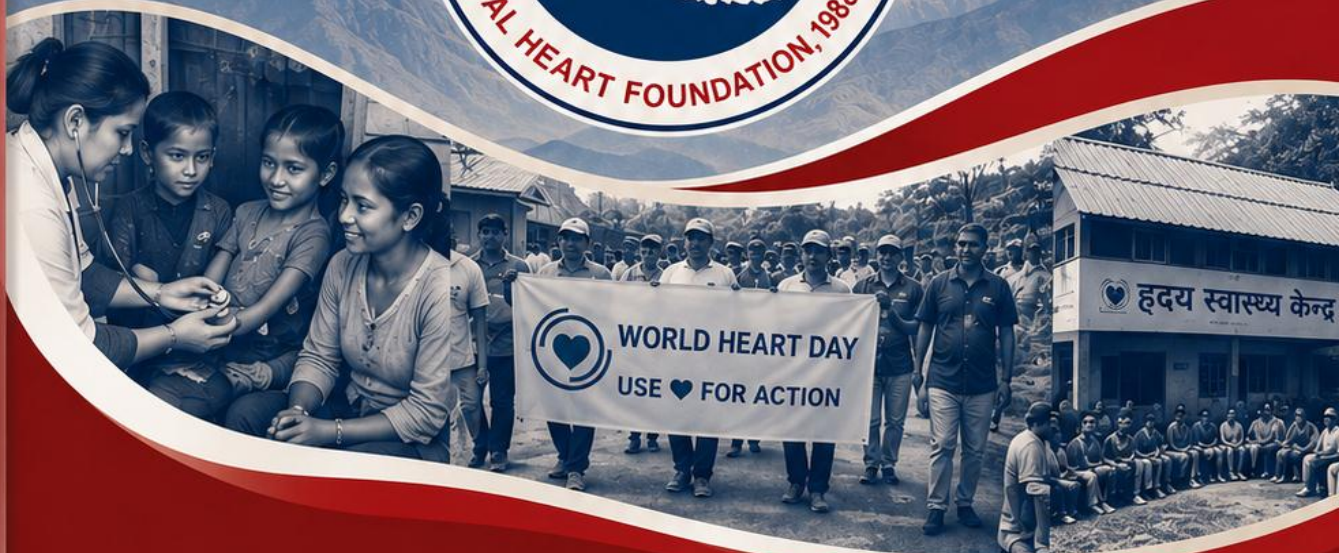


# In My *memory:* Nepal Heart Foundation



*A Journey of Service, Compassion and Commitment  
for a Healthier Heart, Healthier Nepal*



Prachanda Pradhan



**In My Memory:**  
**Nepal Heart Foundation**

**“A journey of an organization, its dedication,  
struggle, and service.”**

**Prachanda Pradhan**  
**Former President, Nepal Heart Foundation**

**2026**

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## COMMENTARY NOTE

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The journey of the Nepal Heart Foundation is not merely the story of the development of an institution. It is also a unique example of the growth of heart-health awareness, social participation, and collective commitment in Nepal. This collection of writings by Prachanda Pradhan presents institutional struggles, personal experiences, and collective achievements together, taking readers on a historical journey.

Heart disease is today one of the major public-health challenges throughout the world. In a developing country such as Nepal, its prevention and treatment remain particularly difficult. In this context, the establishment and expansion of the Nepal Heart Foundation have had a profound impact not only on the health sector but also on the development of social awareness. From its early years, the Foundation has made public-awareness campaigns its central mission and has continuously promoted the principle that **“It is better to prevent disease than to treat it after it occurs.”**

The author is a direct witness to the fundamental stages of the Foundation's institutional development. Established in 2045 B.S., the organization underwent restructuring around 2005 . and, by 2022 ., had expanded to the national as well as international level. The author presents the struggles, successes, failures, reforms, and achievements of this period in a warm and personal manner. The book conveys the important message that institutional development is not merely a matter of rules, laws, or organizational expansion; it is also the result of leadership, cooperation, and collective commitment.

One of the special features of this book is its combination of institutional history with personal stories and human experiences. The story of Indira Sharma is an important example. The pain caused by heart disease in an individual's life, the social burdens imposed by prevailing attitudes, and the necessity of travelling abroad for treatment all reveal that health problems are not merely medical issues; they also have important social and economic dimensions. By connecting such personal experiences with the institutional journey, the book becomes more sensitive and effective.

The role of the Nepal Heart Foundation is not confined to the field of heart health alone. By mobilizing its members and social workers, it has established a tradition of conducting public-awareness campaigns at the local level. It has also promoted the vision of making the institution self-reliant and well organized. Rather than merely distributing budgets from the center, the Foundation has institutionalized a policy of encouraging district branches to mobilize their own resources, develop their own programs, and implement them. This has helped transform the Foundation from a temporary, "fire-fighting" type of non-governmental organization into a national campaign with a long-term vision.

The traditions of regular general assemblies, participation of branch representatives, and coordination of national programs described in this book have given the Foundation the character not merely of a health campaign but also of a social movement. These activities have created an environment in which members develop an emotional sense of attachment to the institution.

Another important aspect of the author's experience concerns the role of leadership in institutional development. The valuable contributions of many office-bearers, together with the author's own administrative commitment and supervision, have helped raise the Foundation to a new level. The book encourages readers to reflect deeply on the importance of leadership, cooperation, and collective decision-making in institutional development.

While reading this book, readers gain an understanding not only of the journey of the Nepal Heart Foundation but also of the difficulties involved in conducting health campaigns in Nepal, the importance of social participation, and the challenges of institutional strengthening.

Although the Nepal Heart Foundation has made remarkable progress, it still faces many challenges, including:

- Expansion of health services in rural areas;
- Wider use of digital communication systems;
- Lifestyle-improvement campaigns among younger generations; and
- Effective cooperation with government agencies and implementation of national programs.

Addressing these challenges will require even stronger leadership, greater community participation, and wider international cooperation.

This book is not merely a collection of memories; it is also a historical document of the heart-health movement in Nepal. By highlighting the stages of institutional development and presenting personal experiences with sensitivity, it demonstrates the power of collective commitment. I believe that the book will not only encourage readers to undertake a deeper study of the institutional journey but will also inspire them to participate in the social movement for heart-health awareness.

Every reader of this book will draw inspiration from the struggles and achievements of the Nepal Heart Foundation. The book clearly demonstrates that institutional development is not simply a matter of organizational structure; it is the outcome of human commitment, collective cooperation, and social awareness. I would like to express my heartfelt appreciation to the author, **Prachanda Pradhan**, for presenting the diverse dimensions of our shared institution to the public in such an interesting and engaging manner.

**Dr. Prakash Raj Regmi**

## A MEMORABLE CONTRIBUTION

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With the objective of increasing public awareness to protect people in Nepal from the growing incidence of heart disease and making treatment services accessible to all, the Nepal Heart Foundation was established in 2045 B.S. (1988).

Every institution requires groups and dedicated individuals who work selflessly to make it systematic, efficient, and successful. Effective leadership is essential to guide everyone in a positive direction, foster a sense of ownership towards the institution, and strengthen the conviction that **“This organization is indispensable to us.”** A leader must also be able to set aside personal opinions when necessary and make decisions through collective and open discussion.

A capable and committed community is indispensable for the advancement of any institution. Such a group becomes even more effective when it is guided by an inspiring personality. In this inspiring role, Dr. Prachanda Pradhan joined the Nepal Heart Foundation as Joint General Secretary around 1993–94 and later assumed leadership responsibilities as well. His contribution to transforming the Foundation from its initial stage into a national-level institution is highly commendable. My experience of working with him and constantly receiving new energy and inspiration remains vivid even today.

I now have in my hands the book written by Dr. Prachanda Pradhan, entitled *In My Memory: Nepal Heart Foundation*. Turning through its pages gives one the feeling of watching the flashback of a film. This book serves almost as a guide for anyone wishing to understand the Nepal Heart Foundation in depth and acquire detailed information about it. I would not hesitate to regard reading it as equivalent to an educational journey.

I extend my heartfelt congratulations and sincere appreciation to Dr. Prachanda Pradhan for presenting such a useful and excellent book to all of us.

**Dr. Abanibhushan Upadhyay**

## PREFACE

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The collection of writings included in this book presents the story of the journey of an institution that has developed into a national organization while conducting campaigns for the prevention of heart disease in Nepal. When I joined the Nepal Heart Foundation as Joint General Secretary in 1993–94, the organization was still in its early stage. By 2026, however, it had made remarkable progress and had developed into a national institution with a presence throughout the country. At present, its organizational network has expanded to approximately 77 districts, including 64 full-fledged district branch committees and 13 ad hoc branch committees.

An institution does not become strong merely through its physical structure. For its long-term development and progress, it is essential to build a strong institutional foundation based on rules, laws, procedures, values, and norms. The Nepal Heart Foundation is no longer merely a “fire-fighting” type of non-governmental organization responding to immediate problems. It has made an important contribution by advocating for improvements in government policies and their effective implementation, while promoting both curative and preventive approaches.

The Foundation's most important responsibility is to conduct preventive public-awareness campaigns so that heart disease does not occur among the people of Nepal in the first place. Spreading the message that heart disease can, to a significant extent, be prevented through the adoption of an appropriate and healthy lifestyle is one of the Foundation's principal objectives.

Through the course of these activities, it has been realized that the mission and vision of the Nepal Heart Foundation can be achieved more effectively through cooperation with various like-minded institutions. In this context, the Foundation, in cooperation with the Nepal Heart Club, took the initiative to establish **Heartnet**, with the participation of around eighteen organizations involved in heart-related activities. Today, it is a matter of great satisfaction to see Heartnet mobilizing its member organizations and conducting various programmes on the occasion of World Heart Day.

This collection also encompasses the Foundation's process of institutional development, its expansion, and its journey towards earning public trust and goodwill. The active participation of more than eight thousand members throughout the country is one of the Foundation's greatest strengths. It is a matter of pride to be associated with this institution. Although most of the human resources associated with the Foundation are volunteers, they are skilled individuals who bring technical knowledge, experience, and expertise from diverse walks of life.

To effectively communicate the objectives and vision of the Nepal Heart Foundation to a wider section of the population, it is necessary to strengthen communication systems appropriately and make extensive use of digital media. Likewise, there is a need to mobilize social workers and conduct public campaigns to enhance awareness of healthy heart practices within communities.

It is hoped that readers of this book will gain important insights into the struggles, efforts, and dedication through which the Nepal Heart Foundation has developed into the national institution it is today. By highlighting efforts towards institutional development, this collection seeks to take readers on a kind of study journey through the process of building an organization capable of effectively addressing heart-health challenges. Detailed accounts of programmes related to heart health are available in other reports.

This collection also attempts to highlight the importance of outreach and study visits conducted in combination with health camps and heart-health awareness programmes, as well as the contribution such activities have made to strengthening the district branches of the Nepal Heart Foundation.

The district branches of the Nepal Heart Foundation are expected to become self-organized and self-reliant in carrying out activities at the district level. In this respect, the Foundation's approach differs from that of many other institutions. The Foundation encourages its district branches to develop their own heart-health programmes and to seek cooperation and partnerships with district-level non-governmental organizations, district health offices, and local governments for their implementation.

For this reason, the district branches are not conceived merely as agencies for implementing programmes financed through budget allocations from the central office. To promote this philosophy, the central office of the Nepal Heart Foundation has established a system of recognizing and rewarding district branches with outstanding performance during the Foundation's Annual General Assembly.

The late Indira Sharma is presented here as a representative of women affected by heart disease. Because she did not realize in time that she was suffering from heart disease, she experienced considerable hardship at a relatively young age. At that time, surgical treatment was not available in Nepal, and the physical, mental, and financial difficulties associated with the disease affected the entire family.

Her story includes her heart condition, the process through which the disease was diagnosed, the difficulties faced by her and her family because adequate treatment facilities were unavailable within Nepal, the physical and mental suffering she experienced while travelling to India for treatment, the change this experience brought to her outlook on life, and ultimately her desire to move forward in life with a life companion.

This story is fundamentally presented as the representative experience of a heart patient. In the context of women with heart disease, such a story becomes even more sensitive and moving. It also describes the psychological consequences of the attitudes society may adopt towards women after they suffer from heart disease, as well as the difficulties that arise when they do not receive the support and sympathy needed to stand independently on their own feet.

The informative materials included in this collection are presented with the expectation that they will serve as useful reference resources for readers, researchers, and all those interested in studying and conducting research in this field.

I would like to express my heartfelt gratitude to **Dipendra Purush Dhakal, Dilli Prakash Ghimire, Jayabir Karmacharya, Ojashwi Kasaju, Pramila Kasaju, and Samundra Sigdel** for their support, encouragement, and assistance in various ways during the preparation and publication of this book.

I would also like to extend special thanks to **Bimala Maharjan and Anmol Maharjan of the Nepal Heart Foundation** for their important assistance in providing the necessary information, data, and reference materials.

I am sincerely grateful to **Dr. Satya Narayan Suwal, President of the Nepal Heart Foundation, and General Secretary Komal Prakash Ghimire** for facilitating the process of obtaining the necessary approval from the Nepal Heart Foundation for the publication of this book.

I would like to express my special and heartfelt appreciation and gratitude to **Dr. Avanibhushan Upadhyay and Dr. Prakash Raj Regmi** for enhancing the dignity of this work by writing their valuable commentaries and for providing continuous encouragement, support, and inspiration.

I also extend special thanks to **Prakriti Adhikari** for his valuable contribution in refining and standardizing the language, style, and editing of this book.

Finally, I express my heartfelt gratitude and appreciation to the printing press and to all distinguished individuals who, directly or indirectly, contributed companionship, cooperation, goodwill, and inspiration towards the successful completion of the printing and publication of this book.

**Prachanda Pradhan**

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## CHAPTER 1

### MILESTONES IN INSTITUTIONAL DEVELOPMENT

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The Nepal Heart Foundation (NHF) is a non-governmental welfare organization. It was established in 1988 (2045 B.S.) by a group of individuals concerned with heart disease, with the objective of conducting public awareness programs and reducing the incidence of cardiovascular diseases. The Foundation was registered with the Kathmandu District Administration Office under the Associations Registration Act, 1977 (2034 B.S.).

The principal objectives of the Foundation are the prevention, control, treatment and rehabilitation of heart-related diseases. The Constitution of the Foundation also provides for an organizational structure capable of extending its activities throughout Nepal. Accordingly, provisions were made for the establishment of Nepal Heart Foundation branches in every district, in addition to the Central Office.

After its establishment in 1988, the Foundation initially carried out its programs mainly at the central level. In 2005 (2062 B.S.), a new Executive Committee of the Foundation was reorganized under the chairmanship of Dr. Abanibhushan Upadhyay. Dr. Prakash Raj Regmi became the General Secretary, and I, **Prachanda Pradhan**, was entrusted with the responsibility of Joint General Secretary.

A General Assembly was organized at the Lalitpur Branch hall to constitute the Executive Committee. By that time, the Lalitpur Branch had already developed into a well-organized and resourceful branch of the Foundation. In this chapter, I have attempted to present my experiences while fulfilling my responsibilities as Joint General Secretary of the Nepal Heart Foundation.

This was my first experience of serving on the Executive Committee of the Foundation. For many of us, both the colleagues and the working procedures were new. At that time, approximately 20–24 district branches were affiliated with the Foundation, although only about eight or nine of them were actively functioning.

After gaining some experience, discussions began on the reforms required in the management of the Nepal Heart Foundation. It was felt that the management of the Central Office needed strengthening. Similarly, communication and the exchange of information between the Central Office and the district branches were found to be weak and ineffective. It became immediately necessary to strengthen cooperation between the Centre and the district branches and to make the entire Foundation more dynamic and active.

Although the Constitution had defined the formal responsibilities, the General Secretary and Joint General Secretary mutually agreed to divide their duties. The responsibility for strengthening the administration was assigned to the Joint General Secretary. The following initiatives were undertaken:

- Updating the records of district branches;
- Maintaining separate files for each district branch;
- Repairing and improving furniture;
- Arranging and improving the meeting room;
- Promoting collective leadership; and
- Holding Executive Committee meetings at regular intervals, properly recording decisions, and ensuring their implementation.

Under the leadership of Dr. Abanibhushan Upadhyay, all members of the Executive Committee came together with a common purpose. The process of planning and implementing programs of the Nepal Heart Foundation began in a more systematic manner. From my experience, Dr. Upadhyay played a remarkable role in providing leadership and moving the programs forward with high morale and commitment.

With the support of the leadership, a meeting of the Executive Committee was convened to advance the concept of institutional development, particularly concerning the responsibilities, duties and authority of the Nepal Heart Foundation. The meeting was held at the Ambassador Hotel in Lazimpat. For the first time, presentations and discussions were conducted with the assistance of PowerPoint. Working papers were also presented. Perhaps this was the beginning of the use of new technology in the Foundation's institutional activities.

I presented the concept of institutional development, while Dr. Prakash Raj Regmi presented the national programs. From that time onward, a practice of communicating among members through email also began. In those days, the expenses for lunch during such meetings were, for some time, borne personally by the office-bearers.

Under the leadership of the then Chairman, many activities with long-term institutional significance were initiated. The continuity of several of these initiatives can still be seen today.

## **1. Regular Meetings and General Assemblies**

A tradition was established of holding Executive Committee meetings and General Assemblies within the timeframes prescribed by the Constitution. This practice has continued to the present day. Extended meetings during the General Assembly also helped strengthen relations between the Central Office and the district branches.

## **2. Reform of the General Assembly System**

The format and management of the General Assembly were significantly changed. Previously, General Assemblies were generally attended by only a limited number of participants. Members from district branches were invited, but their participation was often passive. One or two members from the Centre would deliver speeches, after which participants would return.

During the General Assembly held in 2006 (2063 B.S.) at the Tourism Board hall, a member from the Chitwan Branch expressed his dissatisfaction, saying in essence:

"We have come from far away, listened to speeches, and are now returning. What is the significance of our participation?"

His complaint was justified. The matter was discussed by the Executive Committee, and an important decision was taken. It was decided that General Assemblies would be held in Kathmandu during election years, while in other

years they would be organized outside Kathmandu under the hospitality of district branches.

Accordingly, in 2007 (2064 B.S.), the General Assembly was organized in Chitwan under the hospitality of the Chitwan Branch.

From this period, the practice of holding a two-day General Assembly began. One day was devoted to institutional strengthening, public awareness and cultural programs, while the second day was reserved for the formal closed session of the General Assembly. This tradition has continued to the present.

Several other practices were also introduced. The Centre and the districts jointly shared the organizational responsibilities. Participants generally bore their own travel and accommodation expenses, while a modest daily contribution was made to the General Assembly Management Committee. District branches mobilized local resources to support accommodation and also made efforts, according to their capacity, to organize the General Assembly with dignity and success.

### **3. Strengthening Coordination Between the Centre and District Branches**

To promote coordination and uniformity between the programs of the district branches and the Centre, it was decided that members of the Nepal Heart Foundation would meet twice a year. Annual General Assemblies and half-yearly program review meetings were to be held, with particular emphasis on organizing them outside Kathmandu.

### **4. District Visits and Heart Health Camps**

A program was also initiated in which teams comprising Central Office members and doctors visited district branches, held interaction programs and conducted heart health camps. The first half-yearly program and a one-day interaction on institutional management were organized in Hetauda in 2005 (2062 B.S.) with the support of the Makwanpur Branch.

Under the leadership of Dr. Abanibhushan Upadhyay, efforts were intensified to strengthen district branches and conduct health camps. Teams led by Dr. Prakash Raj Regmi and Dr. Prem Raj Vaidya began organizing heart health camps. Visits by Central Office members were coordinated to achieve the objectives of institutional outreach and branch strengthening.

The principal objective of these district visits was to activate district branches and help the Nepal Heart Foundation achieve its mission throughout the country. Health camps organized in cooperation with district branches increased their visibility and activity and, in some cases, also generated modest financial benefits.

Where possible, local hospitals and medical professionals were mobilized to participate in the camps. The Central Office generally made arrangements for transportation, while members bore their own personal expenses for accommodation and meals. Such voluntary participation reflected the members' faith and commitment to the Nepal Heart Foundation.

### **A Major Eastern Nepal Visit**

During Dr. Abanibhushan Upadhyay's tenure, a collective and extensive visit of district branches was undertaken by the Central Office, covering areas from Chitwan to Ilam. The visit had multiple objectives.

On the second day, a health camp was organized in Chitwan and Narayanghat, together with an interaction program with the district branch. On the third day, a health camp and interaction with district representatives were organized in Hetauda.

On the fourth day, the team travelled early in the morning to Kalaiya in Bara, where meetings were held with district branch members. In Birgunj, a public awareness program for students and a health camp were organized. Discussions were also held on how to make the district branch more active.

After Birgunj, the team returned to Hetauda. The following day, a program was organized in Janakpur, where discussions were held on strengthening the district branch.

In the evening, the team proceeded toward Biratnagar for an interaction program. During the journey, the group also made several informal contacts and meetings. The Morang District Branch had organized an interaction program in Biratnagar. Dr. Abanibhushan Upadhyay and Dr. Prakash Raj Regmi were the principal speakers and delivered lectures on the prevention of heart disease.

