



CCM Oversight Site Visit Tool

Date of Site Visited (DD/MM/YYYY) __/__/____

Name of Team Member.....

Designation and Organization.....

Instruction: Please circle the correct response or fill in the blanks.

I. Background Information of the Site Visited

S.N.	Question	Answer	Remarks
1	Name of organization visited	
2	Full address of the organization visited	Province..... District Palika Ward Number.....	
3	Role in the grant	1. PR 2. SR 3. Sub-SR 4. Service delivery site 5. Training 6. Other (specify).....	
4	Working area/s	1. HIV/AIDS 2. Tuberculosis 3. Malaria	
5	Grant start date (DD/MM/YYYY)	__/__/____	
6	Grant end date (DD/MM/YYYY)	__/__/____	
7	Total the Global Fund budget (in NPR)	
8	Latest reporting period	

2. People Interviewed/Interacted During the Site Visit

S.N.	Name	Position	Role
1			
2			
3			
4			
5			

3. Site Visit Questions

1. Has anyone from the PR ever visited you? Has anyone from the CCM ever visited you?	
2. When did you send your last report to the PR?	
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 management.	
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?	
Procurement & Supply Management	
1. When did you receive your last delivery of drugs or supplies?	
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.	
Performance and Results	
1. Are you achieving the expected results?	
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. 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)?	
6. Did COVID situation affect in receiving quality service? If yes, what mitigation measures were applied?	
7. Name one main difficulty or challenge in PLWD/KAP.	

4. Site Visit Observations/ Findings

Key staff	
Money	
Stock and drugs	
Facilities	
Accessibility of site today	
Observable interactions between providers and clients	
Feedback from staff and providers	



Feedback from clients and people at risk	
Feedback from community members, leaders, and other stakeholders	
Did anything surprise you positively about this grant? If yes, please mention.	
General impressions/your conclusion about the site visit	

5. Key Findings and Action Points

Key findings and action points can be structured around critical areas and key questions, such as, finance, procurements, implementation bottlenecks, results, risk assessment, regular reporting, technical assistance need, and implementation coordination and so on.

S.N.	Key Findings	Follow-up Actions	Responsible Person(s)	Due Date	Remarks
1					
2					
3					
4					

6. Major Recommendations to CCM for Further Action

S.N.	Major Recommendation	Remarks
1		
2		
3		
4		

Name of Person Completing the Form:

Designation and Organization:

Signature:

Date: