PROJECT COMPLETION REPORT

Birthing and Primary Healthcare Center

Tatke, Kumakh Rural Municipality, Salyan, Karnali

1 APRIL 2022

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Introduction

Despite significant progresses made in maternal and child health status of the country as a whole, unavoidable challenges lie ahead to address maternal mortality as a significant share of births in remote villages still take place at home due to inconveniences to reaching and availing services from healthcare facilities on time. One approach to improve maternal and neonatal health is to have a community facility (birthing center) for the safe delivery of a child in the home environment by Skilled Birth Attendants (SBA). A birthing center is a component of community health service delivery in which midwives or healthcare professionals provide maternity services to usually healthy women with uncomplicated pregnancies in the community setting. Only complicated deliveries are referred to hospitals that have specialists (Gynecologist, Pediatrician, and Anesthetist).

1. Project

Areas surrounding Tatke in Kumakh Rural Municipality of Salyan district in Karnali Province is specifically underserved on maternity and child related healthcare as well as healthcare in general for the entire population. This area lies two hour's drive on a track road from the nearest hospital (Chaurjahari, West Rukum) and about an hour's walk from nearest health post in Suikot. Here, population per Female Community Health Volunteers is 553; population per health worker is 1,556; expected pregnancy per SBA / birthing center is 165; and population per hospital is 24,900.

A factfinding field visit was jointly conducted in February 2020 by the representatives of the project implementing partners: Non-Resident Nepali Association - National Coordination Council USA (NRNA NCC USA), Kumakh Rural Municipality (KRM), and Chaurjahari Hospital managed by Human Development and Community Services Nepal (HDCS) – Nepal. After consultation with the villagers, a social and community development project – to establish a birthing center that would provide primarily maternal and child health services as well as basic healthcare for the general population - was incepted. The locals also committed to make a contribution by providing suitable land and in-kind support during the construction and later for its management.

Objective: to build a sustainable state-of-the-art birthing center to provide maternity and child health services in the rural community of Tatke at Kumakh Rural Municipality of Salyan district in Karnali Province. The center would also provide primary healthcare services to the general population.

Implementation strategy: form a partnership with the local government (municipality) and non-government organization (HDCS) to coordinate financial and technical support to empower the community to build and manage the facility.

Expected results:

- Availing medicine, equipment, instruments, qualified healthcare worker, and build infrastructure to improve maternal and child health
- Improve health of general population in the area
- Decrease Chaurjahari Hospital's overwhelming patient load – about 400 daily outpatients by having a birthing center for normal deliveries in the surrounding villages
- Enhance psycho-socio-economic wellbeing of the project area

Stakeholders

Proper coordination of responsibilities among the stakeholders was critical for the long-term sustainability. The project was jointly implemented by Non-Resident Nepali Association National Coordination Council USA (NRNA NCC USA), Kumakh Rural Municipality (KRM), and Human Development and Community Services Nepal (HDCS) – Nepal that manages the Chaurjahari Hospital.

Meetings were held to discuss how the project would be supported and implemented. A tripartite agreement was reached for its immediate implementation in February 2022 (Annex 1). However, due to the COVID-19 pandemic, the project implementation had to be halted. Planning and design work for the construction was carried out in the meantime. After economic activities resumed with some normalcy, the concerned parties again reassessed the situation with a field visit in November 2021. At the time, the terms and conditions of the agreement were reviewed and revised (Annex 2).

2. Project implementation

The focal entity for the project management and coordination was the Senior Engineer, Engineering Department of HDCS. Technical inputs on healthcare matters were coordinated with the Chaurjahari Hospital team. The owner of the project was the management committee of the Birthing and Primary Healthcare Center comprising of members of the Tatke community and representatives of the Kumakh Rural Municipality.

The focal person for the project (Annex 3) coordinated implementation of the activities. His team of an administrative support officer, finance manager, and site supervisors was supported by HDCS's Chaurjahari Hospital team in West Rukum. Issues and concerns were discussed and coordinated with representatives of NRNA in the USA, HDCS headquarter in Kathmandu, and municipality in Rajechaur. During implementation, each party was periodically informed with progress reports. Review meetings took place with field visits at site and virtually. There was constant communication through phone, messages and emails.

The major activities of the project were to:

- form a partnership and alliance to agree, implement, and sustain the project
- secure approval and resources (land, funds, utilities, materials, and most importantly the expertise as healthcare is a very sensitive and critical undertaking)
- put in place and support management by the community members
- design and build the infrastructure
- Secure equipment, medicine and supplies
- hire and train the healthcare workers
- hand over the turnkey project to the management committee

Kumakh Village Municipality - Tatke Birthing Center
Action Plan

Project Aim
Tatke Birthing Center at Kumakh Rural Munipality is built and becomes operational

Activities	Status	Remarks
Acquire land		
Seek adequate land through donation by community member(s)	Complete	5 Ropani land donor identified
Transfer the deed of the land to the Community Birthing Center	Complete	Land deed transferred to the Community Birthing Center
Prepare infrastructure		
Prepare design with estimate of Birthing Center	Complete	Detailed alternative designs with cost estimates prepared
Confirm design and cost with key stakeholders	Complete	Discussed with key stakeholders; received approval
Confirm co-financing, contract and disbursement schedules	Complete	Revised tripartite agreement
Award and monitor construction contract (constrction, finish and furnish)	Complete	HDCS for project implementation
Acquire epuipment and supplies	Complete	As and when needed as project progressed
Facilitate community contribution for operational readiness	Complete	As and when needed as project progressed
Governance, management, and operational readiness		
Discuss and decide on the governance mechanism	Complete	Formation of management committee
Report on the board/committee /sub-committees and management functions	Complete	Management committee managing day-to-day operation
Recruit and train the human resources	Complete	Coordinate with Municipality for hiring; Chaurjari hospital for training
Governance, management, and operational readiness		
Recognition / registration of the Birthing Center by Government	Complete	Recognized birthing center and primary healthcare center of municipality

Major project components and key contributors

Details	Direct (Cash) / Indirect (Goods and or services)	Primary Contributor	Remarks
A. Land	Indirect Financial Contribution	Local residents	5 *Ropani* (2,550 Sq. Meters / 27,380 Sq. Feet) land was donated for the Birthing Center by two families.
B. Access Road, Water, Electricity	Indirect Financial Contribution	Kumakh Rural Municipality	1) Arranged water supply, repaired and maintained access road, installed solar lighting, and provided stones for foundation for construction work. 2) Arrangement for the necessary medicine and supplies 3) Formation of the management committee and hiring one Skilled Birth Attendant (SBA) and two assistants for administrative support and upkeep of the Center. Other health workers to be hired as and when needed.
C. Equipment, logistics, management and coordination, technical support and reporting	Indirect Financial Contribution	HDCS	1) Purchased 6.5 KW petrol generator for electricity for the duration of the construction 2) Management and coordination of the project implementation. 3) Training of SBA at Chaurjahari Hospital, West Rukum 4) Maternity Health Camp and SBA training organized on the handover day on 1 April2022 5) Technical support on day-to-day management of the Center 6) Provided materials for the building construction
D. Medical equipment, human resources, and building construction	Direct Financial Contribution	NRNA	1) Salary of one SBA for two years 2) Furniture, fixtures, and medical equipment 3) Construction (Birthing centre Building, Septic Tank, Soak Pit, Placenta pit, Covered Walkway)

Indirect Financial Contribution

As this was a social charity project, activities carried out by the parties of the agreement, their personnel costs, travel costs, etc. was not accounted for in financial statements. Each representative made a voluntary contribution of their time, expertise, travel, and other inputs. Only the payments made for purchase, labor wages, transportation, etc. were accounted for.

