NHAFN
National Health
Action Force Nepal

In Strategic Partnership with GAAPP

SWASTHA SAANS NEPAL

Phase 2 – Gramin Swastha Saans

Consolidated Community Outreach Program Implementation & Progress Report

Reporting period: April–July 2026

Prepared for: Concerned Authorities, Strategic Partners and Donors

ADVOCATE • EDUCATE • TRANSFORM

Prepared: 15 August 2026

ABOUT NATIONAL HEALTH ACTION FORCE NEPAL

National Health Action Force Nepal (NHAFN) [राष्ट्रिय स्वास्थ्य कार्यबल नेपाल] is a government-registered non-profit organisation based in Kathmandu, Nepal, working to advance health equity and improve access to healthcare, health education and community-based health services. NHAFN describes itself as a proactive health organisation with a rapid-response orientation and a network of skilled health professionals working through collaboration and teamwork.

The institutional information below was verified against NHAFN's official website and its GAAPP member profile on 15 August 2026.

Institutional detail	Official information
Legal name	National Health Action Force Nepal (NHAFN)
Nepali name	राष्ट्रिय स्वास्थ्य कार्यबल नेपाल
Legal status	Government-registered non-profit organisation
DAO Registration No.	230-2080/81
Social Welfare Council (SWC) No.	56573
Tax Exemption No.	220
Geographic scope	NHAFN states that it operates across all 7 provinces and 77 districts of Nepal.
Head office / contact	Tinkune, Kathmandu, Nepal | info@nhafn.org.np | 9808872930
Official website	www.nhafn.org.np
Official Instagram	@nhafnorg
Official LinkedIn	National Health Action Force Nepal® | NHAFN
Official X	@nhafnteam
Official Facebook	National Health Action Force Nepal
GAAPP status	NHAFN is listed as a member organisation of the Global Allergy & Airways Patient Platform (GAAPP).

Official references: NHAFN official website; NHAFN official LinkedIn; GAAPP member profile. Official social handles are also corroborated by GAAPP's member listing.

REPORT BASIS AND STATUS

This report consolidates the Phase 2 Community Outreach Program documentation for April–July 2026 and is prepared for submission to concerned government authorities, institutional partners, GAAPP and current or prospective donors. It prioritises programme performance, accountability, results, partnerships and implementation evidence, while excluding internal operational details that do not materially support donor or authority review.

DOCUMENT CONTROL

Document item	Details
Report title	Swastha Saans Nepal – Phase 2, Gramin Swastha Saans

Report type	Programme Implementation, Progress and Accountability Report
Reporting period	April–July 2026
Implementing organisation	National Health Action Force Nepal (NHAFN)
Strategic partner	Global Allergy & Airways Patient Platform (GAAPP)
Submission audience	Social Welfare Council (SWC), concerned authorities, strategic partners and donors
Prepared	15 August 2026

1. Executive Summary

Swastha Saans Nepal is a national respiratory-health initiative of National Health Action Force Nepal (NHAFN), implemented in strategic partnership with the Global Allergy and Airways Patient Platform (GAAPP). Phase 2, Gramin Swastha Saans, is designed to extend the project's initial clinical proof of concept into community-based lung-health awareness, screening, education and referral-oriented outreach.

Between April and July 2026, the project documented 10 distinct Phase 2 Community Outreach Program (COP) sessions across Kathmandu, Chitwan, Sindhupalchok and Rolpa. These sessions were implemented through a combination of the NHAFN Central Team and three active Med School Chapters: College of Medical Sciences (CMS), Chitwan Medical College (CMC), and Nepal Medical College (NMC). In addition, an NHAFN-supported screening activity was conducted at Santada Health Post in Achham and is reported separately because its classification within the COP session tracker requires confirmation.

