This certification is based on the official land records (Lalpurja) maintained by this office. Certified copies of the relevant land ownership documents are attached for your verification. We confirm our full support for the construction of the Kerauja Health Post on this site and will facilitate all necessary local-level approvals.

Attachments:

Certified Copy of Land Ownership Certificate (Lalpurja).


Laxman Gurung
Chairperson
9841201471
Laxman Gurung
Chairperson

Website :- www.dharchemun.gov.np E-mail:-info@dharchemun.gov.np rmdharche@gmail.com

"Beautiful, Safe, Prosperous Darche"



Dharche Rural Municipality
Office of The Municipal Executive
Machhikhola, Gorkha



Reference No :-082/83
Dispatch No :- 1065

Gandaki Province, Nepal

Date: 29/Jan /2026

To
Namaste Gumda Switzerland
Rte de Céligny 58
1298 Céligny
Switzerland

Subject: For Binding Commitment for Staffing and Operational Sustainability of the. Kerauja Health Post.

Dear Sir/Madam,

With reference to the proposed construction of a new permanent Kerauja Health Post in Ward No. 2 by Namaste Gumda Switzerland, Darche Rural Municipality provides this binding commitment to ensure the long-term functionality and sustainability for the facility upon its completion and handover.

1. Commitment to Staffing:

The Municipality commits to posting the required qualified government health personnel to the new health post and covering their full salaries and benefits, in accordance with prevailing government policies, regulations, and staffing norms.

2. Commitment to Operational Costs:

The Municipality will include all necessary recurring operational costs for the health post in its annual budget. These cost includes, but is not limited to, costs for utilities (electricity, water), routine maintenance, repairs, consumables, and support for the facility's management committee.

3. Commitment to Medical Supplies:

We will ensure regular and timely supply of essential medicines, vaccines, and basic medical equipment to the health post through the government's supply chain mechanism, in line with the national free basic health service policy.

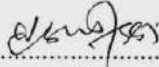
4. Commitment to Management & Governance:

The facility will be integrated into the local health system under the management of the legally formed Health Facility Operation and Management Committee (HFOMC). The Municipality will provide oversight and support for its effective operation.

5. Commitment to Asset Ownership:

The completed infrastructure will be formally registered as a municipal public health asset, and the Municipality assumes responsibility for its long-term upkeep and utility.

This commitment is made in good faith and is binding on the Darche Rural Municipality. We appreciate your organization's partnership in addressing a critical healthcare infrastructure gap in our community and look forward to the successful realization of this project.


Laxman Gurung
Chairperson
9841201471
Laxman Gurung
Chairperson

Website :- www.dharchemun.gov.np E-mail:-info@dharchemun.gov.np rmdharche@gmail.com

"Beautiful, Safe, Prosperous Dharche"



The current dispensary



The nurses' rooms



Inside the current building



The site where the new building will be constructed



Annex building