Oversight Visit Report

Sub-Principal Recipient (SR & SSR): MPDS; NNSWA; Trinagar POEs in Kailali; and Community Home Based Care, CMC and CABA protection Programs operated by Godawari Plus (SSR under SR-NAPN)

Visit Date : 11-13 February 2026

Location/Site Visited : SRs, SSR, PoE, HFs and provincial Hospital in Sudur Paschim Province

Service delivery Points (Government):

Health Desk at Trinagar PoE, Samaijee Health post, Dadeldhura and Provincial Hospital, Mahendranagar

Prepared by : Oversight Committee, CCM Nepal

Report Date : 5th March 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 SRs, SSR, POE and HFs in Sudur Pashchim Province. This report concentrates on the process and findings of the oversight visit to Sudur Pashchim province.

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.

1. Oversight Team

1. Prof Dr Prakash Ghimire - Chair, CCM Oversight Committee
2. Nirab Jung Karki - Member, CCM Oversight Committee
3. Samata Bam - Member, CCM Oversight Committee
4. Barun Dev Paneru - Main Member, CCM Oversight Committee (Day 2 and day 3)
5. Rudra Kumar Joshi - Alternate Member, CCM (Day 3)
6. Suresh Khadka- Alternate Member, CCM (Day 3)
7. Hari Krishna Bhattarai - CCM Coordinator (Day 1)
8. Gyanu Neupane - Oversight Officer, CCM Secretariat
9. Prabesh Ghimire - Public Health & M&E Officer, WHO

MOHP- PR Representatives

10. Parshuram Bastola - Program Management Unit (PMU), Ministry of Health and Population (Finance & Grant Specialist)
11. Dipak Chaulagain - PMU, Ministry of Health and Population (PSM Specialist)

UNDP-PR Representatives:

12. Dr Hedieh KhaneghahPanah, Programme Manager, UNDP/GF Programme
13. Dr G P Bhandari- Program and M&E Specialist-UNDP-PR representative
14. Prakash Chandra Lekhak - Program Coordination Analyst, UNDP, Sudur Paschim

Members of the SR- MPDS (TB Migrant)

1. Shashank Sekhar Kalouni
2. Mamta Joshi
3. Damanti Kumari Chand

Members of the SR- MPDS (HIV Migrant)

1. Prem Bahadur Mahar- ED
2. Ganesh Singh- M&E Officer
3. Siriya Airee- Finance Assistant
4. Lokendra Prasad Pant- Project Coordinator
5. Durgamani Chataut – District Project Coordinator
6. Kalawati Bhatta- Admin and Finance Officer
7. Shiv Raj Pathak - Project Coordinator
8. Chandra Sharma- Program Coordinator

Members of the SR- NNSWA (HIV Migrant and PUD)

1. Ashok Bikram Jairu
2. Binod Bikram Jairu
3. Meenu Sunar
4. Navraj Pandey
5. Bhawana KC
6. Lokendra Singh Dhami
7. Binod Bhatt
8. Dinesh Bhatt
9. Gambhir Lal Uranw

Members of the SSR- Community Home Based Care, CABA protection, CMC/ Godawari Plus

1. Parwati BK- Chair, Godawari Plus

2. Suresh Kunwar- Project Officer
3. Tej Nepali- Paramedic
4. Hemanta Raj Ojha- CLM
5. Hira Dutta
6. Pusp Raj Pun Magar- CLM
7. Sunita Khadka- CLM
8. Shiva Das Rana- CHBC Case Tracker

2. 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's in Sudur Pashchim Province for the oversight visit on the proposed date with request for arranging the necessary documentation. Oversight committee visited MPDS; NNSWA offices located in Kailali, Kanchanpur and Dadeldhura, visited Trinagar POE in Kailali, Mahakali Provincial Hospital in Mahendranagar, Samaijee Health Post in Dadeldhura and Community Home Based Care/ operated by Godawari Plus -SSR under SR-NAPN, as per pre-set agenda. Agendas were centered around updates and challenges till date at policy, programmatic, financial, procurement and supply chain and management levels.

PoE -Trinagar Border, Kailali- Integrated TB, HIV, and Malaria screening service

Objective:

To get familiar with how health desk is functioning, specifically, in terms of TB, HIV and Malaria POE Screening and case referral system.