Initial estimate of costs and sources of funds

Construction cost	**Amount (NRs.)**	**Remarks**
Estimate of building construction	3,167,214.53	Inclusive of VAT
Salary of Skilled Birth Attendant	17,000 per month	On contract basis; plus Dasain and uniform allowances
Equipment, medicine, etc.	500,000.00	
Sources of funds		
Municipality and local community	300,000.00	For equipment, medicine, building materials like stones
NRNA NCC USA (Initial)	2,000,000.00	For building construction
HDCS-Nepal	467,214.53	Providing materials from inventory, local purchases, etc. if necessary

Actual Cost at Completion

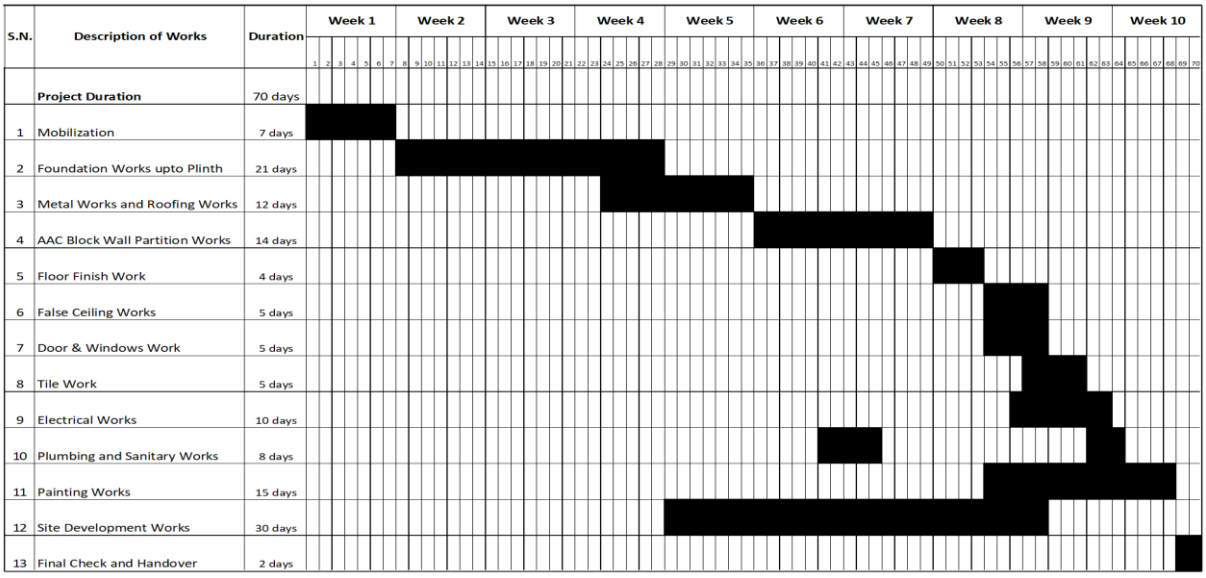
Tatke Birthing and Primary Healthcare Center, Kumakh Rural Municipality, Salyan

Summary of Financial and other Contributions at Project Completion

SN	Contributors of major project componets		Amount (NRs.)	Remarks
1	*Non-Resident Nepali Association National Coordination Council USA*			
1.1	Infrastructure construction work		2,500,000.00	Building, Septic Tank, Soak Pit, Placenta Pit, Water Tank Stand and other allied works
1.2	Medical equipment, furniture, and fixtures		500,000.00	Procured from the vendors
1.3	Health-Worker (SBA) Salary for 2 Years		462,000.00	Including festival & dress allowances, etc.
		Sub Total	3,462,000.00	
2	*Kumakh Rural Municipality*			
2.1	Estimated cost of the stones for foundation works		35,000.00	The municipality has paid for the items directly to the vendors. The project team has attributed corresponding estimates based on prevailing market prices.
2.2	Estimated cost of solar lighting system installed		200,000.00	
2.3	Estimated cost of hiring of excavator to fix the track road		50,000.00	
2.4	Estimated cost of medicine and supplies		25,000.00	
		Sub Total	310,000.00	
3	*Human Development and Community Services Nepal (HDCS) – Nepal*			
3.1	Materials and supplies for the construction	Sub Total	468,194.00	Purchased as well as from inventory
	Total Project Cost at Completion		**4,240,194.00**	

Note: The cost of project implementation, coordination, monitoring, evaluation and reporting by the Engineering Department and Chaujahari Hospital of HDCS is not accounted for in the above.

Planned construction schedule



Actual dates of activities implementation

Signing date of the initial tripartite agreement: February 20, 2020

Approval of building design and estimate: August 25, 2021

Signing date of the revised tripartite agreement: November 14, 2021

Site clearance and preparation: September 01, 2021

Material mobilization to construction site: September 06, 2021

Start date of foundation excavation works: September 06, 2021

Completion date of the project: March 31, 2022

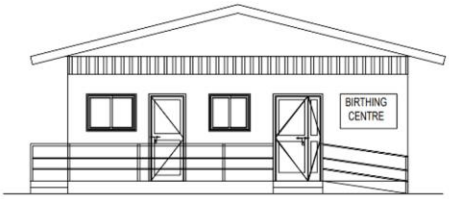
Building handover and program start date: April 1, 2022

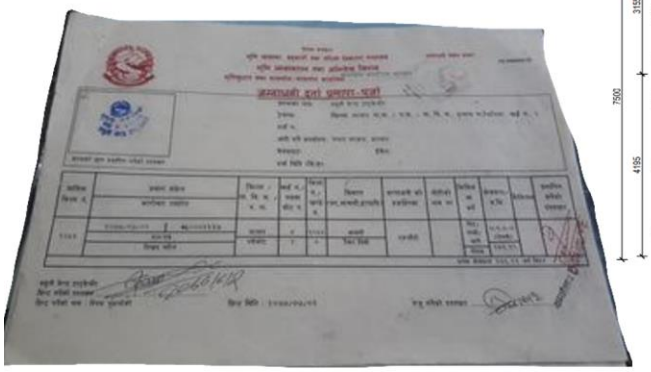
Brief description of works carried out for the construction of the center

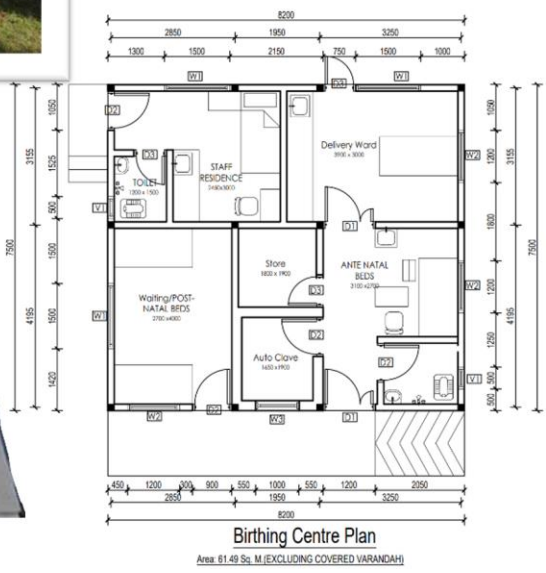
Date/Month	Activities	Remarks
01/09/2021	Site Preparation & Clearances	Completed
06/09/2021	Earth Work (Excavation)	Completed
Work was halted from 14/09/2021 to 24/09/2021 & 27 & 28/09/2021 due to excessive rainfall and the inadequacy of water for construction purposes		
28/09/2021	Stone Soling & PCC work	Completed
05/10/2021	Reinforcement Work for Footing Pad & preparation of Steel Column	Completed
05/10/2021	Formwork for Footing Pad	Completed
29/09/2021	Sub-structural Wall	Completed
06/10/2021	Earth Work (Filling)	Completed
06/10/2021	Erection of steel column	Completed
08/11/2021	RCC Flooring	Completed
08/11/2021-05/12/2021	Septic & Soak Pit, Placenta pit	Completed
05/12/2021-02/01/2022	Superstructure Walls with RCC Band	Completed
08/01/2022-12/01/2022	Plastering Works	Completed
17/01/2022	Doors and Window Works purchased in Kathmandu and delivered at site	Completed
27/01/2022	Installation of door and windows	Completed
10/02/2022	Truss Works	Completed
17/02/2022	Roofing Works	Completed
19/02/2022	Screening and punning	Completed
20/02/2022	Sanitary installation inside building	Completed
25/02/2022	Electrical works	Completed in 2 Phases in wall & ceiling
3/03/2022	False ceiling installation	Completed
8/03/2022	Floor and wall Tiles	Completed
10/03/2022	Sanitary and waste water pipelines, Rainwater pipelines outside buildings	Completed
15/03/2022	Manholes construction	Completed
16/03/2022	S.S Railing Work	Completed
20/03/2022	Painting	Completed
22/03/2022	Furnishing and landscaping works	Completed
01/04/2022	Installation of solar lighting plant	Completed by Municipality
02/04/2022	Building handed over to the community	Completed

Material purchased

Items	Remarks
Steel sections	Local purchase
Reinforcement bars	
OPC Cement	
Autoclaved Aerated Concrete Blocks (AAC Blocks)	
Stones	
Floor tiles	
Sanitary pipes and fixtures; electrical cables fixtures	
Coarse and fine aggregate	
Doors & windows, roofing UPVC	Brought from Kathmandu
Furniture and fixtures	Sourced from Nepalgunj







Almost all the activities of the project were very flexible and adaptive to the changing situation affected by the external factors. There was the COVID-19 pandemic that offset the initial plan right from the beginning. The project that was planned to be completed in 4 months took much longer because of intermittent lockdowns till November 2021 – only then the activities could be undertaken at site. The commitments made by the implementing partners had to be revisited and the agreement was revised. The changes were well discussed and agreed by all the concerned.

There were many changes in different aspects of the project: there were design alterations of certain features of the building; how the equipment, instruments, medicine were acquired; hiring and training mechanism of the staff; schedule of construction and completion; date and mechanism of handing over. They were mostly addressed on a rolling wave (agile) approach. Activities were flexible and adaptive to the local context. Due to the remoteness of the site, sourcing of materials and mobilization of labor for construction had to be flexible. The emphasis was to promote local economy and to involve locally available manpower. Therefore, marginal offsets of cost and schedule were compromised. Stones were used in place of bricks in the foundational work of the allied construction; and locals were employed knowing most of them were only back in their homeland for the farming season and immediately left for India for work as soon as the travel restrictions were lifted.

Each implementing partner identified their strength, core competence, and chose to provide resources (financial and technical) as identified in the agreement. The initial resource estimate continued to provide the framework for the entirety of the project. The constraints set by the isolation of the site, social and cultural practices, climatic conditions, local festivals and seasonal farming activities were constantly navigated with careful thought and actions.

The scope of work was well defined and dictated by the limitations. It was periodically checked so as not to exceed the limits of funds. The actual completion cost is very close to the estimate and has been very warmly accepted by the sponsors.

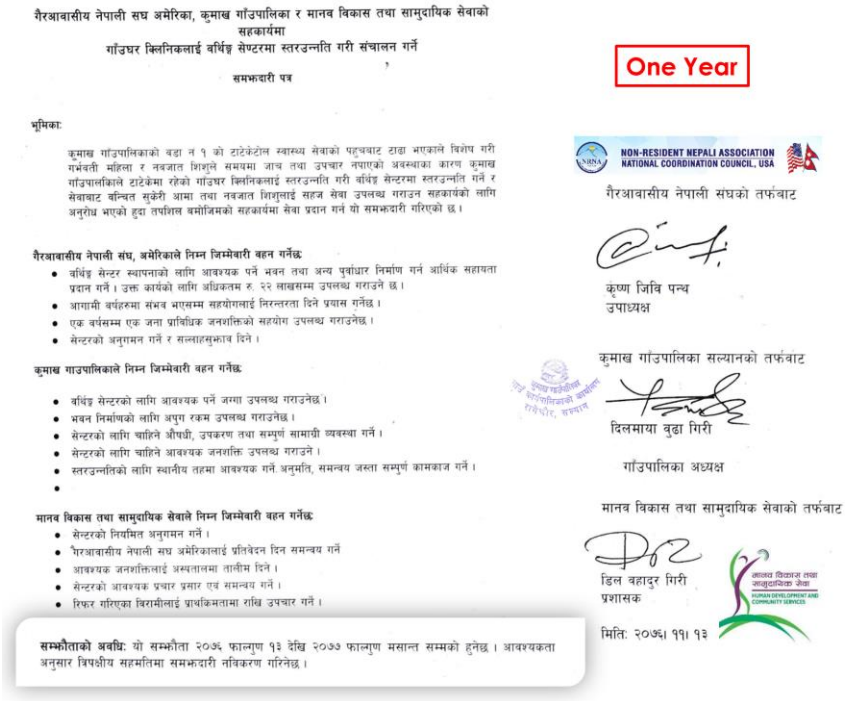
The building has become a model for the entire area. During the handover day, people could not believe that such a building could be constructed within such limited budget. This was possible only because HDCS undertook the design, build and transfer model. What typically happens in public procurement is that there will be a client, consultant(s) and the contractor(s). On such procurements, there are associated fees, charges and profit for the involved parties. In our case, everything was done voluntary by professionals. There were no profits to be made by anyone and there were no compromises on quality of anything. All the costs other than what had to be paid out for labor, materials, and logistics were contributions. Quality was a key consideration in all activities whether it be constructing a state-of-the art building or hiring and training professionals.

SBA was hired from 29 December 2021 (14 Poush 2078) by adopting affirmative action philosophy. She immediately underwent SBA training at Churjahari Hospital. She is a local from a marginalized population group (so-called *Dalit* or untouchable caste).

In addition to additional funds and materials for the construction, other key resources provided by HDCS were the expertise of the Medical Director of Churjahari Hospital; guidance by the Hospital Administrator of Churjahari Hospital to navigate the social, cultural and political complexities of local environment; and expertise of the Senior Engineer of HDCS, the Project Manager who had extensive experience on healthcare infrastructure. This being a healthcare project, was in need of constant inputs by the medical team: design features of the building; identifying and procuring equipment and instruments, medicine; training SBA and the management committee.

The inputs of HDCS culminated on the handover day on April 1, 2022. On the first half of this day, at the newly constructed building, there was a theoretical component of the SBA training followed by a maternity health camp where 28 pregnant women were examined with ultrasound and provided with supplemental medicine. It was followed by a formal public event for the announcement of the service opening of the center.