For me personally, the visit to Biratnagar also provided an opportunity to renew old acquaintances. I had taught at Mahendra Morang College in Biratnagar around 1964. I was able to meet former colleagues and acquaintances, including Radha Prasad Ghimire, whom I had known from earlier years and who later served in important national responsibilities.

The next program was scheduled in Ilam and Jhapa. We travelled to Ilam, inspected a community hospital and participated in the General Assembly of the Ilam District Branch. Discussions were held with local stakeholders regarding branch strengthening and cooperation with local health institutions. Penicillin injections carried by the team were also handed over to the Ilam hospital for appropriate use.

That evening, we stayed at Birtamod in Jhapa, where further discussions were held on strengthening the district branch. The interaction concluded with the participation of the Chief District Officer and a commitment to make the branch more active.

After Jhapa, the program included the formation and strengthening of a Sunsari District Branch. We reached Dharan in the morning and held discussions with local members at the meeting hall of the local Chamber of Commerce and Industry. A new Executive Committee was formed, and members expressed their commitment to carry forward the Foundation's programs.

The visiting team included Chairman Dr. Abanibhushan Upadhyay, General Secretary Dr. Prakash Raj Regmi, Vice-Chairman Dilli Prakash Ghimire, Dr. Prem Raj Vaidya, Deependra Purush Dhakal, Bimal Siku Shrestha, Pushpaman Kayastha, Bimala Maharjan and myself. Through such visits across the eastern districts, sincere efforts were made to activate and strengthen the district branches.

## **Western Nepal Visit**

The following year, preparations were made for a visit to western Nepal. The objectives were to establish contact with district branches, conduct health camps and promote the formation of new branches. The visiting team included Chairman Dr. Abanibhushan Upadhyay, General Secretary Dr. Prakash Raj Regmi, Dilli Prakash Ghimire, Dipendra Purush Dhakal and myself.

A health camp was scheduled in Dang, with Dipendra Purush Dhakal taking responsibility for program coordination. The journey began from Kathmandu and proceeded through Chitwan and Narayanghat, where meetings were held with district branch office-bearers.

A proposal was also made to hold the Nepal Heart Foundation's General Assembly in Narayanghat. The Chitwan Branch readily accepted the proposal and agreed to take responsibility for organizing the event. This strengthened our confidence that the plan to hold General Assemblies outside Kathmandu could be successfully implemented.

Indeed, the first two-day General Assembly held outside Kathmandu was completed successfully and with great dignity. It was an important and encouraging experience for all of us.

During the journey toward Butwal, discussions were held with active young people in Nawalparasi regarding the formation of an ad hoc district committee. Assurances were received that the committee would soon be established.

An interaction program on heart disease was also organized at a private hospital in Butwal. Dr. Abanibhushan Upadhyay and Dr. Prakash Raj Regmi delivered lectures on the nature and prevention of heart disease. Later, meetings were held with members of the Rupandehi District Branch.

The country was experiencing widespread load-shedding at that time. Nevertheless, a productive meeting was held in Butwal, even under difficult circumstances, and discussions focused on making the district branch more active and vibrant. Local members also expressed their intention to establish a hospital

specializing in heart disease in Butwal, and the Foundation assured its support for their initiatives.

The next morning, the team travelled to Ghorahi, Dang. Discussions were held on strengthening the local district branch. Because of his local connections, Dipendra Purush Dhakal played an especially active role in facilitating the program. Coordination with local hospitals made it possible to obtain the support of nurses and doctors for the health camp. Dr. Sumant Banjade also joined the camp.

After the health camp, Dr. Abanibhushan Upadhyay and Dr. Prakash Raj Regmi participated in an interaction program on Swargadwari FM Radio. During district visits, participation in public awareness program was always given high priority.

After the completion of the health camp, the visiting team travelled to Swargadwari and then met with the Nepal Heart Foundation Branch in Banke before returning to Kathmandu. I separated from the group in Dang and continued on a World Bank-related field visit with colleagues from the Department of Irrigation to Salyan and Dang.

As in other visits, transportation was arranged by the Foundation, while other personal expenses were generally borne by individual participants. Local institutions, pharmaceutical companies and charitable organizations often supported food and accommodation. The central objective of all such visits was to establish contact with branches and help make them active and vibrant.

### **Visit to Pokhara**

The final district visit during Dr. Abanibhushan Upadhyay's tenure as Chairman was undertaken to Pokhara at the invitation of Dr. Kumar Rana. The visit had two principal objectives: to strengthen the district branch and to conduct health-related program.

The Kaski Branch was one of the leading branches of the Nepal Heart Foundation. However, relations between the Centre and the branch had not always been cordial. At times, representatives travelling to Kathmandu for Central Committee

meetings had received information that the meeting had already concluded. Such circumstances had created dissatisfaction among the Kaski and Parsa branches.

During the Pokhara visit, health camps were conducted for students of Sai Baba School. The visiting team included Dr. Abanibhushan Upadhyay, Dr. Prakash Raj Regmi, Dr. Krishnajung Rana, Dr. Maheshwar Bharati and myself.

### **Cooperation with Organizations Having Similar Objectives**

The Nepal Heart Foundation also sought to move forward through cooperation with organizations working toward similar objectives. In this context, Dr. Krishnajung Rana repeatedly suggested that greater attention should be drawn from the Ministry of Health toward heart disease and its prevention.

It was felt that a network of concerned organizations should be formed to create collective awareness and advocate more effectively for the prevention and control of cardiovascular diseases.

The first meeting on this matter was held in the Nepal Heart Foundation meeting room in the presence of Dr. Mrigendra Raj Pandey and Dr. Krishnajung Rana. There was agreement on the need to establish such a network. A list of organizations working in the field of heart disease was prepared, and at that time approximately 18–19 relevant organizations were identified.

Dr. Krishnajung Rana later hosted a dinner meeting at his residence to discuss the proposed network. The objectives, organizational structure and working relationships of the network were discussed in detail. Participants included Dr. Mrigendra Raj Pandey, Dr. Bhagwan Koirala, Dr. Abanibhushan Upadhyay, Dr. Prakash Raj Regmi, Dr. Arun Sayami and other concerned individuals.

After extensive discussion, a decision was taken to establish a network for heart disease prevention and control.

Instead of a chairperson, the network adopted the position of **Coordinator**. It was agreed that the Coordinator would rotate annually among the participating

organizations, in alphabetical order, and would provide coordination without interfering in the independent activities of member organizations.

Accordingly, Dr. Abanibhushan Upadhyay became the first Coordinator, and the Nepal Heart Foundation was entrusted with the responsibility of serving as the Secretariat. The network was named **Nepal Heart Net (HeartNet)**, a name by which it continues to function.

During the first year in which the Nepal Heart Foundation served as Coordinator, it was unanimously decided to celebrate **World Heart Day** in a grand manner. The program focused on public awareness, dissemination of information and expert lectures on heart disease prevention. The Nepal Heart Foundation assumed responsibility for program implementation, while member organizations conducted activities in their respective areas and jointly participated in common programs.

A major lecture program was organized on the occasion of World Heart Day. The inaugural session was attended by the then Vice-Chairman of the Council of Ministers, Kirtinidhi Bista. The program was conducted with the participation of all member organizations of HeartNet. The principal speakers included Dr. Sanjeeb Dhungel, Dr. Arun Sayami and Dr. Prakash Raj Regmi.

The responsibility for coordination was transferred to another organization in the following year. It is a matter of pride that Nepal HeartNet, established during that period, has remained active to this day. The principal credit for its conception and establishment goes to Dr. Krishnajung Rana.

### **The Role of the Lalitpur Branch**

The Lalitpur Branch was established by social workers of Lalitpur. Pushpaman Kayastha and his colleagues played an important role in its establishment and operation.

When a new Central Executive Committee was formed under the chairmanship of Dr. Upadhyay, Pushpaman Kayastha served as an adviser. As he himself had suffered from heart disease, he understood the concerns and experiences of patients very well. Having worked for many years in Nepal's public administration,

he also had strong relationships with people at different levels of government and society.

There were discussions among members about requesting the Ministry of Health to formulate a program for the control of rheumatic heart disease. Under the leadership of Dr. Upadhyay, we met Health Secretary Ramchandra Man Singh at the Ministry.

The Nepal Heart Foundation was subsequently entrusted with the responsibility of conducting a **“Save the Child's Heart” program** and arranging the distribution of penicillin injections through hospitals as part of heart disease prevention efforts. A grant of **Rs. 3 million** was provided to the Nepal Heart Foundation for program implementation and the purchase of medicines.

### **Strengthening Financial Management and Institutional Systems**

Although the Nepal Heart Foundation had been established many years earlier, adequate internal management systems and infrastructure had not yet been fully developed. Much of the work was carried out on the basis of personal trust and mutual confidence.

Perhaps for the first time, when the Foundation began receiving significant grants, the need arose to maintain accounts for larger sums of money in a more systematic and transparent manner. The then Treasurer, Bhim Bahadur Adhikari, managed the Foundation's finances with discipline, economy and integrity. There was no reason to question his honesty in financial management.

After government grants began to be received, however, the absence of formal financial regulations became evident. On the advice of the Treasurer, it was felt necessary to formulate financial rules to ensure financial discipline within the Nepal Heart Foundation.

The then Assistant Treasurer, Pradyumna Lal Shrestha, prepared provisions for the financial regulations. These were discussed and approved by the Executive Committee. Procurement procedures, including those related to the purchase of medicines, were also incorporated into the system.

The implementation of formal financial regulations began during the tenure of Dr. Upadhyay and became an important milestone in the institutional development of the Foundation. Although financial regulations existed, there were occasionally tendencies to depart from established provisions.

After Nanda Kishore Sharma became Treasurer, the financial rules were updated and efforts were made to maintain orderly and systematic financial transactions. As the activities and resources of both the Foundation and its branches increased, the contribution of Treasurer Uttam Lal Shrestha in managing growing financial transactions and assets was also highly commendable.

The mobilization of different sources of funds and the responsibilities associated with financial accountability also increased substantially.

## **Conclusion**

The decisions taken and the programs implemented during that period laid a strong foundation for the institutional development of the Nepal Heart Foundation. Because of the systems and traditions established at that time, the Foundation has remained active, vibrant and continuously engaged in public service.

The life and sustainability of many institutions depend greatly on transparency in financial transactions, accountability and mutual trust. The Nepal Heart Foundation has, over the years, succeeded in earning public confidence.

I firmly believe that this public trust and institutional credibility will continue in the years ahead.

## CHAPTER 2

### NEPAL HEART NET

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#### **Growing Awareness of Heart Disease**

Public awareness regarding heart disease gradually increased. Heart disease was no longer considered an illness affecting only one particular class of people. It spread across all sections of society—rich and poor, young and old, urban and rural, men and women. It was no longer confined to wealthy countries alone; it also became established as one of the major diseases requiring serious attention in developing countries.

During the decades of the 1990s and 2000s, several non-governmental organizations related to heart disease were established in Nepal. Many of these organizations made important contributions by conducting public-awareness programs and providing direct support to heart patients. Preventive measures were also promoted through the organization of heart-health camps.

The Nepal Heart Foundation was among the oldest non-governmental organizations working in this field. Similarly, the Mrigendra Samjana Memorial Medical Trust was conducting heart-related activities in both urban and rural areas, extending even to Jumla in the then Mid-Western Region. Encouraged by these initiatives, many other new organizations were subsequently established.

Most of these organizations were based in Kathmandu. They included:

1. Nepal Heart Foundation
2. Heart Club, Nepal
3. Cardiac Society of Nepal
4. Jayanti Memorial Trust
5. Nepal Diabetic Society
6. Mrigendra Samjana Memorial Medical Trust
7. Nepal Heart Care Centre

8. Shahid Gangalal National Heart Centre
9. League Against Hypertension
10. Bal Dhadkan, Nepal
11. Society for Healthy Heart
12. Cardiology Departments of Bir Hospital, Tribhuvan University Teaching Hospital, Medicare Hospital and Norvic Hospital
13. Echocardiography Society of Nepal
14. Friends of Open Heart
15. Help for Heart Surgery
16. Manmohan Memorial Cardiac Centre

### **The Need for Collective Effort**

Those actively involved in heart-related programs realized that the efforts of a single organization alone would not be sufficient to address Nepal's complex and multidimensional problems relating to heart disease. It was necessary to face these challenges through the collective efforts of both the public and private sectors.

However, there was no common platform capable of bringing together all organizations concerned with heart disease, developing a shared understanding, and raising a unified voice for the solution of common problems. Such an organization was expected to serve as a common platform for all institutions, act as an advocacy group, and effectively express concerns relating to heart disease from both preventive and curative perspectives.

On **11 July 2005**, the Nepal Heart Foundation organized a meeting at its office in Babarmahal. Participants included Dr. Mrigendra Raj Pandey of the Mrigendra Samjhana Medical Trust, Dr. Krishna Jung Rana of Heart Club Nepal, Dr. Abani Bhushan Upadhyay, Dr. Prakash Raj Regmi, Pushpa Man Kayastha of the Nepal Heart Foundation, and Bhagwati Nepal of the Nepal Diabetic Society.

The meeting concluded that it would be useful to take the initiative to establish a platform that could bring together all non-governmental organizations working in heart-related programs and provide a basis for collective activities.

Dr. Krishna Jung Rana subsequently took the initiative to organize a dinner meeting, accompanied by extensive discussions, at his residence. It was also decided to prepare a comprehensive list of all relevant organizations and invite them to the dinner meeting.

### **Decision to Establish the Network**

On **27 August 2005**, a discussion meeting followed by dinner was held at the residence of Dr. Krishna Jung Rana. All participating institutions retained their independent organizational identities. The purpose of the meeting was to establish a network through which collective and complementary activities could be carried out as far as possible.

Member organizations were to remain independent and continue their own programs and activities. The Nepal Heart Foundation agreed to play only a coordinating role by providing a forum for information exchange, strengthening communication, and facilitating discussion. It was expected that this arrangement would strengthen campaigns for the prevention of heart disease and expand services and facilities for patients.

At the meeting, Dr. Abani Bhushan Upadhyay, President of the Nepal Heart Foundation, presented the proposed objectives and activities of **Heart Net** for discussion. Following extensive deliberations among the participants, the following were approved as the objectives and activities of the proposed **Nepal Heart Net**.

### **Objectives and Activities**

The principal objective of Nepal Heart Net was to promote mutual cooperation and collaboration in programs relating to the **prevention, treatment and rehabilitation of cardiovascular diseases**.

Its major activities included:

1. **Strengthening cooperation** among non-governmental organizations working on heart disease, the private sector, health-service providers and other relevant institutions, including government health-service agencies.
2. **Promoting participation and cooperation** with the Ministry of Health and Population in programs relating to the prevention, treatment and rehabilitation of cardiovascular diseases.
3. In view of the rapidly increasing incidence of heart disease in Nepal, working as an **advocacy group** before the Government for the formulation and implementation of practical programs. This included:
  - Taking the initiative to establish a separate unit for the prevention and control of heart disease within the Epidemiology and Disease Control Division of the Department of Health Services.
  - Seeking technical assistance from the World Health Organization for relevant sectoral studies.
4. Requesting hospitals and health clinics providing cardiac services to establish separate counselling facilities or arrange trained personnel for primary and secondary prevention.
5. Requesting medical colleges, health schools and nursing schools to include practical aspects of heart-disease prevention and control in their curricula.
6. Encouraging broad-based non-governmental organizations with existing infrastructure in different districts to assist in increasing public awareness of heart disease.
7. Taking initiatives to obtain program support from international non-governmental organizations and bilateral donor agencies.
8. Taking initiatives to ensure that a portion of taxes collected from tobacco-related industries is allocated to heart-disease program.
9. Identifying and implementing joint program among member organizations, including:
  - Studying the feasibility of a common policy for providing assistance to heart patients;

- Establishing a common fund or shared resource bank for heart patients; and
- Conducting public-awareness programs, publications and human-resource development training programs at competitive costs.

Following detailed discussions on these objectives and activities, proposals were made to develop the network into a formal structure. These included clearly defining the responsibilities of office-bearers, determining areas of authority through a constitution, and establishing a separate secretariat.

Some participants expressed concern that Heart Net might become an umbrella or “super-organization” above the existing institutions. A few organizations stated that they would decide on membership only after consulting their respective institutions. The League Against Hypertension was among those expressing such concerns, but subsequently accepted membership in Heart Net upon the recommendation of its executive committee.

It was clearly agreed that Heart Net would not interfere with the activities or status of its member organizations. Its role would be limited to providing a common platform for cooperation and coordination.

At the end of the meeting, it was decided that, until further arrangements were made, the responsibility for coordinating Heart Net would be entrusted to Dr. Abani Bhushan Upadhyay, President of the Nepal Heart Foundation. The Nepal Heart Foundation also agreed to serve as the Secretariat of Nepal Heart Net.

### **Decisions of the Meeting of 27 August 2005**

1. It was decided to establish **Nepal Heart Net** with the participation of organizations involved in heart-related activities in Nepal.
2. Common areas for cooperation would be identified, and programs would be implemented jointly with member organizations.
3. To ensure the effective implementation of these activities, Dr. Abanibhushan Upadhyay was appointed as the **Coordinator of Heart Net**.

## **27 August 2005 is regarded as the Foundation Day of Nepal Heart Net.**

The principal inspiration behind the establishment of Heart Net was **Dr. Krishna Jung Rana**. He had a very clear and effective vision and objective for Heart Net and made remarkable efforts to give the organization its final shape.

### **The First Year of Heart Net**

Following the formation of Heart Net, its first major activity was the decision to observe **World Heart Day**, in accordance with the declaration made by the World Heart Federation in Switzerland. World Heart Day is observed every year on the last Sunday of September.

After consultation with member organizations, the following programs were planned:

1. Organizing seminars on heart disease and its prevention.
2. Honouring individuals or organizations that had made outstanding contributions to the prevention of heart disease in Nepal.
3. Increasing public awareness through articles in national and local newspapers and magazines and through television discussion programs.
4. Requesting specialist hospitals dealing with heart disease to provide special services on this occasion.

About **125 people participated** in the seminar held at Hotel Himalaya. The Vice-Chairman of the Council of Ministers, Kirti Nidhi Bista, was also present.

On that occasion, **Dr. Mrigendra Raj Pandey, Himkant Nyaupane, Pushpa Man Kayastha and Dhruba Lal Joshi** were honoured in recognition of their outstanding contributions to the prevention of heart disease.

The seminar began with a discussion session involving Dr. Sanjeev Dhungel and Dr. Arun Sayami. Dr. Prakash Raj Regmi subsequently presented a paper on rheumatic heart disease, while Dipendra Purush Dhakal led a discussion on a national heart policy.

With the initiative of the Nepal Heart Foundation, **18 non-governmental organizations** related to heart disease actively participated in planning and conducting the seminar and other activities. Pharmaceutical companies, including Sun Pharma and Deurali Pharma, also provided financial support.

The activities of the first year created the direction and foundation for stronger and more innovative programs in subsequent years.

In **January 2006**, Heart Net organized a national-level interaction program attended by Dr. Champak Pokhrel, a member of the National Planning Commission, and Ramchandra Man Singh, Health Secretary. A total of **36 participants** attended the program held at Annapurna Hotel.

Over time, changes in organizational policies and roles led to some old members discontinuing their membership and new members joining. An organization called **Heart to Heart** joined Heart Net and also assumed leadership as a program coordinator.

**Bal Dhadkan**, an NGO supporting children's heart surgery, later separated from Heart Net after the Government of Nepal adopted a policy of providing free heart-treatment services for children through Shahid Gangalal National Heart Centre. Its activities became integrated with the hospital.

Similarly, **Friends for Open Heart Surgery** gradually became inactive and stopped participating in Heart Net meetings.

In later years, it was agreed that the coordinating responsibility among Heart Net member organizations would rotate. The following organizations have, at different times, organized World Heart Day programmes:

- Nepal Heart Foundation
- Bal Dhadkan
- Cardiac Society
- Heart Club Nepal
- Heart to Heart Nepal

- Help for Heart Surgery — Coordinator in 2012
- Others

At present, World Heart Day programs continue to be organized through the joint efforts of Heart Net members. These programs have been attended by distinguished personalities, including former Deputy Prime Minister and Health Minister Amik Sherchan, Health Minister Giriraj Mani Pokhrel, former Chief Secretary Madhav Prasad Ghimire, and various Health Secretaries.

### **Future Direction**

Heart Net has now developed into an established network with successful experience in coordination and program implementation. In the future, it needs to focus on:

- Contributing to the formulation of heart-health policies;
- Supporting government strategies and policy-formulation processes concerning non-communicable diseases;
- Developing relief and support programs for heart patients; and
- Promoting effective measures for the prevention of heart disease.

The cooperation and coordinated efforts of member organizations can certainly produce positive and sustainable results.

