



Sambhav Nepal
possibility knows no bounds

Himalayan Ambulance

Blessing to the poorest of the mountain communities



Scope	
Focus	Access to health care in remote areas
Location	Gorkha, Nepal
Start project	planned for January 2020
Total project duration	8 months
Budget	CHF 24'000 per Ambulance

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1. Introduction

“National Scenario of Mothers Health”

Despite of the panoramic natural beauty, Nepal is one of the poorest countries in the world with socio-ethnic diversities. Around one third of the population is passing their lives below the absolute poverty line.

The Constitution of Nepal identifies health as a fundamental human right and enshrines individual right to free basic health services, emergency health service and right to information about health to all.



National Health Policy (2014) and the Nepal Health Sector Strategy (2015-2020) aspire to fulfill this constitutional mandate with defined strategies to expand quality health services to all. However, in practice, **access to quality maternal health is always a serious issue**. Even from the data produced by the government agency, only 45% mothers receive post natal care and 36% births are attended by skilled health staffs. The situation is so miserable that almost two third of the population must depend on their luck for their safe delivery.

In every 1'000 infants, 46 die as soon as they are delivered and 54 die before reaching 5 years of age. 170 mothers out of 100'000 die due to the complication in pregnancy. Still 12% of the children are grown without any kind of vaccination. 35% of the pregnant women do not even have iron tablets and they get different problems because of the iron deficiency. 52% post-partum mothers are not receiving vitamin A as well. All these data are based on the report presented by government agencies and people still doubt that the reality is more worsening than this.

2. Impact

What will be reached through the Himalayan Ambulance:

- Access to health care for **220'000 people** in remote areas of Nepal's mountains
- **Saving lives** of human beings (newborns, mothers, elders, injured, sick, etc.)
- **Reducing mother-mortality** during pregnancy and delivery, as well as after birth
- **Reducing of contagion** due to propagation of non-treated illnesses
- **Enhance life condition** through health
- **First aid access** after accidents
- **Rescue** after natural disasters (landslides, flood, earthquake, fire, etc.)
- **Securing children** visiting school and not replacing sick or injured parents

There are many more situations and conditions, which will be enhanced or even eliminated. **The impact of access to health care is inexplicable.**

3. Local Situation in Gorkha

Gorkha is one of the remote hilly districts located in western Nepal. Out of total 271'061 population, 121'041 are males and 150'020 females. 81% of above population are dependent on agriculture. Almost 40% of the people are under the poverty line that passes their lives with only 50 cents for a day.



Being located in a mountainous region, access to basic health and other fundamental medical services are beyond public access. There is still a practice of early marriage in rural parts of Nepal mainly due to economic condition because they see marrying off a daughter as transfer of

a burden to another family, and also because they consider it as a tradition to marry in their teenage years like older generation did. The early marriage leads to early pregnancy and thereby occurs different complications on mothers and children's health. Out of total 7'315 pregnancy cases visited in different health service posts in the district in the past year, almost 20% were of adolescent girls. The total pregnancy cases are believed to have been double of those visited cases.



Similarly, people are compelled to sacrifice their lives in the hands of Dhamis and Jhakris (these are the Nepali words for traditional healers/witches, doctors/shamans) due to not having access to proper health care.

The major health challenge in the district is to reduce the mother child mortality rate which is mainly because of the complexities observed during pregnancy and procedure followed for delivery. The 3D's (Delay to decide at home, Delay on the way, Delay to arrive to the health posts) are the responsible factors. If we can take the mothers to quality health services on time, the majority of these cases can be stopped from ending their lives. So Himali Ambulance could be really a ray of hope for the life deprived of quality health services.
(Statement of District Health Officer, Gorkha)

It is really complicated to transport pregnant women for their medical services because of unavailability of any sort of proper transportation facilities. The villages are linked with muddy



road and have no public or private vehicles for transportation. Usually, patients feel lucky if there are any stretchers available to carry them to the health centers. If that is not possible than they need to rely on some strong youths to carry them on wicker baskets made of bamboo. But, due to the situation of the earthquake 2015, the youths are forced to leave their home to find employment to earn money for rebuilding their family home. Because of this, it is hard to even find such capable people in the villages.

