

RUMAH KAMBERA

Medical, Social, and Logistics Centre

Kawangu, East Sumba – Indonesia

Project 2026

Fair Future Foundation

A Swiss foundation active in Indonesia for 17 years



Presentation document – Project currently being funded

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TABLE OF CONTENTS

Rumah Kambera 2026, Strategic Synthesis	Page 3
History and limitations of the current infrastructure	Page 4
Context and strategic necessity	Page 5
Why infrastructure is the limiting factor	Page 6
Operational impact of Rumah Kambera	Page 7
Technical characteristics of the project	Page 8
Projected schedule and commissioning	Page 9
Estimated overall budget	Page 10
Indicative budget breakdown	Page 11
Terms of commitment and partnership	Page 12
Why Fair Future will deliver this project	Page 13
Vision 2035 – Structuring a sustainable rural health system	Page 14
Vision 2035 – Key indicators	Page 15
Architectural concept – Illustrations and workflows	Page 17 to 22
Governance and Board engagement	Page 23





RUMAH KAMBERA 2026 – THE ESSENTIALS



The problem

- In East Sumba, the lack of medical and logistical infrastructure transforms treatable pathologies into emergencies, and then into preventable deaths.
- Since 2020, our programs on the ground have increased significantly, but our current base, outdated and undersized, now limits our ability to act.

The solution

Building Rumah Kambera: an integrated socio-medical infrastructure including:

1. A training centre for community health workers;
2. A mini medical centre with a secure pharmacy;
3. Workshops for technical programs, such as “Water Connections” or “SolarBuddy”
4. A permanent logistics base;
5. A technical platform integrating water, sanitation and solar energy.

Rumah Kambera is not an administrative building. It is a structuring operational tool for the next 20 years.

➔ The expected impact

By 2035:

- 50 to 60 trained agents
- 15,000 to 20,000 additional patients
- Reduction of stockouts
- Enhanced logistics capacity

➔ The budget and the deadline

Estimated budget: 1.7 to 2 billion IDR

Target commissioning date: before the end of 2026

Critical deadline: end of the current lease.

The land has been acquired.

The concept is validated.

The teams are mobilized.

➔ Detailed indicators

Available in the 2025 Annual Report

Access the full report



A strategic tool serving a structured and sustainable rural socio-health system



HISTORY AND CURRENT LIMITATIONS

Since 2020, the foundation has been renting the current Rumah Kambera base in East Sumba every year.

The building, already old when it was leased, has gradually deteriorated. The lack of structural maintenance and the wear and tear on the roofs, sanitary facilities and interior spaces no longer allow for socio-medical activities to be carried out there under acceptable professional conditions.

- The current constraints are significant;
- Insufficient surface area for logistics storage;
- Lack of a dedicated training room;
- Pharmacy and technical areas are unsuitable;
- Precarious hygiene conditions (*only one local toilet, no functional bathroom*);
- Living spaces unsuitable for hosting volunteers, partners and teams.
- ...

The growth of medical, logistical, and training programs now exceeds the site's physical capacity. Major repairs would be costly, unsustainable, and ill-suited to our evolving needs.

Furthermore, funding has been secured to establish a medical and social laboratory, specifically for water analysis. Its installation requires suitable infrastructure that the current site cannot provide.

The existing tool no longer allows us to progress. It limits the way we are structuring the rural health system we are developing.

Moving from a temporary site to a permanent solution is a structural condition of our development.



STRATEGIC MEDICAL AND SOCIAL CENTER FOR EAST SUMBA

The lack of a suitable, fixed base transforms treatable illnesses into emergencies and then into preventable deaths.

Today, our programs exceed our current logistical capacity.

Rumah Kambera will include:

- A training centre for community health workers;
- A mini-medical centre with a secure pharmacy and a small laboratory;
- A logistics base for field missions;
- Coordination and living spaces for the team.

Rumah Kambera is an operational tool, not an administrative headquarters. It will shape the next twenty years of our work in Sumba.

- ➔ **Objective:** commissioning before the end of 2026
- Critical deadline:** we must leave our current premises by this date

We are seeking partners capable of funding this strategic infrastructure, in whole or in part.

Every contribution is traceable and directly linked to access to healthcare in the most isolated areas of Indonesia.

Rumah Kambera provides the essential foundation for ensuring continuity and quality of care in ultra-rural areas.

i Construction of the Mbinudita primary school, now the most beautiful and unique in East Sumba. Built without roads, water, or electricity. 200 children now study there.



