HEALTH CARE ASSOCIATION OF NEPAL

ANNUAL IMPACT AND PROGRESS REPORT

Fiscal Year 2081/82

Health Without Barriers

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About HCAN

The Health Care Association of Nepal (HCAN) is a nonprofit organization established in 2023 to strengthen community health and improve equitable access to preventive and quality healthcare across Nepal. HCAN combines community awareness, screening, early detection, referral support, healthcare-professional training, research, and public-health advocacy, with particular attention to rural and underserved communities.

During Fiscal Year 2081/82, HCAN advanced community-based programmes in diabetes, hypertension, cancer awareness, ear and hearing care, COPD, youth leadership, school health, and primary-care capacity-building. The organisation worked with healthcare professionals, youth leaders, schools, municipalities, health facilities, community volunteers, and local stakeholders to bring prevention and early detection closer to communities.

Reporting note

The figures in this report represent programme-level outputs and include direct participants, school reach, community reach, and digital engagement. They should not be added together as a count of unique individuals because some people may have participated in more than one activity.

Impact at a Glance

Programme area	Selected output	Geographic reach
Diabetes and hypertension	~20 campaigns; ~2,700 people reached	Kathmandu, Lalitpur, Chitwan, Bhairahawa, Janakpur, Nepalgunj
Bladder cancer awareness	1,200+ students; 158,000+ Facebook reach; 1,800+ podcast views	Nationwide hybrid campaign
Ear and hearing care	30 youth leaders; 15 schools; ~1,050 people in screening/live activities	Kathmandu, Lalitpur, Bhaktapur, Banke
COPD pilot - Godawari	57 participants; 52 spirometry tests; 13 obstructive patterns	Ward 9, Tikabhairab, Godawari Municipality
COPD programme - Rasuwa	~700 people; 345 spirometry tests; 8 health facilities supported	Kalika and Gosaikunda Rural Municipalities

A Message from the Founder and President

This reporting year reflects HCAN's continuing transition from isolated awareness activities toward integrated, community-based health programmes that connect education, screening, counselling, referral, workforce development, and implementation learning. Our work demonstrates that locally led initiatives can identify previously unrecognised health risks while strengthening community trust and the capacity of frontline teams.

We are grateful to the communities, schools, healthcare professionals, volunteers, local governments, partners, and supporters who made these programmes possible. HCAN remains committed to developing practical and scalable models that reduce preventable illness and ensure that geography, income, disability, or limited information do not become barriers to care.

Dr. Prajwal Bhandari
Founder and President

1. Diabetes and Hypertension Screening and Awareness Programme Led by NAYLs

Youth-led community screening, counselling, and referral support

NAYLs and healthcare professionals conducting community-based screening and health education. Photographs: HCAN website gallery.

Project Investigator	Mr. Lakki Limbu
Project Site	Kathmandu, Lalitpur, Chitwan, Bhairahawa, Janakpur, and Nepalgunj
Campaigns Conducted	Approximately 20
People Reached	Approximately 2,700
Status	Completed

Programme Overview

The Diabetes and Hypertension Screening and Awareness Programme was a community-based initiative led by HCAN's NCD Awareness Youth Leaders (NAYLs). It aimed to improve public understanding of diabetes, hypertension, obesity, and associated cardiovascular and kidney-disease risks while promoting early identification, healthy lifestyle practices, and timely referral.

Across approximately 20 campaigns, trained youth leaders worked alongside healthcare professionals to provide blood-pressure measurement, blood-glucose testing, basic NCD risk

assessment, public-health education, healthy-lifestyle counselling, and referral guidance for participants with abnormal findings.

Core Activities

- Blood-pressure measurement and blood-glucose testing
- Basic assessment of obesity and other NCD risk factors
- Counselling on healthy eating, physical activity, salt and sugar reduction, tobacco avoidance, alcohol-risk reduction, stress management, and regular health checks
- Referral guidance for elevated blood pressure, abnormal glucose results, or other clinically significant risks
- Youth-leader development in community mobilisation, ethical engagement, screening support, health communication, and referral

Contribution and Learning

The programme extended prevention messages beyond the screening site to families, schools, workplaces, and communities. It also demonstrated the value of trained young people as community health advocates who can improve participation, communicate prevention messages in accessible language, and support linkage to care.

Clinical safeguard

Community screening identifies possible risk and does not replace diagnosis. Participants with abnormal findings were advised to seek assessment from qualified healthcare professionals and appropriate health facilities.

2. Bladder Cancer Awareness Month Campaign 2024

Challenging Uncertainty Around Symptoms

School engagement, expert communication, and survivor storytelling during the bladder-cancer awareness campaign. Photographs: HCAN website gallery.

Project Investigator	Mr. Lakki Limbu
Project Site	Nationwide, Nepal, including selected school-based activities and digital outreach
Campaign Type	Hybrid school, community, creative, podcast, and digital campaign
Status	Completed

Campaign Overview

The Bladder Cancer Awareness Month Campaign 2024, titled “Challenging Uncertainty Around Symptoms,” was a nationwide hybrid public-health initiative designed to improve awareness of bladder-cancer symptoms, risk factors, early detection, and timely healthcare-seeking.

