



FREE MEDICAL CAMP

Jan 20-22, 2026

ORGANIZED BY NEPAL HEALTH TRUST

Supporting Partners: Parsagadhi Municipality, Bakaiya Rural Municipality & GEMS Mandali Nepal



From the Heart of our President

People often say, “*Nepal is the land of the Himalayas — a nation of breathtaking beauty, rich cultures, and diverse communities living in harmony. A country of ancient temples, a paradise for travelers waiting to be explored.*”

But behind the postcards and travel brochures lies another Nepal — a quieter, harsher reality. It is a place where headlines still whisper heartbreak: *pregnant mothers dying daily for lack of care... remote villages with no health professionals... families walking for days just to reach the nearest hospital... a nine-year-old boy lost after being taken to a witch doctor... health posts without even basic paracetamol.* These are not rare tragedies; they are recurring echoes of a fragile healthcare system.

It is also a nation marked by political uncertainty. Since the restoration of multi-party democracy in 1990, not one prime minister has completed a full five-year term. From the abolition of a 239-year monarchy to the adoption of a federal constitution, seasons of transition have come and gone. Promises have been loudly proclaimed during election seasons, dreams painted in bright colors before hopeful citizens — only to fade, postponed and broken.

So where does the Church stand in such a time as this?

We are called to be **salt in a decaying world** and **light in deep darkness**. We are called to be **His hands and His feet**, because we are His body. The life of Christ beats within us, longing to touch this wounded nation — if only we allow His compassion to flow through us.

Shall we?

Nepal Health Trust stepped into this need with a simple calling: to be a Good Samaritan. In Jesus’ story, the Samaritan paused on his journey, moved with compassion at the sight of a half-dead stranger. He did not pass by. He drew near, treated wounds, and gave whatever he had to save a life.

That is what we have been striving to do.

During the dark days of COVID, when doors were closed and hospitals were overwhelmed, compassion would not let us stay still. We went house to house, bringing care and hope, and by God's grace over **200 lives were saved** — some of them orphaned and utterly alone.

When a small hospital high in the mountains pleaded for medicines and received no response from authorities, we undertook a difficult journey carrying much-needed supplies. The story reached national news and recognition followed — but more than awards, it planted a deeper dream in our hearts.

When dengue began spreading through communities, we walked the streets of Kathmandu raising awareness. We held low-budget medical camps in a school ground and a temple courtyard, offering what little we had.

Then, in January 2026, the Lord opened a larger door. After local churches helped assess urgent needs, we conducted a **three-day medical camp** serving **900 poor villagers** across two districts in the Terai (lowland plains). We can only thank God for allowing us to reach two communities with hearts full of compassion and hands ready to serve.

And now, we turn to you.

Would you be willing to receive the Samaritan heart of Jesus and walk with us toward the remote mountains, hills, and plains that still wait for a compassionate touch?

Perhaps all you can offer is *oil* — the equivalent of medicine to soothe wounds. Perhaps you can provide a *donkey* — the equivalent of an ambulance to carry the suffering to safety. Perhaps you can pray for the vision of a **“Poor Man's Hospital”** that still lives in our hearts.

To those who are half-dead and near despair, **compassion comes before gospel.**

Please stand with us in prayer and support as we continue this ministry of mercy in a land that longs for healing.

Surendra Bajracharya
President
Nepal Health Trust

1. Background and Need

Nepal has a population of approximately **31 million people**, with nearly **86% living in rural areas** where access to hospitals, diagnostic services, and specialist doctors is extremely limited. For many families, traveling to urban hospitals is financially impossible and often delayed until illnesses become severe.

Mobile medical camps are a **cost-effective and life-saving solution**, bringing essential healthcare directly to underserved and remote communities.



2. Purpose of the Camp

The Medical Camps at Parsagadhi Municipality and Bakaiya Rural Municipality were organized to:

- Provide **free medical consultations and medicines** to underserved populations.
- Detect and manage **chronic and serious illnesses** early.
- Offer **women and children focused healthcare services**.
- Establish a **referral pathway** for patients needing advanced treatment.



3. Leadership and Local Government Support

The camp received strong support from municipal leadership.

Dr. Mahendra emphasized that the greatest healthcare gap in the region is not buildings, but **access to essential medicines**, noting that even basic drugs such as paracetamol are often unavailable locally.