## CHAPTER 3

### MY JOURNEY

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I would like to express my heartfelt gratitude and thanks to the **Nepal Heart Foundation** for honouring me with the **Oration Award in 2025**. I am also especially grateful to Dr. Mrigendra Raj Pandey, the respected patron of the Mrigendra Samjhana Medical Trust, for making such a dignified arrangement for this oration honour. Dr. Mrigendra Raj Pandey is also a patron of the Nepal Heart Foundation.

I highly appreciate the continuous philanthropic contribution made by the Mrigendra Samjhana Medical Trust in the field of health services. I would also like to acknowledge the contribution of various research activities conducted by the Trust that have made a long-term impact on health care.

Whenever I find myself in the naturally beautiful city of Pokhara, three important memories connected with this place come vividly back to my mind.

**First**, I remember visiting Pokhara with students around 1963 as part of the Nepal Darshan educational program.

**Second**, I recall participating in academic and institutional programs associated with the Department of Commerce at Prithvi Narayan Campus, Pokhara

**Third**, I remember my experience of fulfilling organizational and management responsibilities during the National Intellectual Conference held around 2035 B.S. and organized by the Centre for Economic Development and Administration of Tribhuvan University.

I am extremely pleased to participate in this **34th Central Assembly of the Nepal Heart Foundation**. Today, I feel both pride and responsibility as I share my experiences and reflections on my journey within the Nepal Heart Foundation.

This journey has not merely been a journey of positions or responsibilities. It has also been a journey of institutional strengthening, transparent financial

management, expanding outreach to district branches, and a shared commitment to improving heart health throughout Nepal.

My relationship with the Nepal Heart Foundation has never been merely formal or position-based. It has always been guided by purpose and service. Over the years, I have had the opportunity to witness the Foundation transform from an organization focused primarily on individual program into an institution increasingly committed to systems, sustainability, accountability and national ownership.

Today, I would like to present this journey through **seven major dimensions**:

1. Institutional strengthening
2. Financial management reform
3. Branch strengthening and decentralization
4. Rules, regulations and systems of good governance
5. Meetings, assemblies and democratic practice
6. Heart-health camps and outreach to communities
7. Contributions of colleagues and supporters

### **1. Institutional Strengthening: From Person-Centered to System-Centered Management**

When I assumed responsibility at the Nepal Heart Foundation, one principle was clear:

**An institution must be greater and more enduring than any individual.**

There was no lack of enthusiasm, dedication or goodwill in our organization. However, there were weaknesses, including:

- The absence of clear systems;
- Inadequate documentation and record-keeping; and
- Excessive dependence on individuals in decision-making.

For institutional strengthening, we therefore gave special attention to:

- Clearly defining roles and responsibilities at central and district levels;

- Giving priority to committee-based rather than individual decision-making;
- Strengthening records, reporting and institutional memory; and
- Developing leadership continuity and succession planning.

Our objective was to transform the Nepal Heart Foundation from a program-centered organization into a **mission-oriented and system-based institution**. This gradually enhanced the Foundation's credibility at the national level and among its partners.

## **2. Financial Management: Transparency, Trust and Sustainability**

No institution can be strong without financial integrity.

One of the most important aspects of my journey was the reform of the financial management system. In this context, I would like to remember the late **Pradyumna Lal Shrestha**, who contributed to the preparation of the draft financial regulations.

The major reforms included:

- Standardizing the process of budget preparation and approval;
- Introducing regular financial reporting and internal review;
- Clearly separating responsibilities relating to approval, expenditure and accounting; and
- Developing a culture of financial discipline and compliance.

Financial transparency is not merely a matter of numbers. It is fundamentally a matter of **trust**—the trust of members, donors, branches and service recipients.

As the financial system became stronger, we experienced increasing confidence among partners and greater unity within the organization.

## **3. Branch Strengthening: Decentralizing the Heart-Health Movement**

Heart-health problems in Nepal vary geographically. The strength of the Nepal Heart Foundation is not limited to its central office; its real strength lies in its provincial and district branches.

We therefore emphasized:

- Empowering branches with clear authority and procedures;
- Encouraging local resource mobilization and partnerships;
- Strengthening coordination between the centre and districts through regular visits, observation and interaction; and
- Supporting weaker branches through training, guidance and the exchange of experience.

Branch strengthening is not merely administrative decentralization.

**It is the democratization of health leadership.**

When district branches feel ownership, programs become more relevant, inclusive and sustainable.

#### **4. Rules, Regulations and Good Governance: The Foundation of Institutional Discipline**

The values and character of any institution are reflected in its rules and practices.

To strengthen the Nepal Heart Foundation, we focused on:

- Revising the constitution and by-laws;
- Establishing procedures and codes of conduct; and
- Ensuring clarity in financial and administrative processes.

Our objective was not unnecessary rigidity but rather **certainty, fairness and accountability**.

Clear rules:

- Reduce conflict;
- Protect volunteers;
- Make leadership transition easier and more legitimate.

These reforms helped move the Nepal Heart Foundation from informal consensus towards a more institutionalized system of decision-making.

## 5. Meetings and Assemblies: Reviving Democratic Culture

Regular meetings and assemblies are the heart of a membership-based organization.

During my journey, we:

- Established a system for conducting Executive Committee and General Assembly meetings on time;
- Strengthened the recording and follow-up of decisions; and
- Made assemblies more inclusive, participatory and policy-oriented.

We also began the practice of organizing annual general assemblies outside Kathmandu. It gives me particular pleasure to be participating in this Assembly here today.

Assemblies are not merely formal occasions.

**They are platforms for accountability, self-evaluation and renewal.**

## 6. Heart-Health Camps: Reaching Those Who Have Been Left Behind

Heart-health camps organized by the Nepal Heart Foundation are among its most effective programs.

The **“Save Children's Hearts” program** has occupied a particularly important place. Under this program, heart examinations have been conducted for many school-going children.

These camps symbolize our commitment to **equal access and social justice**.

During this journey, we focused on:

- Targeting underserved and high-risk communities;
- Linking screening services with health education and referral systems;
- Cooperating with local governments and hospitals; and
- Maintaining service quality and ethical standards.

Heart-health camps are not acts of charity alone.

**They are preventive public-health programs.**

## **7. Contributions of Colleagues and Supporters**

No institution can move towards its goals without the support of committed members and colleagues.

During my journey, I would particularly like to remember the late **Pushpa Man Kayastha** and **Dilli Prakash Ghimire**, who made important contributions. The late Kayastha's contributions at both the Lalitpur District Branch and the central level were remarkable.

My cooperation with Dilli Prakash Ghimire was continuous and valuable, particularly in financial resource mobilization and management.

I would also like to acknowledge the inspiration provided by **Himkantji**, who emphasized the importance of mobilizing internal resources.

When I served as Joint General Secretary, **Dr. Abani Bhushan Upadhyay** was the President. His visionary leadership brought positive transformation to the organization.

**Dr. Prakash Raj Regmi** played an important role in bringing national and international recognition to the "Save Children's Hearts" program.

I also express my heartfelt gratitude to the late **Bhim Bahadur Adhikari**, who helped establish standards of financial management, and to **Dipendra Purush Dhakal**, who provided leadership in making the organization more active.

The contribution of **Dr. Krishna Jung Rana** in establishing Nepal Heart Net was extremely important.

I am equally grateful to the many other friends and colleagues who contributed to this journey.

**Bimala Maharjan**, who made a long-term contribution to institutional development through her service in administrative management, deserves special thanks. **Suman Shrestha** also made notable contributions as an office assistant in various areas of the Nepal Heart Foundation's work.

## Lessons and the Way Forward

The major lessons from this journey are:

- Institutions become stronger when systems are given priority.
- Financial transparency strengthens trust and unity.
- Branches are not merely extensions; they are pillars of the institution.
- Good governance is not control; it is protection.
- Prevention is the most cost-effective strategy for heart health.

The Nepal Heart Foundation has now completed **35 years** of its journey as a garden of diverse ideas and shared aspirations.

## Concluding Remarks

My journey with the Nepal Heart Foundation has been a journey of learning, cooperation and shared responsibility.

Whatever contribution I have made would not have been possible without the dedication of my colleagues, volunteers, health workers and supporters.

The heart of the Nepal Heart Foundation is not its office, logo or positions. **Its true heart lies in its people and its purpose.**

Let us all work together to build an institution that is:

**Strong in its systems, firm in its values, inclusive in its outreach, and deeply committed to the heart health of every Nepali.**

## CHAPTER 4

### FUTURE CHALLENGES

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#### 1. Context

The **Nepal Heart Foundation (NHF)** is a non-profit and non-governmental organization. It was established through the initiative of a group of socially conscious and far-sighted individuals who recognized the growing likelihood of a rapid increase in heart and blood-vessel-related diseases, particularly in a developing country such as Nepal.

In this context, the Foundation has adopted the following vision and mission.

##### 1.1 Vision

To achieve significant progress towards reducing the incidence of heart disease and ensuring a heart-disease-free and healthy life for the people.

##### 1.2 Mission

The Nepal Heart Foundation seeks to provide a common platform for mobilizing the collective efforts of both governmental and non-governmental stakeholders and to lead a national campaign for the prevention and control of heart disease.

##### 1.3 Objectives and Activities

###### *Cardiac Health Services and Programs*

- Promotion of services related to the diagnosis, prevention and treatment of heart disease.
- Provision of partial financial assistance for the treatment of heart patients.
- Implementation of cardiac rehabilitation programs.
- Advocacy, lobbying and public-awareness programs.
- Organization of training programs for service-providing institutions and communities.

- Collaboration and joint activities with other associations, institutions and non-governmental organizations.

### **1.4 Establishment and Organizational Structure**

The Nepal Heart Foundation was established in **1988**. Over the years, it has carried out a variety of capacity-building and institutional development activities and has successfully completed important milestones, including its Silver Jubilee.

According to the Foundation's Constitution, the **Central General Assembly**, comprising representatives from across the country, is the highest representative body. The General Assembly is organized every year. Every third year, during the election year, the General Assembly is held in Kathmandu, while during the other two years it is organized in different districts by the respective district branches.

The General Assembly elects the **Executive Committee** for a three-year term. The Executive Committee is accountable to the General Assembly. Particular attention is given to gender and regional balance in the formation of the Executive Committee.

A **Management Committee**, chaired by the President of the Foundation, has also been established to assist in the day-to-day management and functioning of the organization. This committee helps strengthen collective decision-making within the Foundation.

### **1.5 Expansion of the Foundation in Nepal**

Out of Nepal's 77 districts, the Foundation has established **64 full-fledged district branches and 13 ad hoc committees**. Among them, the branches in Lalitpur, Kathmandu, Kavrepalanchok, Makwanpur, Chitwan and Dhading have been particularly active. These branches have implemented multidimensional programmes and, in several cases, established units at the local level. Other district branches are also conducting regular activities.

An ad hoc district branch is required to enroll **51 life members** and subsequently form an Executive Committee through the General Assembly. Once this process is completed, the Foundation grants recognition to the branch as a regular district

branch. The relevant procedure is clearly provided for in the Foundation's Constitution.

The Central Office has continuously sought to make all district branches more active and to involve them in expanding public awareness regarding the prevention of heart disease.

At present, the Foundation has a presence in all 77 districts, either through full-fledged branches or ad hoc committees. To expand heart-disease prevention services and public awareness, the Constitution also authorizes district branches to establish local-level units.

District branches have been developed as **self-governing and self-reliant units**. They are authorized to mobilize financial resources from both internal and external sources. Some district branches have demonstrated remarkable success in resource mobilization and program implementation, highlighting the importance of active and creative leadership.

The Kathmandu and Kavrepalanchok branches have successfully mobilized financial support from the **World Heart Federation** for district-level programs. The Kavrepalanchok Branch has also received financial and material assistance from various Lions and Rotary Clubs. Both Kathmandu and Kavrepalanchok have extended their services beyond their own districts.

The Kavrepalanchok Branch has developed Kavre as a **service hub** and has provided technical and medical services to Sindhuli, Ramechhap and Dolakha districts, thereby presenting an important model for decentralized service delivery.

The history of the Lalitpur Branch in institutional development, financial resource mobilization and service expansion is particularly inspiring. Through an active and well-equipped Heart Clinic, the branch has expanded its services and has emerged as one of the strongest branches in terms of both financial and physical resources. The Central Office of the Nepal Heart Foundation is also located in the Lalitpur Branch building.

In the coming years, district branches will need to establish units at the local level. In accordance with the Constitution of Nepal, 2015, and in order to facilitate and coordinate the activities of district branches, the Foundation has established **Provincial Committees in all seven provinces** through amendments to its Constitution. This indicates the development of a more dynamic and stronger organizational structure.

The Nepal Heart Foundation is a strong and active organization. The **34th General Assembly**, organized in Pokhara by the Kaski Branch, is an excellent example of its organizational capacity. The General Assembly included technical training for health workers, meetings of provincial branches, important policy decisions and broad representation. More than 167 representatives from 36 district branches participated in the two-day event. The expenses were shared by the host district branch, the Central Office and participating representatives.

### **1.6 Central-Level Organizational Structure of the Foundation**

The organizational structure and working procedures of the Central Office of the Nepal Heart Foundation have gradually evolved to respond to emerging challenges posed by non-communicable diseases, particularly cardiovascular diseases. The present organizational arrangements reflect the establishment of various committees and mechanisms to address these challenges.

Generally, non-governmental organizations may be categorized into three broad types.

The **first type** consists of organizations that respond to emergencies as “firefighters.” For example, they provide relief such as food, clothing and other necessities during earthquakes, floods and other natural disasters. Once the emergency situation has ended, their activities often decline or come to an end.

The **second type** consists of organizations that focus on enhancing the capacities of individuals and communities. Examples include skill-development training, livelihood programs and literacy programs. Such activities contribute to long-term skill development and greater self-reliance.

The **third type** consists of organizations that seek to influence policies concerning important social issues. Examples include campaigns against the growing burden of heart disease, child labour and violence against women. Such organizations undertake advocacy and lobbying to promote appropriate legal and policy measures. Organizations such as **CWIN-Nepal**, for example, have played an active advocacy role against child exploitation.

The Nepal Heart Foundation does not fall primarily into either the first or second category. It is fundamentally an organization focused on the **policy dimensions of cardiovascular health and heart-health management**, while also undertaking advocacy for institutional development. For example, it played an important early role in promoting initiatives related to the establishment of the **Shahid Gangalal National Heart Centre**, as well as policy provisions for free treatment for children below 15 years of age, senior citizens and marginalized communities. Although many other institutions and stakeholders have also contributed to these achievements, the Foundation was among the early institutions to initiate and promote these efforts.

The Foundation has also implemented a national program for the prevention of **Rheumatic Heart Disease (RHD)** and has set a target of significantly reducing the burden of RHD among children by **2030**. The **End RHD Campaign** is being implemented in collaboration with all branches and units of the Foundation and the Shahid Gangalal National Heart Centre. A Memorandum of Understanding has been signed between the Foundation and the hospital in this regard.

A school-based heart screening program for children is also being implemented enthusiastically. The program aims to reach a significant number of children every year in both accessible and remote districts. A special support package has been developed for children affected by RHD who require surgery or medical treatment. Under this program, support is provided to patients and their parents or guardians for transportation to Shahid Gangalal National Heart Centre and for facilitating the treatment process.

## 2. Program Formulation and Implementation

To ensure broad participation by members of the Nepal Heart Foundation, various committees have been formed with the approval of the Executive Committee. These committees formulate programs and submit them to the Executive Committee for approval before implementation. Each committee consists of a coordinator and several members.

### 2.1 Provincial and District Strengthening and Coordination Committee

The objective of this committee is to strengthen provincial and district branches, develop appropriate strategies and monitor their activities. Units established under district branches fall within the jurisdiction of the respective district branches.

The committee has developed two important governance instruments. The first is the **Guideline for the Operation of Provincial and District Branches**, copies of which are available from the Central Office. The second important instrument is the **Financial Regulations**, which apply from the Central Office to the district level. A human resource management document has also been prepared.

### 2.2 Resource Management Committee

This is another important committee. It is responsible for the overall monitoring and management of the Foundation's financial and physical resources. It maintains records and ensures the proper management of various dedicated funds established under the Foundation.

A special fund has been established to support economically disadvantaged patients requiring heart surgery. The fund has accumulated more than **NPR 10 million in bank deposits**, and assistance is provided from the interest earned on the fund.

Similarly, another fund has been established to support research on Rheumatic Heart Disease (RHD), which has also accumulated more than **NPR 10 million**. Citizens who have confidence and faith in the Foundation continue to contribute to these funds.

Similar funds have also been established by district branches. Kathmandu, Lalitpur and Kavrepalanchok are among the district branches that have created such funds, which are managed by the respective branches.

### **2.3 Communication and Publication Committee**

This committee plays an important role in raising public awareness regarding the prevention of heart disease. It has produced various audio-visual materials and published printed information and educational materials on heart health.

Such materials have also been developed as outputs of various projects, including the Edwards Project. The time has now come to develop a clear and comprehensive strategy for communication and publication related to heart-disease prevention.

The committee also regularly publishes the **“Mutu” magazine** from the Central Office.

### **2.4 Heart Health Planning and Implementation Committee**

The committee has developed and implemented various programs, including:

- a. Save the Children's Heart Program** — a program for the prevention of Rheumatic Heart Disease.
- b. Heart Attack Prevention Program.**
- c. Go Red for Women Program.**
- d. Cardiac Rehabilitation Program.**
- e. Treatment Support Endowment Fund Program.**

The Cardiac Rehabilitation Program includes two major initiatives:

- a. Dr. Mrigendra Raj Pandey CAD Reversal Program.**
- b. Senior Citizens' Rehabilitation Program.**

The Heart Health Planning and Implementation Committee has been particularly active in the field of RHD prevention. During recent years, financial support has been received from the **Edwards Lifesciences Foundation**. The RHD program has now become one of the principal programs of the Nepal Heart Foundation.

Further initiatives are necessary to make other programs more effective and dynamic. To bring greater momentum to program activities, a **Research Director** has been appointed. However, the concrete results of this new arrangement are yet to become fully visible.

Recently, during field visits, operational research was completed to assess the role of nurses in screening students affected by Rheumatic Heart Disease through the use of **portable echocardiography**.

### **3. Future Direction of the Foundation**

An examination of available evidence shows that a large proportion of premature deaths caused by **cardiovascular diseases (CVDs)** can be prevented. The findings of numerous studies support this conclusion.

Globally, it is estimated that approximately **17.5 million people die each year from cardiovascular diseases**, of which around **80 percent occur in low- and middle-income countries**. This indicates the particularly vulnerable position of countries such as Nepal. Developed countries have already demonstrated that deaths from cardiovascular diseases can be significantly reduced through effective prevention and control measures.

#### **How Should We Protect Our Hearts?**

At the individual level, the following measures are particularly important:

- a. Consume a healthy and balanced diet.
- b. Reduce or avoid the consumption of alcohol.
- c. Completely stop smoking and the use of tobacco.
- d. Engage in at least 30 minutes of regular exercise and walking every day.
- e. Adopt a stress-free and healthy lifestyle.

These are important measures for prevention at the individual level. However, individuals cannot act in isolation. Every person is influenced by history, social relationships, public and private institutions, and the legal and policy environment. Therefore, the Nepal Heart Foundation must develop effective

strategies to communicate these messages widely to the general public and to its own members.

#### **4. Major Stakeholders in Heart-Disease Prevention and Treatment**

The major stakeholders include:

1. National policy institutions.
2. Institutional response mechanisms.
3. The structure of the government service-delivery system.
4. Local governments.
5. Non-governmental organizations.
6. The private sector.
7. Legal and regulatory institutions.

#### **5. Collaboration in Program Implementation**

To promote collaboration, the Foundation must work closely with government agencies, the private sector, health-service institutions and non-governmental organizations. Its activities should therefore be guided by the vision and mission stated above.

The history of health services in Nepal shows that during the **1970s and 1980s**, even major hospitals such as Bir Hospital were unable to establish specialized centres for advanced cardiac treatment. During that period, specialized hospitals supported by the private or non-governmental sector were also virtually non-existent.

Later, during the 1980s, with the collaboration of the **Adra and Sydney Hospital Heart Project**, Bir Hospital initiated a highly specialized program and established an operating theatre for open-heart surgery. However, the program could not be sustained in the long term.

At present, cardiac care services in Nepal are moving in a positive direction. In discussing prevention, the contribution of specialized hospitals should also be recognized as an important component of reducing mortality.

Institutions such as the **Shahid Gangalal National Heart Centre** and the **Manmohan Cardiothoracic Vascular and Transplant Centre under Tribhuvan University Teaching Hospital** are currently providing specialized cardiac services.

In the private sector, **Norvic International Hospital, Grande International Hospital, Om Hospital, Himal Hospital and Medicare Hospital** are providing specialized services, including intensive cardiac care. Specialized cardiac services have also expanded to Biratnagar, Dharan, Jhapa, Butwal, Birgunj, Bharatpur, Pokhara and Nepalgunj.

## **6. Medicine Support in the Treatment of Coronary Artery Disease (CAD)**

Another important aspect of heart-disease prevention and treatment is the availability of cardiac medicines. According to estimates from pharmaceutical professionals, approximately **80 percent of cardiac medicines are produced in Nepal**, which is a positive development.

