Guideline for Conducting Site Visits

Purpose of Site Visits

Site visits are not undertaken to address day-to-day management issues (PR's role) or to audit regular reports (a Local Fund Agent's role). Instead, the CCM Nepal's site visits have six main objectives, which are mentioned below:

1. To ensure that activities take place in the field as defined in grants and work plans;
2. To gain an impression of the quality of services, activities, and communications between providers and clients and an impression of the level of stigma around the programs and Global Fund diseases;
3. To observe the level of stock of drugs and pharmaceutical products and status of the last disbursement received;
4. To show staff, clients, and community that national leaders are interested in their situation by gathering comments regarding programs and diseases to build credibility and trust;
5. To ensure that programmatic, financial and managerial issues that had been previously identified and discussed with the PR are being actively pursued at the operational level; and,
6. To gather information on human rights issues from the beneficiaries in the field in particular from People Living with the Diseases and Key Affected Populations.

Guidelines for Site Visits
Pre-Visit Planning

1. **Establish the purpose of the site visit**: The purpose of the site visits need to be clear. The site visit can be either issue-driven or general.

   - **Issue-driven site visits.** These formal visits take place after the CCM Nepal meetings as a follow-up to the decisions made regarding a specific issue that have generally been identified through the oversight reports (especially dashboards). The purposes of such problem-driven site visits are:
     – To clarify issues arising from the oversight reports
     – To seek additional information on specific issues to enable the CCM Nepal to make appropriate decisions
     – To make follow up on CCM Nepal decisions

   - **General site visits.** Although site visits are usually undertaken as single-purpose, issue-driven trips, other general site visits may be conducted as an adjunct to on-going activities or systems (e.g., using existing monitoring systems). For example, PRs might bring some CCM Nepal members on their regular field visits. Similarly, if a CCM Nepal member is visiting an area with grant activity for other purposes, he or she may undertake a site visit as a CCM Nepal member. The main purpose of these additional visits is to help CCM Nepal members become more familiar with the grants. As with issue-driven site visits, even these general site visits are planned with site staff beforehand to avoid surprise visits and disruptions of grant implementation.

2. **Site Visit Teams:** The number of participants to a field site (e.g., CCM Nepal members, PR representatives, and observers) should be limited to a small group that will be effective without overwhelming site operations.

3. **Selection of Sites**. Site visits can take place at PR's or SR's offices, or project implementation sites. The selection of sites to visit might be based on different factors:
   - Sites considered as potential "high risk" (i.e. previous problems reported, large sites with large amounts of funding, sites with complex activities) and therefore warranting close monitoring.
   - Sites where CCM Nepal members want to improve their familiarity with services being provided.

4. **Ensure that visiting team members are clear on the services provided by the site prior to the visit.** The PR can assist in providing this information and in advising of any existing key issues

5. **Schedule the visits with the relevant program implementer.** Sites to be visited shall be given adequate notice. No surprise visits are allowed. Protocol must be observed (including providing prior notice of at least seven days and obtaining letters of introduction or approval from authorities to conduct the visits). Site visits should not be undertaken as a "surprise". This is important because:
   - Planning ahead allows program implementation staff to prepare adequately for the visit and to ensure their availability.
   - Site visits can be coordinated to occur when some significant program implementation activity is occurring.
   - Program implementation frequently involves direct interaction with patients, caregivers, or community groups. The Global Fund programs require staff to interact with sensitivity and confidentiality, and to respect privacy.

6. **Identify data sources relevant to the issues to be covered during the field visit.** Data sources would include service providers, beneficiaries and key documents. In line with the Global Fund requirements, ensure that data is collected from people living with or affected by the diseases and key affected populations.

7. **Prepare data collection guides or instruments.** CCM Nepal and/or OC members should not ask for information that is available from existing information systems such as PU/DRs.

8. **Work closely with the PR in planning site visits.** It is in both the CCM Nepal and the PR's interests in seeing that the grant succeeds. If the CCM Nepal works completely separate from the PR in planning the visit, there is a risk that misunderstandings may develop during the visit.

9. **Site visits can be undertaken on a more informal basis.** For instance, PRs might include some CCM members on their regular field visits. Likewise, if any CCM member

is visiting an area for "other" purposes where there is grant activity, he or she may undertake a site visit as an CCM member. Always, however, such informal visits should be planned with site staff beforehand to avoid "surprise" visits.