Annex 1



गैरआवासीय नेपाली सघ अमेरिका, कुमाख गाँउपालिका र मानव विकास तथा सामुदायिक सेवाको सहकार्यमा

गाँउघर क्लिनिकलाई वर्धिङ्ग सेण्टरमा स्तरउन्नति गरी संचालन गर्ने

समझदारी पत्र

भूमिका:

कुमाख गाँउपालिकाको वडा नं १ को टाटेकेटोल स्वास्थ्य सेवाको पहुचबाट टाढा भएकाले विशेष गरी गर्भवती महिला र नवजात शिशुले समयमा जाच तथा उपचार नपाएको अवस्थाका कारण कुमाख गाँउपालिकाले टाटेकेमा रहेको गाँउघर क्लिनिकलाई स्तरउन्नति गरी वर्धिङ्ग सेन्टरमा स्तरउन्नति गर्ने र सेवाबाट वन्चित सुकेरी आमा तथा नवजात शिशुलाई सहज सेवा उपलब्ध गराउन सहकार्यको लागि अनुरोध भएको हुदा तपशिल बमोजिमको सहकार्यमा सेवा प्रदान गर्न यो समझदारी गरिएको छ।

गैरआवासीय नेपाली संघ, अमेरिकाले निम्न जिम्मेवारी वहन गर्नेछ

- वर्धिङ्ग सेन्टर स्थापनाको लागि आवश्यक पर्ने भवन तथा अन्य पुर्वाधार निर्माण गर्न आर्थिक सहायता प्रदान गर्ने। उक्त कार्यको लागि अधिकतम रु. २२ लाखसम्म उपलब्ध गराउने छ।
- आगामी वर्षहरुमा संभव भएसम्म सहयोगलाई निरन्तरता दिने प्रयास गर्नेछ।
- एक वर्षसम्म एक जना प्राविधिक जनशक्तिको सहयोग उपलब्ध गराउनेछ।
- सेन्टरको अनुगमन गर्ने र सल्लाहसुझाव दिने।

कुमाख गाउपालिकाले निम्न जिम्मेवारी वहन गर्नेछ

- वर्धिङ्ग सेन्टरको लागि आवश्यक पर्ने जग्गा उपलब्ध गराउनेछ।
- भवन निर्माणको लागि अपुग रकम उपलब्ध गराउनेछ।
- सेन्टरको लागि चाहिने औषधी, उपकरण तथा सम्पुर्ण सामाग्री व्यवस्था गर्ने।
- सेन्टरको लागि चाहिने आवश्यक जनशक्ति उपलब्ध गराउने।
- स्तरउन्नतिको लागि स्थानीय तहमा आवश्यक गर्ने अनुमति, समन्वय जस्ता सम्पुर्ण कामकाज गर्ने।

मानव विकास तथा सामुदायिक सेवाले निम्न जिम्मेवारी वहन गर्नेछ

- सेन्टरको नियमित अनुगमन गर्ने।
- गैरआवासीय नेपाली सघ अमेरिकालाई प्रतिवेदन दिन समन्वय गर्ने
- आवश्यक जनशक्तिलाई अस्पतालमा तालीम दिने।
- सेन्टरको आवश्यक प्रचार प्रसार एवं समन्वय गर्ने।
- रिफर गरिएका विरामीलाई प्राथमिकतामा राखि उपचार गर्ने।

सम्झौताको अवधि: यो सम्झौता २०७६ फाल्गुण १३ देखि २०७७ फाल्गुण मसान्त सम्मको हुनेछ। आवश्यकता अनुसार त्रिपक्षीय सहमतिमा समझदारी नविकरण गरिनेछ।

One Year

NON-RESIDENT NEPALI ASSOCIATION NATIONAL COORDINATION COUNCIL, USA

गैरआवासीय नेपाली संघको तर्फबाट

कृष्ण जिवि पन्थ
उपाध्यक्ष

कुमाख गाँउपालिका सल्यानको तर्फबाट

दिलमाया वुढा गिरी

गाँउपालिका अध्यक्ष

मानव विकास तथा सामुदायिक सेवाको तर्फबाट

डिल वहादुर गिरी
प्रशासक

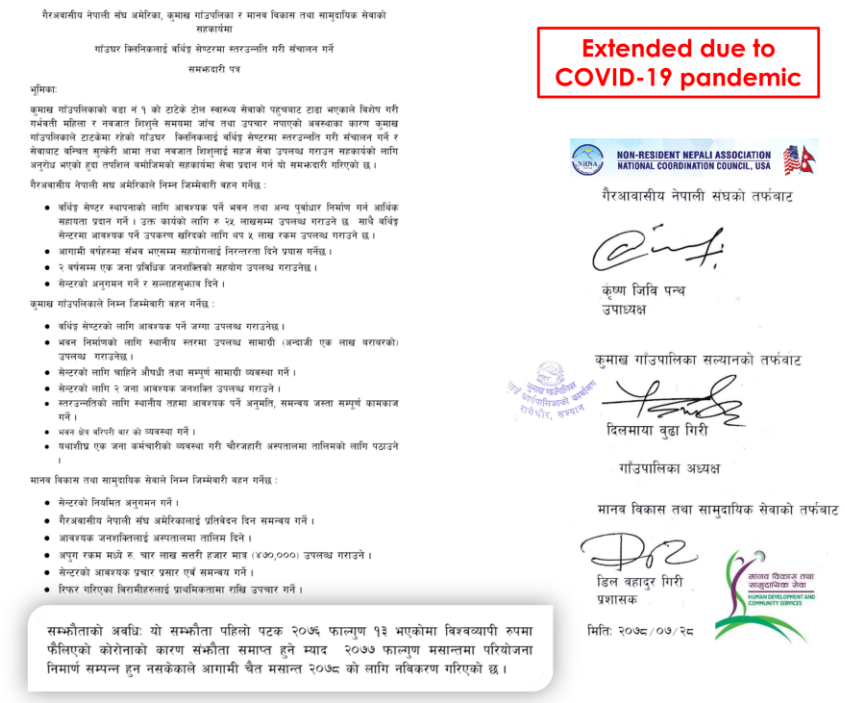
मितिः २०७८। ११। १३

Agreement

Initial (February 2020):

1. **Non-Resident Nepali Association USA**
   - NRs. 22 Lacs for building construction
   - Salary of a Skilled Birth Attendant (SBA) for 1 year
2. **Kumakh Rural Municipality, Salyan**
   - Provide / acquire land
   - Additional funds for construction
   - Equipment, medicine, & supplies
   - Human resources (staff)
   - Approval, coordination, upgrade
3. **Human Development and Community Services (HDCS), Nepal**
   - Project implementation, supervision and reporting
   - Training of SBA and staff
   - Promote healthcare services of the birthing center
   - Award priority for patients referred by the birthing center at Chaurjari Hospital it manages

Annex 2



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समझदारी पत्र

भूमिका:

कुमाख गाँउपलिकाको वडा नं १ को टाटेके टोल स्वास्थ्य सेवाको पहुचबाट टाढा भएकाले विशेष गरी गर्भवती महिला र नवजात शिशुले समयमा जांच तथा उपचार नपाएको अवस्थाका कारण कुमाख गाँउपलिकाले टाटेकेमा रहेको गाँउघर क्लिनिकलाई वर्धिङ्ग सेण्टरमा स्तरउन्नति गरी संचालन गर्ने र सेवाबाट वन्चित सुत्केरी आमा तथा नवजात शिशुलाई सहज सेवा उपलब्ध गराउन सहकार्यको लागि अनुरोध भएको हुदा तपशिल बमोजिमको सहकार्यमा सेवा प्रदान गर्न यो समझदारी गरिएको छ।

गैरआवासीय नेपाली सघ अमेरिकाले निम्न जिम्मेवारी वहन गर्नेछ :

- वर्धिङ्ग सेण्टर स्थापनाको लागि आवश्यक पर्ने भवन तथा अन्य पुर्वाधार निर्माण गर्न आर्थिक सहायता प्रदान गर्ने। उक्त कार्यको लागि रु २५ लाखसम्म उपलब्ध गराउने छ साथै वर्धिङ्ग सेन्टरमा आवश्यक पर्ने उपकरण खरिदको लागि वप ५ लाख रकम उपलब्ध गराउने छ।
- आगामी वर्षहरुमा संभव भएसम्म सहयोगलाई निरन्तरता दिने प्रयास गर्नेछ।
- २ वर्षसम्म एक जना प्राविधिक जनशक्तिको सहयोग उपलब्ध गराउनेछ।
- सेन्टरको अनुगमन गर्ने र सल्लाहसुझाव दिने।

कुमाख गाँउपलिकाले निम्न जिम्मेवारी वहन गर्नेछ :