In this regard, two issues are particularly important:

**a. Easy availability of essential medicines.**

**b. Affordable prices for the general public.**

Unfortunately, however, Nepal still lacks sufficient laboratory capacity to undertake fundamental research on cardiac medicines.

In **2004**, following the World Health Organization's recommendation for the voluntary implementation of **Good Manufacturing Practices (GMP)** through the Department of Drug Administration, the production of quality medicines gained momentum.

Nepal has developed and successfully applied capacity for **in-vitro testing**, using quality-control laboratory equipment and conditions designed to assess the

quality of imported and domestically manufactured medicines. However, the capacity for **in-vivo testing**, which examines the effects of medicines in the human body or in animals, remains inadequately developed.

Thus, while Nepal has made progress in pharmaceutical production and quality testing, it still lags behind in the broader fields of pharmaceutical research and development.

## **7. Conclusion**

The Nepal Heart Foundation can organize visible, short-term activities such as health camps. However, it is equally important to make members and stakeholders aware of the need to pursue **long-term and sustainable interventions**.

For example, when a local government asks, *"How can we support the Foundation?"*, it may be more beneficial in the long run to request the construction of parks, open spaces and facilities for walking and exercise rather than simply seeking financial assistance to organize a one-time health camp.

The costs and benefits of all major activities should therefore be carefully assessed. The Foundation has already moved beyond the stage of responding only to immediate or isolated problems. The time has now come to move forward with a broader and more systematic approach to addressing **public health and cardiovascular health as long-term national priorities**.

The future challenge of the Nepal Heart Foundation is therefore not merely to treat heart disease after it occurs, but to build a society, policy environment and institutional system that enables people to **prevent cardiovascular disease, adopt healthier lifestyles and live longer and healthier lives**.

## **CHAPTER 5**

### **THE IMPORTANCE OF COMMUNICATION**

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The Nepal Heart Foundation is a non-profit organization established through the initiative of socially conscious leaders with the objective of reducing the growing burden of heart disease in Nepal. In the past, heart disease was generally considered a condition affecting only wealthy and elderly people. However, current trends show that the disease affects people of all social groups, rural and urban populations, and people of all age groups. According to the World Heart Federation, millions of people die every year from cardiovascular diseases.

To address the growing challenge of heart disease in Nepal, the Nepal Heart Foundation has adopted various approaches, including:

- Conducting advocacy and campaigns to support the treatment of heart patients.
- Increasing public awareness of preventive health practices.
- Advocating and lobbying the Government of Nepal to implement healthy heart programs.
- Expanding the Foundation's programs throughout the country through district branches.

During its 36-year journey, the Foundation has established its presence in most districts through fully structured branches or ad hoc committees. With the restructuring of Nepal's governance system and the establishment of federal, provincial and local levels, the Foundation has also reorganized its own institutional structure. At present, its structure consists of a Central Committee, Provincial Committees with district representation, and District Committees. District Committees are also authorized to establish local units, where necessary, to expand their area of operation.

A strong and well-planned communication strategy is therefore essential for the Foundation to achieve its objectives effectively.

Recognizing this need, the Foundation has established a Communication Committee at the central level. However, so far, the Committee's principal activity

appears to have been limited largely to the publication of an annual magazine entitled *Mutu*, which includes articles on various subjects. In many cases, however, the publication does not focus on a single coordinated theme.

There is therefore a need for the Committee to play a more active role in developing both short-term and long-term communication programs and in making the Foundation's overall activities more effective and widely visible.

### **Importance of Communication**

Effective communication is essential for the successful operation of any organization. Its role is even more important for a non-profit organization such as the Nepal Heart Foundation, which works to address serious public health challenges such as cardiovascular disease.

A clear and effective communication strategy helps to:

- Increase public awareness.
- Facilitate cooperation and partnerships.
- Ensure the effective delivery of health services.
- Strengthen public trust in the organization.
- Promote advocacy and influence public policy.

### **Increasing Public Awareness**

One of the principal objectives of the Foundation is to increase public awareness of heart health and the risk factors associated with cardiovascular disease. Cardiovascular diseases are among the major causes of death, making public education particularly important.

Through an effective communication strategy, the Foundation can widely disseminate essential information on prevention, symptoms and available treatment options.

Through workshops, community outreach programs and social-media campaigns, the Foundation can reach a broad range of people, including those living in remote and underserved communities.

By using local languages and culturally appropriate materials, the Foundation can communicate its messages more effectively to different communities. Such a localized approach not only improves public understanding but also encourages individuals to take an active role in managing and protecting their own heart health.

The Foundation should also consider involving qualified communication specialists to make full use of mass communication media. The ability to develop effective messages is as important to public health campaigns as the role of medical specialists is to treatment and health-care delivery.

If the Nepal Heart Foundation is able to engage a competent communication specialist, the overall effectiveness and public impact of the organization could increase significantly.

The following measures may be adopted to strengthen the Foundation's communication system.

### **1. Social Media Campaigns**

The Foundation can use social-media platforms such as Facebook, Instagram and Twitter to disseminate success stories, health advice and public-awareness campaigns. The use of attractive visual materials and infographics can help spread information quickly and effectively.

However, the use of social media in accordance with the Foundation's objectives still appears to be at an early stage and requires further development.

### **2. Community Outreach Programs**

During health camps and school-based Rheumatic Heart Disease screening programs, workshops and seminars can be organized within local communities to increase awareness of heart health.

The Foundation, in collaboration with its district branches, has also been conducting health camps in cooperation with local health workers, providing health screening and health education.

### **3. Partnerships with Local Institutions**

The Foundation can collaborate with schools, business organizations and other non-governmental institutions to reach a wider population. Joint programs and campaigns can be organized to disseminate heart-health messages.

At present, many such activities are carried out on an ad hoc basis. In the future, more formal and institutional partnerships should be developed to strengthen the Foundation's overall activities.

### **4. Email Newsletters**

An email newsletter can be an effective means of regularly informing members and stakeholders about the Foundation's activities, upcoming programs and health advice. It can also help maintain continuous contact with supporters and donors.

At present, there appears to be a lack of such regular communication. Email is used mainly for internal communication among members and district branches. Unlike the World Heart Federation and other international organizations, the Foundation has not yet made extensive use of email as a regular institutional communication tool. The lack of dedicated personnel has limited the expansion of such activities.

### **5. Website and Blog**

A user-friendly website can provide useful materials, articles and updated information. Through a blog, the Foundation can present in-depth analyses of heart-health issues relevant to Nepal.

Although the Foundation's website is in operation, it needs to be made more user-friendly and regularly updated so that heart-health information can be disseminated easily and effectively. Viber is also currently used for group communication regarding the Foundation's activities.

### **6. Collaboration with the Media**

The Foundation can collaborate with local media organizations to publish or broadcast articles, interviews and press releases.

So far, no formal agreement has been established with media organizations for such activities. In many cases, the Foundation's messages have been disseminated through the personal relationships of its members.

During the tenure of **Dr. Abanibhushan Upadhyay as President**, the Nepal Heart Foundation and Nepal Television entered into an agreement to broadcast a weekly program on heart health. The program became highly popular and discussed both technical and social aspects of cardiovascular health.

Specialist physicians, including **Dr. Prakash Regmi, Dr. Bhagwan Koirala and Dr. Arun Sayami**, participated in the program. Financial support was provided by a pharmaceutical company. The live broadcast program continued for approximately one year.

At present, district branches are collaborating with local FM radio stations to conduct heart-health programs. Similarly, at the central level, the Foundation has collaborated with **Radio Sagarmatha** to provide information on heart disease following its daily news broadcasts.

## **7. Advocacy and Policy Communication**

Efforts have also been made to collaborate with policymakers in order to promote heart-health initiatives at the national level.

A network known as **Heartnet** was established to ensure the participation of various organizations working in the field of heart health. The network includes 18 member organizations. By providing evidence-based recommendations to the government, the network has contributed to influencing policies related to free cardiac treatment services for children below the age of 15 and for senior citizens.

## **8. Feedback Collection Mechanisms**

The Foundation's system for collecting feedback from communities still appears to be weak. Formal mechanisms for obtaining community feedback through surveys, suggestion boxes and other methods need further development.

Although one individual has been assigned responsibility for conducting research programs, the results are not yet clearly visible. Research and survey findings can

help the Foundation revise and improve its programs according to the actual needs of communities.

## **9. Workshops and Training**

Training programs are organized for health workers on the prevention and management of Rheumatic Heart Disease and other cardiovascular conditions. Such training not only enhances the knowledge and skills of health workers but also enables them to provide health education more effectively within their communities.

## **10. Sharing Experiences and Inspirational Stories**

Sharing the real-life experiences of people affected by heart disease can have a deep impact on the public. Personal stories can create an emotional connection and encourage people to take necessary steps to protect their health.

When implemented in an integrated manner, all these strategies can make the Foundation's communication system broader, more effective and more goal-oriented. This would not only increase public awareness but also provide important support in achieving the institutional objectives of the Foundation.

## **The Role of Communication in Facilitating Collaboration**

Communication is also extremely important for establishing collaboration among different stakeholders, including health professionals, government agencies and international organizations.

The Nepal Heart Foundation has been conducting programs in collaboration with various institutions with the objective of reducing heart disease. Effective communication strengthens coordination and cooperation among these diverse groups and helps maintain unity around common goals and strategies.

Similarly, a strong communication network can strengthen the Foundation's capacity for policy advocacy. Through dialogue with policymakers and the presentation of evidence-based information, the Foundation can positively influence legislative and policy decisions that give greater priority to heart health.

## **Communication in Health-Service Delivery**

Communication plays a critically important role in the process of providing health services. The Nepal Heart Foundation has been providing heart patients with services related to screening, treatment and rehabilitation.

Effective internal communication within the organization ensures that all team members clearly understand the Foundation's objectives, working policies and strategies for patient care. This makes an important contribution to maintaining the quality of service delivery and strengthening public confidence.

Clear and sensitive communication with patients and their families is equally important. Communication is not limited to explaining medical information; it also involves carefully listening to patients' concerns and expectations and creating a supportive environment.

When patients feel that they are being heard and understood, they are more likely to follow treatment plans properly. This can have a positive effect on treatment outcomes and patient satisfaction.

### **Measures to Strengthen the Communication Strategy**

If the Nepal Heart Foundation strengthens its communication strategy, its outreach, effectiveness and public engagement can increase significantly. The following measures may be useful.

#### **1. Identification of Target Groups**

Different target groups—such as patients, health workers, donors and the general public—should be clearly identified. Appropriate messages should then be developed for each group to ensure that communication is relevant and effective.

#### **2. Storytelling**

Sharing inspiring experiences and successful treatment stories of heart patients can be an effective means of increasing public awareness. Personal stories create emotional connections and encourage people to take positive action for their health.

### **3. Strengthening the Digital Presence**

The Foundation's website and social-media platforms should be regularly updated with current information, educational materials and interactive programs. Effective use of popular platforms in Nepal, such as Facebook and Instagram, can help reach a wider population.

### **4. Educational Awareness Campaigns**

Special campaigns can be conducted to provide information about heart health, preventive measures and healthy lifestyles. The use of infographics, videos and webinars can make information easier to understand and more attractive.

### **5. Partnerships and Collaboration**

The Foundation can collaborate with influential local personalities, health-service institutions and other social organizations to conduct joint campaigns. Such partnerships can help make effective use of available resources and expand the reach of programs.

### **6. Direct Community Engagement**

Direct contact with the public can be increased by organizing community-level health programs, workshops and free screening camps. These activities can be promoted through local media and social-media platforms.

### **7. Feedback Collection System**

A system should be developed to collect feedback from communities through surveys, suggestion boxes and other appropriate methods. This will help the Foundation understand community needs and improve its programs.

### **8. Regular Newsletters**

Regular newsletters can be published containing information on the Foundation's activities, upcoming programs and heart-health advice. They may also include success stories and information about research findings.

## **9. Crisis Communication Plan**

A clear communication plan should be prepared to address misinformation or crisis situations related to heart health or the Foundation's activities. Such a plan can help protect the credibility of the organization and maintain public trust.

## **10. Training for Staff and Volunteers**

Staff and volunteers should be provided with communication training to ensure consistency of messages and enable effective dialogue with communities.

## **11. Multilingual Materials**

Educational materials should be made available in different languages to reach Nepal's diverse linguistic communities. This will make public-awareness campaigns more inclusive and accessible.

## **12. Use of Data and Research**

Heart-health data and research findings should be presented clearly and effectively to attract the attention of the media and policymakers.

If these strategies are effectively implemented, the visibility of the Nepal Heart Foundation will increase, its relationships with different target groups will become stronger, and its fundamental objective of promoting heart health in Nepal can be pursued more effectively.

## **Conclusion**

Ultimately, communication is a fundamental pillar of all activities of the Nepal Heart Foundation. It is indispensable for increasing public awareness of heart health, strengthening collaboration among different stakeholders and ensuring the effective delivery of health services.

As the Foundation continues its work towards reducing the burden of heart disease in Nepal, investment in a strong and effective communication strategy is essential. A strengthened communication system will broaden the impact of the

Foundation's programmes and help build a healthier future for the communities it serves.

Effective communication not only connects the Foundation with the general public but also brings together different stakeholders around a common objective in the fight against heart disease.

In this way, strong communication can make an important contribution to building a **healthier, more aware and more responsible society**.

## CHAPTER 6

### THE ROLE OF SOCIAL WORKERS

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Heart disease is one of the leading causes of death and illness in Nepal, placing a serious burden on families, the health system, and the national economy. Although the Nepal Heart Foundation has played a leading role in providing preventive and curative services, the growing burden of cardiovascular disease has made it necessary to shift from a treatment-oriented and reactive model toward a prevention-centered approach. This chapter argues that professional social workers are particularly well positioned to accelerate this transformation. They possess the skills and capacity to address the underlying social, economic, and behavioral determinants of heart disease—factors that often lie beyond the clinical setting.

This chapter presents a broad framework for integrating social work into the core mission of the Nepal Heart Foundation. It describes a multi-level approach encompassing primary, secondary, and tertiary prevention, together with policy advocacy. It also proposes the establishment of a **Community Heart Health Worker (CHHW)** program, under which professional social workers would train and supervise local volunteers to create a sustainable and culturally appropriate grassroots network.

We argue that investment in social work is strategically essential to reduce the incidence of cardiovascular disease, improve health outcomes for patients, and ensure the long-term sustainability of heart-health initiatives in Nepal. Social mobilization is one of the effective approaches through which every district branch of the Foundation can work towards achieving its goals and vision.

#### 1. The Growing Burden of Heart Disease in Nepal

Nepal is experiencing a rapid epidemiological transition, in which non-communicable diseases are increasingly replacing communicable diseases as the major public-health challenge. Among non-communicable diseases, cardiovascular diseases—including ischemic heart disease, stroke, and hypertensive heart disease—are at the forefront of this silent epidemic. Other

major non-communicable diseases, such as cancer, chronic respiratory diseases, and diabetes, are also increasing.

The Nepal Heart Foundation was established as a non-governmental organization in **1988 (2045 B.S.)**. Since then, it has continuously expanded its services and organizational reach. The Foundation has extended its network throughout the districts of Nepal through full-fledged and ad hoc branches and has approximately eight thousand members. Its vision, mission, objectives, and specific objectives are as follows.

## **2. Vision, Mission and Objectives**

### **Vision**

The Nepal Heart Foundation envisions becoming a leading service-oriented organization, successfully reducing the burden of heart disease and ensuring a healthy life free from cardiovascular disease.

### **Mission**

- To develop a platform for a national campaign that mobilizes the joint efforts of governmental and non-governmental stakeholders for the prevention of heart disease, with special attention to high-risk groups.
- To work in collaboration with like-minded organizations and individuals to conduct public-awareness and educational programmes, protect people from heart disease, encourage heart-friendly lifestyles, and contribute to the development of a heart-healthy Nepali society.

### **Objectives**

- To conduct curative, preventive, and awareness-raising programmes related to heart disease.
- To provide assistance to heart patients for treatment.
- To operate rehabilitation programmes for heart patients and support them in adopting healthy lifestyles.

## **Specific Objectives**

The Nepal Heart Foundation is committed to contributing to the prevention and control of heart disease and other related non-communicable diseases through the following activities:

- Conducting advocacy and public-awareness programs to educate people about maintaining a healthy heart and adopting heart-friendly lifestyles.
- Contributing to the inclusion and improvement of educational content on non-communicable diseases, particularly heart disease, in school curricula and textbooks.
- Enhancing the technical capacity of health-service providers through orientation programs, skills training, and educational activities as required.
- Organizing seminars, conferences, workshops, and meetings on cardiovascular health.
- Conducting scientific research in relevant fields and developing into a specialized resource center.
- Providing necessary advice and support to the Government of Nepal and other concerned agencies in the formulation and coordination of policies, strategies, and programs.
- Developing cooperation with national and international organizations and networks working in similar fields to achieve the Foundation's goals and objectives effectively.
- Implementing programs effectively through district branches, with coordination from the central body. District branches should have authority to formulate, approve, and implement programs, while ensuring that activities complement rather than duplicate those of other branches.
- Publishing and disseminating news, opinions, and other promotional printed and electronic materials.

## **3. National Programs and Their Implementation**

The Foundation has implemented various national programs, including:

- **Save the Children Heart**
- **Heart Attack Prevention**

- **Heart Patient Rehabilitation – Senior Citizen Program**
- **CAD Reversal Program**
- **Heart Patient Treatment Fund**
- **Go Red for Women**

Advocacy, public awareness, and strong social mobilization should be integral components of all these programs.

#### **4. Major Reasons for the Rising Trend in Nepal**

##### **Changing Lifestyles**

Rapid urbanization and socio-economic changes have increased the consumption of salt, sugar, unhealthy fats, and processed foods. At the same time, physical activity has declined.

##### **High Prevalence of Risk Factors**

High blood pressure, diabetes, and abnormal blood lipids (**dyslipidemia**) are increasing at an alarming rate. Many cases remain undetected or inadequately managed.

##### **Use of Tobacco Products**

The substantial use of tobacco products in both urban and rural areas remains a major direct risk factor for cardiovascular disease.

##### **Cultural and Socio-economic Barriers**

Lack of awareness, cultural preferences for salty and fatty foods, and limited access to affordable and convenient health services can delay prevention and treatment.

##### **Psycho-social Stress**

Economic pressures, migration for foreign employment, and rapid social change can create long-term stress, which is an important but frequently neglected risk factor for cardiovascular disease.

The Nepal Heart Foundation has played an important role in providing clinical services and conducting public-awareness campaigns. Historically, many preventive efforts have also been clinically oriented—for example, organizing health camps in schools and district headquarters through specialized teams to identify rheumatic heart disease and other heart conditions. However, a clinical model alone is not sufficient to control the growing number of new cases.

This chapter therefore examines the important but underutilized potential of professional social workers to strengthen the Foundation's prevention efforts and address the social and behavioural roots of the non-communicable disease epidemic.

## **5. Limitations of a Purely Clinical Model**

Although the traditional medical model is essential for treating disease, it has several limitations in disease prevention.

### **1. Reactive Rather than Proactive**

Intervention often begins only after a person becomes ill, frequently when the disease has already reached an advanced and complicated stage.

### **2. Narrow Focus**

The clinical model tends to focus on biological and clinical indicators—such as blood pressure and cholesterol—while often overlooking the behavioural, social, and environmental contexts that influence these factors.

### **3. Limited Community Reach**

Hospitals and clinics may be difficult to access, particularly for preventive health screening. Health messages delivered by professionals may also fail to be culturally adapted or effectively reinforced at the community level.

### **4. High Rates of Treatment Dropout**

Without continuous psycho-social support and system navigation, patients facing poverty, low literacy, or geographical barriers are more likely to discontinue follow-up care, leading to poor health outcomes.

For example, after a heart attack, a patient may be discharged from hospital with medicines and a dietary plan. However, without support on how to purchase medicines, prepare healthy food on a limited budget, or manage financial stress related to treatment, the risk of treatment discontinuation and hospital readmission remains high. It is precisely in this gap between clinical advice and everyday life that social workers become indispensable.

## **6. The Social Work Perspective: A Holistic Approach to Health**

Social work is a practice-based profession that promotes social change, development, and the empowerment of individuals. Its core principles closely align with the goals of public health and preventive cardiology.

Social workers are particularly well suited to this role for the following reasons:

### **Person-in-Environment Perspective**

They understand that an individual's health is inseparably connected with family, community, culture, and socio-economic conditions.

### **Counseling and Behaviors-Change Skills**

Through methods such as **motivational interviewing**, trained social workers can help people change deeply rooted habits such as smoking and unhealthy eating.

### **Expertise in Resource and Service Navigation**

They are skilled in connecting individuals with government programmes, financial assistance, insurance, and support groups.

### **Community Organization and Advocacy**

They can mobilize communities, build trust, and advocate for policies that support heart health.

### **Cultural Competence**

They are able to work respectfully and effectively within Nepal's diverse cultural and linguistic environment.

For the Nepal Heart Foundation, social workers represent a form of human infrastructure capable of translating medical knowledge into sustainable action within the complex social structures of Nepali communities.

