

Oversight Visit Summary Report

Sub-Principal Recipient (SR)	: NAPN (SR-GC 7)
Visit Date	: 30 December 2025
Location/Site Visited	: NPAN Office, Bishal Nagar, Kathmandu
Prepared by	: Oversight Committee, CCM Nepal
Report Date	: 4th Jan 2026

1. Background and Objectives of the Visit

Background:

The Country Coordinating Mechanism (CCM) is responsible for providing strategic oversight of Global Fund-supported programs for HIV & AIDS, tuberculosis (TB), and malaria in Nepal across the grant lifecycle. Oversight across the grant lifecycle-including funding request development, grant negotiation, implementation, and closure-is a core responsibility of the CCM.

To support this mandate, CCM Nepal has established an Oversight Committee to provide the full CCM with independent, strategic-level insights on grant performance. The Oversight Committee does not engage in day-to-day grant management or audit functions, which remain the responsibility of the Principal Recipients and the Local Fund Agent, respectively.

As part of its routine oversight function, the committee conducts periodic issue-driven and general site visits to ensure that activities are taking place in the field as defined in approved grants and work plans. These visits contribute to evidence-based oversight and informed decision-making by the CCM and partners supporting the Global Fund. As part of this ongoing oversight process, a field visit was organized by the CCM Oversight Committee to the selected SRs under UNDP-PR, with their head office located in Kathmandu valley. This report concentrates on the process and findings of the oversight visit in UNDP-SR-NAPN (National Association of PLWHA in Nepal).

Objectives:

Main objectives of the visit were to assess the program performance; challenges faced in the implementation and expectation for CCM facilitation. Broadly Oversight committee looked with following broad lenses:

1. **Programmatic:** Achievement of key programmatic targets.
2. **Financial:** Appropriate, timely, and effective use of funding.
3. **Procurement:** Transparent and effective procurement and supply management with relevant quality assurance and following national laws and relevant international guidelines.
4. **Management:** Implementation of key management actions required by the Global Fund.

2. Oversight Team

1. Prof. Dr Prakash Ghimire, CCM member and Oversight Committee-Chair
2. Prof Dr Laxman P Shrestha- Oversight Committee Member
3. Mr Nirab Karki, Member, Oversight Committee Member
4. Mr Hari Krishna Bhattarai, Coordinator, CCM Nepal
5. Ms Gyanu Neupane, Oversight Officer, CCM Nepal

PR Representatives:

1. Dr G P Bhandari- Program and M&E Specialist-UNDP-PR representative
2. Mr Sujan Onta- M&E Specialist-HIV Component- UNDP-PR representative

Members of the SR-NAPN:

1. Mr Khagendra Khadka
2. Ishowr Shakya
3. Hira Mani Sitaula
4. Pravin Ghimire
5. Nabin Neupane
6. Prakash Yogi
7. Kushal Shrestha
8. Suresh Dhungana

3. Proceedings

As per the CCM approved Oversight plan, with guidance from Oversight Committee chair and in coordination with PR-UNDP, CCM secretariat communicated with the SR-NAPN for oversight visit on the proposed date with request for arranging the necessary documentation. Oversight committee visited NPAN office located in Bishal Nagar, Kathmandu as per pre-set plan and agenda. Agendas were centered around updates and challenges till date at policy, programmatic, financial, procurement and supply chain and management levels.