Key Observations:

1. **Staffing and Management**

- **Human Resources:** The Health Desk is staffed with over 14 health workers, led by Provincial Govt staff, additional staff through Global Fund (GFATM/MPDS/ and GFATM/NNSWA) and partners (AHF Nepal).
- **Leadership:** An Auxiliary Health Worker (AHW) appointed by the Provincial Health Directorate serves as the In-Charge, overseeing the daily management of the team and facility.

- **Technical Competency:** Staff demonstrate strong proficiency in malaria screening protocols, case notification procedures, and case-based investigation (CBI) processes.

2. Disease Screening Performance (Shrawan – Magh 2082)

- **Malaria:** Over the past seven months, 3,400 malaria tests were conducted among migrants. This resulted in **13 positive cases**, all of which underwent full case-based investigations, including the testing of co-travelers.
- **Tuberculosis (TB):** Symptomatic screening is active, with 60–100 samples collected monthly. Samples are transported to Seti Provincial Hospital or the Laxmi Narayan TB Center for GeneXpert testing.
- **HIV:** HIV testing faces the highest level of migrant reluctance due to deep-rooted stigma and limited awareness. During follow up communication with PoE focal person they do HIV testing for 800-900 persons per month in an average. For the persons denying to do HIV test around 50 percent of the persons deny HIV testing initially, but after proper counselling half of them agree to do testing.

3. Critical Operational & Ethical Challenges

Theme	Challenges	Results
Informed Consent & Ethics	Mostly, HIV screening is done with sample taken for Malaria test (without consent) Comprehensive counseling is only given to positive cases.	Compromised health ethics driven by a fast-paced environment and high refusal rates.
TB Diagnostics & Logistics	Sample Quality: Poor sputum samples due to rushing migrants Infrastructure: No sterile collection corner Wait Times: Slow GeneXpert results.	High contamination risks and a high rate of "lost cases" because migrants leave before results are ready.
Migrant Reluctance	Health Desk location is easily bypassed Migrants are in a rush to get home and influenced by auto-drivers to skip screening Lack of border security enforcement.	Low screening participation, though this could be improved with better higher-level coordination.
Supply Chain & Data Management	Kit Shortages: Limited testing supplies (often requiring backup from Palikas). Training Gaps: Staff lack formal recording/reporting training and rely only on past experience.	Restricted screening capacity and long-term risks to service consistency and data quality.

- **Possible Solutions:**

Areas of intervention	Proposed Action	Ultimate result
Infrastructure & Staffing	Relocate the Health Desk to the main arrival path and rotate local hospital staff monthly.	Improve accessibility for migrants and foster local health system ownership.
Coordination	Collaborate with border security forces.	Ensure migrants are actively guided to the screening area.
Training & Orientation	Train Point of Entry (POE) staff on informed consent, data recording/reporting, and patient referral protocols.	Uphold health ethics, ensure accurate data management, and improve confirmatory testing and case management.
Monitoring & Supervision	Implement oversight by the Health Office / Provincial Health Directorate.	Prevent Human Resources (HR) and logistical gaps through timely interventions.

Implementation and Coordination of TB-HIV Program (under GFATM Grant)

The Global Fund Grant for TB and HIV Program are implemented through two Sub-Recipients operating in Sudur Pashchim Province: Multipurpose Development Society (MPDS) and Nepal National Social Welfare Association (NNSWA), implementing the TB and HIV program (migrant and PWID component). In addition, the sub-sub-recipients (SSRs) are supporting community-led monitoring as well as operation of CHBC and CMC services.