Key indicator	Current documented position
Distinct Phase 2 COP sessions	10
Additional NHAFN-supported screening activity	1 – Santada Health Post, Achham (reported separately)
Phase 2 COP delivery	7 chapter-led sessions + 3 Central Team-led sessions
Med School Chapters activated	CMS, CMC and NMC
Core COP provinces	Bagmati and Lumbini; plus Sudurpaschim through the separately reported Santada activity
Core COP districts	Kathmandu, Chitwan, Sindhupalchok and Rolpa
Largest documented single-session estimated reach	~250 – Hope Valley Scholars' Academy
Confirmed Phase 1 clinical beneficiaries	308 patients
Phase 2 programme target	1,250+ people across 25 sessions

PHASE 2 PERFORMANCE SNAPSHOT

10	7 / 10	3 / 10	40%

Distinct COP sessions	Chapter-led	Central Team-led	Of 25-session target
4 Core COP districts	**3** Med School Chapters	**2** Core provinces	**91** Santada recipients

Key achievements

- Expanded the respiratory-health programme from a single clinical camp into repeated community outreach across multiple settings.
- Established Med School Chapters as practical local implementation units, with seven of the ten distinct COP sessions independently led by chapters.
- Replicated the Phase 1 clinical service package at Siddheshwar School through the CMC Chapter, including spirometry, inhaler training, consultation and medicine distribution.
- Reached substantial school and community audiences, including estimated reach of approximately 150 at Creative Academy and approximately 250 at Hope Valley Scholars' Academy.
- Extended respiratory-health outreach to a monastery/community network and, for the first time in the documented Phase 2 activities, an occupational workplace through Potala Carpet Factory.
- Maintained formal permission/consent and post-session completion or appreciation documentation across the reviewed activities.

2. Programme Overview

Component	Description
Programme	Swastha Saans Nepal
Phase	Phase 2 – Gramin Swastha Saans
Core intervention	Community respiratory-health awareness, screening, health education and linkage to appropriate care
Implementation period covered	April–July 2026
Programme target	25 outreach sessions reaching 1,250+ people
Implementation model	NHAFN Central Team + Med School Chapters + local institutions/community partners
Strategic partner	Global Allergy and Airways Patient Platform (GAAPP)
Primary populations reached	Community residents, school populations, underserved groups, and workers in an occupational setting

Phase 2 builds on the December 2025 clinical proof of concept in Rolpa, where 308 patients were served and the project demonstrated the feasibility of integrated respiratory screening, clinical consultation, inhaler technique education, medicines and referral-oriented care.

2.1 Phase 1 proof of concept – reference

Indicator	Phase 1 result
Location	Nerpa Health Post, Triveni-5, Rolpa

Date	21 December 2025
Patients served	308
Clinical focus	COPD, asthma, post-TB lung sequelae and chronic respiratory disease prevention
Services	BP/RBS/BMI, spirometry, digital chest X-ray, consultation, inhaler technique training, medicines, education and referral linkage
Spirometry	70% obstructive disease pattern among those tested
Inhaler technique	35% pre-training accuracy → 92% post-training accuracy

3. Phase 2 Implementation Summary

#	Date	Venue	District	Lead	Activity	Documented reach
1	~26 Apr 2026	Dolpo Monastery, Pipalbot, Aarubari	Kathmandu	NMC Chapter	Respiratory awareness + screening	33 volunteers documented; beneficiary count not stated
2	8 May 2026	Dhulikhel Hospital Manekharka Outreach Centre	Sindhupalchok	Central Team	CRD/lung-health awareness + IEC	~35 participants
3	9 May 2026 (AM)	Bishazar Tole	Chitwan	CMS Chapter	Community health/CRD awareness	~44 estimated
4	9 May 2026 (PM)	Devnagar Public Park	Chitwan	CMS Chapter	Free health camp + CRD awareness	53 confirmed attendees
5	~16 May 2026	Creative Academy, Nayabazar, Kirtipur	Kathmandu	NMC Chapter	School outreach + respiratory-health awareness	~150 estimated
6	13 Jun 2026	Hope Valley Scholars' Academy, Balkumari	Kathmandu	NMC Chapter	School outreach + health assessment	~250 estimated
7	20 Jun 2026	Siddheshwar School, Gitanagar	Chitwan	CMC Chapter	Integrated clinical health camp + CRD education	54 patients
8	~3 Jul 2026	Basic Health Service Centre, Liddu	Rolpa	Central Team + Dr. Raman K.C.	Community outreach	Register available; consolidated

						count pending
9	7 Jul 2026	Potala Carpet Factory, Jorptai	Kathmandu	NMC Chapter	Occupational respiratory-health awareness + screening	Worker count pending
10	~10 Jul 2026	Basic Health Service Centre, Dharmakhola	Rolpa	Central Team + Dr. Raman K.C.	Community outreach	Register available; consolidated count pending

Dolpo session documentation
The Dolpo Monastery activity was conducted in late April 2026. The later Dolpo Society documentation dated 7 July 2026 is the completion/certification record for the same outreach activity. It is therefore treated as one session in all programme counts and reach calculations.