Recognizing the importance of social workers, the Nepal Heart Foundation, in collaboration with the **Rotary Club of Patan** and the **Ministry of Health and Population ( now name changed)**, previously implemented a project to train district-branch trainers to raise public awareness about rheumatic fever and rheumatic heart disease (RF/RHD) and their prevention.

Based on a training program organized at the Foundation's central office, a training manual entitled “**RF/RHD: Diagnosis, Management and Prevention**” was prepared. The purpose of the program was to increase public awareness through prevention, which is less costly than treatment. There remains a strong need to further strengthen public-awareness programs through the active participation of professional social workers.

## **7. A Multi-Level Intervention Framework for Social Workers**

The integration of social workers within the Nepal Heart Foundation's mandate can be conceptually organized through a four-level intervention framework. Although the Foundation has made efforts to train social workers from district branches, the program needs to be made more systematic, specialized, and comprehensive.

### **Level 1: Primary Prevention**

#### **Community-Wide Health Promotion**

**Goal:** To reduce the incidence of new cardiovascular disease cases.

#### **Major Activities**

##### *Culturally Adapted Education*

Translate medical information into local languages and dialects. Use folk media, street drama, local radio, and visual materials for communities with low literacy.

### *School and Youth Programs*

Integrate heart-health education into school activities and establish youth clubs against tobacco use.

### *Myth-Busting Campaigns*

Use trusted community leaders to challenge and correct common misconceptions.

### *Lifestyle-Modification Support*

Organize smoking-cessation support groups, promote affordable and nutritious local foods, and arrange community-based physical-activity programs.

## **Example: Primary Prevention in Practice**

**Scenario:** A high prevalence of hypertension is identified in a semi-urban community of the Tarai.

### **Role of the Social Worker:**

1. **Community Engagement:** Meet local leaders, build trust, and understand local dietary practices.
2. **Assessment:** Identify excessive consumption of salty pickles, packaged snacks, and sugary beverages.
3. **Intervention:** Collaborate with women's groups to organize healthy-cooking workshops demonstrating traditional recipes prepared with less salt and oil.
4. **Environmental Support:** Work with local shopkeepers to encourage the availability and promotion of healthier snack options.

## **Level 2: Secondary Prevention**

### **Early Detection and Linkage to Treatment**

**Goal:** To identify high-risk individuals at an early stage and connect them with treatment before the disease progresses.

## Major Activities

### *Improving the Effectiveness of Screening Camps*

Give special attention to building trust, maintaining clear communication, and ensuring respect and dignity for participants.

### *Psycho-social Risk Assessment*

Use brief assessments to identify high-risk groups based not only on clinical indicators but also on lifestyle and stress factors.

### *Health-System Navigation*

Help newly diagnosed individuals understand their condition, access affordable treatment, and navigate health insurance or patient-support programs.

## Example: Secondary Prevention in Practice

**Scenario:** A 55-year-old farmer with limited literacy is found to have severe hypertension during a screening camp in a remote area.

### Role of the Social Worker:

1. **Post-Screening Counselling:** Provide clear and compassionate information about the condition.
2. **Connecting with Resources:** Help the patient enroll in a government health-insurance scheme and assist with the application process for the Nepal Heart Foundation's patient-support program.
3. **Appointment Management:** Arrange a referral to an appropriate health institution and provide a clearly written appointment card.
4. **Follow-up:** Make follow-up phone calls to ensure medication adherence and connect the patient with local volunteers for continued support.

## Level 3: Tertiary Prevention

### Disease Management and Rehabilitation

**Goal:** To help people with established heart disease prevent complications and improve their quality of life.

### **Major Activities**

#### *Evidence-Based Advocacy*

Operate support groups focusing on medication adherence, dietary change, and safe physical activity after surgery or major cardiac events. Family members should also be involved.

#### *Evidence-Based Advocacy*

Develop strategies for managing complicated medication schedules and addressing financial barriers related to treatment.

#### *Evidence-Based Advocacy*

Provide counselling for anxiety and depression and ensure necessary support for patients with advanced heart failure and their families.

### **Level 4: Advocacy and Systems Change**

**Goal:** To create an environment that supports heart health for everyone through policy and system-level change.

### **Major Activities**

#### *Evidence-Based Advocacy*

Use local data and patient experiences to advocate for stronger tobacco control, increased taxes on unhealthy foods and beverages, and urban planning that promotes physical activity.

#### *Intersectoral Collaboration*

Work with the ministries responsible for health, education, and agriculture to integrate heart health into broader public programs.

### *Public-Awareness Campaigns*

Use mass media and communication channels to build public support for heart-friendly policies.

## **8. The “Community Heart Health Worker” Model: A Sustainable Grassroots Network**

To ensure wider coverage and sustainability, a multi-level human-resource model is proposed in which professional social workers train and supervise a network of local volunteers.

### **Model Structure**

#### **Central Level: Professional Social Workers**

Social workers at the central and regional levels of the Nepal Heart Foundation would be responsible for program design, training, supervision, complex case management, monitoring, and evaluation.

#### **Community Level: Community Heart Health Workers**

Respected local volunteers—similar to Female Community Health Volunteers—would serve as grassroots representatives.

### **Major Responsibilities**

They would:

- Disseminate heart-health messages;
- Identify and refer high-risk individuals;
- Encourage participation in health camps;
- Provide peer support for lifestyle change; and
- Report community-level health information.

## **Advantages**

This model is cost-effective, culturally embedded, sustainable, and scalable throughout Nepal. Its implementation is recommended through phased pilot programs, careful budgeting, and effective resource mobilization. The initial investment would be justified by substantial long-term savings resulting from the prevention of expensive cardiac events and treatment.

## **9. Conclusion: A Call for Social Workers for a Healthy Nepal**

The non-communicable disease epidemic in Nepal cannot be addressed solely through clinical structures and limited interventions. This struggle will be won or lost in communities—in homes, schools, and marketplaces—where daily lifestyle decisions are made.

Social workers are strategic partners capable of bridging the important gap between medical science and community realities.

The Nepal Heart Foundation now has a historic opportunity to lead this transformation. By formally integrating social work into its core structure and promoting the **Community Heart Health Worker Model**, the Foundation can:

1. Significantly reduce the incidence of new heart-disease cases.
2. Improve the quality of life of people living with heart disease.
3. Develop a sustainable, community-owned system of health promotion.
4. Establish itself as a globally recognized model institution for comprehensive and compassionate cardiovascular care.

### **The time to act is now.**

Let us invest not only in the treatment of disease, but also in building a lasting **culture of heart health for all Nepalis.**

## CHAPTER 7

### MEMORIES OF THE DANG VISIT

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District visits have been an important and effective means of implementing the objectives and programs of the Nepal Heart Foundation at both the central and district levels. Direct interaction between central office-bearers and officials of district branches is essential to make the district branches active and strong. With this perspective, an attempt has been made here to present memories of a visit to Dang during the first week of Poush, 2066 B.S.

According to a decision of the Management Committee, a team comprising **Chairman Dr. Avani Bhushan Upadhyay, Vice-Chairman Dr. Prakash Raj Regmi, Vice-Chairman Dilip Prakash Ghimire, General Secretary Dr. Prachanda Pradhan, and member Dipendra Purush Dhakal** was assigned to travel from Kathmandu to Dang with the following objectives:

- To organize public-awareness programs for the prevention of heart disease.
- To disseminate information and encourage the formation of district branches.
- To strengthen district branches and reactivate inactive branches.
- To conduct heart-health camps so that people suffering from heart disease in the local communities could receive services from cardiovascular specialists.

#### **Preparation for the Visit and Contact with District Branches**

It was decided to visit **Chitwan, Nawalparasi, Rupandehi, Dang, and Banke districts** by microbus. Contact was made with the district branches regarding the visit and the planned programs. Apart from the cost of vehicle hire, other expenses were managed through contributions from the members of the visiting team and support mobilized from local pharmaceutical manufacturers.

The journey began at **6:30 a.m.** from the residence of Dr. Prakash Raj Regmi. The first program was held at **Narayangarh, Chitwan**. As previously arranged, a meeting and interaction program was held with members of the Chitwan District Branch. At that time, there was also discussion about holding the Annual General Assembly outside Kathmandu. One of the important subjects of the meeting concerned the management and hospitality arrangements for the General Assembly. The Chitwan District Branch gladly agreed to host the Annual General Assembly, and it was decided to hold it in the coming month of **Falgun**.

The Chitwan District Branch also arranged lunch for the visiting team. After lunch, we proceeded towards Butwal. At Sunwal in Nawalparasi, we met individuals interested in establishing a district branch. Sitting together informally, we explained the process of forming an ad hoc committee and maintained contact with the group for the subsequent establishment of a branch.

After this meeting, two programs were held in **Rupandehi**. Near Butwal, an interaction program was organized at **Meditech Hospital**, where heart patients were provided information about heart disease and its prevention. Dr. Abanibhushan Upadhyay and Dr. Prakash Raj Regmi delivered lectures for approximately one and a half hours. Such programs helped raise public awareness about the prevention of heart disease.

Another important task in Butwal was to reactivate the Rupandehi District Branch, which had become inactive. Despite a power cut that evening, a meeting was held by candlelight in the meeting hall of the local Family Planning Association. It was decided to strengthen the district branch and initiate new programs. In particular, plans were made to move forward with the establishment of a cardiac hospital in Butwal, and preliminary activities were initiated accordingly. After the meeting, the visiting team stayed overnight in Butwal.

The following morning, after breakfast, we proceeded towards **Ghorahi, Dang**. Our accommodation in Ghorahi was arranged at the guesthouse of the **Shirdi Sai Baba Temple**. The Shirdi Sai Baba Committee kindly arranged our food and accommodation. Dipendra Purush Dhakal also assisted in making these arrangements.

In Ghorahi, we had two major objectives. First, we intended to reactivate and revitalize the inactive Dang District Branch. Second, we planned to organize a public-awareness program and a heart-health camp.

At a public-awareness program for the people of Ghorahi, Dr. Abanibhushan Upadhyay and Dr. Prakash Raj Regmi delivered lectures in the meeting hall of the Sai Baba Temple. Questions raised by participants were also answered during the program.

Although the Dang District Branch had been established many years earlier, it had remained inactive. In order to reactivate it, Dilip Prakash Ghimire held discussions with both former and new members. After lengthy deliberations, all participants agreed to restructure the Dang District Committee and make the branch active again.

### **Health Camp**

One of the most important programs of the visit was the **Heart Health Camp**. Publicity for the camp was carried out through local FM radio stations and newspapers. The program was led by Dr. Prakash Raj Regmi and Dr. Abanibhushan Upadhyay. Dr. Sumanta Banjade travelled from Butwal to participate in the medical team. Doctors from Dang District Hospital also took part in the camp.

The hospital nurses assisted in registering patients, recording their details, and measuring blood pressure. For the first time, **low-cost echocardiography services** were made available to patients at the camp. During the one-day camp, approximately **350 patients** received medical consultation. Free medicines were also distributed through the generosity and support of pharmaceutical companies.

The camp was attended and supported by the District Hospital, the Shirdi Sai Baba Centre, and local social workers. On the same day, doctors also gave radio interviews on heart disease through the local **Swargadwari FM** station.

## Conclusion

After completing the programs in Dang, the team travelled back Kathmandu. On the way, a meeting and interaction program was held with the office-bearers of the **Banke District Branch** at the local Red Cross building in Nepalgunj. This meeting provided new energy and encouragement to the Banke District Branch to advance its programs and activities.

After completing the program in Nepalgunj, the visiting team returned to Kathmandu the same day, travelling approximately **400 kilometres**.

The visit made it possible to understand the ground-level situation of district branches, address problems, disseminate information for the formation of new ad hoc committees, organize public-awareness programs, and conduct health camps. During the visit, the team travelled through **five districts**, interacted with **four district branches**, conducted **two public-awareness programs**, and organized a **one-day heart-health camp**.

These were important achievements of the Nepal Heart Foundation and demonstrated the value of direct field visits in strengthening district branches and expanding heart-health services and awareness throughout the country.

## **CHAPTER 8**

### **THE CONCEPT OF STRENGTHENING DISTRICT BRANCHES**

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The Nepal Heart Foundation is a social organization. It can successfully achieve its objectives only through the active involvement, participation, and institutional development of its members. According to the Foundation's constitution, the Central Executive Committee is formed through representatives of the district branches. Therefore, the district branches are the very foundation of the Nepal Heart Foundation.

Only when the district branches are active can the overall capacity and effectiveness of the Nepal Heart Foundation increase. The following features require special attention in order to make the district branches active and effective.

#### **1. Clear Objectives**

First and foremost, there must be a clear understanding of why a district branch has been established. Members should clearly understand the objectives and the possibilities for their implementation. Without confidence in these objectives, unity among members cannot be maintained.

#### **2. Basis for Implementing the Objectives**

The objectives should be divided into long-term and short-term plans, and an implementation schedule should be prepared. At the same time, it is extremely important for the branch to develop a clear vision for the future.

#### **3. Internalization of the Objectives**

It is essential that branch members develop a sense of ownership and commitment toward the objectives of the organization. Only then can the cooperation, active involvement, and goodwill of members toward the institution be strengthened. On this basis, district branches remain vibrant and active.

Members should have a clear understanding of and confidence in the objectives, values, and usefulness of the branch. If such confidence is lacking, it becomes difficult for the branch to obtain the support and cooperation of its members.

#### **4. Participation of Members**

The active participation of members must be ensured while preparing the branch's plans and programs. Members' participation should be made mandatory and meaningful in the formulation of both long-term and short-term programs.

If inactivity among members is observed, the leadership of the branch should review its causes. The leadership must foster the feeling that **“This organization belongs to all of us.”**

#### **5. The Role of Leadership**

The leadership of the branch should give special attention to transparent and clear communication, the flow of information, access to information, and participatory program management.

It is also necessary to focus on developing social capital by ensuring that members feel their contributions are important and valued. Even in difficult circumstances, leadership has the responsibility to motivate members toward the achievement of the organization's objectives.

#### **6. Institutional Status and Capacity**

A branch should be autonomous and active. Within the limits of the Foundation's constitution, it should conduct programs through the active participation of its own members. It should continuously develop its capacity and move its programs forward.

Special attention should be given to mobilizing financial resources. Branches that depend solely on the central office or on a single source of support may become inactive. Therefore, branches capable of mobilizing resources according to their own objectives are more likely to remain active and effective.

## **7. The Role of Members**

Members should periodically receive orientation programs on the objectives, values, procedures, and areas of cooperation of the branch. In reality, the true strength and spirit of a branch lie in the active participation of its members and their faith in its objectives.

## **8. Participatory Evaluation**

Through the active participation of members, the branch should periodically discuss and evaluate its present condition, capacities, weaknesses, opportunities, and potential challenges.

Such participatory evaluation helps develop a shared understanding, mutual confidence, and collective commitment among members.

## **9. The Concept of a Community Organization**

A branch should be developed as a genuine community organization. It should not evolve into an institution dominated by a single individual or group. If this happens, the branch may eventually become inactive.

The ability to develop the feeling that **“This is an organization belonging to all of us”** is an important indicator of successful leadership.

## **10. Transparent Financial Management**

Transparency in financial transactions must be given special importance. All members should be regularly informed about financial activities and management, and these matters should be openly discussed from time to time. The active participation of all members is necessary in financial management, programme implementation, and the overall institutional development of the branch.

## **Conclusion**

District branches that review their performance and develop their programs on the basis of the points outlined above can become more active, effective, and institutionally stronger.

## CHAPTER 9

# CAUSES OF CONFLICT AND THE PRACTICE OF CONFLICT RESOLUTION

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### 1. Introduction

The development of the **Nepal Heart Foundation** should not be understood merely as the institutional expansion of a non-governmental organization working in the field of health. Its growth is deeply connected with Nepal's broader social transformation, urbanization, changes in lifestyles, the expansion of health awareness, the emergence of civil society, the development of volunteerism, and the growth of collective responsibility toward public health.

The Nepal Heart Foundation has played an important role in transforming heart disease—once regarded mainly as an individual medical problem requiring clinical treatment—into an issue of social concern and public health. The Foundation was established in **1988 A.D. (2045 B.S.)**. Its initial objective was to contribute to the prevention of heart disease, promote awareness regarding treatment, and protect public health in Nepal. Over time, however, its activities did not remain limited to disease awareness or emergency health interventions. The expansion of its organization throughout different districts of the country, mobilization of local volunteers and health workers, public awareness campaigns, prevention of rheumatic heart disease among children, heart attack prevention, women's heart health, cardiac rehabilitation, and cooperation with the government and other institutions gradually established it as a national organization.

The sociological dimension of this process of development is particularly important. No organization can become a national institution merely through a constitution, bylaws, office, office-bearers, or financial resources. For an organization to become truly national, society must accept it. Its members must feel a sense of ownership, local communities must regard it as their own institution, and its leadership must be able to bring together the interests and aspirations of diverse groups around a common objective.

The development of the Nepal Heart Foundation reflects this very process. Doctors, health workers, social activists, volunteers, administrators, donors, local leaders, district branches, provincial structures, and central leadership all had their own experiences and expectations. The interests and perspectives of these groups did not necessarily have to be identical. As the organization expanded, differences of opinion and group interests naturally emerged regarding positions, representation, resources, program priorities, relations between the centre and districts, participation in leadership, and institutional authority.

Such differences are not necessarily signs of organizational weakness. From a sociological perspective, diversity, disagreement, and group interests are natural aspects of institutional life. The important question is how such differences are managed. Throughout the institutional journey of the Nepal Heart Foundation, efforts have been made to accommodate diverse interests through dialogue, consensus, adjustment, representation, committee structures, elections, changes in leadership, division of responsibilities, and commitment to common goals.

This chapter analyzes two major issues:

1. What were the principal sociological factors that contributed to the development of the Nepal Heart Foundation as a national organization?
2. How were conflicts that could arise among members and different organizational groups managed in a way that reconciled group interests with the common interests of the institution?

## **2. Institutional Capital**

No voluntary organization exists independently of society. Organizations emerge from social needs, expand through social relationships, and survive through social trust. The development of the Nepal Heart Foundation was likewise associated with growing public concern about heart disease and the expansion of health awareness in Nepali society.

Traditionally, health problems in Nepal were addressed mainly after illness occurred. Gradually, however, social awareness developed regarding disease prevention, lifestyle improvement, regular health check-ups, blood pressure control, smoking control, dietary improvement, and physical exercise as essential

components of public health. This change in social consciousness helped broaden the social foundation of the Nepal Heart Foundation.

Three forms of capital are particularly important for the success of a social organization:

### **Social capital, human capital, and moral capital.**

**Social capital** refers to trust, relationships, cooperation, and networks among individuals and institutions. The Nepal Heart Foundation built its social capital by developing relationships with doctors, health institutions, volunteers, local communities, government agencies, and other civil society organizations.

**Human capital** was developed through the knowledge, skills, and experience of doctors, nurses, health workers, administrators, social activists, and volunteers.

**Moral capital** is built through public trust in an organization, its spirit of service, public accountability, and social reputation. This form of capital is especially important for institutions working in the health sector. Even when financial resources are limited, an organization with strong public trust can survive and continue over the long term.

All three forms of capital contributed to and reinforced one another in the national development of the Nepal Heart Foundation.

### **3. The Emergence of the Organization**

The first major sociological factor behind the development of the Nepal Heart Foundation was **social necessity**. Heart disease came to be recognized not merely as an individual or family problem but as a public health challenge affecting society and the nation.

Urbanization and changing lifestyles brought new health challenges to Nepali society. A traditionally physically active way of life gradually changed. Dietary habits changed, physical activity declined, and stress, smoking, and other risk factors increased the danger of cardiovascular disease.

In such circumstances, treatment alone was not sufficient. Prevention and public awareness became necessary. The Nepal Heart Foundation sought to address this social need institutionally.

Thus, the birth of the organization was not simply the result of the personal ambition of an individual. It was related to an emerging public health need within society. This social legitimacy provided an important foundation for its long-term development.

#### **4. Institutional Development**

The expansion of civil society in Nepal also provided an important foundation for the development of the Nepal Heart Foundation. In circumstances where the state alone could not fulfill every social need, the role of civic institutions, voluntary organizations, and non-governmental organizations expanded.

Although the government is responsible for providing health services, civil society organizations can play a complementary role in public awareness, disease prevention, community mobilization, and health advocacy.

The Nepal Heart Foundation gradually evolved from a treatment-oriented approach toward a prevention-oriented approach and ultimately toward advocacy. This transformation is an important indicator of its institutional maturity.

This change may be understood as a transformation from a **“fire-fighter NGO”**—an organization primarily responding to immediate problems—into an institution capable of raising issues relating to policy, social behavior, the root causes of problems, and public accountability.

In its early stage, responding to immediate and visible problems was naturally important. As an organization matures, however, it begins to address the underlying causes of problems and questions of policy, social behavior, and state responsibility. The Nepal Heart Foundation gradually underwent this transformation.

## **5. Institutional Legitimacy**

Social trust is essential for becoming a national organization. This is even more important in the case of a health organization because the public must trust its knowledge, integrity, and spirit of service.