WHEN OUR STRUCTURAL CAPACITY BECOMES THE LIMITING FACTOR

Today, the human and institutional foundations are solid.

- Our teams are trained;
- Our programs are operational;
- Our institutional partnerships are active and committed to us;
- We are official partners of the Indonesian government.

The limiting factor is no longer human. It is structural.

Since 2020, we have been working at Rumah Kampera, an older site we rent annually. It has been progressively degraded and is no longer suitable for our evolving activities.

- We do not have a proper centre;
- Medical supplies are dispersed;
- The training sessions are organised in temporary locations;
- The pharmacy is not as secure as it should be;
- We're not able to expand or develop other activities;
- The reception of partners, volunteers and teams takes place under constrained conditions;
- ...

We are operating, but at limited capacity.

Without a suitable fixed base, we reach a structural ceiling. Our programs can continue, but they cannot scale up.

Rural health does not depend solely on skills. It depends on appropriate physical capacity.



WHAT RUMAH KAMBERA CHANGES CONCRETELY

1. Medical Centralisation

- Secure storage of medicines and equipment;
- Improved preservation and traceability of equipment;
- Rational management of equipment;
- Optimised preparation for field missions.

Result: fewer breaks, less loss, more efficiency.

2. Structured and continuous training

- Regular sessions for community health workers;
- Spaces dedicated to practical learning;
- Standardised transmission of protocols;
- Skills monitoring and evaluation

Result: consistent and lasting quality of care.

3. Increased coordination and responsiveness

- permanent logistics base;
- Centralised intervention planning;
- Reduced deployment times;
- Better coordination with local authorities

Result: faster, more consistent, safer interventions.

Rumah Kambera transforms a dispersed action into a structured system.



TECHNICAL SPECIFICATIONS OF E RUMAH KAMBERA

1. General Data

- Land area: 4,300 m²;
- Planned building area: approx. 935 m²;
- Optimised the layout to limit the impact on the ground.
- Organisation into public, semi-private and private zones;
- Design adapted to local climatic constraints (*heat, heavy rain, logistical isolation*).

2. Medical and logistics spaces

- Medical center, small laboratory and secure pharmacy;
- Technical equipment storage area;
- Garage and workshop for field equipment;
- Integrated water and sanitation system;
- Autonomous energy installation (solar).

3. Training and coordination spaces

- Essential training room;
- Community amphitheatre;
- Office and coordination space;
- Library and documentation;
- Living spaces for staff and volunteers;
- Medicinal plant garden and vegetable garden.

A center designed to last, serving primary care and prevention.





TENTATIVE TIMETABLE AND COMMISSIONING

→ Step 1 – Land Finalisation

March 2026

Final act and administrative securing of the land

→ Step 2 – Implementation plans and permits

April 2026

Technical validation, coordination with local partners

→ Step 3 – Start of work (depending on funding)

June 2026:

Construction in phases, prioritizing medical and logistics zones

→ Step 4 – Gradual commissioning

Target: before the end of 2026

Critical deadline: we must vacate our current premises by this date.

The site is secure. The plans are approved. Implementation now depends on funding.



OVERALL PROJECTED BUDGET; CONSTRUCTION PHASE ESTIMATE

Based on the validated architectural concept and current construction costs in Indonesia, the estimated budget for the project is between:

- 1.7 and 2 billion IDR - or approximately 80,000 to 100,000 CHF.

This estimate includes all the operational functions necessary for the sustainable deployment of medical programs:

- Construction of the main buildings (*medical centre, training room, logistics and living spaces*);
- Secure pharmacy and mini-laboratory;
- Medical facilities and strategic equipment storage;
- Water systems, sanitation, drainage and rainwater harvesting;
- Standalone energy installation (*solar and electrical infrastructure*);
- Training spaces, team coordination and accommodation;
- Outdoor amenities: medicinal gardens, community vegetable garden, access and parking;
- Technical reserve for maintenance and unforeseen events;
- ...

An infrastructure built with local materials, sustainably designed to serve future generations.



i A newly constructed 115 m³ underground reservoir, an autonomous rainwater collection and filtration system for an isolated rural community of 300 inhabitants.



INDICATIVE BREAKDOWN OF THE CONSTRUCTION BUDGET

The budget structure was estimated based on the validated architectural concept and comparable projects already carried out by the foundation.