Mayor Gokarna Pathak and **Health Department Chief Narayan Prasad Poudyal** described the camps as the **most exemplary health service ever conducted in the municipality**, highlighting that patients received complete medical care and medicines free of cost.



4. Medical Services Delivered

During the three-day camp, the medical team provided:

- General health check-ups and doctor consultations.
- Women's and child health services.
- Basic diagnostic tests (blood pressure, blood sugar, etc.)
- Health education and counseling.
- **Free distribution of 39 types of medicines** (approximately 2,000–3,000 units).



5. Medical Team

The camp was staffed by a dedicated multidisciplinary team:

- **4 Doctors**
- **6 Nurses / Health Assistants**
- **2 Pharmacists**
-
- **10 Local Volunteers** (Local volunteers played a crucial role in registration, crowd management, and interpretation for patients speaking local dialects)



6. Beneficiaries Served

A total of **900 patients** received medical care.

Gender Distribution

- Men: **397**
- Women: **418**
- Children: **85**

7. Common Health Conditions Identified

The most frequent medical conditions treated included:

- Hypertension and diabetes
- Asthma and bronchitis
- Malnutrition
- Tuberculosis and heart disease
- Uterine problems and menstrual disorders
- Uterine prolapse
- Skin infections and allergies

8. Referrals for Advanced Care

Due to serious health conditions, **177 patients were referred** to higher-level hospitals for further diagnosis and treatment.

One critical case involved a **9-year-old boy diagnosed with a congenital heart defect**, requiring urgent specialist intervention.

However, **over 100 referred patients face difficulty reaching hospitals due to poverty**, highlighting the need for financial assistance and follow-up support.

9. Key Challenges Observed

The camp exposed significant systemic healthcare barriers:

Poverty

Many patients lacked even basic necessities; some arrived without proper footwear.

Diagnostic Limitations

Lack of equipment such as ECG, X-ray, and ultrasound limited accurate diagnosis.

Medicine Shortages

High patient volume caused shortages, requiring emergency overnight procurement of medicines.

Overcrowding

Large crowds overwhelmed available facilities and staff capacity.

Women's Health Barriers

Cultural stigma prevented many women from openly discussing gynecological concerns.

10. Positive Community Engagement

Despite challenges, the camp saw encouraging community participation:

- Strong cooperation from local leaders.
- Volunteers assisted with interpretation and patient flow.
- High patient satisfaction and gratitude.

11. Outcomes and Impact

The health camp produced meaningful and measurable outcomes:

- **Immediate medical relief** for 900 underserved individuals.
- **Reduced financial burden** through free consultations and medicines.
- **Early detection of chronic diseases.**
- **Established referral system** for critical cases.
- **Valuable health data collected** for future municipal health planning.

12. Follow-Up Needs and Future Plans

Immediate Follow-Up

- At least **25 patients require close medical follow-up** for serious conditions.
- A **follow-up health visit in 3 months** is recommended.

Future Improvements

- Inclusion of **specialist doctors**, especially gynecologists.
- Procurement of **portable diagnostic equipment.**
- Increased supply of essential medicines.
- Establishment of an **annual health camp calendar in 4–5 rural locations.**

13. Budget Summary

Medical Camp – Nepal Health Trust

(All figures in USD)

S.N.	Budget Category	Amount (USD)
1	Medicines	11,278

S.N.	Budget Category	Amount (USD)
2	Transportation	5,556
3	Lodging and Meals	6,767
4	Technical Services	361

Total Estimated Budget 23,962

This budget reflects the total cost of conducting a large-scale medical camp at two places serving underserved communities in remote and low-income regions of Nepal. Every dollar directly supported life-saving medical care, outreach, and essential logistics.

14. Conclusion

The 3-day Harpur Parsagadhi and Bakaiya Medical Camps demonstrated both the **critical healthcare gaps in rural Nepal** and the **life-saving impact of mobile medical outreach**. While the camp delivered exemplary services and immediate relief, it also revealed deep systemic challenges, particularly poverty, medicine shortages, and limited diagnostic capacity.

With continued donor partnership, future camps can expand specialist services, strengthen referral support, and ensure sustained healthcare access for Nepal's most vulnerable communities. We are pleased to inform that we have the support of **250 doctors**, along with a dedicated and capable team of volunteers, to help us accomplish this mission. May God enable us to reach even more vulnerable communities this year and, in the years, to come, as you join hands with us in this mission.