The Nepal Heart Foundation gained initial social trust through the participation of doctors and people associated with the health sector. However, medical prestige alone was not sufficient. It was necessary to transform this professional credibility into broader social trust by working within communities.

The expansion of organizations at the district level, local programs, health awareness activities, volunteer mobilization, and various campaigns strengthened the Foundation's social presence. As a result, what began as an organization centred in the capital gradually became an institution that communities in different parts of the country could recognize and accept as their own.

This is the true meaning of becoming a national institution. What matters is not simply where the organization's central office is located, but the extent to which different sections of society regard the organization as their own.

## **6. The Culture of Volunteerism**

The role of volunteers in the development of the Nepal Heart Foundation has been particularly significant. Volunteerism is not merely unpaid labour. It is also an expression of social responsibility, collective commitment, and civic consciousness.

Volunteer work creates three kinds of relationships:

### **First, the relationship between the individual and the organization.**

A member invests his or her time and capacity in the organization.

### **Second, the relationship between the organization and the community.**

Since volunteers come from the community, they serve as a bridge between the institution and society.

### **Third, the relationship among members themselves.**

Working together for a common objective strengthens social trust and the spirit of cooperation.

Such social relationships played an important role in the expansion of the Nepal Heart Foundation into different districts. A national organization cannot be created merely by the centre implementing programs throughout the country. National expansion becomes possible only when local members and volunteers establish the organization within their own social structures.

## **7. Organizational Expansion**

Over time, the Nepal Heart Foundation expanded its organizational base to different districts of the country. Its presence in approximately **77 districts**, including **64 fully structured district units and 13 ad hoc committees**, contributed significantly to giving the organization a national character.

This expansion should not be understood merely as administrative growth. Its social significance is much deeper.

When a central organization enters a local community, it must interact with local social structures, leadership, traditions, class relationships, professional groups, and local expectations. Every district has its own distinct social structure. Therefore, a common institutional objective must be adapted to different local circumstances.

Through this process, the Nepal Heart Foundation developed into a multi-level social organization linking the centre, provinces, districts, and communities.

## **8. Relations Between Different Levels**

The relationship between the central organization and local units is a highly sensitive issue in the development of a national institution.

The centre can formulate policies, standards, and national programs. Local units, however, possess practical knowledge of local needs, experiences, and public relations. Excessive central control can create dissatisfaction at the local level.

Conversely, excessive autonomy of local units can weaken the unity of the national organization.

Therefore, a balance between these two dimensions is essential.

The structure of the central assembly and executive committee provided a mechanism for representation. District and provincial structures created opportunities for local voices to enter the organizational system. Thus, the organizational structure did not merely divide administrative responsibilities; it also created an institutional mechanism for the representation of different interests.

## **9. Group Interests**

As an organization grows, the emergence of different group interests among members is natural. In sociology, a group is not simply a collection of individuals. It consists of people connected by common interests, identities, or objectives.

Different kinds of group interests may arise within the Nepal Heart Foundation, including:

- professional interests of doctors and health workers;
- concerns of members involved in administrative and managerial responsibilities;
- interests relating to the autonomy and representation of district and local units;
- interests associated with central leadership;
- concerns regarding the role and recognition of senior and founding members;
- expectations of younger generations regarding leadership and participation;
- program priorities of volunteers; and
- concerns regarding the distribution of resources and programs among different districts.

These interests should not automatically be regarded as negative. In an institution governed democratically, the expression of diverse interests is

necessary. Problems arise only when group interests begin to displace the common objectives of the organization.

## **10. The Nature of Conflict**

Conflict does not always mean quarrelling or division. Organizational conflict can be understood in two ways.

First, it may be regarded as a negative development that weakens an organization.

Second, it may also be understood as an opportunity to reveal different needs and expectations within the organization.

The second perspective is more constructive.

For example, a district branch may seek additional resources for its programs, while the centre may be unable to fulfill the request immediately because of limited resources. This may create dissatisfaction. However, if dialogue is used to establish priorities, develop criteria for resource allocation, and distribute resources fairly among districts, the disagreement itself can become a basis for institutional improvement.

In this sense, conflict not only reveals institutional weaknesses but can also provide an opportunity to improve organizational rules and practices.

## **11. Conflict Resolution**

In a voluntary organization such as the Nepal Heart Foundation, the first foundation for resolving conflict must be the **common objective**.

Even when members disagree regarding positions, representation, resources, or programs, the fundamental objective that unites everyone is the protection of heart health and service to the public.

Therefore, during disputes, the central question should not be:  
**“Which group will win?”**

Rather, it should be:

**“How can the fundamental objective of the organization be protected?”**

Such a perspective helps transform person-centred conflict into organization-centred solutions.

## **12. Dialogue and Discussion**

The most effective means of resolving conflict is direct dialogue. Many organizational disputes become serious not because of actual disagreements but because of misinformation, assumptions, personal perceptions, and a lack of communication.

Within the Nepal Heart Foundation, it is important to create an environment for direct discussion between:

- central leadership and members;
- district branches and the centre; and
- senior and younger members.

Three principles are particularly important in direct dialogue:

**First:** Clearly identify what the actual problem is.

**Second:** Focus on the problem rather than attacking the individual.

**Third:** Ensure that the dignity and respect of all parties are maintained while seeking a solution.

Such a process can transform the psychology of **“me and them”** into the institutional spirit of **“we”**

### 13. Role of Representation

The **Central Assembly of the Nepal Heart Foundation** is an important instrument of institutional democracy. In a large organization, it is not possible for every member to participate directly in every decision. Therefore, a representative structure is necessary. The Central Assembly can serve as the foundation for representation, policy approval, accountability of leadership, and institutional legitimacy.

One of the best ways to incorporate diverse group interests into institutional decision-making is to provide them with the opportunity for legitimate representation. When groups are not represented, they may express their dissatisfaction outside the institution. When they are represented, they can express their views within the institution itself. In this sense, representation is itself a mechanism for conflict resolution.

### 14. Role of the Executive Committee

The **Executive Committee** is the principal structure responsible for the day-to-day leadership of the institution and the implementation of its policies. However, the effectiveness of the Executive Committee does not depend solely on the individual competence of its office-bearers; it also depends on the process of collective decision-making.

To manage group interests effectively, the Executive Committee should adopt the following principles:

1. Transparency in decision-making;
2. A culture of listening to members;
3. Respect for differences of opinion;
4. A practice of avoiding personal accusations;
5. Decisions based on facts and institutional rules;
6. Equality in the implementation of decisions; and
7. Collective accountability for the consequences of decisions.

Thus, the Executive Committee should not function merely as a “**body that exercises power,**” but should become a “**body that coordinates interests.**”

## 15. Interest Management

In a large organization, it is not possible for all problems to be resolved by the Executive Committee alone. Therefore, the formation of various committees can be useful.

In the Nepal Heart Foundation, structures such as **Provincial and District Strengthening Committees** and **Resource Management Committees** appear to provide opportunities to address specific issues institutionally. The sociological importance of such committees lies in the fact that they distribute power and responsibility according to subject areas rather than concentrating them in one place.

For example, in a dispute concerning resource management, a decision based on clear criteria, committee review, and collective decision-making is likely to be more acceptable than a decision made by a single individual. This increases the legitimacy of decisions.

## 16. Building Consensus

In voluntary organizations, building consensus is often more effective than relying solely on voting. Voting can produce a decision, but it cannot necessarily win people's hearts. Even when a party accepts defeat in a vote, psychological dissatisfaction may remain.

Consensus-building does not mean that everyone must hold exactly the same opinion. Rather, it means finding an acceptable common basis among differing views.

For example, if there is a dispute between the Central Office and District Branches regarding the distribution of resources, objective indicators can be established—such as population, disease burden, programme requirements, past performance, and available resources—instead of accepting only the **“decision of the Centre”** or only the **“demand of the District.”** This reduces personal or group influence and strengthens the sense of institutional justice.

## 17. Institutional Continuity

In voluntary organizations, changes in leadership can also become a potential source of conflict. The experience of individuals who have contributed to an institution over a long period is extremely valuable. At the same time, it is natural for the younger generation to seek opportunities for leadership.

In such circumstances, a conflict between the **“old and the new”** should not be created. The older generation can provide institutional memory, experience, and values, while the new generation can bring new energy, technology, and fresh perspectives.

Therefore, leadership transition should not be viewed as the end of competition, but as a process of ensuring institutional continuity. A balanced arrangement that gives senior members a dignified role while providing the new generation with responsibility can help reduce conflict.

## 18. Leadership Selection

In large organizations, positions are not merely administrative responsibilities. They may also be associated with social prestige, influence, and recognition. Therefore, competition for leadership positions naturally arises. The problem is not competition itself, but the **nature of the competition**.

If competition is based on the institution's policies, programs, and capacity to provide services, it can strengthen the organization. However, if competition is based on personal factions, accusations and counter-accusations, or the capture of power, institutional unity may be weakened.

Therefore, clear rules, transparency, and impartiality are essential in elections and leadership selection.

## 19. Role of Representation

The Central Assembly of the Nepal Heart Foundation is an important instrument of institutional democracy. In a large organization, it is not possible for every member to participate directly in every decision. Therefore, a representative structure is necessary. The Central Assembly can serve as the foundation for

representation, policy approval, leadership accountability, and institutional legitimacy.

One of the best ways to incorporate diverse group interests into institutional decision-making is to provide them with legitimate opportunities for representation. When groups are not represented, they may express their dissatisfaction outside the organization. When they are represented, they can present their views within the institution itself. In this sense, representation is itself a mechanism for conflict resolution.

## **20. Role of the Executive Committee**

The Executive Committee is the principal structure responsible for the day-to-day leadership of the organization and for implementing policies. However, the effectiveness of the Executive Committee depends not only on the individual capacity of its office-bearers but also on the process of collective decision-making.

To manage group interests effectively, the Executive Committee should adopt the following principles:

1. Transparency in decision-making;
2. A culture of listening to members;
3. Respect for differing opinions;
4. Avoidance of personal accusations;
5. Decisions based on facts and institutional rules;
6. Equality in the implementation of decisions; and
7. Collective accountability for the consequences of decisions.

Thus, the Executive Committee should not merely be an institution for exercising power; it should become an institution for coordinating interests.

## **21. Management of Interests**

In a large organization, it is not possible to resolve every problem through the Executive Committee alone. Therefore, the formation of various committees is useful.

Within the Nepal Heart Foundation, structures such as Provincial and District Strengthening Committees and Resource Management Committees provide opportunities to address specialized issues institutionally. The sociological importance of committees is that they distribute power and responsibility according to subject areas rather than concentrating them in one place.

For example, in a dispute concerning resource management, a decision based on clear criteria, committee review, and collective deliberation is more acceptable than the decision of a single individual. This enhances the legitimacy of institutional decisions.

## **22. Building Consensus**

In voluntary organizations, consensus-building is often more effective than voting. Voting can make a decision, but it cannot necessarily win people's hearts. Even when one side accepts defeat in a vote, it may remain psychologically dissatisfied.

Consensus-building does not mean that everyone must hold exactly the same opinion. Rather, it means finding an acceptable common ground among differing viewpoints.

For example, if there is a dispute between the central office and district branches regarding the distribution of resources, objective indicators may be established on the basis of population, disease burden, program needs, past performance, and available resources. Instead of accepting only the "decision of the centre" or only the "demand of the district," an objective system can be developed. This reduces personal or group influence and strengthens the sense of institutional justice.

## **23. Institutional Continuity**

In voluntary organizations, changes in leadership can also become a potential source of conflict. The experience of individuals who have contributed to an organization over a long period is extremely valuable. At the same time, it is natural for the younger generation to seek opportunities for leadership.

In such circumstances, a conflict between the “old and the new” should not arise. The older generation can provide institutional memory, experience, and values, while the younger generation can bring new energy, technology, and new perspectives.

Therefore, leadership transition should not be understood as the end of competition but as a process of institutional continuity. A combination of respectful roles for senior members and meaningful responsibilities for younger members can reduce conflict.

## **24. Leadership Selection**

In large organizations, positions are not merely administrative responsibilities. They may also be associated with social prestige, influence, and identity. Therefore, competition for leadership positions naturally arises. The problem is not competition itself; the problem lies in the nature of competition.

If competition is based on the organization's policies, programs, and capacity for service, it can strengthen the institution. However, if it is based on personal factions, accusations and counter-accusations, or the capture of power, institutional unity may be weakened.

Therefore, clear rules, transparency, and impartiality are essential in elections and leadership selection.

## **25. Resource Distribution and Conflict**

When resources are limited and needs are numerous, the distribution of resources is always a sensitive issue. District branches may expect programmes, financial assistance, equipment, training, and institutional support. The central office, on the other hand, must consider available resources, priorities, and national programmes.

In such circumstances, the scientific solution to conflict is the use of predetermined criteria.

The following factors may be used as a basis for resource allocation:

- Population;
- Potential burden of heart disease;
- Program needs;
- Local institutional capacity;
- Past performance;
- Program impact;
- Remoteness; and
- The needs of target groups.

Such criteria transform the question from “Who is more favoured?” to “Who has the greater need?”

## **26. Procedural Justice**

In conflict resolution, procedural justice—that is, the members' perception that the decision-making process is fair—is extremely important.

Sometimes, members may accept a decision even if their own demands are not fully met, provided they believe that the decision-making process was impartial. However, if they feel that the decision ignored them, was biased, or was made secretly, even a small decision can become a major controversy.

Therefore, within an organization, the question is not only, “Was the decision right or wrong?” Equally important is the question, “How was the decision made?” In a national institution such as the Nepal Heart Foundation, procedural justice helps maintain the confidence of members.

## **27. Practice of Conflict Resolution**

Differences of opinion between individuals are not unnatural in an organization. However, when personal disagreements develop into institutional factionalism, the problem becomes serious.

Problems can be resolved at three levels:

**First level – Direct dialogue:**

The concerned individuals should communicate directly and attempt to resolve the issue.

**Second level – Mediation:**

If the problem cannot be resolved, mediation may be sought from a senior or neutral person.

**Third level – Institutional process:**

If the matter is serious, it should be formally presented before the relevant committee or the Executive Committee.

Such a graduated approach to resolving problems can prevent unnecessary polarization.

## **28. Role of Senior Members**

Senior members can serve as important mediators in resolving institutional conflicts. Members who have contributed to the organization for many years possess knowledge of its institutional history, personalities, and relationships. However, seniority should not become a basis for bias during mediation.

The role of a mediator is not to support one side but to listen to both sides and search for a mutually acceptable solution.

In the Nepal Heart Foundation, the experience of senior members who possess institutional memory can be used constructively. They can help the younger generation understand the history of the institution and assist the older generation in adapting to changing social circumstances.

## **29. Importance of the Communication System**

Communication is one of the most important foundations of conflict resolution. When information does not reach members in time, rumours spread. Rumours weaken trust and increase group dissatisfaction.

Therefore, an organization needs:

- Regular meetings;
- Proper records of decisions;
- Timely information for members;
- Program reports;
- Financial transparency;
- Communication of Executive Committee decisions; and
- Regular contact with district units.

In the modern era, digital communication, email, websites, social media, and online meetings have made these tasks easier. However, digital communication cannot completely replace direct dialogue. In sensitive conflicts, face-to-face communication is often more effective.

### **30. Institutional Transparency**

Transparency is one of the most effective means of preventing conflict. Where did financial resources come from? How were they spent? How were programs selected? Why was assistance provided to a particular district? What were the criteria for leadership selection?

When the answers to such questions are clear, suspicion decreases.

Transparency should not be limited to financial matters. Decision-making processes, organizational structures, program priorities, and responsibilities should also be transparent. Transparency strengthens members' sense of ownership.

### **31. From Program Unity to Organizational Unity**

Another effective way of reducing group divisions within an organization is through common programs.

The various programs of the Nepal Heart Foundation—such as the prevention of rheumatic heart disease, prevention of heart attacks, Go Red for Women, cardiac rehabilitation, and public awareness activities—can bring different members and groups together around common objectives.

Common programs strengthen the spirit of “What is our common purpose?” rather than “Which group do we belong to?”

For example, in a women's heart health campaign, doctors, volunteers, district branches, women's groups, health institutions, and local leaders can work together. In this way, programs themselves can become instruments of social integration.

### **32. External Partnerships**

The Nepal Heart Foundation's experience of collaborating with organizations such as Save the Children in the prevention of rheumatic heart disease, receiving program support from resource partners such as Edwards, and bringing together the Nepal Heart Club and other organizations through Heartnet around common heart-health issues provides an important lesson.

External partnerships do not merely provide resources. They can also bring new knowledge, management practices, international experience, and institutional networks.

However, to ensure that external partnerships do not create internal group conflicts, the objectives of the partnership, use of resources, and responsibilities must be clearly defined.

### **33. Transforming Conflict into Cooperation**

The most important sociological lesson in the institutional development of the Nepal Heart Foundation is that it is not necessary to eliminate group interests. Rather, such interests should be transformed into common institutional interests.

If a district branch demands more resources, the underlying objective may be to provide better services to the local community. If new members seek

participation in leadership, the underlying need may be to connect the institution with a new generation. If senior members wish to retain a role, they may be seeking recognition for their contribution.

If the positive objectives underlying the demands of each group can be identified, conflict can be transformed into cooperation.

### **34. Institutional Unity**

The stronger the members' identification with the organization, the less likely personal or group identities are to divide it.

If members begin to think of themselves first as members of the Nepal Heart Foundation rather than as members of a particular group, organizational unity becomes stronger.

For this purpose, it is necessary to continually recall and celebrate the organization's common history, the contributions of its founders, major achievements, national campaigns, and social impact. Institutional history is not merely a record of past events; it is also a social instrument for building institutional identity.

### **35. Institutional Culture**

For the long-term future of the Nepal Heart Foundation, building an institutional culture is extremely important. Institutional culture refers to the values, behaviour, and working style accepted within the organization.

The following values should be strengthened:

**Service:** Service is greater than position.

**Cooperation:** Institutional success is more important than individual success.

**Transparency:** Clarity in decisions and the use of resources.

**Respect:** Respect for members who hold different opinions.

**Accountability:** Responsibility must accompany authority.

**Inclusiveness:** Participation of different generations, geographical areas, and professional groups.

**Continuity:** The institution should continue even when individuals change.

Once such a culture is established, conflicts may not disappear completely, but they can be prevented from becoming destructive.

### **36. The Value That “The Institution Is Greater Than the Individual”**

In a voluntary organization, the contribution of individuals is important. Founders, former presidents, general secretaries, Executive Committee members, doctors, volunteers, and employees all play important roles in building an institution.

However, for the long-term life of an organization, one fundamental principle is essential:

**Individuals exist for the institution; the institution does not exist for any single individual.**

This value is the foundation of institutional conflict resolution. No matter how great an individual's contribution may be, that person should not be placed above the organization's constitution, institutional structure, and collective decision-making process. This reduces struggles for individual-centred power.

### **37. The Social Role of Leadership**

The work of leadership is not merely to make decisions; it is also to unite different groups.

A good leader does not present himself or herself as “the leader of one side,” but as “the guardian of the entire institution.”

Especially during times of conflict, leadership should:

- Listen to all sides;
- Control emotional reactions;
- Avoid personal criticism;

- Make decisions based on facts;
- Respect minority opinions;
- Secure acceptance of majority decisions; and
- Provide a respectful place within the institution even to the defeated side.

Such leadership prevents institutional conflicts from developing into division.

### **38. Member Participation and Ownership**

Any organization is only as strong as the extent to which its members consider it their own. Members should not be regarded merely as people who pay membership fees or vote in elections.

Members should be involved in programme design, policy discussions, local campaigns, training, health awareness activities, and institutional evaluation.

Participation produces two important results:

First, the experiences of members enter the organization.

Second, members begin to regard institutional decisions not as "their decisions" but as "our decisions."

This sense of ownership is essential for the sustainability of a national institution.

### **39. Social Inclusion**

Nepal is a country of multiethnic, multilingual, multicultural, and geographical diversity. To become a truly national institution, an organization must transform this diversity into an organizational strength.

The district and local expansion of the Nepal Heart Foundation has created a foundation for geographical inclusion. Its institutional culture must now also become inclusive.

In particular, the participation of women, youth, members from different provinces and districts, diverse professional groups in the health sector, and volunteers can provide the organization with a broader social base.

#### **40. Role of Institutional Rules**

Conflict resolution based solely on goodwill is not sustainable. Rules are also necessary.

Clear provisions regarding the organization's constitution, procedures, electoral system, financial rules, committee authority, centre–district relations, and members' rights can reduce disputes.

However, excessively rigid rules may also create problems. Therefore, rules must maintain both discipline and justice.

The purpose of rules is not merely to control members; it is also to protect their rights.

#### **41. Lessons from Institutional Achievements**

The development of the Nepal Heart Foundation offers the following major sociological lessons:

1. National institutions emerge from social needs.
2. Social trust is an institution's most important asset.
3. Volunteers form the social foundation of institutions.
4. Geographical expansion strengthens national identity.
5. Group interests are natural; suppressing them is not the solution.
6. Representation is an effective means of managing conflict.
7. Dialogue and consensus are often more effective than voting.
8. Transparency and procedural justice strengthen trust.
9. Both senior experience and the energy of the younger generation are necessary.