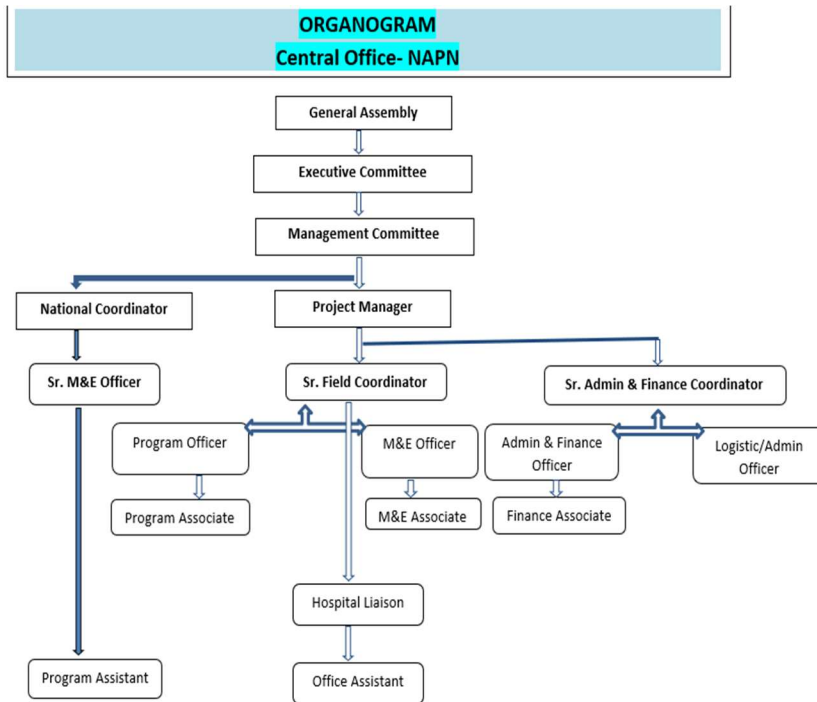
After a brief introduction of the team and objectives of the oversight mission, NAPN representative Mr Suresh P Dhungana presented with programmatic and financial update, highlighted the bottlenecks and expectations from OC and CCM etc for facilitation. Oversight Committee Chair, **Prof. Dr. Prakash Ghimire**, moderated the meeting and discussion.

The presentation mainly concentrated on following points:

1. Introduction of the NAPN and its work related to the areas of implementation:

Established	2003 to combat HIV/AIDS in Nepal
Nature	Non-political, non-religious, non-governmental, non-profit, Autonomous National Network of PLHIV
Registration	Registered with the District Administration Office of Kathmandu and Social Welfare Council
Partnerships	Collaboration with UNDP and FHI 360
Memberships	66 affiliated member organizations
CBOs	35 in 34 districts
Projects	Three projects covering almost all districts.

2. Organogram



3. Staff Introduction: Roles and responsibilities within GFATM-supported projects.

1. Pravin Ghimire- Finance Manager
2. Nabin Neupane – Admin and Finance Coordinator
3. Prakash Yogi – Sr Field Coordinator
4. Kushal Shrestha- M& E Officer
5. Suresh P Dhungana- Program Manager

4. Recruitment Status: Updates on vacancies and hiring.

- i. There is no vacancy at the central office. However, the recruitment process for the vacant position at the migrant field office has been completed up to the shortlisting stage, and further selection procedures will proceed as per organizational guidelines.
- ii. Decision from the Recruitment Committee for the Vacancy Announcement, Vacancy Announcement Notice Publication (Public platform like Merojob, NAPN Facebook Page, Notice Board of NAPN), Short listing of candidates, Written examination and oral interview of shortlisted candidates, Selected staff recommendation from the selection committee, Decision from the Recruitment Committee and placement

5. SSR Updates: List of Sub-Sub-Recipients and their contact details.

S.N.	District	Name of CBOs	Contact Person	Contact Number
1	Baglung	Dhaulagiri Positive Group	Bhim Kanta Kandel	068-522282/9866027310
2	Gorkha	Aarambha Nepal	Anita Nepali	9869685808
3	Myagdi	Friends Of Hope	Santa Bahadur Rana	9745454603/9846078470
4	Syangja (Waling)	Sankalpa Sahayogi Samuha	Aashisa Khanal	063-440070/9863796675
5	Kaski	Community Support Group	Mahesh Prasad Joshi	061-539903/9858366425
6	Parbat	Community Support Group	Prem KC	067-421330/9847760621
7	Tanahun	Community Support Group	Durga Bdr. Thapa	065-562627/9816198021
8	Lamjung	NAP+N, Lamjung	Nirmala Gurung	9814105420
9	Nawalparasi East	Lumbini Plus	Bishal Nepal	9817563514
10	Kapilvastu	Samarpan Sahayog Samuha.	Sushila Belbasi	076-560810/9857033891
11	Palpa	Pratibaddha Sahayog Samuha	Asmita Bhandari	9867545906
12	Rupandehi	Asha Jyoti Sahayog Samuha	Kritika Joshi	9847551740
13	Nawalparasi west	Lumbini Plus	Laxman Prasad Adhikari	9845099701
14	Dang	Dang Plus	Gopal Nepali	082-563101/9844929346
15	Gulmi	Hamro Jeevan Plus	Puja Panthi	079-520972/9867900749
16	Bardiya	Helping Hands Nepal	Deepak Khadka	9848013711
17	Pyuthan	Pyuthan Plus	Tapendra Bk	086-460433/9862525150
18	Rolpa	Rolpa Plus	Sangita Garti Magar	9847674718
19	Banke	Junkiri Mahila Samuha	Rabindra Singh Rathour	081-531628/9848052710
20	Arghakhanchi	Sandesh Samuha	Parbata Thapa	9857069527