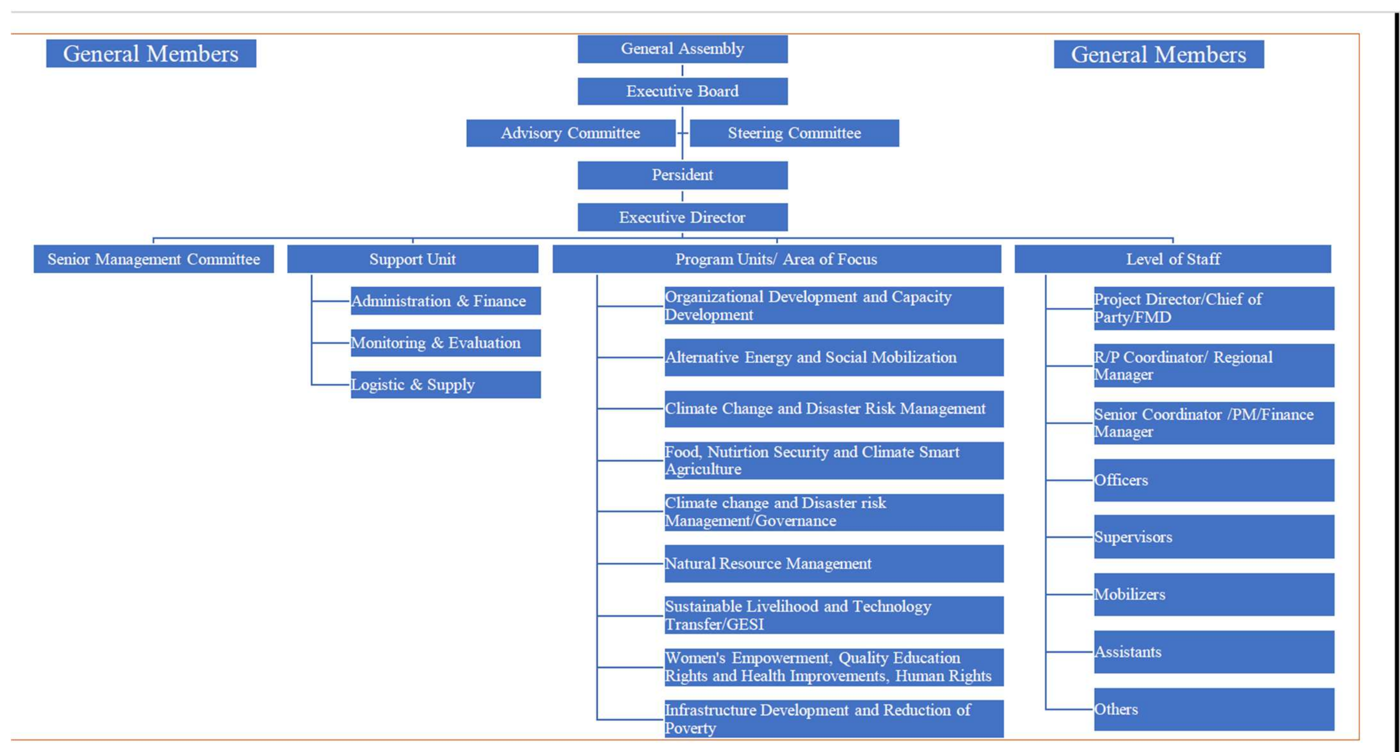
GF supported projects implemented through UNDP- sub-recipients (SRs)

Sub-Recipient	Project	Coverage Districts
MPDS	HIV-Prevention package for other vulnerable populations (Male labour migrants India and their spouses)	Achham, Doti, Bajhang and Baitadi in Sudur Pashchim and Surkhet in Karnali
	Tuberculosis Program	Kailali, Kanchanpur, Doti , Achham and Dadeldhura
NNSWA	People who inject drugs (PWID)	Kailali, Kanchanpur
	Migrant and their Spouses	Kailali, Kanchanpur

- Different tiers of human resources have been provisioned from Team Leader/Project Coordinator for respective programs, project officers at respective districts to Community Level Outreach/ In Reach Workers and CLM mobilizers.
- Through the SRs, dedicated CHWs were positioned for each program such as TB and HIV.

Multipurpose Development Society (MPDS)

Organogram



Existing policies:

- Bylaws (Bidhan) 2055 (Revised 2076)
- Administrative Policy 2058 (Revised 2080)
- Financial and procurement Policy 2058 (Revised 2080)
- Data Protection Policy – 2080
- Prevention of Sexual Exploitation and Abuse Policy (PSEA) -2080
- Disaster Management policy 2080
- Modern Slavery & Human Trafficking Policy 2080
- Social Media Use Policy 2080
- Whistleblowing-policy 2080
- Volunteer Policy-2080
- GESI Policy 2074 -Revised 2080)
- Global Antidiscrimination and Antiharassment Policy 2080