4. How Health Stations Work

In Nepal, there are two kinds of health stations. One is run by the government and another is run by the private sector. The government-run health stations provide their services for free (delivery) or at cheaper rates whereas the private ones are more expensive, with a much better service but not possible for the villagers in terms of payment, also not reachable without the Ambulance.

In many developed countries, health is covered either by the government or they have health insurances. In Nepal, health isn't covered by the government. All people take the service as per their economic condition. Many of the people take loans to pay for their medical treatment. In doing so, many go into debt for years.

In our project we are going to support the poor people to have access from the remote villages to the services of the public government health posts/stations. Through the transport, they are able to reach these health stations immediately for the emergency treatments as delivery, accident, etc.

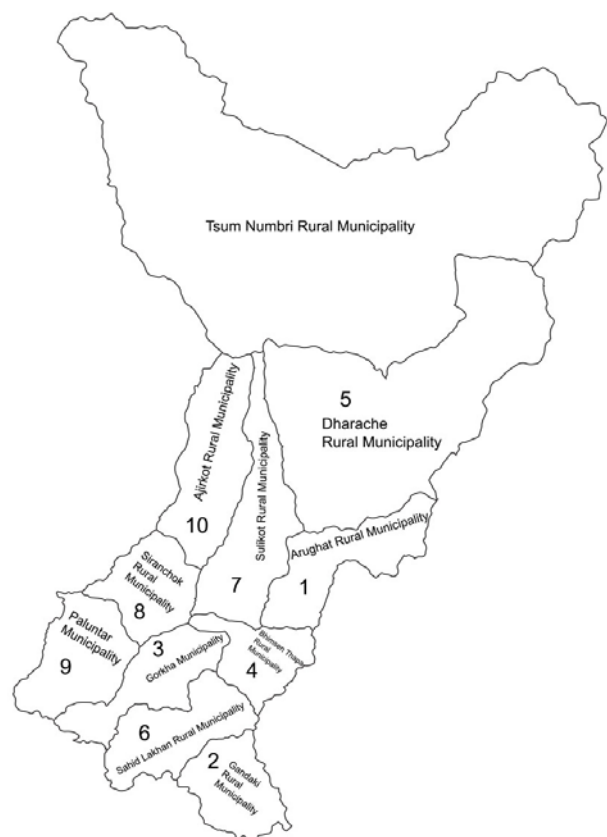
5. Project Description

Himalayan Ambulance is a health concerned project to give life for the people who are severely injured or even near to their death. The project has been designed in close consultation with health experts, government officials and authorities from municipality and people from the targeted communities. **We strive to find the optimal solution for the local people and their**

situation, in accordance with the law. Integrate the project outcome into the social life with support of the official offices to eliminate the incurring ongoing cost for Sambhav Nepal.

The project aims to increase an easy access for the rural communities of Gorkha district through providing ambulance services. 20 ambulances are proposed to provide for the health service centers (where there is a garage to safely park the ambulance car) located in different locations which are:

1. Aarughat Rural Municipality
 - a) Manbu Health Post
 - b) Arupokari Health Post
 - c) Aru Arbang Health Post
 - d) Thumi Health Post
2. Gandaki Rural Municipality
 - a) Makaising Primary Care Center
 - b) Fujel Sub-Health Post
 - c) Ghyalchowk Sub-HealthPost
3. Gorkha Municipality
 - a) Taple Sub-Health Post
 - b) Chhebetar Sub-Health Post
 - c) Deurali Sub-Health Post
4. Bhimsen Rural Municipality
 - a) Ghyampesal Sub-Health P.
 - b) Ashrang Sub-Health Post
 - c) Dhawa Sub-Health Post
5. Dharche Rural Municipality
 - a) Machhakhola Sub-Health P.
 - b) Laprak Sub-Health Post
6. Sahid Lakhnan Rural Municipality
 - a) Bungkot Sub-Health Post
7. Sulikot Rural Municipality
 - a) Taku Sub-Health Post
8. Siranchok Rural Municipality
 - a) Jaubari Primary Care Center
9. Palungtar Municipality
 - a) Palungtar Sub-Health Post
10. Ajirkot Rural Municipality
 - a) Bhachchek Sub-Health Post