3.1 Additional supported activity

Date / period	Activity	Location	Support	Reach
2026	Disease-screening camp at Santada Health Post	Ramaroshan Rural Municipality, Achham	NHAFN financial support	91 service recipients

Santada Health Post is reported separately from the 10 core COP sessions because the reviewed documentation identifies it as an NHAFN-supported screening activity. The activity is included in this report as a distinct programme-supported health screening intervention, with 91 service recipients documented.

4. Implementation Highlights

4.1 Community and local-government outreach

The Central Team delivered the Manekharka activity in Sindhupalchok and two ward-level COP sessions in Triveni Rural Municipality, Rolpa, in coordination with local authorities and health facilities. The Rolpa activities continued the project's field presence established during Phase 1.

4.2 Med School Chapter mobilisation

CMS, CMC and NMC demonstrated that medical-school-based volunteer structures can independently organise and deliver community respiratory-health activities. This decentralised model increases local ownership while allowing NHAFN to maintain a common programme identity and technical direction.

4.3 School-based outreach

Creative Academy and Hope Valley Scholars' Academy provided high-reach settings for health education and assessment. These sessions substantially increased programme visibility and community reach without relying solely on clinical camp models.

4.4 Clinical service replication

The Siddheshwar School activity is the strongest documented example of Phase 1 replication during Phase 2. The CMC Chapter delivered an integrated package including spirometry, inhaler technique education, consultation, medicine distribution and health education.

4.5 Occupational respiratory-health outreach

The Potala Carpet Factory activity extended the programme to a workplace where dust and fibre exposure are relevant respiratory-health concerns. Screening included BP, SpO2, blood glucose and anthropometric measurements, together with a structured research questionnaire.

4.6 Continuity with the Dolpo community

The Dolpo Monastery activity and subsequent completion certification through Dolpo Society demonstrate continuity with the same community network. The July documentation formally closed the record of the earlier outreach activity rather than representing a separate session.

5. Results and Outcomes

Result area	Evidence from documented activities
Reach	Large school/community sessions generated substantial estimated reach, while clinical camps produced verified patient counts.
Clinical capacity	CMC replicated the Phase 1 clinical package at Siddheshwar School.
Respiratory screening	Spirometry and other screening measures were incorporated where clinical capacity was available.
Inhaler education	92% correct technique was documented post-training in the Siddheshwar session among those trained.
Community awareness	CRD/lung-health education and IEC materials were delivered across community, school and institutional settings.
Local ownership	Three Med School Chapters independently organised and delivered outreach under the NHAFN programme framework.
Geographic expansion	Activities extended across Kathmandu, Chitwan, Sindhupalchok and Rolpa, with an additional supported screening activity in Achham.
Population diversification	The programme reached community residents, students, underserved groups and an occupational workforce.

5.1 Documented clinical indicators

- Phase 1: 308 patients served at Nerpa Health Post, Rolpa.
- Phase 1: 70% obstructive pattern among spirometry-tested patients.
- Phase 1: inhaler technique accuracy improved from 35% to 92% following training.
- Phase 2 Siddheshwar School: 54 patients received the integrated clinical package.

- Phase 2 Siddheshwar School: 70% obstructive pattern among those tested by spirometry.
- Phase 2 Siddheshwar School: 92% correct inhaler technique among those trained.

6. Reach and Reporting Methodology

This report distinguishes verified attendance from estimated reach. The field records contain both types of figures; volunteer participation is not counted as beneficiary reach, and estimated participation is clearly identified as estimated.

Category	Current position
Verified patient/participant counts	Available for selected activities, including 53 at Devnagar, 54 at Siddheshwar and 91 at Santada.
Estimated reach	Approximately 44 at Bishazar Tole, 150 at Creative Academy and 250 at Hope Valley, plus approximately 35 at Manekharka.
Counts pending consolidation	Liddu, Dharmakhola and Potala Carpet Factory; the Dolpo record documents volunteer participation but not a separate beneficiary total.
Volunteer numbers	Reported separately from beneficiary reach.