- Construction & main structure: **50%**
 - Foundations, masonry, framework, roofing, and essential finishes.
- Medical facilities, pharmacy & laboratory: **15%**
 - Securing medications, medical furniture and the laboratory area.
- Solar energy & technical systems: **10%**
 - Photovoltaic installation, batteries, and electrical systems.
- Water, sanitation & drainage: **8%**
 - Rainwater harvesting, storage, filtration, and sanitary network.
- Furniture & training equipment: **6%**
 - Tables, chairs, teaching materials, logistical equipment.
- Community spaces & medicinal gardens: **4%**
 - Extension of the medicinal herb garden and creation of a vegetable garden.
- Administrative & legal fees: **3%**
 - Land deeds, notary, permits, and technical studies.
- Contingency and unforeseen technical issues: **4%**

We'll adjust the final amounts after validating the detailed execution plans, without changing the overall estimated budget.

Each budget item corresponds to a specific medical and logistical need.



COMMITMENT AND SUPPORT ARRANGEMENTS

The land has been acquired.
The architectural concept is validated.
Local teams and technical partners are mobilised.

The construction phase can begin according to the planned schedule.

We are looking for private donors, committed companies, and institutions wishing to make a concrete contribution to:

- The construction of a structuring socio-medical centre;
- Improving access to primary care and secure pharmacy;
- The development of training programs for community health workers.
- Access to clean water, sanitation and solar energy;
- Strengthening the autonomy of women and rural communities;
- ...

Contributions can take the form of:

- From the overall project funding;
- Support from a specific module (*training, laboratory, energy, water, etc.*);
- Technical, material or logistical support;
- ...

Each commitment is contractual, traceable and directly linked to a measurable impact on access to care in ultra-rural areas.

Investing in Rumah Kambera means sustainably structuring access to healthcare for an entire region.



WHY FAIR FUTURE CAN DELIVER THIS PROJECT

1. Experience and presence

- 18 years of continuous activity in Indonesia;
- Development and delivery of structuring projects (*water, health, infrastructure*);
- Permanent presence and long-term local roots;
- Locally trained, autonomous and operational team;
- Established institutional partnerships;
- ...


2. Demonstrated operational capability

- Large-scale active medical programs;
- Infrastructure designed, built and maintained;
- Proven logistics management and field coordination;
- Continuing education and structured skills transfer;
- Meeting deadlines and rigorous resource management;
- ...

3. Governance and transparency

- Swiss Foundation;
- Accounts validated annually;
- Full traceability of funding;
- 93% of funds directly allocated to field programs and infrastructure (*average over the last 5 years*);
- ...

**Rumah Kambera is not a new ambition.
It is the logical continuation of an already structured action.**

 Local and international partnerships have been working for several years to improve health conditions. The establishment of a dedicated infrastructure allows these actions to be structured, coordinated, and professionalized.



VISION 2035 – STRUCTURING A SUSTAINABLE RURAL HEALTH SYSTEM

Rumah Kampera forms the structural basis of a stabilised rural primary health system across East Sumba.

By 2035, the goal is to consolidate a regional centre of excellence capable of:

Provide long-term training for local teams

- Ongoing training and gradual integration of new community health workers;
- **Objective:** to train +10 agents every 2 years, with a standardised skills assessment.

Standardise and secure medical protocols

- Centralisation of tools, regular supervision, and continuous improvement of practices.
- **Expected result:** homogenisation of the quality of care in partner villages.

Structuring a multi-program logistics platform

- Secure storage, proactive inventory management, and reduced stockouts;
- **Objective:** significant reduction in intervention times and expansion of response capacity.

Gradually increase territorial coverage

- Controlled expansion to other districts of Sumba, depending on available resources;
- Increased capacity for regional reception, coordination and training.

To serve as a control and reproducible centre

- Demonstration infrastructure integrating solar energy, water, sanitation and logistics adapted to rural areas;
- A model that could potentially be replicated elsewhere in Indonesia.

Acting for today, structuring for tomorrow. Every action is conceived as a sustainable investment in the service of future generations.



VISION 2035 - KEY INDICATORS

By 2035, the new “Rumah Kambera” will enable:

- ➔ +50 to 60 healthcare workers trained or retrained**
On average, 10 new agents every 2 years, with ongoing training for existing teams.
- ➔ +15,000 to 20,000 additional patients treated**
Thanks to the gradual increase in the capacity of the structured network.
- ➔ Estimated reduction of 30 to 40% in medical stockouts**
Centralisation, secure storage, and advanced planning.
- ➔ Measurable reduction in field intervention times**
Permanent logistics base enabling faster team deployment.
- ➔ Storage capacity multiplied by 3 to 4**
Securing medicines, equipment and prevention materials.