6. Beneficiaries of the Project

The project will benefit the population living in Gorkha and at the boarder of its neighboring districts which are Chitwan, Dhading, Tanahun and Lamjung. The project is expected **to benefit around 200'000 people from Gorkha and 20'000 people from adjacent districts.**

The district has a married female population of 60'400 out of which 7'301 are expected pregnancy as calculated by the District Health Office of Gorkha, which is the major administrative unit of health in the district and ensures proper delivery of preventive and curative health services through different health institutions. So, these are the targeted beneficiaries of this project.



7. Why Himalayan Ambulance?

Nepal is still considered as an underdeveloped country. It is growing in some fields but not as much as other developing countries. It is still lacking behind in many facilities and has many problems, especially in rural areas. Lack of transportation is still one of the biggest problems in such areas and among the transportation service, medical transport service such as ambulance is rare or there are none at all. The villages are linked with muddy road and have no public or private vehicles for transportation.



People still need to walk miles to go to the nearest health post. And due to the difficult terrains, it makes it almost impossible to transport sick patients and pregnant women into the hospitals. People living there still rely on stretchers or other strong people hoping they would carry them to the hospital.

Hence, **Himalayan Ambulance is a health project introduced to give hope and opportunity** by providing ambulance service to sick people of the rural communities of the Gorkha district.

8. Ambulance Car: Mahindra Bolero

We did the evaluation between the two wise/reasonable Ambulance cars available in Nepal, which are Tata Sumo and Mahindra Bolero (both made in India). Everything else (like Toyota) is too expensive and not easily available.



The **benchmarks** are the following (incl. comparison between Tata Sumo and Mahindra Bolero):

- **Resistance** in mountainous regions: Bolero has higher resistance
- **Behavior**, driving off-road in Himalayan conditions: much better for Bolero
- **Spare parts**: where are they available and their cost: For Bolero available in Gorkha, Kathmandu, Chitwan and India, they are about same price for both
- **Space**: more room for transporting in Bolero as it is longer than Tata (width is the same)
- **Medical equipment** available: yes (both)
- **Price**: almost same
- **Maintenance** experiences: much less for Bolero
- **Handling** and repairing: much easier for Bolero
- **Duration/Lifetime**: Bolero lasts several years longer



Details for Mahindra Bolero Ambulance Car:

<https://www.mahindraborero.com/mahindra-bolero-model-ambulance.aspx>

Features of the car:

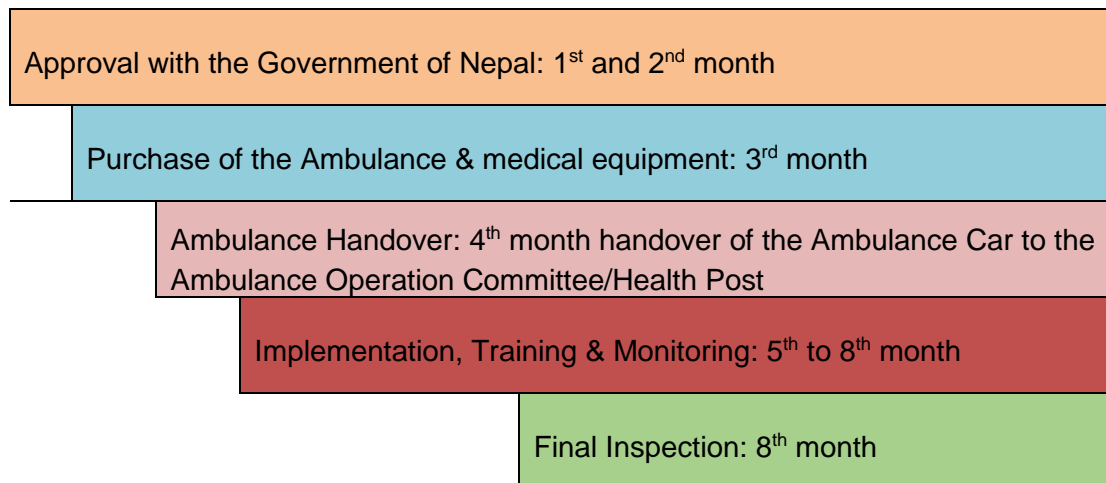
- **Foldable stretcher** cum trolley (equipped with a superior quality stretcher cum trolley, the Mahindra Ambulance is fitted with wheels that support shifting of the patient from their place to the ambulance.)
- **3 seats** for relatives/attendants (designed to comfortably seat three adults, these seats are well-cushioned and can sustain long journeys, even through difficult times.)
- Stainless steel **wash basin** (a stainless-steel wash basin enables the attendant to carry out all emergency tasks, with ease.)