The campaign addressed a major information gap: many people may not recognise warning signs such as blood in the urine, frequent or painful urination, urgency, pelvic discomfort, or unexplained urinary symptoms. Stigma, fear, misinformation, and delayed consultation can contribute to late diagnosis.

Activities and Communication Approach

- Interactive school-based bladder-health and cancer-awareness sessions
- A nationwide poster and video competition

- Youth-created poems, stories, artwork, and regional-language content
- Survivor-centred storytelling and an expert podcast with an experienced urosurgeon
- Social-media education on symptoms, risk factors, myths, and early consultation

Key Results

- More than 1,200 students reached through school health programmes
- More than 158,000 people reached on Facebook
- More than 7,400 social-media engagements
- More than 1,800 YouTube podcast views and over 100 hours of watch time
- More than 50,000 people reported reached through combined online and community activities

The campaign showed how school engagement, creative participation, survivor experience, expert communication, and digital advocacy can make a sensitive health topic easier to discuss and encourage earlier healthcare-seeking.

3. World Hearing Day 2025

Empowering communities to make ear and hearing care a reality for all

School engagement and hearing-related assessment activities delivered during the World Hearing Day initiative. Photographs: HCAN website gallery.

Project Investigator	Mr. Lakki Limbu
Project Site	Kathmandu, Lalitpur, Bhaktapur, and Banke, Nepal
Youth Leaders Trained	30
Schools Engaged	15
People Reached	Approximately 1,050 through screening and live activities
Status	Completed

Programme Overview

In celebration of World Hearing Day 2025, HCAN implemented “Changing Mindsets: Empowering Yourself to Make Ear and Hearing Care a Reality for All in Nepal.” The initiative combined youth capacity-building, school health education, community screening, public awareness, counselling, and referral support.

Youth Leadership and School Health

Thirty youth leaders were trained with support from ear, nose, and throat specialists. Training covered common ear conditions, causes of hearing loss, safe listening, early warning

signs, health communication, and referral guidance. Hearing-health education was subsequently delivered in 15 schools, reaching more than 1,000 students.

Interactive sessions addressed harmful ear-cleaning practices, safe use of headphones and personal audio devices, symptoms requiring medical attention, prevention of avoidable hearing loss, and the importance of early professional care.

Screening and Referral

Four community ear and hearing screening camps were conducted for children and adults. Activities included health-history assessment, basic ear examination, otoscopic assessment where available, counselling, and referral guidance. Approximately 1,050 people participated in screening and live activities, with additional digital reach of around 3,000.

Why early identification matters

The programme supported a 16-year-old student with long-standing hearing difficulty to obtain assessment, family counselling, referral, and treatment support. The case illustrated how timely identification can prevent avoidable educational, communication, and social consequences.

4. Sustainable and Integrated Management of COPD in Godawari Municipality

Community-based pilot project in Ward 9, Tikabhairab, Lalitpur

Project team and spirometry-supported respiratory assessment during the Godawari COPD pilot. Photographs: HCAN website gallery.

Project Investigator	Mr. Bishesh Bhatta
Project Site	Ward 9, Tikabhairab, Godawari Municipality, Lalitpur
Duration	Two days
Participants	57; 52 completed spirometry
Key Finding	13 participants (25%) had FEV1/FVC below 0.70
Status	Completed

Pilot Purpose

The pilot tested a practical community model for COPD prevention, early identification, spirometry-supported assessment, health education, medical counselling, and referral. It also generated implementation experience for later expansion of integrated respiratory and NCD services.

Integrated Assessment

- Registration and basic health-history collection
- Height, weight, body-mass-index, blood pressure, blood glucose, and oxygen saturation

- Respiratory symptom and risk-factor assessment, including tobacco, second-hand smoke, household air pollution, occupational dust, and persistent symptoms
- COPD Assessment Test and structured questionnaire administration
- Spirometry for eligible participants, followed by medical consultation, counselling, IEC materials, and referral guidance

Results and Learning

Among the 52 participants completing spirometry, 13 had an FEV1/FVC ratio below 0.70, indicating an obstructive lung-function pattern requiring further clinical evaluation. Participants received personalised advice on tobacco cessation, smoke reduction, physical activity, breathing exercises, early recognition of worsening symptoms, and timely care-seeking.

The pilot demonstrated that community-based respiratory screening can identify previously unrecognised airflow obstruction while simultaneously creating opportunities to assess hypertension, diabetes, obesity, oxygen saturation, and other health risks. It also highlighted the importance of trained personnel, quality-assured spirometry, referral systems, and follow-up beyond one-time camps.

5. Sustainable and Integrated Management of COPD in Rasuwa, Nepal

Integrated COPD and NCD screening, workforce development, and primary-care strengthening

Community mobilisation and spirometry-supported assessment during the Rasuwa COPD programme. Photographs: HCAN project records.