21	Surkhet	Nava Kiran	Chuda Mani Pathak	083-520984/9848045236
22	Dailekh	Dailekh Plus	Janak Bdr Shahi	089-410126/9848002327
23	Kalikot	Karnali Plus	Dip Bahadur Shahi	9848301943
24	Salyan	Sharada Plus	Thaman Bista	9847995118
25	Rukum	Dang Plus	Bishnu Sarki	9848910881
26	Kailali	Godawari Plus	Suresh kunwar	091-520408/9865696466
27	Kailali	Nava Jeevan Ekta Samaj	Rabi Chaudhary	091-561335/9863093825
28	Kanchanpur	Nawa Asha	Bhism Dev Bhatta	099-523848/9848497174
29	Accham	Working for Access and Creation-N	Yogendra Bdr. Oli	097-625032/9864643811
30	Doti	Laligurans Ekta Samaj	Upendra Malla	094-420062/9863641320
31	Baitadi	Baitadi Plus	Jagdish Bista	095-520649/9869827726
32	Bajhang	Bajhang Plus	Gopal Bahadur Thapa	092-421163/9848633393
33	Bajura	Bajura Plus	Amar Mahar	097-541213/9848567600
34	Dadeldhura	Dadeldhura Plus	Bharat Bahadur Ayer	096-420163/9848769137
35	Darchula	NAP+N, Darchula	Ramesh Singh Raikhola	093-420088/9868717554

6. Progress Updates: Recent programmatic, financial, and management progress.

S.N.	Indicators	Target (Feb-Dec)	Achievement	Percentage (%)	Remarks
1	Number of adults and children living with HIV are currently receiving care and support services from Community Home Based Care (CHBC).	7500	2182	29.09	The target period is from February to December; however, achievements are reported up to July only.
2	Number of PLHIV receiving services from Crisis Management Center (CMC)*	360	978	271.67	
3	Number of children affected by AIDS (CABA) supported by essential packages of services.	655	594	90.69	
4	Number of people that have received an HIV test during the reporting period and know their results**	15004	871	5.81	
5	Number of determine reactive cases through Community Led Testing (CLT)	144	29	20.14	
6	ART Enrollment		23		During the reporting period, two clients were inclusive after final testing. One client died before ART enrollment, and three clients remain on hold due to the unavailability of confirmatory test kits

Number of PLHIV receiving services from Crisis Management Center (CMC)*:

The reason for overachievement in CMC is that CMCs are still operating based on the old CCC model, due to which NAP+N is still unable to limit the flow of existing clients.”

Number of people that have received an HIV test during the reporting period and know their results:**

Very low achievement is observed in CLT, as the target presented in the slide represents the annual target, whereas the reported achievement is only up to July. However, we acknowledge that the performance remains low. The primary reasons include the delayed initiation of community-level activities, as initial efforts were largely focused on CHBC services during the first few months. Additionally, the shortage of test kits further contributed to the limited progress.

7. Major Challenges: Difficulties encountered and proposed ways forward.

- i. Frequent shortages and irregular supply of essential commodities, including HIV test kits, gloves, masks, confirmation reagents at ART sites, viral load vials, and other laboratory supplies.
- ii. Reduction in program funding, limiting the scale, coverage, and continuity of planned interventions.
- iii. Termination and reduced functionality of CMC sites, affecting service access for key and vulnerable populations.
- iv. The HIV Tracker does not function properly, resulting in difficulties with online reporting. Additionally, HMIS IDs have not been received in some districts.
- v. The program SOP needs to be reviewed and updated to align with current practices
- vi. Inadequate capacity building and motivation are affecting program performance.