- वर्धिङ्ग सेण्टरको लागि आवश्यक पर्ने जग्गा उपलब्ध गराउनेछ।
- भवन निर्माणको लागि स्थानीय स्तरमा उपलब्ध सामाग्री (अन्दाजी एक लाख वराबरको) उपलब्ध गराउनेछ।
- सेन्टरको लागि चाहिने औषधी तथा सम्पुर्ण सामाग्री व्यवस्था गर्ने।
- सेन्टरको लागि २ जना आवश्यक जनशक्ति उपलब्ध गराउने।
- स्तरउन्नतिको लागि स्थानीय तहमा आवश्यक पर्ने अनुमति, समन्वय जस्ता सम्पुर्ण कामकाज गर्ने।
- भवन क्षेत्र वरिपरी वार को व्यवस्था गर्ने।
- यथाशीघ्र एक जना कर्मचारीको व्यवस्था गरी चौरजहारी अस्पतालमा तालिमको लागि पठाउने।

मानव विकास तथा सामुदायिक सेवाले निम्न जिम्मेवारी वहन गर्नेछ :

- सेन्टरको नियमित अनुगमन गर्ने।
- गैरआवासीय नेपाली संघ अमेरिकालाई प्रतिवेदन दिन समन्वय गर्ने।
- आवश्यक जनशक्तिलाई अस्पतालमा तालिम दिने।
- अपुग रकम मध्ये रु. चार लाख सत्तरी हजार मात्र (४७०,०००) उपलब्ध गराउने।
- सेन्टरको आवश्यक प्रचार प्रसार एवं समन्वय गर्ने।
- रिफर गरिएका विरामीहरुलाई प्राथमिकतामा राखि उपचार गर्ने।

सम्झौताको अवधि: यो सम्झौता पहिलो पटक २०७६ फाल्गुण १३ भएकोमा विश्वव्यापी रुपमा फैलिएको कोरोनाको कारण संझौता समाप्त हुने भ्याद २०७७ फाल्गुण मसान्तमा परियोजना निमार्ण सम्पन्न हुन नसकेकाले आगामी चैत मसान्त २०७८ को लागि नविकरण गरिएको छ।

Extended due to COVID-19 pandemic

NON-RESIDENT NEPALI ASSOCIATION NATIONAL COORDINATION COUNCIL, USA

गैरआवासीय नेपाली संघको तर्फबाट

कृष्ण जिवि पन्थ
उपाध्यक्ष

कुमाख गाँउपालिका सल्यानको तर्फबाट

दिलमाया वुढा गिरी

गाँउपालिका अध्यक्ष

मानव विकास तथा सामुदायिक सेवाको तर्फबाट

डिल वहादुर गिरी
प्रशासक

मितिः २०७८/०७/२८

Agreement

Revised (November 2021):

1. **Non-Resident Nepali Association USA**
   - NRs. 25,00,000 for building construction
   - Additional NRs. 5,00,000 for equipment & supplies
   - Salary of a Skilled Birth Attendant (SBA) for 2 years (at similar rate to other contracted SBAs by the local government)
   - NRs. 200,000 for project coordination
2. **Kumakh Rural Municipality, Salyan**
   - Approval, coordination, upgrade
   - Acquire land from the community
   - Provide utilities (electricity, water, access road, etc.)
   - Additional funds (or materials) for construction (~ NRs. 100,000)
   - Hire SBA at the earliest and refer for training at Chaurjari Hospital
   - Ensure regularity of medicines
   - Human resources (additional 2 other staff)
   - Compound fencing
3. **Human Development and Community Services (HDCS), Nepal**
   - Project implementation, supervision and reporting
   - Training of SBA and staff
   - Additional funds for construction (NRs. 470,000)
   - Promote services of the birthing center
   - Award priority for patients referred by the birthing center at Chaurjari Hospital it manages

Annex 3: Testimonial from the Project Manager

> Remote projects have their unique problems, which are primarily due to the location. They carry a significant risk than a typical project in a prime area. This project is located in an isolated area, slightly far from a community with scattered and scarce housing.

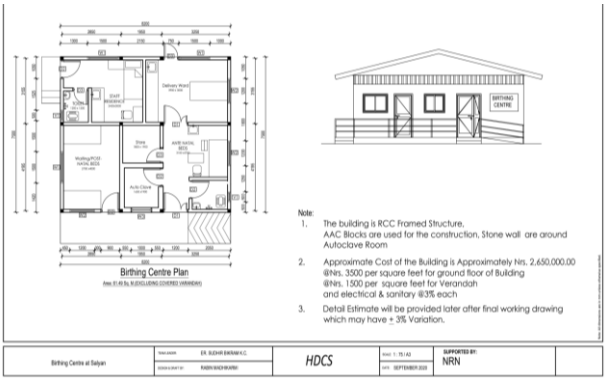
Construction work at site was halted many times due to a number of unforeseen circumstances, such as excessive rain than in the past, conditions of trail road, COVID crisis, local festivals, agricultural activities, etc. Managing a small project rather than a huge one is far more challenging, as it has limited budget and many constraints.

Initially, despite the painstaking efforts of the site's personnel, the progress of the works was not on time. We noticed there were many possibilities that could negatively affect the schedule within a few months of starting it. So, we adjusted the planning and schedule in order to handle the obstacles that developed during the construction. We were able to overcome these concerns one by one with proper corrective actions. Nonetheless, for some construction items, this makes the procedure more time consuming and tiring.

As most remote site construction projects fail due to a lack of attention paid to logistics, effective storage and arrangement of construction materials, as well as subsequent arrangement of the skilled manpower. Delay in decision making was overcome as I myself am the designer of the construction works. My regular site visits and participation in planning and scheduling as the Project Manager was able to overcome the complicated difficulties that could create delays owing to changes in construction techniques based on site conditions. For example, we had to dig deeper for the foundation work than expected. Another example is fabrication of metal work at a nearby market workshop to compensate for the delay caused by the lack of electricity at the construction site. The majority of the steel structures were later cut to size and welded there. Motorbikes were frequently used as a secondary mode to transport materials. A key lesson learned was to rely on local construction materials and labor rather than sophisticated building features. As a result, the use of local resources (such as stone walls replaced the brick walls in septic tanks and placenta pits) was prioritized to the maximum extent possible for the remainder of the project.

Sudhir Bikram KC, Project Manager, en route to the construction site from the project office in Chaurjahari

Annex 4: Design alternatives and cost considerations



Gmail Suraj Dahal <bistamundi@gmail.com>

Tatka Birthing Center at Kumakh Rural Municipality, Salyan

Sudhir K C <sudhir168@gmail.com> Fri, Feb 5, 2021 at 11:57 PM
To: Suraj Dahal <bistamundi@gmail.com>
Cc: Krishna Jibi Pantha <kjpantha1@gmail.com>, Axa Giri <giriaxa@gmail.com>, Kapil Sharma <kapil.hdcs@gmail.com>, caleb budha <Calebbudha@yahoo.com>, purnathapa37@gmail.com, Rabin Madhikarmi <rabin.madhikarmi@gmail.com>, Ashish Kunwar <akunwar08@gmail.com>, Khim Prasad Kandel <khim@kisc.edu.np>, kripesh dotcom <kripesh.dotcom@yahoo.com>

Dear All,
Warm Regards!
As per my email of 6 November 2020, I have submitted a proposal with an approximate cost and draft design of the birthing center, which must be further discussed and accepted by all the relevant stakeholders, including the beneficiary community and donors, before the comprehensive technical documents for this construction. Now I am quite puzzled about the situation, as I am not sure about the exact reporting and communication between you about the selection and approval of that particular type. However, as per my understanding, there are still some concerns that require more explanation on this construction initiative.

As a technical representative of HDCS, the medical criteria for facilities and the applicable government standard for such infrastructure are the ones I am dealing with. Nevertheless, the selection and approval of the structure type and other budgetary concerns are additional critical topics that all of us need to address together. Personally, I am more concerned with project technical preparation than with any communication with stakeholders, but I hope that the representatives of the CHR and the donors are better on these matters as there still seems to be some variation between the comfort zone of the donor and the expectations of the community about the type of structures we are building.