- Conflict-Of-Interest-policy 2072 (Revised 2080)
- Communication Policy 2080
- Child Safeguarding Policy 2072 (Revised 2080)
- Child Protection Policy 2080
- Complaint & feedback Response Policy 2080
- MPDS_M&E_Guideline
- Strategic Plan 2023 -2027 (Updated)
- Environment-policy 2080
- Fraud & Anti-Corruption Policy 2076 (revised 2080)
- Code of Conduct 2072 (revised 2080)
- Cost sharing policy 2080

Catchment area of MPDS- TB component:

- Entire districts in Sudur Pashchim Province: Dadeldhura, Kailali, Doti, Baitadi, Bajhang, Bajura, Kanchanpur, Darchula and Achham
- Three districts in Karnali Province:Rukum, Dailekh and Surkhet

Key findings:

Program Structure & Finance

- Management: The Dhangadhi field office (MPDS) manages four districts with a leadership team consisting of a Team Leader, M&E Officer, and finance staff.
- Financial progress: As of December 2025, total project expenditure stood at approximately NPR 6.8 million against a budget of NPR 9.2 million, reflecting a burn rate of around 74%.

Impact & Key Achievements

- Notification: MPDS supports 48% of all TB case notifications in the Sudur Pashchim province.

Operational Challenges & Bottlenecks

- **High and overambitious target:** There is a significant mismatch between targets and provincial reality. The four-district target (3,300 cases) nearly equals the entire province's annual detection (3,500–3,600). Meeting this would require testing up to 45,000 presumptive cases, which is deemed operationally not feasible.

- **Childhood TB Screening:** Challenges persist because the number of Severe Acute Malnutrition (SAM) cases are lower than the project's set targets.
- **Human Resources:** Performance is hindered by high staff turnover, driven by low remuneration and a lack of travel allowances.

Supply Chain & Equipment Constraints

- **Diagnostic Tools:** Limited access to AI-based portable X-ray machines has reduced the number of Active Case Finding (ACF) camps. These machines are available in limited numbers in the province and are often prioritized for government-funded ACF activities, making them unavailable for Global Fund–supported camps. As a result, the number of ACF camps conducted was lower than planned. Nevertheless, efforts are being made to coordinate ACF activities with local governments to complement government-led initiatives. However, alignment with government activities is constrained by mismatches between project budgets and government operational guidelines, particularly in relation to cost norms.
- **Logistics & Stock-outs:** Limited availability of program logistics remains a persistent issue. The project frequently experienced stock-outs of essential commodities, which were expected to be supplied by government entities but were not included in the project grant.

Multipurpose Development Society -HIV Prevention Program for Migrants Component

- After brief introduction of Oversight team and objective of the visit, Mr Lokendra Prasad Pant, Project Coordinator, MPDS Dadeldhura briefly presented on the HIV migrant component project implementation progress and challenges.
- A separate team based at the MPDS Central Office, Dadeldhura coordinates the HIV prevention package for vulnerable populations, particularly male labor migrants to India and their spouses, across four districts.
- Although the project initially covered five districts in Sudur Pashchim and three districts in Karnali Province, three districts (Dadeldhura in Sudur Pashchim, and Dailekh and Rukum-West in Karnali) were removed following programmatic reprioritization by UNDP/GFATM.
- The program is coordinated by a Project Coordinator, supported by M&E and finance staff at the cluster office in Dadeldhura, with additional field teams in each district.

Position	Staff number in Sudur Paschim Province	Staff number in Karnali Province	Total no of staff
Project Coordinator	1	1	2
M&E Officer	1	1	2
Admin & Finance Officer	1	1	2
Project Officer	4	1	5
Outreach Worker	32	9	41
Community Health Worker	4	0	4

Key project activities:

- **Behavior Change Communication**
    1. HIV, TB, Malaria, STI, COVID, other
    2. Condom Promotion
    3. IEC Materials Distribution
    4. TB Screening
- **HIV TESTING (CLT and SELF)**
    1. During home visit (one-to-one)
    2. Mobile Health Camp
- **Referral Services**
    1. Accompanied Referral for Confirmation test and ART Enrollment
    2. Referral for Other Services at HFs
    3. Linkage to C&S Service

Main Achievements:

- The Multi-Purpose Development Society (MPDS) involves local planning by Palika and annual funding allocations, with nearly 90% of HIV cases supported by the organization receiving positive feedback from local government.