A measurable infrastructure, geared towards concrete and sustainable results.



LE CONCEPT ARCHITECTURAL

An operational tool designed to meet the medical, logistical, and climatic constraints of East Sumba.

This project is not a symbolic building. It is a working infrastructure: a medical and social centre designed to tangibly improve access to healthcare, structure volunteer training, secure medical logistics, and guarantee sanitary conditions adapted to the tropical climate.

The concept was developed with a partner architect and former Fair Future collaborator in Sumba, directly linked to our field experience and local realities. The images presented on the following pages were generated by artificial intelligence. They do not replace the technical plans or the architectural concept, which are the result of actual architectural work.

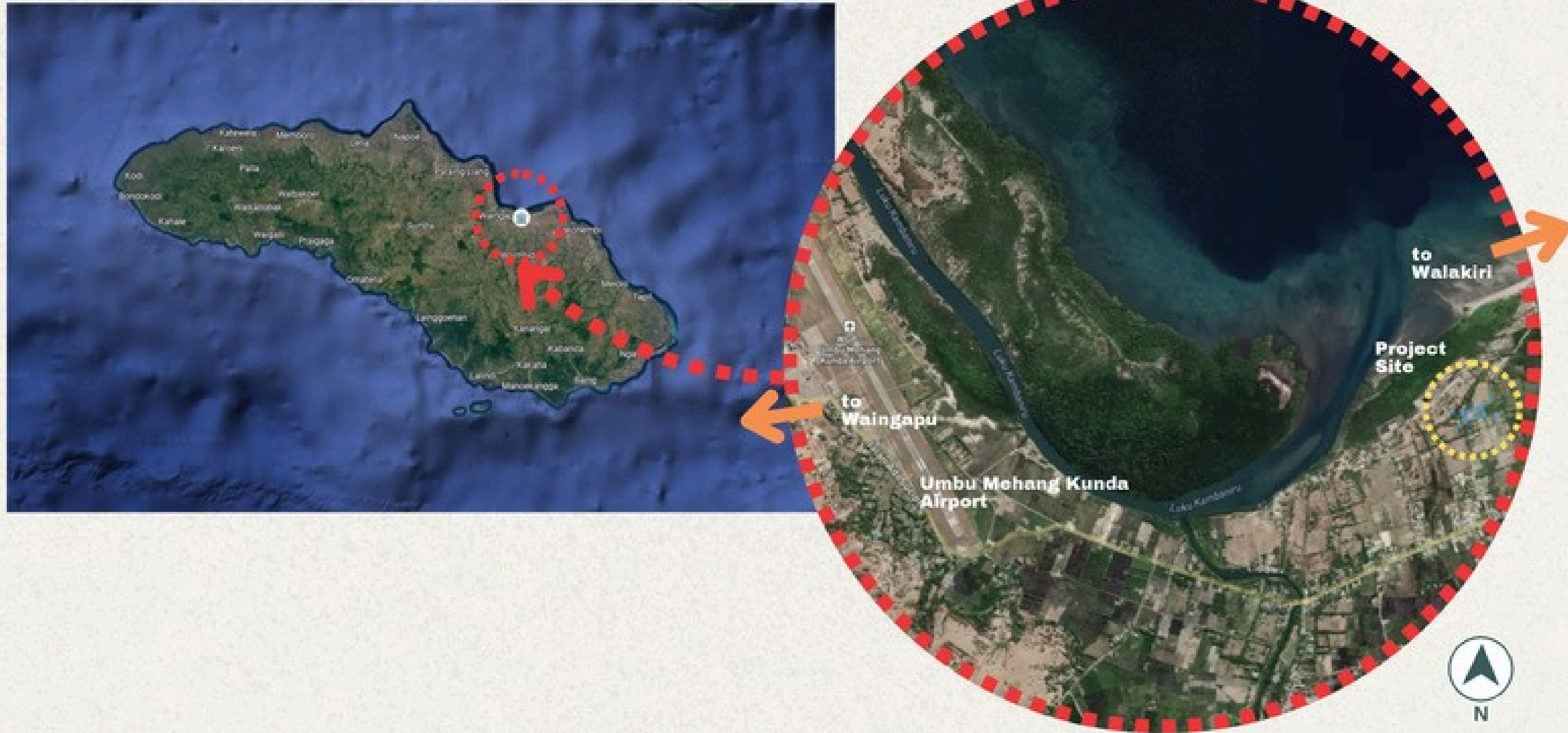
They realistically illustrate the desired spatial organisation and architectural style. They are not final renderings, but a faithful projection of what we want to build: simple, functional, sustainable, adapted to our resources and the needs of the population.