Although, I've discussed these concerns verbally for a couple of fronts, but today I'm going to quickly address the topic through this email. For our proposed birth centre, various types of structures can be developed according to the financial constraints. We can build different types of construction with different methodology and types of materials as per our budget, needs and specifications. The following are some of the alternatives available;

1) RCC Frame structure (With RCC Slab): Approximate cost is Nrs. 3,000,000.00
2) RCC Frame structure (But with without RCC slab and only with the metal truss): Approximate cost is Nrs. 2,650,000.00
3) Metal structure with concrete panel board/AAC Blocks: Nrs. 2,320,000.00

From the above mentioned types, my preliminary preference was for the type 2 structure, so I only mentioned that in my previous attachments. I have no priority for load bearing wall systems, since they are fragile during earthquakes, and the cost is also roughly between 2 and 3. As I mentioned earlier, there might be a few +/-variations in this approximate cost estimation during our detail final BOQ. In addition, the cost of beds and appliances, site development, placenta pit, septic tank and soak pit are not included in this cost. That means except the costs listed above, we do need a budget for this. However, if we're constructing directly by HDCS, we will try our best to adjust that construction (except beds and appliances) with the saved overhead cost. In overall, we can construct the cheapest by the option 3 among the above mentioned type. The types of structure that we are constructing contribute significantly to the project budget and schedule. Preliminary, we should select the type of structure we are constructing on the basis of our budget. Please be aware that the structure of any health-related structure should be stronger than the regular residential structure. Technically, in compliance with the building design requirements and the mandate by the Government of Nepal, any health-related structure should be built for immediate occupancy during any catastrophe, whereas residential structures can be designed solely for the safety of life during a natural disaster. As a result of this issue, health-related building costs are typically higher than typical residential construction costs.

Via this email, I would like to remind you that the comprehensive working drawings and other related documentation are followed only after the final option on the type of structure we are constructing, which means only after the final verification by the beneficiary community and the donors. (Note: the verification of the Relevant Government Authority will be carried out only after the final documentation of the proposal, however, we can have preliminary approval and start our construction at any time after the final selection of the type of structure we are constructing).

What I know about this project is that there is a discrepancy between the comfort of the donor and the expectations of the community, the desires of the community are to build a strong building, though we still have budget constraints. I'm supposed to have a conversation between some of you. If so, please let me know the exact state in which we can continue.

Sudeer

Annex 5: Request for payment, contract of Skilled Birth Attendant, and bank deposit receipt

गाउँ कार्यपालिकाको कार्यालय
रागेचौर, सल्यान
कर्णाली प्रदेश, नेपाल

पत्र संख्या : २०७८।०७९
चलानी नं. ७१४७
☎९८५७८४४८०१

मिति २०७८।१०।२८

श्री गैर अवासीय नेपाली संघ,
अमेरिका ।

विषय : रकम जम्मा गरि दिने सम्बन्धमा ।

प्रस्तुत सम्बन्धमा कुमाख गाउँपालिका,मानव विकास तथा सामुदायिक सेवा र गैरअवासीय नेपाली संघ अमेरिका संग मिति २०७८।०७।२८ गते त्रिपक्षीय सम्झौता अनुसार गैर अवासीय नेपाली संघ,अमेरिकाको तर्फबाट २ बर्ष सम्मका लागि कुमाख गाउँपालिका वडा नं.१ टाटकेमा संचाल भएको प्रसुति सेवा केन्द्रका लागि एक जना प्राविधिक जनशक्तिको सहयोग सम्झौता अनुसार उक्त कर्मचारीलाई भुक्तानि गर्ने रकम करार सम्झौता बमोजिम पहिलो तीन महिनाको तलब रु.५१०००। र पोशाक भत्ता रकम रु.१००००। जम्मा रु. ६१०००। रकमलाई कुमाख गाउँपालिका स्वीकोट स्वास्थ्य चौकीको हिमालयन बैंक कुमाख शाखा सल्यानमा रहेको खाता नम्बर ०५९०८२७७२७००१३ मा जम्मा गरि दिने व्यहोरा अनुरोध गरिन्छ ।

बोधार्थ :
मानव विकास तथा सामुदायिक सेवा
रुकुम पश्चिम चौरजहारी ।
कुमाख गा.पा.१ स्वास्थ्य चौकी स्वीकोट
सल्यान ।

जगत बहादुर घर्ती
प्रमुख प्रशासकीय अधिकृत

"सामाजिकन्याय ,शान्ति र आत्मनिर्भरता सुशासन र विकास ,कुमाखगाउँपालिकाको प्रतिबद्धता "
Web site : Kumakhmun.gov.np, Email: ito. kumakh2073@gmail.com

लक्ष्मी बैंक लिमिटेड
Laxmi Bank Limited

APPLICATION FOR TRANSFER OF FUNDS

Date: 16022022

Mode of Payment: ✓ Fund Transfer to other Bank through IPS
Purpose for Remit: NRHA Donation
Beneficiary: SWASTHYA CHAUKI SYA. SAMITI
Account No: 0590[illegible]70013
Currency: NPR Amount: 61,000/-
Beneficiary's Bank and Address: Himalayan Bank Limited Ragechour-08, Salyan
Amount in Words: Sixty one Thousand only
✓ Please Debit my/our Account No. 05420039131
Name: Sudhir Bikram K.C
Contact No. 9841545554

For Bank's use only
Date: 16022022
61020
8
Total: 61008

करार सम्झौता

कुमाख गाउँपालिका सल्यान तथा तारा वि.क. बीच भएको करारनामा

कुमाख गाउँ कार्यपालिकाको कार्यालय (यसपछि पहिलो पक्ष भनिएको) र सल्यान, कुमाख गा.पा. १ स्थाई ठेगाना भएका तारा वि.क. (यसपछि दोश्रो पक्ष भनिएको) बीच भएको देहायका शर्तहरुको अधिनमा रही उल्लेखित सेवा उपलब्ध गर्ने गराउने सम्बन्धमा यो करारनामा सहिछाँप गरी एक एक प्रति बुझि लियौं दियौं ।

१. दोश्रो पक्षले पहिलो पक्षले खटाइएको स्थान र समयमा "अ.न.मी. पदमा" रहि गर्नुपर्ने सम्पूर्ण कामहरु ।

२.दोश्रो पक्षले करारनामा बमोजिमको कार्य पहिलो पक्षको कार्यालय प्रमुख र आफुले काम गर्ने स्वास्थ्य सस्था प्रमुखको अधिनमा रही काम गर्नु पर्ने छ । आवश्यकता परेको खण्डमा कार्यालय प्रमुखले अर्को स्वास्थ्य संस्थामा पनि खटाउन सकिने छ ।

३. दोश्रो पक्षले यस करारनामा बमोजिम सेवा प्रदान गरे बापत पहिलो पक्षले मासिक रु १७०००।- (अक्षेरुपी रु. सत्र हजार मात्र) रकम पारिश्रमिक बापत मासिक रुपमा दोश्रो पक्षलाई प्रदान गर्नेछ ।

४. सम्झौतामा उल्लेख भए भन्दा बढि दावि गर्न पाईने छैन ।

५. करार अवधि २०७८ पौष १४ गते बाट लागु भई २०७८ फागुन मसान्तसम्म कायम रहने छ ।

६. दोश्रो पक्षलाई पारिश्रमिक बाहेक चाडपर्व खर्च तथा पोशाक भत्ता सुविधा प्रदान गरिने छ ।

७. कार्यक्रम सञ्चालनका लागि दिईएको करार अ.न.मी. पदको नियुक्ति कार्यक्रम सकिएपछि स्वत: करार नियुक्ति म्याद सकिने छ ।