7. Documentation, Safeguarding and Accountability

The reviewed field activities are supported by a consistent documentary trail appropriate for programme accountability. The evidence includes:

- Advance permission, support or consent letters from host institutions, local authorities, community representatives or the workplace.
- Attendance/patient registers and volunteer sign-in sheets where applicable.
- Session minutes or programme description records.
- Post-session appreciation letters, completion letters or institutional certifications.
- Clinical consent procedures for activities involving clinical screening or services.
- Voluntary participation and confidentiality provisions documented for the occupational/research component at Potala Carpet Factory.

This documentation provides an auditable basis for confirming that activities occurred. Where participant registers are available, actual post-session figures are used; where only estimates are documented, the figures are reported as estimates.

8. Partnerships and Stakeholder Engagement

Stakeholder group	Role demonstrated
GAAPP	Strategic partnership supporting the broader Swastha Saans Nepal programme.
NHAFN Central Team	Programme coordination, technical direction and selected direct field delivery.

Med School Chapters	Local mobilisation, volunteer deployment, community engagement and session delivery.
Local governments/ward offices	Permissions, coordination and institutional support for community activities.
Schools and educational institutions	Host sites for high-reach respiratory-health education and assessment.
Health facilities	Platforms for screening and community-level service delivery.
Community organisations	Access to underserved and culturally connected community networks.
Workplace partner	Access to an occupational population for respiratory-health awareness and screening.

8.1 Donor Accountability and Use of Support

The programme's field model directs support toward community outreach, health education, screening and clinical service delivery through local implementation partners. NHAFN's current public-facing transparency page describes organisation-wide allocation across healthcare services, community outreach, capacity and training, operations and administration, and fundraising/communications. This report focuses on programme outputs and beneficiary-facing implementation rather than reproducing organisation-wide financial allocations.

9. Key Implementation Challenges

- Participant-counting practices are not yet fully standardised across all field activities.
- Some outreach sessions use estimated reach from permission documents rather than verified post-session attendance.
- Registers exist for several activities but require consolidation before a final programme-wide beneficiary number can be reported.
- Santada Health Post is classified in this report as an additional NHAFN-supported screening activity and is not included in the 10 core COP session count.
- Continued scale-up will require consistent documentation, volunteer capacity and local coordination across multiple sites.

10.1 SWC Reporting Alignment

This programme report is structured as a narrative progress and accountability report covering programme identity, implementation period, activities, beneficiaries and reach, outputs and outcomes, partnerships, documentation, accountability, implementation challenges and conclusion. The Social Welfare Council publishes Monitoring and Evaluation Guidelines together with a Progress and Financial Reporting Format for NGOs/INGOs and a separate Quarterly Financial Report format for NGOs. Accordingly, this document serves as the programme narrative report; financial expenditure reporting is maintained through the applicable SWC financial reporting mechanism.

10.2 Financial Reporting Status

No financial amount has been invented or estimated in this narrative report. The source documentation supplied for this consolidated programme report does not contain a complete budget-versus-expenditure statement. Programme expenditure and financial supporting documents remain subject to the organisation's financial records and the applicable SWC financial reporting format.

10.3 Accountability and Evidence

The implementation record is supported by permissions, institutional support letters, attendance or patient registers where available, volunteer sign-in records, session minutes or programme descriptions, post-session appreciation or completion letters, institutional certification and clinical consent procedures for clinical activities.

10. Reporting, Compliance and Accountability

Programme monitoring is maintained through a consolidated activity record covering date, location, delivery unit, activity type, attendance or estimated reach, services delivered and documentary status.

Participant registers for Liddu and Dharmakhola and the worker count for Potala Carpet Factory remain part of the supporting records; their totals are not incorporated into the cumulative beneficiary figure where the source documents do not provide a verified total.

CMS, CMC and NMC function as NHAFN Med School Chapters and delivered documented Phase 2 sessions under the common Swastha Saans Nepal programme identity.

Phase 2 implementation included school, community, monastery/community-network and occupational settings, extending respiratory-health outreach beyond conventional clinical camps.