The following diagrams detail the site layout, functional flows, and chosen technical principles.

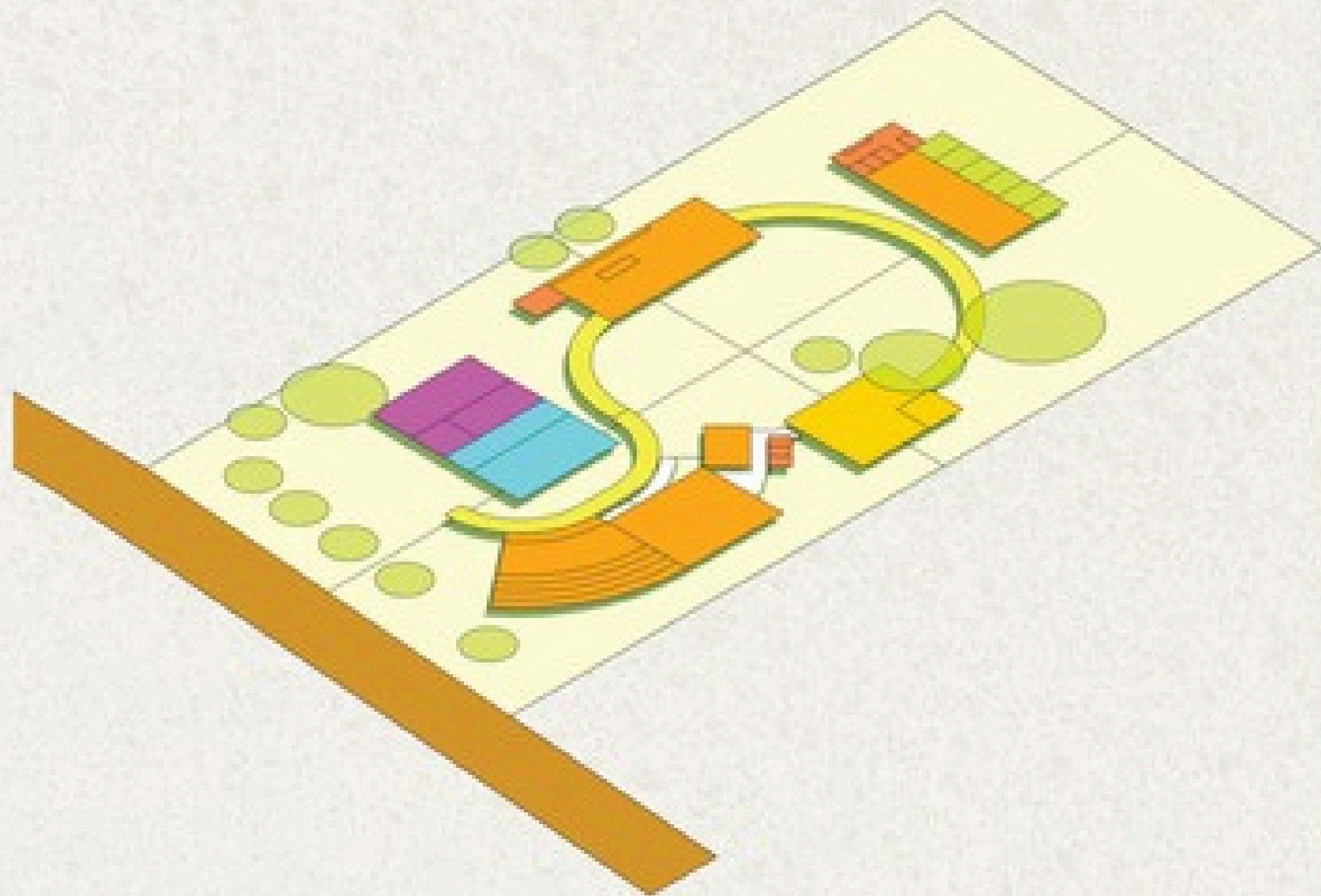


Regular training of volunteers at Rumah Kambera is organised in the centre's parking lot. A simple, open space, used to transmit medical skills, strengthen diagnosis and structure our response to infectious diseases in East Sumba.