८. दोश्रो पक्षलाई पहिलो पक्षले नेपाल सरकारले प्रदान गरेको सार्वजनिक बिदाका अलाबा बर्षमा १२ दिन भैपरी बिदा र १५ दिन किरिया बिदा बाहेक अन्य बिदा प्रदान गरिने छैन तर त्यसमा पनि दोस्रो पक्ष २४ सै घण्टा प्रसुति सेवा प्रदान गरिने संस्थामा खटिएको अवस्थामा दोस्रो पक्षले दिएको बिदा अधिकार नभएर सहुलियत मात्र हुने जुन पहिलो पक्षले आफुले प्रदान गरिने प्रसुति सेवालाई बाधा नपुग्ने गरि लिनु पर्नेछ । एउटा पनि प्रसुति सेवा प्रदानमा अनुपस्थित भई बाधा पुगेमा करार समझौता स्वत खारेज हुनेछ ।

९. दोश्रो पक्षको काम कारबाही सन्तोषजनक नभएमा पहिलो पक्षले सात दिन को अग्रिम सुचना दिई पहिलो पक्षले कुनै पनि समयमा करार समझौता तोडन सकिने छ । त्यस्तै दोश्रो पक्षले आफुले प्रदान गरिरहेको सेवा प्रदान गर्न असमर्थ भएमा सोको जानकारी कम्तिमा १५ दिन अगाडि नै पहिलो पक्षलाई दिनु पर्नेछ ।

१०. बर्थिङ सेन्टरमा २४ सै घण्टा तथा अन्य स्वास्थ्य संस्थाहरुमा कार्यालय समय र आवश्यकता परेको समयमा कार्यालयले खटाएको काम गर्नुपर्ने छ ।

११. सेवा करार बमोजिम तपाईबाट कार्यालयको गोप्य कुरा वा कागजात कुनै अनाधिकृत व्यक्तिलाई उपलब्ध गराएको प्रमाणित भएमा त्यस्तो गोप्य कुरा वा कागजात उपलब्ध गराएबापत तपाईलाई सेवाबाट हटाई सो बाट भएको हानिनोक्सानीको क्षतिपूर्ती कार्यालयले असुलउपर गर्ने छ र तपाईले उक्त क्षतिपूर्ती दिनपर्ने छ ।

१२. यस सम्झौता बमोजिम काम गर्दा जानाजान अवस्थामा कार्यालयको चल, अचल सम्पत्तिको नोक्सानी वा हिनामिना भएमा सोको क्षतिपूर्ती वा हानिनोक्सानीको बिगो यस कार्यालयलाई तिर्नु बुझाउनु पर्ने छ ।

१३. यस करारनामाका कुनै शर्तहरु दुवै पक्षको आपसि सहमतिबाट आवश्यक संशोधन गर्न सकिने छ । अन्य कुराहरु प्रचलित ऐन/नियमावली एवं सार्वजनिक खरिद ऐन,२०६३ तथा नियमावली २०६४ (संसोधन सहित) तथा करार सेवा कार्य विधि २०७३ बामोजिम हुने छ ।

१४. पहिलो पक्षले खटाएको स्वास्थ्य चौकीमा हाजिर भई दोस्रो पक्षले स्वास्थ्य चौकी प्रमुख तथा त्यस स्वास्थ्य संस्थाका कर्मचारीहरुले खटाएको काम गर्नु पर्ने छ । आवश्यकता परेको खण्डमा कार्यालय प्रमुखले अर्को स्वास्थ्य संस्थामा पनि खटाउन सक्ने छ ।

१५. कामको शिलसिलामा सरकारी कार्यालय गैर सरकारी संघ/संस्थाहरुबाट राम्रो काम गरे बापत प्रोत्साहन स्वरुप सुविधा उपलब्ध गराउँदा कुनै दुविधा पर्ने छैन ।

पहिलो पक्षको तर्फबाट	दोश्रो पक्षको तर्फबाट
दस्तखत :	दस्तखत :
नाम: जगत बहादुर घर्ती	नाम: तारा वि.क.
पद: प्रमुख प्रशासकीय अधिकृत	पद: करार अ.न.मी.
कार्यालयको छाप :	व्यक्तिगत ठेगाना : कुमाख गाउंपालिका वडा नं.१ ,सल्यान
मिति : २०७८।०९।१४	मिति : २०७८।०९।१४

साक्षी
दस्तखत :
नाम : मान सिंह ओली
पद: स्वास्थ्य संयोजक
कार्यालय : कुमाख गाउंपालिका कार्यपालिकाको कार्यालय रागेचौर, सल्यान ।

इति सम्वत् २०७८ पौष महिना १४ गते ४ रोज शुभम् ।

Annex 6: Estimate of equipment and instruments

SN	Furniture and Supplies for OPD	Units	Estimate (NRs.)
1	Working desk	1 for each practitioner	9,000
2	Working Chairs	1 for each practitioner	2,000
3	Patient chairs	2 for each working desk	4,000
4	Examination table/bed	1 in each OPD room	18,000
5	Foot Steps	1 in each OPD room	3,600
6	Curtain separator for examination beds	In each examination bed	6,000
7	Cupboard/Shelves for papers	As per need	14,000
8	Weighing scale	Adult and Child	1,600
		Sub-Total	58,200

SN	Basic equipment and instruments for OPD	Units	Estimate (NRs.)
1	Stethoscope	2	5,600
2	Sphygmomanometer* (non-mercury)(*Both adult and pediatric size in medicine and surgery OPD)	2	3,600
3	Thermometer (digital)	2 in each table	980
4	Jerk hammer	1 for each practitioner	1,295
5	Flash light	2	1,750
6	Disposable wooden tongue depressor	3 box	510
7	Hand sanitizer	500ml 10	3,000
8	Examination gloves	2 box medium size	1,300
10	Measuring tape	3	190
11	Tuning fork	1	750
12	Proctoscope	1	1,500
13	Otoscope	1	2,800
14	Duck's Speculum	1	690
15	Aeyer's Spatula/Slides (Pap Smear or VIA materials)	1	1,200
16	Betadine/Swab	1	450
17	Fetoscope	1	750
18	Abdominal drape for patients	5	6,000
		Sub-Total	32,365

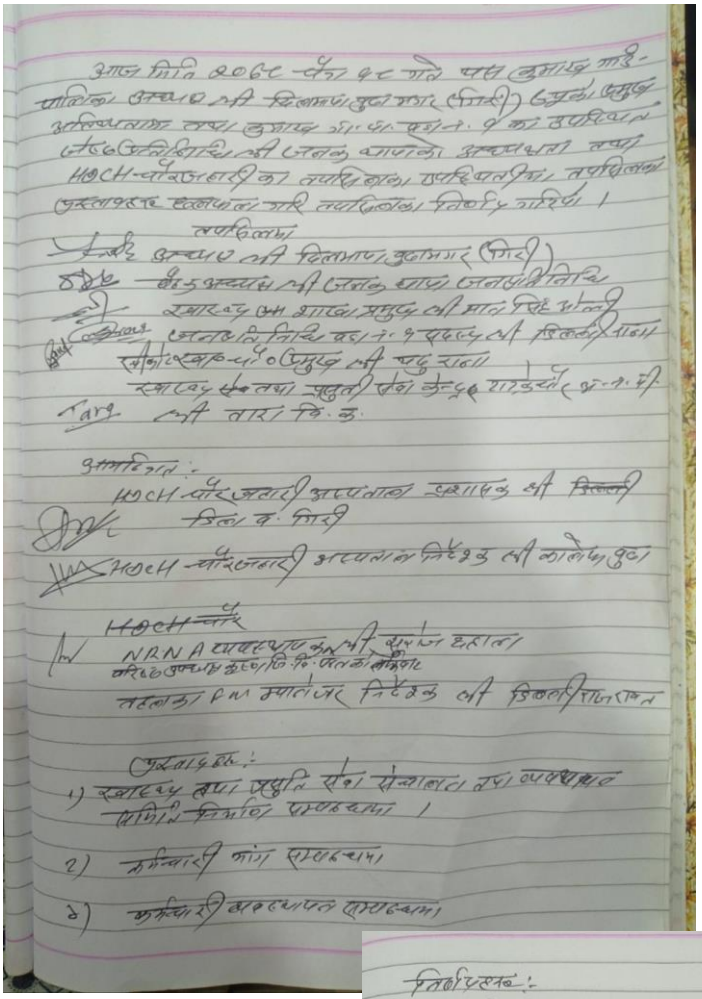
SN	Furniture for Labor Room	Units	Estimate (NRs.)
1	Delivery bed	1	24,000
2	Clean bed linen	5 set	2,850
3	Curtains	1	5,500
5	Newborn Resuscitation table	1	14,900
6	Light source(for procedure)	2	9,000
7	Room Heater	1	4,000
8	Baby heater	1 per delivery bed	4,000
9	Cot with beds(for ANC and PNC)	2	45,000
10	Refrigerator for labor room	1	42,000
		Sub-Total	151,250