Project Investigator	Dr. Prajwal Bhandari
Project Site	Kalika and Gosaikunda Rural Municipalities, Rasuwa District
People Reached	Approximately 700
Spirometry Completed	345
Obstructive Pattern	196 participants; 56.81% of those tested
Health Facilities Supported	8
Status	Completed

Programme Overview

The Rasuwa project was a community-based respiratory and non-communicable disease initiative implemented across Wards 1-5 of Kalika Rural Municipality and Wards 2, 4, and 5 of Gosaikunda Rural Municipality. It aimed to strengthen COPD prevention, early identification,

spirometry access, patient education, referral, and primary healthcare capacity in communities affected by tobacco exposure, household air pollution, occupational dust, difficult geography, and limited diagnostic access.

Integrated Screening and Counselling

Participants received respiratory symptom and exposure assessment, COPD Assessment Test administration, spirometry where eligible, blood-pressure and blood-glucose testing, oxygen-saturation measurement, BMI assessment, medical consultation, tobacco and household-air-pollution counselling, breathing-exercise guidance, IEC materials, and referral support.

Findings

Of 345 participants completing spirometry, 196 had an FEV1/FVC ratio below 0.70, representing 56.81% of those tested. This finding indicated an obstructive lung-function pattern requiring further clinical assessment and should not be treated as a definitive COPD diagnosis without appropriate post-bronchodilator testing and clinical correlation.

The project also identified a substantial burden of associated NCD risks. Among 598 analysed records, 42% had elevated systolic blood pressure, while abnormalities in diastolic pressure, body weight, and blood glucose reinforced the need for integrated COPD, hypertension, diabetes, obesity, cardiovascular-risk, and kidney-health services.

Health-System Strengthening

Eight health facilities received selected equipment, respiratory-support materials, glucometers, test strips, medical kits, and essential resources. Healthcare providers received practical demonstrations and training in spirometry, respiratory assessment, breathing exercises, inhaler-related counselling, and early COPD identification.

The project worked with municipal health sections, health-post teams, Female Community Health Volunteers, local representatives, healthcare professionals, and community volunteers. This collaboration supported mobilisation, screening, counselling, referral, dissemination of findings, and advocacy for continued spirometry, affordable inhalers, pulmonary rehabilitation, stronger referral pathways, and regular follow-up.

Cross-Cutting Impact

Youth Leadership

NAYLs and other youth volunteers played a central role in community mobilisation, screening support, school health education, awareness campaigns, counselling, creative communication, and referral guidance. Their participation increased community reach while building a pipeline of young public-health advocates.

Healthcare-Workforce Capacity

HCAN integrated practical learning into programme delivery. Training and supervised field experience strengthened competencies in spirometry, COPD risk assessment, blood-pressure and glucose screening, ear-health communication, counselling, ethical engagement, documentation, and referral.

Integrated Screening and Referral

The projects moved beyond single-disease awareness by combining symptom assessment, physiological measurements, risk-factor counselling, and referral. This approach helped identify respiratory, metabolic, cardiovascular, and hearing-related risks during the same community contact.

Accessible Public-Health Communication

School sessions, podcasts, survivor storytelling, creative competitions, IEC materials, and social-media campaigns translated technical health information into formats that were understandable and relevant to different audiences.

Local Collaboration

Municipalities, schools, health facilities, healthcare professionals, community health workers, volunteers, and local stakeholders supported programme planning, participant mobilisation, venues, service delivery, referral, and follow-up. Their engagement strengthened local ownership and the potential for sustainability.

Implementation Lessons

- Screening is most useful when it is linked to counselling, confirmatory assessment, referral, and follow-up.
- Equipment alone is insufficient; service quality depends on trained personnel, protocols, consumables, maintenance, interpretation support, and data systems.
- Youth leaders can extend health promotion effectively when they receive structured training, supervision, clear roles, and ethical guidance.
- Schools are high-value settings for reaching students, teachers, families, and wider communities with prevention messages.
- Integrated COPD and NCD services can reduce missed opportunities and make better use of limited primary-care resources.

- Digital reach is valuable but should complement, not replace, community engagement and pathways to care.

Priorities for the Next Reporting Cycle

- Expand quality-assured spirometry and integrated COPD-NCD services in underserved municipalities.
- Strengthen referral documentation and follow-up tracking for participants with abnormal screening findings.
- Increase access to affordable inhalers, pulmonary-rehabilitation guidance, smoking-cessation support, and household-air-pollution interventions.
- Continue school and community programmes on diabetes, hypertension, obesity, cancer awareness, and ear and hearing care.
- Strengthen data quality, implementation research, outcome measurement, and responsible reporting.
- Build sustained partnerships with municipalities, health facilities, academic institutions, professional bodies, and national and international organisations.

Acknowledgements

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Photographs used in this report were drawn from the official HCAN website gallery and HCAN project records. Programme figures were compiled from project reports and updated organisational records provided for this reporting cycle.

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