10. Institutional values endure longer than individual personalities.

## **42. Framework for Conflict Management**

To strengthen the Nepal Heart Foundation further as a national institution, conflict resolution should be transformed from dependence on individual discretion into an institutional system.

A five-level framework may be useful:

### **First level: Initial dialogue**

Ordinary disagreements should be resolved through discussion between the concerned parties.

### **Second level: Mediation**

If the problem remains unresolved, a neutral senior member or designated mediation group should facilitate dialogue.

### **Third level: Committee review**

If the issue concerns policy, resources, or organizational matters, the relevant committee should review it.

### **Fourth level: Executive Committee**

Serious institutional issues should be decided by the Executive Committee.

### **Fifth level: Central Assembly**

Major policy or structural disputes should be brought before the Central Assembly.

Such a structure can prevent minor disputes from developing into major organizational crises.

## **43. Future Strategy**

The following strategies may be useful for the future institutional journey of the Nepal Heart Foundation:

**1. Interest Identification System**

Regularly identify the expectations and concerns of different groups.

**2. Member Dialogue Programme**

Maintain regular dialogue between the center and district/provincial units.

**3. Transparent Resource Distribution**

Allocate resources on the basis of predetermined criteria.

**4. Leadership Development**

Provide gradual leadership opportunities to young and new-generation members.

**5. Senior Advisory Structure**

Use the experience of senior members in an institutional and systematic manner.

**6. Mediation Mechanism**

Establish a formal internal mechanism for conflict resolution.

**7. Digital Transparency**

Use appropriate digital platforms to make decisions, programmes, and financial information accessible to members.

**8. Common National Campaigns**

Conduct regular national programs that bring different groups together around a common objective.

**44. From a Social Movement to a National Institution**

The development of the Nepal Heart Foundation can ultimately be understood as the gradual institutionalization of a social movement.

In its initial phase, individual commitment, medical knowledge, and a spirit of service were important. In the second phase, organizational development and volunteer mobilization became important. The third phase saw district expansion

and the development of a national network. In the fourth phase, the organization expanded its role into the fields of public health policy and advocacy.

Thus, the institution evolved from an organization that “responded when problems arose” into one that “prevents problems and mobilizes society for policy change.”

This transformation was not the result of any single leader or one programme. It was the outcome of many years of collective effort, social trust, volunteerism, organizational experience, and institutional learning.

## **45. Conclusion**

The development of the Nepal Heart Foundation as a national institution should be understood in relation to Nepal's wider social transformation and the growth of civil society. Its development was shaped by social needs, health awareness, urbanization, volunteer culture, social trust, medical and human resources, the expansion of civil society, local participation, organizational networks, and institutional leadership.

Its national character was not achieved merely by establishing branches throughout the country. Its real national character lies in the acceptance of the institution by diverse communities, districts, professional groups, volunteers, and leaders as a common social asset.

Similarly, group interests and differences of opinion arising within the organization should not be viewed only as weaknesses. In a large and vibrant institution, the presence of diverse interests is natural. The challenge is to harmonize those interests with the common objectives of the organization.

The central lesson of the Nepal Heart Foundation's experience is that the lasting resolution of institutional conflict does not lie in suppression, exclusion, or the victory of one side. It lies in institutional accommodation based on dialogue, representation, consensus, transparency, procedural justice, and common objectives.

If the feeling of **“our institution”** becomes stronger than the division between **“my group”** and **“your group,”** group interests themselves can be transformed into institutional strength.

For the future of the Nepal Heart Foundation, its greatest asset is not merely its physical infrastructure or financial resources. Its greatest assets are the trust of its members, the spirit of volunteerism, institutional memory, social prestige, and commitment to a common purpose.

From this perspective, the institutional journey of the Nepal Heart Foundation is not merely the history of a health organization. It is also the story of the development of health consciousness, volunteerism, social responsibility, organizational democracy, and collective leadership within Nepali civil society.

Ultimately, the strength of a national institution does not depend on the size of its central office but on the trust built at different levels of society. Members may disagree, leadership may change, programme priorities may shift, and the availability of resources may fluctuate. Yet, if the institution's core values—public service, protection and promotion of heart health, prevention, social awareness, and collective responsibility—remain strong, the organization will continue to mature over time.

Therefore, the future journey of the Nepal Heart Foundation should move toward an institutional culture in which diversity is not a cause of division but a source of strength; differences of opinion are not a crisis but an opportunity for learning; leadership is not an individual privilege but a public responsibility; and membership is not merely an organizational identity but a commitment to social service.

It is through such a vision that the Nepal Heart Foundation can develop from a successful non-governmental organization into an even stronger, more credible, sustainable, and enduring national public health institution.

## CHAPTER 10

### THE IMPORTANCE OF STRATEGIC PLANNING, PERFORMANCE STRENGTHENING AND RESOURCE MOBILIZATION OF THE NEPAL HEART FOUNDATION

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The growing risk of heart disease in Nepal requires effective implementation of programs relating to public awareness, prevention, early detection, access to treatment, and health promotion at the community level. In this context, it is extremely important for the Nepal Heart Foundation to formulate and implement a strong **Strategic Plan** in order to provide clear direction for its objectives, priorities, and available resources.

A strategic plan is not merely a list of programs to be carried out in the coming years. It is a guiding document for the organization's long-term vision, priorities, performance, resource mobilization, coordination among branches, and measurement of results.

The Nepal Heart Foundation prepared and presented a strategic plan about a decade ago. That strategic plan now needs to be revised and updated in accordance with changing times and emerging needs. Considering the present changing circumstances, challenges, and opportunities, it is necessary to formulate a new strategic plan. In doing so, the following issues deserve special attention.

#### **Importance of Strategic Planning**

Strategic planning provides the Nepal Heart Foundation with clear answers to three fundamental questions:

**“Where are we now, where do we want to go, and what must we do to get there?”**

Once the organization's vision, mission, values, priority programs, and expected results are clearly defined, it becomes easier to mobilize available financial, human, technical, and institutional resources according to priorities.

Particularly in the field of prevention and control of heart disease, programs need to be long-term and evidence-based. A strategic plan can bring together within one comprehensive framework such activities as increasing public awareness, promoting healthy lifestyles, identifying risk factors such as hypertension and diabetes, providing health education in schools and communities, conducting health screenings, undertaking research, carrying out advocacy, and collaborating with relevant government agencies.

In addition, a strategic plan clarifies the roles, responsibilities, and accountability of all levels of the organization. If the central office, provincial units, and district branches are able to contribute according to their respective areas of responsibility, the organization can operate as a system-based institution rather than one dependent on individual persons.

### **How Can Strategic Planning Strengthen Performance?**

The most important aspect of strategic planning is its ability to transform plans into **measurable results**. For this purpose, clear **Key Performance Indicators (KPIs)** should be established for each strategic objective.

For example, targets may be set regarding:

- The number of people to be reached annually through heart-health awareness programs;
- The number of health screening programs to be conducted;
- The number of volunteers to be mobilized;
- The number of schools or communities in which programs will be implemented;
- The number of new partnerships to be established; and
- The amount of resources to be mobilized.

Once such targets are established, performance can be evaluated on the basis of facts and evidence rather than emotions or assumptions. Each branch should regularly submit progress reports, and the central office should establish a system

for analyzing those reports in relation to the overall institutional progress of the organization.

During the implementation of the strategic plan, the cycle of **Plan – Implement – Monitor – Review – Improve** should be institutionalized. If the organization is able to plan, implement, monitor, review, and improve continuously, its performance will progressively improve. This process also helps identify weaknesses and take corrective action in a timely manner.

### **Relationship and Coordination with District Branches**

The effectiveness of the Nepal Heart Foundation is not determined solely by the performance of its central office. The branches operating at district and local levels are important structures that connect the organization directly with communities.

Therefore, the strategic plan should establish a clear working relationship between the central office and district branches. The central office can provide leadership in institutional policies, standards, technical guidance, capacity development, information systems, and resource mobilization. District branches, on the other hand, can lead in identifying local needs, mobilizing communities, implementing programs, developing local partnerships, and conducting direct service and public-awareness activities.

For this purpose, the annual work plan of every district branch should be linked with the organization's overall strategic plan. Although branches may establish targets according to the needs and potential of their respective districts, those targets should be consistent with the organization's overall strategic objectives and KPIs.

Regular branch review meetings, a digital reporting system, exchange of experiences, incentives for high-performing branches, and capacity-building and technical support for branches with weak performance can further strengthen the relationship between the central office and the branches.

## **Resource Mobilization and Key Performance Indicators**

Successful implementation of a strategic plan requires adequate resource mobilization. However, resource mobilization should not be understood merely as the collection of financial support. Along with financial resources, human resources, volunteers, technical knowledge, institutional partnerships, communication channels, government support, and community participation are also important resources.

The resource mobilization strategy should be directly linked to the organization's priorities. For example, if a decision has been made to expand a heart-health screening program in a particular district, the required budget, health workers, equipment, medicines and materials, volunteers, and local partners should be identified in advance.

A clear relationship should therefore be established as follows:

**KPI → Required Activities → Required Resources → Resource Mobilization Strategy → Expected Results**

This approach helps clearly demonstrate where resources are being spent and what results are being achieved. It also enables donor agencies, partner organizations, the Board, and other stakeholders to understand the relationship between resource use and results.

For resource mobilization, long-term partnerships may be developed with government agencies, local governments, the private sector, Corporate Social Responsibility (CSR) programmes, development partners, charitable organizations, hospitals and health institutions, professional associations, and individual donors.

If every partnership is linked with clear objectives, areas of work, expected results, and measurable indicators, resource mobilization can become more transparent and sustainable.

## **Accountability, Transparency and Institutional Governance**

A strategic plan also strengthens institutional governance. Once annual budgets, programs, and responsibilities are clearly defined, it becomes easier to establish accountability at all levels, including the Board, management, branches, and staff. Regular monitoring and evaluation help present both achievements and weaknesses transparently.

Similarly, when annual reports are prepared on the basis of the strategic plan, the organization can provide information not only about **“how much resource was received”** but also about **“what changes were achieved through those resources.”**

This strengthens confidence in the organization among donors, members, volunteers, partners, and the general public. It also creates a stronger foundation for mobilizing additional resources in the future.

## **Conclusion**

For the Nepal Heart Foundation, a strategic plan is a fundamental document that provides direction for the future of the organization. It plays an important role in translating the organization's vision and objectives into clear priorities; establishing effective relationships between the central office, provincial units, and district branches; measuring performance through **Key Performance Indicators (KPIs)**; mobilizing available resources according to priorities; and building a results-oriented institutional culture.

In particular, district branches should be developed as important partners in implementing the strategic plan, and the targets of each branch should be linked with the organization's overall KPIs. Similarly, resource mobilization should be directly connected with programs and expected results.

If this can be achieved, the performance of the Nepal Heart Foundation can become more results-oriented, accountable, transparent, measurable, and sustainable.

Ultimately, a successful strategic plan is not an achievement in itself. Its real success lies in **effective implementation, regular monitoring, evidence-based review, and continuous improvement.**

Therefore, the Nepal Heart Foundation should institutionalize its strategic plan not merely as a document but as a common management system for its daily operations, branch mobilization, partnership development, and resource mobilization.

## CHAPTER 11

### INTERVIEW WITH A PATIENT

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This is a brief story of the experiences of a woman suffering from heart disease. While preparing this collection for publication, she was still alive and had shared her experiences with me. As Indira Sharma later passed away due to this very illness, her story is presented here as a representative account.

Because she was unaware in time that she was suffering from heart disease, she endured considerable suffering at a young age. At that time, heart surgery was not readily available in Nepal. As a result, the physical, mental, and financial difficulties affected not only her but her entire family.

Her story includes her experience of living with heart disease, the process of diagnosis, the difficulties faced by her and her family because of the lack of adequate treatment facilities within Nepal, the physical and emotional suffering she experienced while travelling to India for treatment, the changes in her outlook on life that resulted from these experiences, and her desire to move forward in life with a lifelong companion.

This story is essentially presented as a representative experience of a heart patient. In the context of women suffering from heart disease, such a story becomes even more sensitive and poignant.

It also describes the psychological impact of society's attitude towards women after they develop heart disease, particularly when they do not receive the necessary support and sympathy to stand on their own feet and live independently.

Compared with the situation at that time, facilities for the treatment of heart disease in Nepal have developed remarkably today. Specialized cardiac hospitals have now been established, and skilled and experienced heart specialists (cardiologists) are available. The following is a summary of my conversation with her while she was still alive.

**When and how did you discover that you had heart disease? How did you feel after learning about it, and what efforts did you make to obtain treatment?**

I was born as the youngest daughter of a middle-class family in the former Patihani Village Development Committee, Ward No. 2, Chitwan. I spent a happy and pleasant childhood, and even today, memories of those days remain vivid in my mind.

As I entered adolescence, I discovered that I had developed this serious illness. In fact, that moment was extremely difficult. It felt as though all my dreams about life had been shattered. After I reached the age of sixteen, I began to experience unbearable pain in my back. At first, it was assumed to be an ordinary health problem. Home remedies, including applying heat and massage, were tried.

Even before that, I had experienced throat problems since childhood. When home treatment did not help, I went to the clinic of heart specialist Dr. Prakash Raj Regmi in Bharatpur. After examination, it was discovered that I was suffering not from an ordinary illness but from heart disease.

At that time, even an ECG machine was not available in Bharatpur. I therefore came to Kathmandu for further examinations, where it was discovered that my heart's mitral valve was no longer functioning properly. I then began receiving penicillin injections in Kathmandu. Nearly two years passed between hospitals and clinics, in a mixture of hope and fear.

At that time, heart surgery was not easily available in Nepal. Therefore, my father was compelled to take me to Delhi, India, for treatment. At Moolchand Hospital in Delhi, my heart valve was repaired and, later, replaced through surgery. Even after undergoing open-heart surgery twice, I have been able to live an active life. During this journey, I endured immense pain, but I also experienced the bright rays of hope in life.

### **What changes occurred in your lifestyle after developing heart disease and receiving treatment?**

This illness brought almost a **180-degree change** in my life. My entire way of seeing, understanding, and experiencing life changed. Previously, I believed that life would naturally unfold beautifully according to one's wishes. But the illness revealed the harsh realities of life. After treatment, I felt as though I had been given a new life.

I came to understand that life does not consist only of light; it also has darkness. After that, I felt inspired not only to live for myself but also to do something for others. I realized that standing beside others in their suffering is one of the greatest meanings of life.

### **What were the challenges in your personal life?**

A person who has to struggle with a serious and long-term illness faces many challenges in life. Along with the illness itself, society's attitudes and behaviour can also become major challenges.

In the beginning, I had hoped to dedicate my life to service. However, earning a livelihood itself became a major challenge. When I was in Chitwan, I had the support of my family, but living in Kathmandu and managing daily life was difficult.

During this period, the support of Dr. Prakash Raj Regmi became extremely important in my life. I was given an opportunity to work at his heart clinic. I worked at the clinic in the mornings and served at the Gangalal National Heart Centre during the daytime, thereby continuing to move forward with my life.

### **How did you decide to marry later in life?**

Because of the nature of my illness, doctors had advised that marriage and having children might not be appropriate for me. Therefore, at first, I had thought of devoting my entire life to service.

However, as time passed, I began to feel that one needs someone in life who can offer companionship. I felt that a person who could share my pain, stand beside me, listen to me, and support me was also necessary in life. For this reason, I decided to marry.

### **What message would you like to give to heart patients?**

It is wrong to believe that life ends after developing a disease. In reality, a new life can begin from that very point. If we can dedicate ourselves to serving others, smile, and bring happiness to others, life can become meaningful.

To prevent heart disease, we should pay attention to our health from childhood. Even seemingly ordinary symptoms, such as a sore throat or fever, should not be neglected. With timely treatment, many diseases can be prevented or controlled.

### **What are your hopes and expectations?**

My main plan in life is to serve others and to find my own happiness in the happiness of others.

Society needs to look at heart patients with a positive attitude. If the government and non-governmental organizations introduce effective programs and provide arrangements for free treatment of heart disease, many poor patients will receive much-needed assistance.

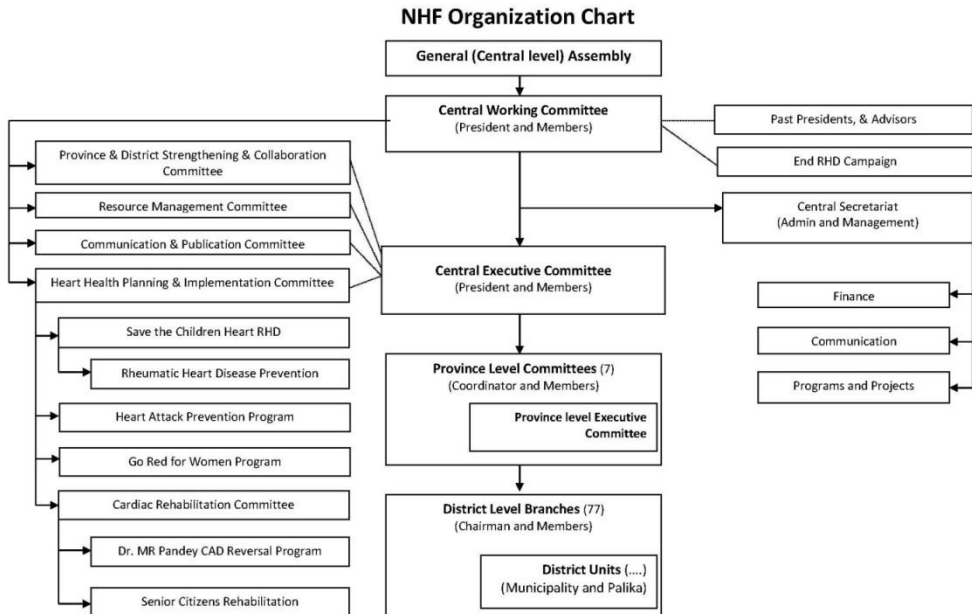
It is extremely important to increase health awareness among people and to promote sympathy and compassion towards patients. **A healthy society is the foundation of a capable and prosperous nation.**

## **APPENDICES**

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# 1- NHF Organization Chart

अनुसूची-९



Map of Nepal showing the distribution of Branches (red) and Adhoc Committee (yellow) areas. The map includes labels for various districts such as Darchula, Bajhang, Bajura, Mugu, Humla, Dolpa, Mustang, Manang, Rasuwa, and others. A legend at the bottom left indicates that red areas represent Branches and yellow areas represent Adhoc Committee.