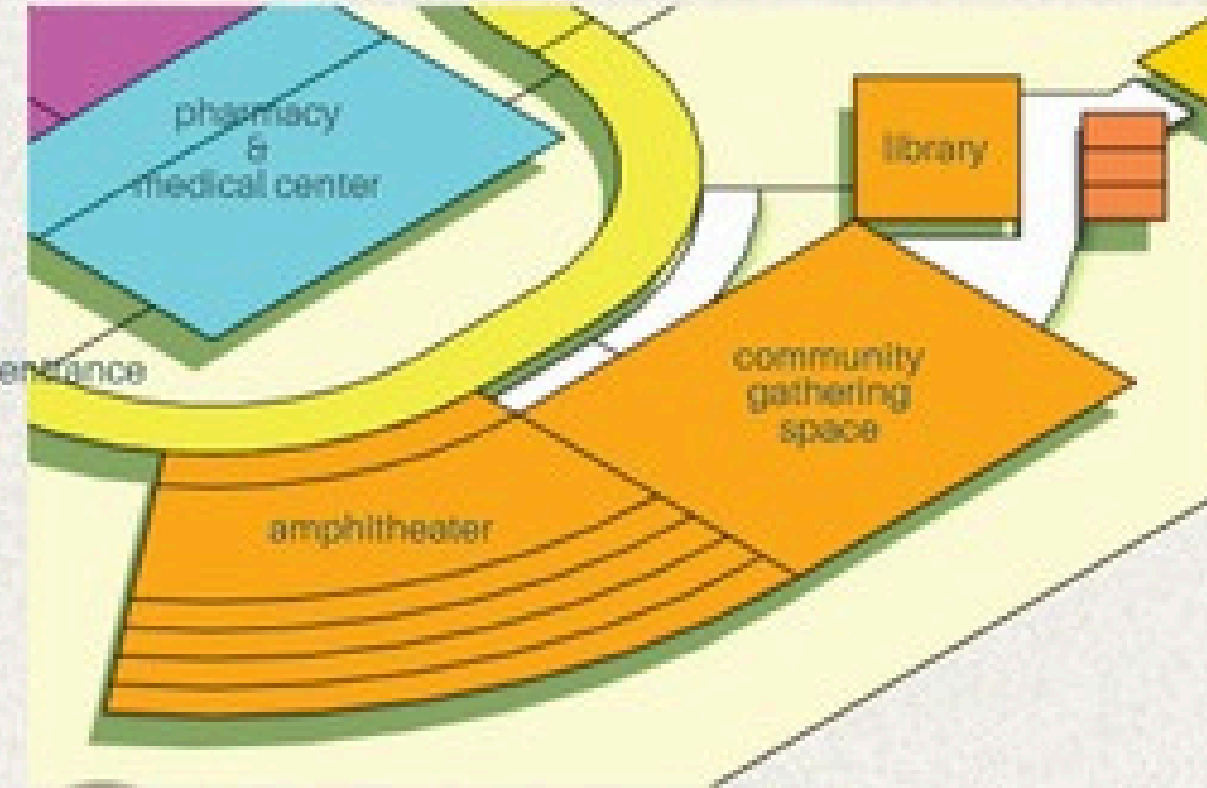
Location

Great accessibility, close to city center, seaport, and airport.
 Accessibility for community and projects all over Sumba Island.