9. Project Implementation Mechanisms

For the smooth operation of the project, Sambhav Nepal will take the leading role to coordinate with local community, health officials and government personnel through its experienced social workers. There will be a Health Service Management Committee led by the chairperson of each Health Service Center which is ultimately responsible to oversee the smooth operation of the ambulance. **Sambhav Nepal will support the ambulance whereas local municipality has agreed to allocate its fund for the operation cost such as driver's salary and so on.**

Similarly, little support will be raised through the consumers of the ambulance. The committee has come up with an initial idea to charge NRs 60 per KM for off-road and NRs 45 per KM for pavement black-topped road. This is the rate we have fixed for the use of ambulance. But it won't be mandatory to pay this amount considering the many poor people in the villages. Instead we will simply ask them to donate how much they can and in Nepal its common that people donate some amount after using a service. The collected amount will be deposited into the institutional bank account of the Health Service Center and annual financial audit will be carried out by an independent registered auditor. The operation guideline will be reviewed periodically as per need.

10. Project Timeline



1st and 2nd month: Submitting proposal to SWC, receiving approval and coordinating with other government bodies for implementation of this project

3rd month: Purchasing ambulance and all other required medical equipment

4th month: Handover the ambulances to concerned health posts

5th to 8th month: Implementation and Monitoring

8th month: Final Inspection: Final report through doctor and coordinator submitted to Sambhav Nepal.

Ongoing: Sambhav Nepal will always be in contact with the Health Post/Ambulance Operation Committee on regular basis to support any time they need at free of cost.

11. Budgeting

The following table presents the estimated budget buying all 20 Ambulance Cars at once:

No	Particulars	Unit	CHF Rate	Quantity	Total 20 cars in CHF
1	Mahindra Bolero Ambulance 4x4WD	car	15'000	20	300'000
2	Medical equipment set up	set	3'000	20	60'000
3	Medical kits	set	550	20	11'000
4	Project Accountant	1	450	8	3'600
5	Project Manager	2	450	8	7'200
6	Controlling, Coordination, Communication (Projectlead CH)	1	650	8	5'200
7	Ambulance Doctor	4	750	8	24'000
8	Others (Monitoring from SWC, other Govt Bodies, official expenses etc.)		350	20	7'000
9	Accommodation, transportation during field visit		350	20	7'000
10	Stationery to keep the patient record in each ambulance	1	190	20	3'800
11	Risk of FX exposure (3.8%)		875	20	17'500
12	Risk of contingencies (2.4%)		548	20	10'950
			23'163¹		457'250

The total amount for the project is proposed to be CHF 457'250. Sambhav Nepal team has had a series of meetings with the local authority to get the ambulance free of tax for this project. The tax for imported vehicle is 250%. **All these taxes are freed** for this project.

Notes:

1. This includes cost for insurance for one year (afterwards: Health Posts/Committee will pay for the running cost and maintenance incl. insurance).
8. This is for all the Government Authorities activities of monitoring by going into the field (covers transportation, food, accommodation). Government Authorities are: Social Welfare Council, Center Ministry of Health, Province Health Department, Gorkha District Health Department, Local Government of each village
9. This is for doctors, coordinator, etc. during the whole project.
10. This is for all bookkeeping of the patients who use the ambulance for three years. As well as for bookkeeping for the Sambhav officework in Nepal during the project.