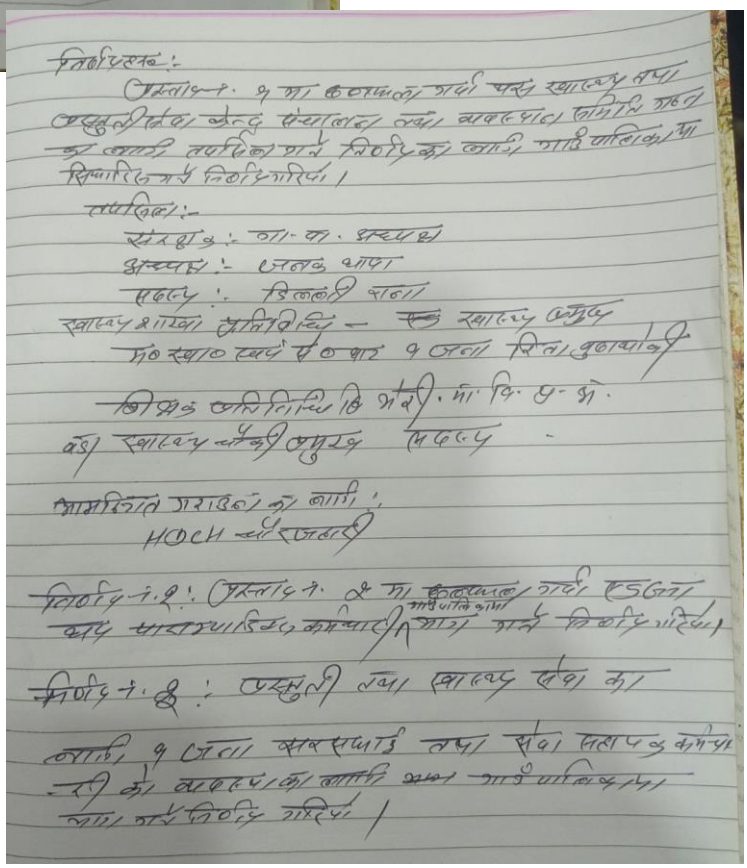
SN	Equipment and Instruments for Labor Room	Units	Estimate (NRs.)
1	BP Set (Non mercury) and Stethoscope	1	2,800
2	Body Thermometer (Non- mercury)	1	190
3	Room thermometer	2	1,900
4	Fetoscope	2	1,700
5	Fetal stethoscope	1	7,900
6	Baby weighing scale	1	2,900
7	Self-inflating bag air mask - neonatal size	1	1,800
8	Mucus extractor with suction tube/(Penguin)	2	1,700
9	Doppler	1	7,000
10	Vaginal speculum (Sims)	2	2,400
11	Neonatal resuscitation kit	1	4,500
12	Adult resuscitation kit	1	4,800
13	Sterile Delivery Instrument Set (Check each set)	4 sets per delivery beds	14,400
	Sponge forceps	2	3,600
	Artery forceps	2	
	S/S bowl (Galli pot)	1	
	S/S bowl (receive placenta) (1-2 litre)	1	
	Cord cutting Scissors (blunt end)	1	
	Cord ties/cord clamp	2	
	Plastic sheet/ rubber sheet	1	
	Gauze swabs	4	7,800
	Cloth squared	3	
	Kidney tray	1	
	Peripad/ big dressing pad	2	
	Leggings	2	
	Perineal sheet	1	
	Baby receiving towel	1	
	Sterile gown	1	
14	Suture set (Check each set)	2 sets	3,600
	Needle holder	1	
	Sponge holder	1	
	Suture cutting scissors	1	
	Dissecting forceps (tooth and plain)	2	2,800
	Artery forceps	1	
	Galliport	2	
15	Episiotomy set (Check each set)	2 sets	34,000
	Episiotomy scissors	1	
	Needle holder	1	
	Suture cutting scissor	1	
	Dissecting forceps (tooth and plain)	2	
	Artery forceps	1	
16	Vacuum set	2	3,600
17	Forceps set for delivery	1	1,200
18	Water proof gown (washable)	10 sets	9,500
		Sub-Total	120,090

SN	CSSD Equipment and Supplies	Units	Estimate (NRs.)
1	Working Table	1	6,800
3	Steel Drums	3	4,800
4	Storage Shelves	2	24,000
5	Autoclave Machine (20-40 liter, pre-vacuum, with horizontal outlet)	2	24,000
6	Double Wrappers	As per need	1,650
7	Timer	2	1,600
8	Thermal Indicator Tape	As per need	1,200
9	Cap, Mask, Gown, Apron	3 sets	3,600
10	Gloves	1 box	640
11	Cotton Rolls	1 box	2,218
12	Cotton Gauze	1 box	2,518
13	Scissors	2	790
14	Gauze cutter	2	1,600
15	Buckets	5	6,500
16	Scrub Brush	As per need	950
17	Hamper bag (cloth sack for collection of wrappers)	As per need	1,550
18	gas stove	1	650
19	Gas cylinder	2	4,400
		Sub-Total	89,466

SN	Waste Management	Units	Estimate (NRs.)
1	Green coloured bucket	3	3,500
2	Blue coloured bucket	3	3,500
3	Red coloured bucket	2	3,500
4	Needle cutter	1	3,500
5	Sharp wastes collecting bins	2	4,200
		Sub-Total	18,200
		Total	**469,571**
		13% VAT	60,654
		Total with VAT	530,225
		Delivery & setup charges	91,500
		Grand Total	621,725

Annex 7: Minutes of the management committee meeting





Annex 8: Picture Gallery

Transporting materials to construction site

Excavation Works

Excavation Works

Excavation Works

Trench for the Substructure Wall

Metal Column Erection

Metal Column Erection

Excavation works for the Septic Tank

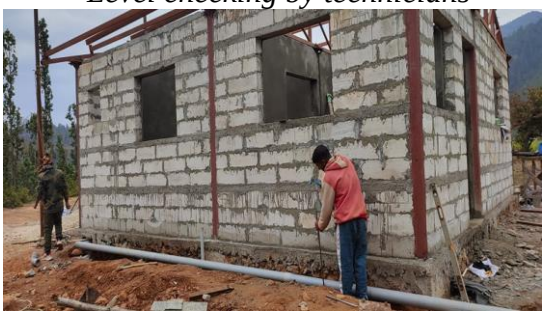
Construction materials at site

Construction materials at site

Reinforcement Works by local workers

Level checking by technicians

Metal Truss Erection



Waste water pipeline works

Sanitary works

Plastering works

Bad access road to the construction site after rain


Transportation difficulties during construction

Project Handover and Service Opening Day Ceremony: 1 April 2022