### 3- Annual General Assembly, Place and Year

| Year          | No               | Place     | Central Members |         | Branches |         | Ad hoc committee |         | Total    |         |
|---------------|------------------|-----------|-----------------|---------|----------|---------|------------------|---------|----------|---------|
|               |                  |           | No              | Present | No       | Present |                  | Present | expected | Present |
| 2049/09/11    | 3rd              | Kathmandu |                 |         |          |         |                  |         |          | 35      |
| 2050/10/23    | 4th              | Kathmandu |                 |         |          |         |                  |         |          | 57      |
| 2052/02/06    | 5th              | Kaski     |                 |         |          |         |                  |         |          | 140     |
| 2053/03/06    | 6 <sup>th</sup>  | Kathmandu |                 |         |          |         |                  |         |          | 78      |
| 2053/10/18    | Special Assembly | Kathmandu |                 |         |          |         |                  |         |          | 50      |
| 2054/05/28    | 7 <sup>th</sup>  | Kathmandu |                 |         |          |         |                  |         |          | 79      |
| 2054/12/01    | 8th              | Kathmandu |                 |         |          |         |                  |         |          | 50      |
| 2055/12/06    | 9th              | Kaski     |                 |         |          |         |                  |         |          | 73      |
| 2056/12/26    | 10th             | Kathmandu |                 |         |          |         |                  |         |          | 48      |
| 2058/01/08    | 11 <sup>th</sup> | Lalitpur  |                 |         |          |         |                  |         |          | 75      |
| 2059/02/04    | 12 <sup>th</sup> | Lalitpur  |                 |         |          |         |                  |         |          | 139     |
| 2061/02/10    | 13 th            | Lalitpur  |                 |         |          |         |                  |         |          | 69      |
| 2062/02/28    | 14 <sup>th</sup> | Lalitpur  |                 |         |          |         |                  |         |          | 108     |
| 2063/05/31    | 15th             | Lalitpur  |                 |         |          |         |                  |         |          | 105     |
| 2064/09/14    | 16th             | Kathmandu |                 |         |          |         |                  |         |          | 124     |
| 2065/11/24    | 17th             | Kavre     |                 |         |          |         |                  |         |          | 179     |
| 2066/11/08    | 18th             | Lalitpur  |                 |         |          |         |                  |         |          | 192     |
| 2068/11/13,14 | 19th             | Chitwan   | 22              | 18      | 20       | 19      | 6                | 3       | 26       | 22      |
| 2069/12/03    | 20th             | Kathmandu | 22              | 18      | 30       | 27      | 14               | 5       | 44       | 32      |
| 2070/01/07    | 21st             | Bhaktapur | 31              | 17      | 35       | 29      | 14               | 12      | 49       | 41      |
| 2070/11/24,25 | 22nd             | Banke]    | 31              | 16      | 40       | 18      | 23               | 3       | 63       | 21      |
| 2071/12/21,22 | 23rd             | Lalitpur  | 31              | 24      | 43       | 31      | 31               | 4       | 74       | 35      |
| 2072/12/13,14 | 24th             | Kathmandu | 31              | 29      | 44       | 22      | 31               | 5       | 75       | 27      |

|               |      |                |    |    |    |    |    |   |    |    |
|---------------|------|----------------|----|----|----|----|----|---|----|----|
| 2073/12/25,26 | 25th | Dhading        | 31 | 13 | 46 | 13 | 29 | 1 | 75 | 14 |
| 2074/11/11,12 | 26th | Lalitpur       | 31 | 27 | 46 | 27 | 29 | 0 | 75 | 27 |
| 2075/12/15,16 | 27th | Palpa          | 31 | 26 | 48 | 21 | 27 | 5 | 75 | 26 |
| 2076/10/3,4,5 | 28th | Mahotari       | 31 | 16 | 52 | 31 | 25 | 2 | 77 | 33 |
| 2077/11/15    | 29th | Central office | 31 | 18 | 52 | 27 | 25 | 0 | 77 | 27 |
| 2078/10/22    | 30th | Central office | 31 | 15 | 56 | 29 | 21 | 2 | 77 | 31 |
| 2079/09/2,3   | 31st | Kavre          | 31 | 18 | 57 | 26 | 20 | 0 | 77 | 26 |
| 2080/09/27,28 | 32nd | Lalitpur       | 31 | 27 | 59 | 40 | 18 | 2 | 77 | 42 |
| 2081/09/13,14 | 33rd | Jhapa          | 31 | 22 | 60 | 26 | 17 | 1 | 77 | 27 |
| 2082/10/9,10  | 34th | Kaski          | 31 | 24 | 62 | 35 | 15 | 3 | 77 | 38 |

*Note: Date is in Bikram Sambat*

#### 4- Financial Status of Nepal Heart Foundation (NRS)

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| S.N | Year      | Balance sheet amount | Fixed deposit amount |
|-----|-----------|----------------------|----------------------|
| 1   | 2047-2048 | 237246.08            | -                    |
| 2   | 2048-2049 | 444397.98            | -                    |
| 3   | 2049-2050 | 539,451.07           | 300,000.00           |
| 4   | 2050-2051 | 612652.93            | 325,000.00           |
| 5   | 2051-2052 | 627,757.38           | 350,000.00           |
| 6   | 2052-2053 | 725,630.00           | 350,000.00           |
| 7   | 2053-2054 | 909,989.57           | 350,000.00           |
| 8   | 2054-2055 | 1036189.36           | 475,000.00           |
| 9   | 2055-2056 | 1,009,105.87         | 575,000.00           |
| 10  | 2056-2057 | 945,173.41           | 575,000.00           |
| 11  | 2057-2058 | 1,084,852.64         | 575,000.00           |
| 12  | 2058-2059 | 1,183,861.52         | 650,000.00           |
| 13  | 2059-2060 | 1,173,865.99         | 700,000.00           |
| 14  | 2060-2061 | 1,164,844.70         | 700,000.00           |
| 15  | 2061-2062 | 1,709,337.21         | 1,300,000.00         |
| 16  | 2062-2063 | 1,709,010.13         | 1,400,000.00         |
| 17  | 2063-2064 | 4,910,251.33         | 1,400,000.00         |

|    |           |               |               |
|----|-----------|---------------|---------------|
| 18 | 2064-2065 | 5,326,015.39  | 4,100,000.00  |
| 19 | 2065-2066 | 6,510,699.82  | 4,250,000.00  |
| 20 | 2066-2067 | 6,578,309.26  | 4,500,000.00  |
| 21 | 2067-2068 | 6,604,896.53  | 4,700,000.00  |
| 22 | 2068-2069 | 9,652,865.89  | 5,200,000.00  |
| 23 | 2069-2070 | 12,380,438.83 | 4,900,000.00  |
| 24 | 2070-2071 | 13,267,906.28 | 5,900,000.00  |
| 25 | 2071-2072 | 17,236,494.42 | 6,100,000.00  |
| 26 | 2072-2073 | 19,257,389.00 | 7,200,000.00  |
| 27 | 2073-2074 | 17,965,538.88 | 8,500,000.00  |
| 28 | 2074-2075 | 19,393,967.07 | 10,300,000.00 |
| 29 | 2075-2076 | 20,735,272.90 | 10,650,000.00 |
| 30 | 2076-2077 | 25,300,561.35 | 14,247,555.00 |
| 31 | 2077-2078 | 27,438,119.40 | 16,892,555.00 |
| 32 | 2078-2079 | 33,775,020.56 | 23,252,081.00 |
| 33 | 2079-2080 | 38,371,206.25 | 26,305,051.00 |
| 34 | 2080-2081 | 39,937,630.59 | 28,455,051.00 |
| 35 | 2081-2082 | 45,968,766.26 | 35,556,051.00 |

*Source: Nepal Heart Foundation , 2026*

## 5. Grant made available for RHD prevention by Ministry of Health and Population in (NRS)

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| S.N          | Fiscal Year | Grant received |
|--------------|-------------|----------------|
| 1            | 063-064     | 3,000,000      |
| 2            | 064-065     | 976,171        |
| 3            | 065-066     | 1,000,000      |
| 4            | 066-067     | 1,000,000      |
| 5            | 067-068     | 4,000,000      |
| 6            | 068-069     | 5,000,000      |
| 7            | 069-070     | 3,000,000      |
| 8            | 070-071     | 3,000,000      |
| 9            | 071-072     | 4,000,000      |
| <b>Total</b> |             | 24,976,171     |

*Source: NHF.2026*

## 6. Grants received from different countries for prevention of RHD (NRS)

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|           |                          |            |
|-----------|--------------------------|------------|
| 2015-2016 | DAP, Australia           | 3,210,000  |
| 2016-2017 | DAP, Australia           | 2,741,620  |
| 2017-2018 | Medtronix, USA           | 2,120,400  |
| 2016-2017 | Edwards, USA             | 2,052,431  |
| 2017-2018 | Edwards                  | 4,152,000  |
| 2018-2019 | Edwards, USA             | 4,698,000  |
| 2019-2020 | Edwards, USA             | 3,983,000  |
| 2020-2021 | Edwards, USA             | 4,752,000  |
| 2021-2022 | Edwards, USA             | 4,734,000  |
| 2022-2023 | Edwards, USA             | 5,212,000  |
| 2023-2024 | Edwards, USA             | 5,167,200  |
| 2024-2025 | Edwards Additional, USA  | 8,223,000  |
| 2024-2025 | Edwards, USA             | 3,355,000  |
| 2025-2026 | Edwards Additional , USA | 2,806,000  |
| 2025-2026 | Edwards, USA             | 10,171,000 |
| Total     |                          | 67,377,651 |

*Source: NHF, 2026*

## 7. NHF membership status

| S.N | Branch       | {Honorary Member | Honored Member | Special member | Sp.Distinguished | Distinguished | Life member | Total No. |
|-----|--------------|------------------|----------------|----------------|------------------|---------------|-------------|-----------|
| 1.  | Lalitpur     |                  | 23             |                | 1                | 346           | 160         | 530       |
| 2.  |              |                  | 2              |                | 22               | 48            | 305         | 377       |
| 3.  | Kathmandu    |                  | 29             |                | 13               | 101           | 501         | 644       |
| 4.  | Bhaktapur    |                  | 3              | 1              | 3                | 25            | 303         | 285       |
| 5.  | Kavre        |                  | 3              |                | 3                | 50            | 856         | 915       |
| 6.  | Kaski        |                  |                |                |                  |               | 78          | 78        |
| 7.  | Makwanpur    |                  |                |                |                  |               | 590         | 595       |
| 8.  | Parsa        |                  |                |                |                  |               | 54          | 54        |
| 9.  | Rupendehi    |                  |                |                |                  |               | 148         | 148       |
| 10. | Dang         |                  |                |                |                  |               | 82          | 82        |
| 11. | Banke        | 1                |                |                |                  |               | 63          | 64        |
| 12. | Morang       |                  | 1              | 1              |                  | 7             | 81          | 90        |
| 13. | Palpa        |                  |                |                |                  |               | 212         | 212       |
| 14. | Gulmi        |                  |                |                |                  |               | 107         | 107       |
| 15. | Arghakhanchi |                  |                |                |                  |               | 51          | 51        |
| 16. | Gorkha       |                  |                |                |                  |               | 63          | 63        |
| 17. | Saptari      |                  |                |                |                  |               | 51          | 51        |
| 18. | Ilam         |                  |                |                |                  |               | 81          | 81        |
| 19. | Dhanusha     |                  |                |                |                  |               | 67          | 67        |
| 20. | Bara         |                  |                |                |                  |               | 56          | 56        |
| 21. | Nuwakot      |                  |                |                |                  |               | 58          | 58        |
| 22. | Sarlahi      |                  | 2              | 1              | 7                | 25            | 204         | 239       |

|     |               |  |  |  |   |     |     |
|-----|---------------|--|--|--|---|-----|-----|
| 23. | Kapilbastu    |  |  |  | 1 | 101 | 101 |
| 24. | Solukhumbu    |  |  |  |   | 54  | 55  |
| 25. | Bajura        |  |  |  |   | 51  | 51  |
| 26. | Ramechhap     |  |  |  |   | 53  | 53  |
| 27. | Mugu          |  |  |  |   | 53  | 53  |
| 28. | Dolkha        |  |  |  |   | 51  | 51  |
| 29. | Sindhupalchow |  |  |  |   | 63  | 63  |
| 30. | Kailali       |  |  |  |   | 66  | 66  |
| 31. | Rukum West    |  |  |  |   | 69  | 69  |
| 32. | Humla         |  |  |  |   | 51  | 51  |
| 33. | Parbat        |  |  |  |   | 57  | 57  |
| 34. | Banglung      |  |  |  |   | 75  | 75  |
| 35. | Mygdi         |  |  |  |   | 51  | 51  |
| 36. | Dhanding      |  |  |  |   | 173 | 173 |
| 37. | Taplejung     |  |  |  |   | 61  | 61  |
| 38. | Jhapa         |  |  |  |   | 51  | 51  |
| 39. | Mustang       |  |  |  |   | 56  | 56  |
| 40. | Jumpa         |  |  |  |   | 54  | 54  |
| 41. | Udaipur       |  |  |  |   | 51  | 51  |
| 42. | Siraha        |  |  |  |   | 55  | 55  |
| 43. | Surkhet       |  |  |  |   | 51  | 51  |
| 44. | Lumjung       |  |  |  |   | 51  | 51  |
| 45. | Dhankuta      |  |  |  |   | 65  | 65  |
| 46. | Okhaldhunga   |  |  |  |   | 53  | 53  |
| 47. | Jajarkot      |  |  |  |   | 53  | 53  |
| 48. | Mohatari      |  |  |  |   | 90  | 90  |
| 49. | Kalikot       |  |  |  |   | 78  | 78  |
| 50. | Dailekh       |  |  |  |   | 51  | 51  |
| 51. | Sindhuli      |  |  |  |   | 100 | 100 |
| 52. | Puthan        |  |  |  |   | 85  | 85  |
| 53. | Sunsari       |  |  |  |   | 51  | 51  |

|     |                      |  |  |  |  |  |       |      |
|-----|----------------------|--|--|--|--|--|-------|------|
| 54. | Tanaku               |  |  |  |  |  | 64    | 64   |
| 55. | Sankhuwasabha        |  |  |  |  |  | 53    | 53   |
| 56. | Rautahat             |  |  |  |  |  | 51    | 51   |
| 57. | Rolpa                |  |  |  |  |  | 51    | 51   |
| 58. | Doti                 |  |  |  |  |  | 51    | 51   |
| 59. | Dadeldhura           |  |  |  |  |  | 63    | 63   |
| 60. | Accham               |  |  |  |  |  | 62    | 62   |
| 61. | {Rukum East          |  |  |  |  |  | 71    | 71   |
| 62. | Nawalparashi<br>west |  |  |  |  |  | 56    | 56   |
|     | Update in 2026       |  |  |  |  |  | Total | 7397 |

*Source: NHF.2026*

## 8. Revolving Fund established by Benevolent members of NHF

| S.N | Estd. | Fund in memory                                                   | Name of the fund contributor     | Amount  |
|-----|-------|------------------------------------------------------------------|----------------------------------|---------|
| 1   | 2067  | Late Damodar Sharma Heart Treatment Fund                         | Rama Sharma                      | 250,000 |
| 2   | 2073  | Late Shesh Kumari Sharma Heart Treatment Fund                    | Rama Sharma                      | 250,000 |
| 3   | 2073  | Late Damodar Sharma Heart Disease Prize                          | Rama Sharma                      | 500,000 |
| 4   | 2073  | Late Amrit Man Shrestha Heart and Cancer Treatment Fund          | Narayan Devi Shrestha            | 200,000 |
| 5   | 2073  | Dr. Prachanda Pradhan Heart Treatment Fund                       | Dr.Prachanda Pradhan             | 100,000 |
| 6   | 2074  | Achyut Das and Surekha Shrestha Heart Treatment Fund             | Achyut Das and Surekha Shrestha  | 500,000 |
| 7   | 2074  | Dr. Maheswar Bharati and Mrs. Durga Bharati Heart Treatment Fund | Dr.Maheswar Bharati              | 200,000 |
| 8   | 2074  | Oration Prize                                                    | Mrigendra Samjhana Medical Trust | 500,000 |
| 9   | 2074  | Puspa Man Himkanta Heart Treatment Fund                          | Dr.Prakash Raj Regmi             | 200,000 |
| 10  | 2074  | Late Januka Devi Heart Treatment Fund                            | ]Dilli Prakash Ghemere           | 100,000 |
| 11  | 2074  | Dr. Lok Bikram Thapa Heart Treatment Fund                        | Dr. Lok Bikram Thapa             | 200,000 |
| 12  | 2074  | Late Tika Prasad and Purna Kumari Dahal Memorial Fund            | Saligram Dahal and Pramila       | 200,000 |
| 13  | 2074  | Late Tika Prasad and Purna kumari Dahal Memorial Fund            | Rabin Dahal                      | 200,000 |
| 14  | 2075  | Late Chandra Laxhmi Rajopadhya Heart Treatment Fund.             | Ansuka Rajopadhya                | 200,000 |

|    |      |                                                                              |                                   |                 |
|----|------|------------------------------------------------------------------------------|-----------------------------------|-----------------|
| 15 | 2075 | Yenta Kumar Maskey and Sarswati Maskey                                       | Yenta Kumar Maskey                | 500,000         |
| 16 | 2075 | Mrs.Bhakti Shrestha Heart Treatment Fund                                     | Bhakti Shrestha                   | 50,000          |
| 17 | 2077 | DR. Mr Pandey CAD Reversal Program Fund                                      |                                   | 190,051         |
| 18 | 2077 | Bhim Bahadur Adhikary Heart Treatment Fund                                   |                                   | 210,000         |
| 19 | 2078 | Dr.Gauri Subarna Heart Treatment Support Fund                                | Dr. Gauri                         | 4,000,000       |
| 20 | 2079 | Late Bal Kumari Timilsina Heart Treatment Fund                               | Dr.Bam Dev Sharma                 | 100,000         |
| 21 | 2079 | Macha Raja Maharjan Heart Treatment Fund                                     | Macharaja Maharjan                | 105,000         |
| 22 | 2080 | Late Lalit Raj Baidya and Late Betimaya Baidya Merorial Fund                 | Dr.Prem Krishna Baidya            | 150,500         |
| 23 | 2080 | Late Prem Krishna Chitrakar and Nanda ratna Bajracharya Heart Treatment Fund | Jwala Devi Chitrakar              | 50,000          |
| 24 | 2081 | Late Hiralal Chaudhary and Jaya Laxhmi Devi Fund                             | Ratan Kumar Chaudhary             | 101,000         |
| 25 | 2081 | Prof. Dr. Masudhan Sharma Wagley Heart Treatment Fund                        | Prof.Dr. Madhusudhan Sharma Wagle | 101,000         |
| 26 | 2082 | Rama Devi Pokhrel Heart Treatment Fund                                       | Rama Devi Pokhrel                 | 5000            |
|    |      | <b>Total A</b>                                                               |                                   | <b>10007051</b> |
| 27 | 2074 | Branch Strengthening Revolving Fund                                          |                                   | 1283000         |
| 28 | 2076 | RHD Prevention Fund                                                          |                                   | 19753677        |
| 29 | 2076 | Senior Citizen Heart Disease Treatment Fund                                  |                                   | 140000          |
|    |      | <b>Total B</b>                                                               |                                   | <b>21176677</b> |
|    |      | <b>A+B Total</b>                                                             |                                   | <b>31183728</b> |

Source : NHF,2026

## 9. Status of RHD Screening

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| Date         | No. of students | No. of Echo  | Positive cases | Support for surgery |
|--------------|-----------------|--------------|----------------|---------------------|
| <b>Total</b> | <b>230358</b>   | <b>35124</b> | <b>1737</b>    | <b>252</b>          |
| 2015-2016    | 19318           | 1851         | 145            | 7                   |
| 2016-2017    | 38515           | 4067         | 174            | 27                  |
| 2017-2018    | 23521           | 2225         | 156            | 11                  |
| 2018-2019    | 22703           | 2192         | 116            | 11                  |
| 2019-2020    | 9576            | 1747         | 115            | 33                  |
| 2020-2021    | 6100            | 583          | 37             | 30                  |
| 2021-2022    | 4162            | 3000         | 86             | 38                  |
| 2022-2023    | 13399           | 4219         | 176            | 25                  |
| 2023-2024    | 23077           | 4427         | 243            | 26                  |
| 2024-2025    | 51975           | 9037         | 375            | 38                  |
| 2025-2026    | 18012           | 1776         | 114            | 6                   |

*Source: Nepal Heart Foundation, 2026*

## 10. Description of Projects

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| Projects                                                              | Training    | Heart Camp  |
|-----------------------------------------------------------------------|-------------|-------------|
|                                                                       | <b>1026</b> | <b>7260</b> |
| DAP 15-16 and PPRHD                                                   | 212         |             |
| DAP 16-17, Medtronix, Edwards 16-17                                   | 293         | 1450        |
| Edwards 17-18                                                         | 254         |             |
| Edwards 18-19                                                         | 123         | 1490        |
| Edwards 19-20                                                         | 12          | 466         |
| Edwards 20-21                                                         | 28          | 701         |
| Edwards 21-22                                                         | 10          | 494         |
| Edwards 22-23 and Additional Project                                  |             | 574         |
| Edwards 23-24 and Additional Project                                  | 24          | 750         |
| Edwards 24-25, 20K and 25K and Additional Project and<br>END RHD 2081 | 49          | 875         |
| Edwards 25-26 and END RHD 2082                                        | 21          | 460         |

“This is a valuable and thoughtful collection of reflections and experiences of a colleague who has been deeply involved in the dynamism and development of Nepal Heart Foundation as an institution. It not only records the achievements of the past but also provides a roadmap for the future. It is a fine historical account of an important period in the history of the Nepal Heart Foundation, which has played a leading role not only in bringing heart-related issues to the forefront of the nation but also in introducing new institutional initiatives.”

**Dipendra Purush Dhakal**

“The effort of Dr. Prachanda Pradhan to document and reflect upon the activities undertaken in the organization, while highlighting its early initiatives, present situation, and future direction, is highly commendable. An organization does not speak for itself; it is the people associated with it who bring it to life. This memoir has provided an opportunity to explore and understand the various dimensions of the organization’s activities and contributions.”

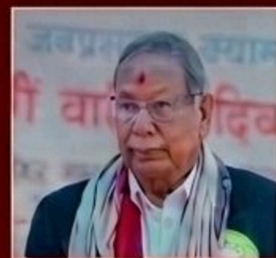
**Dilli Prakash Ghimire**

In *“In My Memory: Nepal Heart Foundation,”* the author presents the Nepal Heart Foundation as an exemplary institution whose development and expansion have been guided by a shared vision and sustained by the selfless contributions of distinguished and farsighted social personalities. Their dedication and commitment have provided the Foundation with a model of successful institutional management. Through its continued activities and initiatives, the Nepal Heart Foundation has made a significant contribution to raising public awareness about the high risk of cardiovascular diseases in Nepal and the importance of prevention.

**Jayabir Karmacharya**

## About the Author

Born in 1939, **Prachanda Pradhan** is a retired Professor of Public Administration at Tribhuvan University. He has made notable contributions, particularly in the fields of irrigation management, public administration, and community development. He became associated with the Nepal Heart Foundation in 2006 and successfully carried out various responsibilities within the organization.



This book is a memoir and historical record of the roles he played, the activities he conducted, and the experiences he gained while serving in different positions at the Nepal Heart Foundation.

