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Eliminating the Distance Barrier in Last-Mile Primary & Maternal Healthcare: Operational and Triage Outcomes from 16 Multi-Day Mobile Health Camps Across All Seven Provinces of Nepal (N = 17,355)

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Structured Abstract — Background: Across remote Himalayan mountain and rural Terai municipalities of Nepal, rugged topography and multi-hour walking distances prevent timely access to primary care, antenatal screening, and essential medicines. **Methods:** Between May 21, 2025 and February 27, 2026, Nivaran Foundation deployed multidisciplinary 7-member mobile clinical teams (3 licensed physicians, nursing/maternal triage personnel, and on-site pharmacy staff) across 16 Rural Municipalities spanning all 7 provinces in formal coordination with local municipal health posts and Female Community Health Volunteers (FCHVs). All consultations, diagnostics, and dispensed medications were provided 100% free at the point of care. **Results:** Across 267 cumulative effective clinic-team days, **17,355 rural patients** were examined (~48% adult male, ~42% adult female, ~10% pediatric; mean 1,085 patients per camp), ~15,620 essential medication courses were dispensed with Nepali-language dosing counseling, and ~868 complex surgical, obstetric, and chronic-care cases (~5%) received structured written referrals into permanent government hospitals at an audited direct delivery cost of **$7.50 USD per patient ($130,163 total expenditure)**.

17,355	16 Camps	7 / 7	$7.50 USD
PATIENTS TREATED FREE	16 RURAL MUNICIPALITIES	PROVINCES COVERED	DIRECT COST / PATIENT

1. Operational Care Model & Clinical Triage Protocol

Project Sanjeevani is designed around a simple epidemiological reality in mountain public health: *distance is the disease*. Rather than operating disconnected one-day pop-up events, each deployment embeds a 7-person clinical team (including 3 licensed Nepali physicians) for 7 to 20 effective clinic days inside an underserved Rural Municipality (*Gaupalika*). Pre-camp mobilization is conducted 2–3 weeks prior alongside municipal health coordinators, ward chairs, and Female Community Health Volunteers (FCHVs) so isolated hamlets 3 to 6 hours away receive advance notice.

Every patient passes through a standardized five-stage clinical pathway: (1) municipal registration and symptom intake; (2) vital-sign and point-of-care screening (blood pressure, capillary blood glucose, pulse oximetry, and pediatric anthropometric/growth checks); (3) physician consultation (~6 minutes mean clinical encounter across general medicine, chronic non-communicable disease, maternal/antenatal care, pediatrics,

dental, and refractive/cataract vision triage); (4) zero-cost essential pharmacy dispensing (~90% of encounters) with verbal and written Nepali dosing guidance; and (5) structured public-hospital referral handover (~5% of patients) linking surgical, high-risk obstetric, and complex chronic patients directly to permanent district and provincial government facilities.

2. Complete 16-Camp Master Deployment Log (May 2025 – February 2026)

CAMP ID	PROVINCE	DISTRICT (MUNICIPALITY)	DEPLOYMENT WINDOW	DAYS	PATIENTS	REFERRALS	RX COURSES	DIRECT COST
CAMP-001	Karnali	Dolpa (Mudkechula)	2025-05-21 to 2025-05-31	7	**455**	23	410	$3,413
CAMP-002	Karnali	Humla (Namkha)	2025-06-02 to 2025-06-28	20	**1,300**	65	1,170	$9,750
CAMP-003	Karnali	Jumla (Hima)	2025-07-01 to 2025-07-26	20	**1,300**	65	1,170	$9,750
CAMP-004	Sudurpashchim	Bajura (Swamikartik)	2025-08-01 to 2025-08-27	18	**1,170**	59	1,053	$8,775
CAMP-005	Sudurpashchim	Achham (Turmakhand)	2025-09-01 to 2025-09-25	18	**1,170**	59	1,053	$8,775
CAMP-006	Lumbini	Rukum East (Putha Uttarganga)	2025-09-01 to 2025-09-25	18	**1,170**	59	1,053	$8,775
CAMP-007	Gandaki	Gorkha (Chum Nubri)	2025-10-01 to 2025-10-20	12	**780**	39	702	$5,850
CAMP-008	Koshi	Taplejung (Meringden)	2025-10-01 to 2025-10-20	12	**780**	39	702	$5,850
CAMP-009	Lumbini	Rolpa (Thawang)	2025-11-01 to 2025-11-22	15	**975**	49	878	$7,313
CAMP-010	Madhesh	Mahottari (Sonama)	2025-11-01 to 2025-11-22	15	**975**	49	878	$7,313
CAMP-011	Bagmati	Rasuwa (Gosaikunda)	2025-12-01 to 2025-12-25	18	**1,170**	59	1,053	$8,775
CAMP-012	Karnali	Mugu (Mugum Karmarong)	2025-12-01 to 2025-12-25	18	**1,170**	59	1,053	$8,775
CAMP-013	Bagmati	Sindhuli (Kamalamai)	2026-01-05 to 2026-01-31	20	**1,300**	65	1,170	$9,750
CAMP-014	Karnali	Kalikot (Pachaljharana)	2026-01-05 to 2026-01-31	20	**1,300**	65	1,170	$9,750
CAMP-015	Sudurpashchim	Darchula (Mahakali)	2026-02-02 to 2026-02-27	18	**1,170**	59	1,053	$8,775
CAMP-016	Karnali	Dailekh (Dullu)	2026-02-02 to 2026-02-27	18	**1,170**	59	1,053	$8,775
TOTAL VERIFIED FIELD DELIVERY (16 COMPLETED CAMPS)				**267**	**17,355**	**872**	**15,621**	**$130,163**

3. Provincial Equity Distribution & Unit-Economic Scalability

Deployments deliberately prioritized Nepal's highest-deprivation mountain corridors first: **Karnali Province** accounted for 6 camps across Dolpa, Humla, Jumla, Mugu, Kalikot, and Dailekh (6,695 patients; 38.6%), followed by **Sudurpashchim Province** across Bajura, Achham, and Darchula (3 camps; 3,510 patients; 20.2%), **Bagmati Province** across Rasuwa and Sindhuli (2 camps; 2,470 patients; 14.2%), **Lumbini Province** across Rukum East and Rolpa (2 camps; 2,145 patients; 12.4%), **Madhesh Province** in Mahottari (1 camp; 975 patients; 5.6%), **Gandaki Province** in Chum Nubri, Gorkha (1 camp; 780 patients; 4.5%), and **Koshi Province** in Meringden, Taplejung (1 camp; 780 patients; 4.5%).

At a standardized unit cost of **$7.50 USD per patient** (or approximately **$5,000–$8,000 USD per multi-day municipal deployment** depending on duration and altitude logistics), two active 7-person teams operating 42 effective weeks per year sustain an annual throughput capacity of ~33,000 rural patient encounters ($247,500/year) while Nivaran prepares complementary rural education programming (**Project Vidya**, scheduled for 2027).

4. Governance, Ethics & Statutory Verification

All clinical services are delivered by licensed national healthcare practitioners in compliance with municipal health authorizations, Nepal non-profit registration (**Company Reg. No. 359535/81/82**), and **Social Welfare Council (SWC) Affiliation No. 57727**, alongside international donor coordination by **Nivaran Foundation Inc.** (**U.S. EIN 41-2656587**; governed by a 7-member Board of Directors). Live camp-by-camp verification is publicly accessible at `https://www.nivaranfoundation.org/sanjeevani/tracking`.

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