Concept

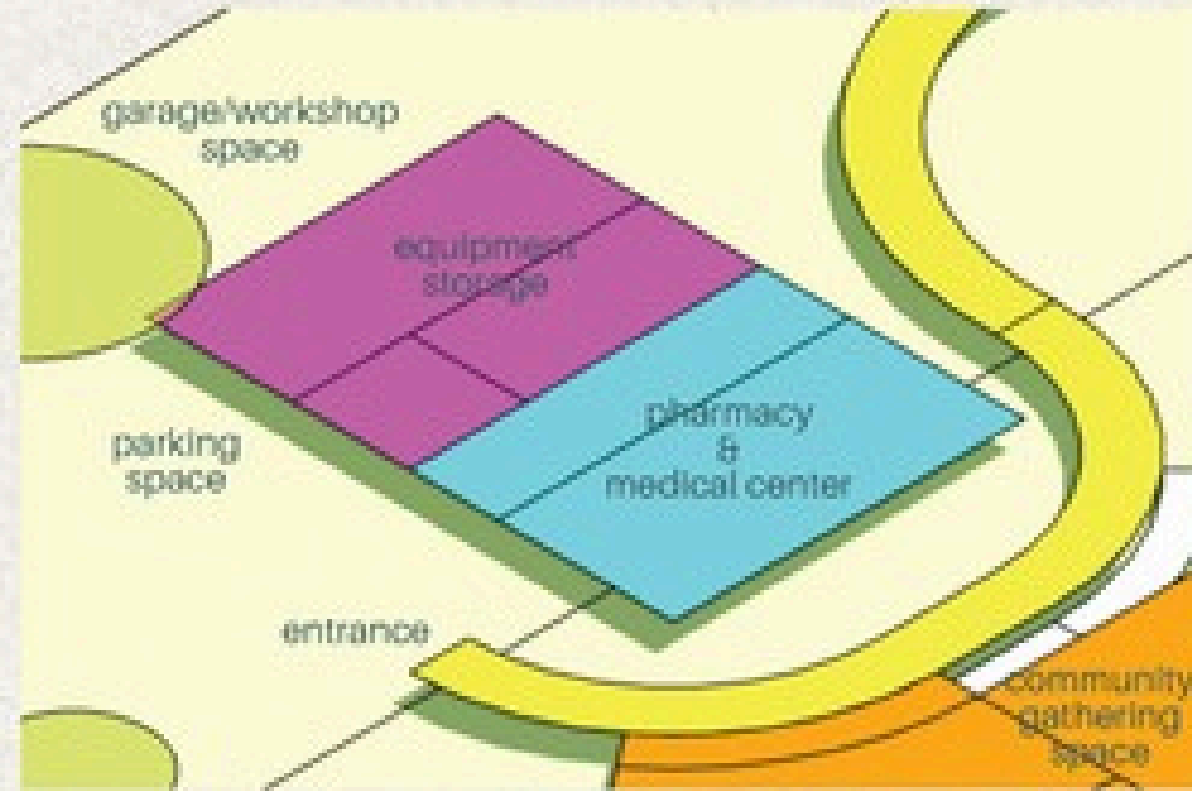
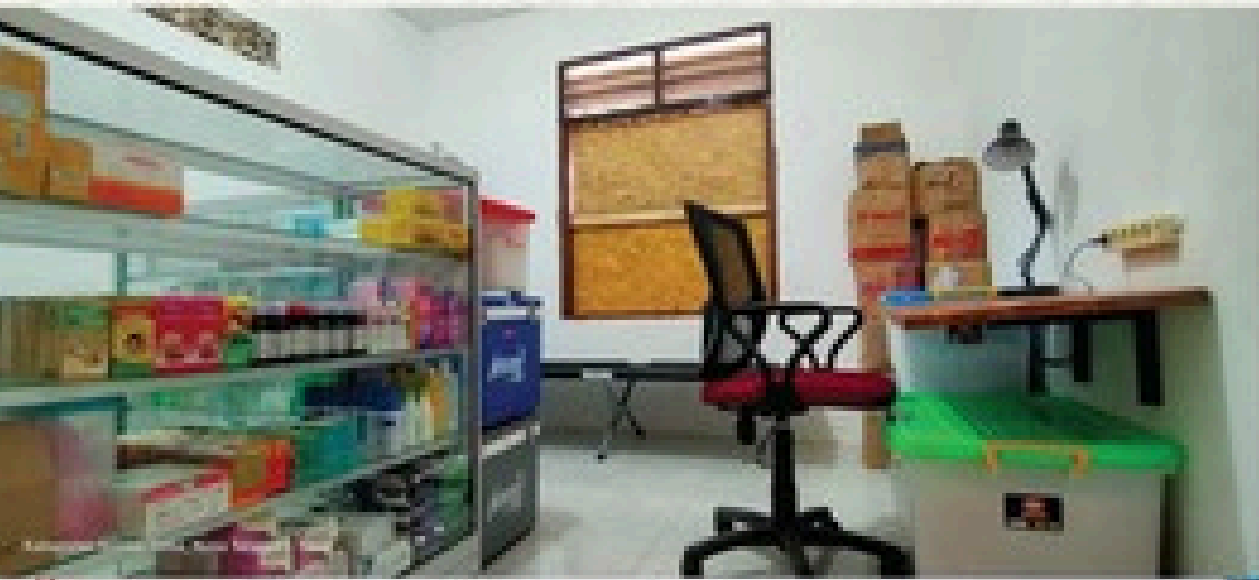
An inclusive, open-plan concept with minimal site intervention and optimized cost-time delivery.