During Field Visit
1. **Set time limits for the visit** to avoid making excessive demands on the busy implementation staff. This requires careful planning of questions to ensure key issues are addressed while also giving site staff the opportunity to raise issues themselves.
2. **Establish a list of possible questions** to ask at each site and for each type of respond so that questions are structured, relevant and "open" – allowing site staff to provide information and comments on elements that may not have been anticipated by the team.

Sample Questions including critical questions/issues for Team Members to be Considered:
PLWD/KAP
1. What do you think of the service you have received here today or last time?
2. What aspects of the services you like? And Why?
3. What aspects of the services you do not like? And why?
4. Were there any difficulties for you to get to the service last time you used it? And why?
5. Did COVID situation affect in receiving quality service? If yes, what mitigation measures were applied?
6. Is there any gender and human rights related barrier to access the services? If yes, please mention any two barriers. How can these barriers be addressed? Is there any change after implementing Breaking Down Barriers to Access Initiatives (2017 AD)?
7. Name one main difficulty or challenge in PLWD/KAP.

Program management
1. Have you received the SR reports on time? May we review together the SRs' activities according to their work plans?
2. Have you hired the staff as planned in the Global Fund project?
3. Did new staff receive the necessary training?
4. Is there evidence of harmonization of Global Fund activities with the other activities of the site?
5. Did COVID situation affect in delivery of quality service? If yes, what mitigation measures were applied?
6. Name one main difficulty or challenge in program.

Risk management
1. Do you have risk assessment and management plan?
2. What are the key risk you have identified or foresee during the implementation period?
3. How do you think such risk can be minimized and whose role is it to address the risk?

PSM
1. When did you receive your last delivery of drugs or supplies?

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2. When did you last order more drugs or supplies?
3. Do you have any stock-outs today?
4. Have you sent drugs or supplies to SRs or sub-SRs?
5. Do you have any short-term expiries?
6. Did COVID situation affect in procurement and supply management resulting low stock or stock out? If yes, what mitigation measures were applied?
7. Name one main difficulty or challenge in supply chain mechanism.

Financial management
1. Did you receive your last disbursement? If so, when did you receive it and how much was it?
2. Do you still have funds in your account?
3. May we review together your disbursement plan for SRs and sub-SRs?
4. Did COVID situation affect in budget flow and utilization? If yes, what mitigation measures were applied?
5. Name one main difficulty or challenge in financial management.

3. **Ensure proper documentation:** Each team members should fill up the oversight tool while taking interview. He/she can also make brief note of the visit. The meeting attendance sheet should be prepared and duly signed.

Post Field Visit
1. **Analyze the data collected** from the field, identify the key findings and recommendations.
2. **Develop a field visit report** to be presented to the CCM Nepal meeting.
3. **Dissemination of the report**: In line with CCM Nepal minimum standard, share the report with the Global Fund secretariat and in-country stakeholders. This includes providing feedback to the stakeholders in the project sites visit.

Note:
Role of associations of people living with and/or affected by three diseases and CCM Nepal members based outside the capital city. These individuals are asked to carry out site visits in their geographic zones on a semi-annual or annual schedule. Transportation support may be provided if needed. Visitors report back on their visits to the full CCM Nepal during meetings or through their newsletter or minutes.

Prioritized Topics/Indicator
From PU/DR

Program	Types of Indicator	Indicator
HIV	Impact/outcome	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy
HIV	Coverage	KP-1b(M): Percentage of transgender people reached with HIV prevention programs - defined package of services
HIV	Coverage	PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy
HIV	Coverage	KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services
TB	Impact	TB I-3(M): TB mortality rate per 100,000 population
TB	Outcome	TB O-2a: Treatment success rate of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and relapse cases
TB	Coverage	TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases
TB	Coverage	TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment
Malaria	Impact	Malaria I-4: Malaria test positivity rate
Malaria	Coverage	VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution
Malaria	Coverage	CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community
Malaria	Coverage	M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines

Other indicators

1. Proportion of service delivery sites without stock-outs of key HIV, TB and Malaria commodities during the reporting period
2. Observe, communication interventions materials carried out during the individual counseling
3. Observe, use of IEC materials in service delivery sites for HIV/AIDS, Tuberculosis and Malaria program