8. Support: Expected support from the Oversight Committee and CCM to resolve bottlenecks.

- i. Coordination with NCASC, UNDP, MOHP and facilitation in addressing funding gaps to sustain care & support services.

9. PR Support: Expected support required from the Principal Recipient (UNDP).

While acknowledging the tremendous support provided by UNDP at national and provincial levels for effective implementation of the care and support program, NAP+N anticipates the following additional support to further strengthen program outcomes:

- ii. Continued support to ensure timely availability of essential commodities, including HIV test kits, confirmation reagents, viral load supplies, and related laboratory materials.
- iii. Technical assistance to strengthen supply chain management, forecasting, and timely distribution of commodities to ART and community sites.
- iv. Support in addressing funding gaps to sustain care and support services, particularly for key and vulnerable populations.
- v. Facilitation and coordination with government counterparts to resolve Online Reporting access issues, including Tracker IDs and system permissions for implementing partners.
- vi. Technical support for monitoring, reporting, and data quality assurance to improve program performance and accountability.
- vii. Strengthening the capacity and motivation of CHBC staff is essential for improving program performance.

10. SR Request for Support

- i. **Critical support needed:** Immediate discussion on repair or replacement is required for 3 non-functional Viral load machines.
- ii. **Policy Approval:** While 6 provinces have approved the CABA (Children Affected by AIDS) nutritional allowance, approval from Bagmati Province and Federal level is still awaited.
- iii. **Guidelines Review:** The Standard Operating Procedures (SoP) for Community Home Based Care (CHBC) and Crisis Management Center (CMC) require review and update.
- iv. **Supply Chain:** SR requests comprehensive testing packages

4. Key Observations & Discussion:

A short discussion moderated by Oversight Chair Prof Dr Prakash Ghimire was undertaken. Briefly:

- Oversight Member Prof Dr Laxman P Shrestha brought few questions on performance of the services, gaps and how NAPN is coordinating in making sure there are no gaps in testing and treatments. Oversight member Nirab Karki further pinpointed the issues and requested NAPN to clarify/explain.
- NAPN team responded, mentioning that their SSR's are coordinating with NCASC, provincial and local municipal health authorities in getting diagnostic test kits, and bringing the people in need to treatment cascade. However, it is challenging as there are no sufficient test kits available when they are needed. NAPN requested OSC to kindly bring the message of test kit short supply to CCM, so that it is addressed at PR level.
- It has been observed that SR is not clear on which performance indicator their work is contributing to. NPAN also mentioned that the set target is unachievable and so needs to be adjusted based on country reality, not on modelling no nostalgia.

5. Good Practices Observed

1. Coordination with NCASC, Provincial and Municipal Health office at all levels through NAPN and SSR's is regular and ongoing in addressing the diagnostic test kit supply, needle syringe exchange supplies etc.

6. Issues Requiring Attention

- i. Annual targets assigned to SR's needs review and readjustment based on country disease and data.
- ii. HIV Tracker does not function properly, resulting in difficulties with online reporting. Additionally, HMIS IDs have not been received in some districts, for timely recording and reporting, resulting in no/slow performance and non-representative data reporting hampering the program planning for NCASC

- iii. Guidelines/SOPs pending NCASC approval: The Standard Operating Procedures (SoP) for Community Home Based Care (CHBC) and Crisis Management Center (CMC) require review and update.
- iv. Immediate repair or replacement for three non-functional Viral load machines.
- v. While six provinces have approved the CABA (Children Affected by AIDS) nutritional allowance, Bagmati Province and federal approval is still awaited.

7. Recommendations (to UNDP)

- UNDP to coordinate with NCASC and HMIS- section for aligning for timely recording and reporting
- UNDP to coordinate with NCASC on the Guidelines/SOPs (pending NCASC approval, operationalization of the viral load machines etc.)
- UNDP to review SR's viewpoint on the set target and bring it to CCM, if required for further actions

ANNEXES

Annex 1: Oversight tool ([Link](#))