In case of partial funding, we will start as soon as we have 5 Ambulances covered.

The following table presents the estimated budget buying 5 Ambulance Cars at once:

No	Particulars	Unit	CHF Rate	Quantity	Total 5 cars in CHF
1	Mahindra Bolero Ambulance 4x4WD	car	15'000	5	75'000
2	Medical equipment set up	set	3'000	5	15'000
3	Medical kits	set	550	5	2'750
4	Project Accountant	1	450	8	3'600
5	Project Manager	1	450	8	3'600
6	Controlling, Coordination, Communication (Projectlead CH)	1	650	8	5'200
7	Ambulance Doctor	1	750	8	6'000
8	Others (Monitoring from SWC, other Govt Bodies, official expenses etc.)		350	5	1'750
9	Accommodation, transportation during field visit		350	5	1'750
10	Stationery to keep the patient record in each ambulance	1	190	5	950
11	Risk of FX exposure (3.8%)		946	5	4'730
12	Risk of contingencies (2.4%)		592	5	2'960
			23'278 ¹		123'290

¹ The Rate for one car in both above tables are not showing the exact full cost, as the manpower work has to be calculated for the whole 8 months irrespective of the amount of cars.



12. Roles

Required human resources for this project are an Accountant, two Project Managers, one Project Leader and four Doctors (in case of five cars, it will be one Project Manager and one Doctor only):

Project Accountant (1 person)

A Project Accountant is hired to handle all of the financial issues for this project. The project accountant position is accountable for monitoring the progress of projects, investigating variances, approving expenses, reviewing and approving supplier invoices related to the project, creating project accounts in the accounting system and maintaining project-related records, including contracts and change orders.

Project Managers (2)

We need two project managers to smoothly run this project. From preparing the proposal to coordinating with all of the government bodies in order to gain approval for this project; it all falls under the Project Manager's job. Besides these, the Project Manager's job is to plan, budget, oversee and document all aspects of the project. Project Managers will finish all of the administrative work within four months and after that, they will be in the field to monitor and evaluate the project.

Coordination, Controlling, Communication: Project Lead CH (1)

We need one Project Leader who coordinates all processes and makes sure, the project runs as proposed. He administers the cooperation of Switzerland and Nepal, takes care of fundraising, communication, presentation and administration. This person carries the responsibility towards the donors.

Ambulance Doctors (4)

Four skilled and experienced medical doctors will be hired for this project. Each of the 4 doctors will look after 5 ambulances. The doctor's job is to install the medical equipment and check whether it works or not. They will ensure that the equipment in the ambulances are up to date and functioning well. In 4 to 8 months of the project timeline, the doctors will train the ambulance personnel on how to handle the medical equipment so that they can use it on the patients who are being carried to the hospital or health post.

13. Sustainability of the Project

Sustainability has been properly considered and well planned from the beginning of the project. Therefore, certain percent of the amount raised from the ambulance users are collected into the fixed account. The plan is that around 8-10 thousand rupees will be saved in a month which will in total be roughly around 100,000 rupees in one year. We are estimating that the ambulance will run for 15 years. After 15 years, the community itself will be able to buy the new ambulance and replace the old. For buying the new ambulance, **further funding won't be necessary** as the community will be self-sufficient and have their own fund through the collected small contributions from patients from each transport.

14. Proposal

We propose for funds to implement this precious project in the HEALTH sector. Every donation is precious and welcome. We collect each donation and bring them together to fulfill the project.

Date of Proposal: July 2019

Proposed by Sambhav Nepal (Switzerland)



Melanie Kreuzer (President)

15. Appendix

1. Sambhav Nepal Switzerland Portrait
2. Annual Report 2018
3. Mahindra Bolero Technical Sheet
4. Article about Status of rebuilding Health Posts in Nepal, Kathmandu Post, 24.07.2019
Therefore – the Himalayan Ambulances will bring a huge change and chance for the people of mountainous regions.