Public zone, community related activities; meetings, gatherings, seminars, & classes.

Accessible directly from parking & entrance area. Direct access to medical center.

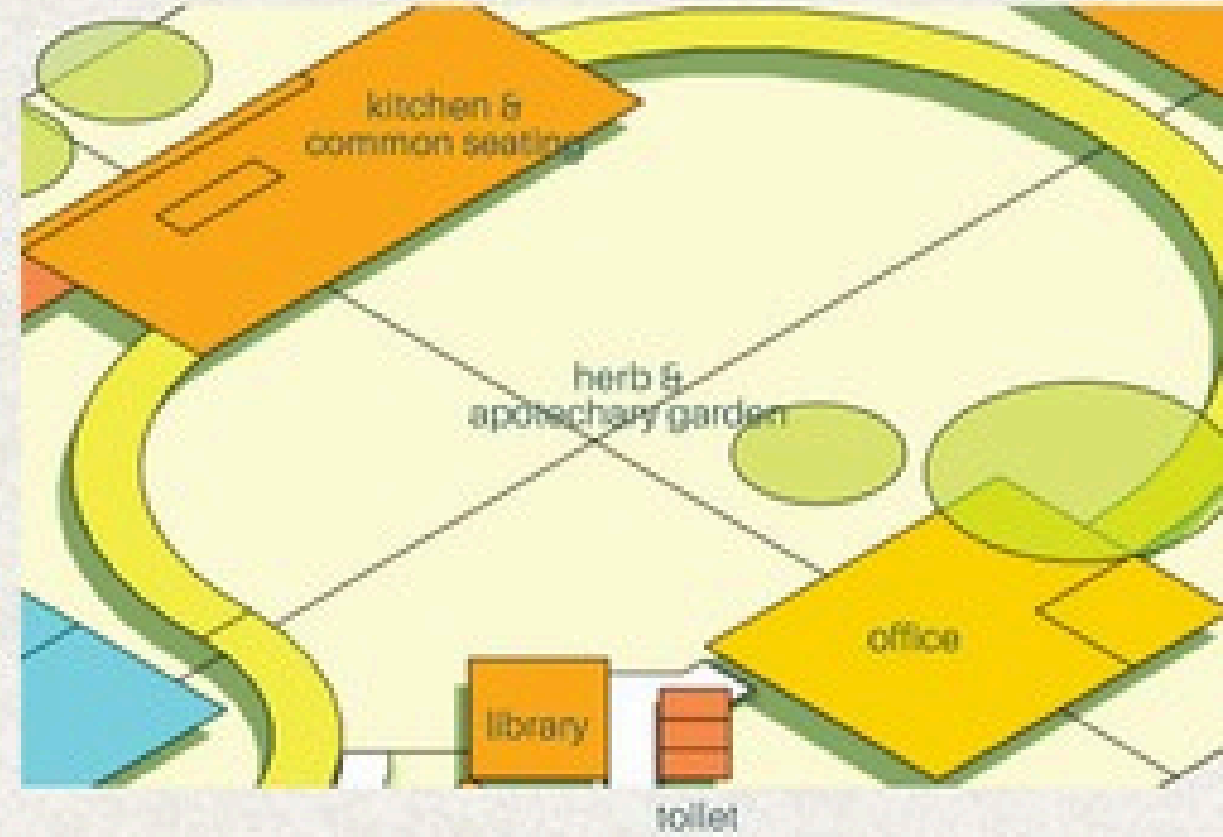




Buffer Zone, walled space with limited access from parking & entrance area. But easily accessible from semi-private zone.

Medical center positioned closer to community area, with storage for pharmacy and field equipments on the side.





Hearth of the HQ.
Kitchen for invited-community-members to exchange knowledge regarding healthy meal; with long table to eat together among volunteers and families of the foundation.
Office as a space where strategies being planned and IT related works to be executed.

The buildings built surrounding a central courtyard, filled with garden for medical use and kitchen.



On behalf of the Fair Future Foundation Council,

We confirm our total commitment to the realisation of the new Rumah Kambera, a strategic medical and social infrastructure for East Sumba.

This project is a continuation of eighteen years of structured medical action in Indonesia. It responds to a clearly identified operational need and is based on rigorous governance and transparent resource management.

- The land has been acquired.
- The concept is validated.
- The teams are mobilised.

We invite institutional and private partners to join this sustainable infrastructure, designed to strengthen access to care in the most isolated areas.

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