Documented outcome measures include respiratory screening findings, inhaler-technique competence, health education delivery and clinical service uptake where measured.

Verified figures are used as the primary reporting metric, with estimates separately identified and supporting permissions, registers, minutes and completion documentation retained as the programme evidence trail.

Phase 2 documentation captures community respiratory-health concerns, exposure contexts, screening findings and service-delivery experience that form part of the programme evidence base for subsequent implementation and advocacy work.

11. Conclusion

The implementation documented during April–July 2026 demonstrates that Swastha Saans Nepal has progressed from a single-site clinical proof of concept toward a distributed community respiratory-health programme. The programme is now capable of delivering through both NHAFN's Central Team and locally organised Med School Chapters, while engaging government, educational, community and workplace partners.

The most important programme gains are the replication of clinical services at chapter level, expansion into high-reach school settings, continued engagement with underserved communities, and the introduction of occupational respiratory-health outreach. The corrected consolidation of the Dolpo Monastery/Dolpo Society documentation ensures that the same activity is not counted twice.

At the close of this reporting period, the programme has established a multi-setting community outreach model with Central Team and Med School Chapter delivery. The documented reporting base includes verified counts, estimated reach and supporting records, with unquantified registers clearly identified in the activity matrix.

ANNEX 0. OFFICIAL ORGANISATIONAL REFERENCES

The following public references were used to verify the institutional information included in this report:

NHAFN official website: https://www.nhafn.org.np/

NHAFN official LinkedIn: https://www.linkedin.com/company/national-health-action-force-nepal/

GAAPP member profile: https://gaapp.org/organizations/national-health-action-force-nepal-nepal

Official X account: https://x.com/nhafnteam

Official Facebook profile: https://www.facebook.com/profile.php?id=61557223140341

Official Instagram: https://www.instagram.com/nhafnorg/

SWC Monitoring & Evaluation / Progress and Financial Reporting Framework: https://swc.org.np/pages/442

Annex 1. Consolidated Session Documentation Status

Activity	Permission / consent	Attendance / register	Completion / appreciation	Status
Dolpo Monastery / Dolpo Society – same activity	Available	Volunteer record; beneficiary total not stated	Completion certification obtained 7 Jul 2026	Complete documentary trail; reach count to be refined if register permits
Manekharka	Available	Approx. 35 documented	Available	Documented
Bishazar Tole	Available	Approx. 44 estimated	Available	Documented; estimated reach
Devnagar Public Park	Available	53 confirmed	Available	Documented
Creative Academy	Available	Approx. 150 estimated	Available	Documented; estimated reach
Hope Valley Scholars' Academy	Available	Approx. 250 estimated	Available	Documented; estimated reach
Siddheshwar School	Available	54 patients	Available	Documented clinical activity
Liddu, Rolpa	Available	Register available; total pending	Ward completion letter available	Pending count consolidation
Potala Carpet Factory	Workplace consent available	Worker count pending	Completion certification available	Pending count consolidation
Dharmakhola, Rolpa	Available	Register available; total pending	Ward completion letter available	Pending count consolidation
Santada Health Post	Available	91 service recipients	Completion letter available	Separate supported activity; tracker classification pending

DONOR SUBMISSION STATEMENT

NHAFN submits this report as a consolidated account of implementation documented during the reporting period. The organisation remains committed to transparent reporting, evidence-based programme

management, partnership with local institutions and continued expansion of equitable respiratory-health services to underserved communities.

Annex 2. Donor Reporting Indicators

Indicator	Reporting rule
Sessions conducted	Count distinct activities only; never count completion letters as separate sessions.
Beneficiaries reached	Use actual post-session attendance/patient registers wherever available.
Estimated reach	Report separately and label clearly as estimated.
Clinical beneficiaries	Count people receiving clinical screening/consultation separately from awareness-only reach.
Volunteers mobilised	Report separately; do not add to beneficiary reach.
Geographic coverage	Report province/district/municipality/ward as applicable.
Partnerships	Record local authority, institutional and strategic-partner contribution.
Evidence status	Maintain permission, attendance and completion documentation for every activity.

Source basis: field-level programme documents and the consolidated Phase 2 report supplied for review.