- Dadeldhura has 7 Palika and operates mobile camps and one-on-one outreach through the IRRTTR model (identify, reach, recommend, test, treatment, retain), employing a total of 58 staff, including 4 health workers at the Baitadi border with no vacant positions.
- In Baitadi, 4 reactive cases and 3 positive cases were reported, but 1 positive case is not enrolled in ART as he traveled to India. It has also detected and enrolled 3 TB cases for treatment from health facilities.
- As of December 2025, the project had reached over 55,000 migrants with BCC activities and tested more than 54,000 migrants for HIV. Among those tested, four were reactive and three were confirmed HIV-positive.
- While linkage to care is a critical component of the HIV cascade, only two of the confirmed cases were enrolled on ART, while one individual migrated back to India and is currently out of contact.
- Opportunistic TB screening was also conducted among migrants tested for HIV. Of those identified as presumptive TB cases, three were diagnosed with TB and successfully linked to treatment.

Challenges:

- The migrant population lacks specific targets at the district level.
- Some project budget lines such as CLM Migrant activities remained underspent due to the absence of implementation guidelines, notably for Community-Led Monitoring for Migrants.
- The project team also reported lack of access to the national HIV Tracker system, which remains important for timely reporting and effective program monitoring.
- MPDS highlighted the discrepancies between allocated targets and the number of In-reach workers (IRWs) to meet targets.
- Delays in staff hiring, and insufficient project budgets causing late implementation.

Expected Support from the CCM, MOHP & PR

- Revisit over-ambitious targets and budget revision in line with national minimum salary scales-PR
- Revise and reallocate project budget and target based on the geographical setting and availability of number of staff-PR

- Provision Travel cost and accommodation cost for ORW and frontline staff, Budget allocation for program monitoring and supervision visits-PR
- Proper and regular logistic supply- MoHP and PR
- Guidance and way out to utilize CLM budget-MOHP & PR
- Avoid multiple recording and reporting tools promoting to the Digitalization of Recording and Reporting System- MoHP and PR
- Arrangement of organizational development fund by the PR
- CCM to facilitate approval of revision in the budgetary allocations as requested.

Samaijee Health Post, Government Health service Post at most Peripheral level, Amargadhi, Dadeldhura,

Location: Amargadhi Rural Municipality, Ward No. 1

Focal Person: Mr. Madan Bhatt (Sr. AHW)

Objective: To observe the TB- SR activities, contact tracing, sputum transportation, and TPT at the health facility level- Samaijee Health Post.

Facility Overview & TB Services:

- Target Population: The health post serves a catchment area of 1,000 people, with a treatment target of approximately two TB patients/yr.
- Current services under TB program: Currently, the facility provides sputum collection and transportation, contact tracing, and SAM (Severe Acute Malnutrition) case referrals under childhood TB management.
- Current Caseload: There are currently no TB cases under treatment; however, sputum transportation services remain active.

Diagnostic & Referral mechanism

- Laboratory Services: The facility has general lab services but lacks onsite microscopic TB testing. Does not look like it is a regular process, as the microscope was not plugged to current and not well covered during not in operation.
- Referral Linkage: Dadeldhura Hospital serves as the primary DMC (Designated Microscopy Center) and GeneXpert site for all transported sputum samples.

Key Observations (Compliance & Quality)

- Logistics: Sputum samples collected were in "triple packaging", however not maintained standards for biosafety and biosecurity.
- Documentation: Sample transportation forms and TB-SR Recording and Reporting (R&R) tools were available.
- Staff Competency: The TB focal person was orientated on TB-SR service protocols.

Critical Requirements & Recommendations

- Supply Chain Continuity: To ensure uninterrupted sputum transportation and testing, it is critical to maintain a consistent supply of GeneXpert cartridges and laboratory reagents at

the referral site (Dadeldhura Hospital). HP staff mention that sometime receiving hospital labs request for delay in sending, testing and reporting due to short supply of test cartridges.

Nepal National Social Welfare Association (NNSWA) Kanchanpur

Representing NNSWA, Program Coordinators- Bhawana KC & Navraj Pandey jointly briefed about NNSWA's progress and encountered challenges.

Catchment Areas: Kanchanpur and Kailali District

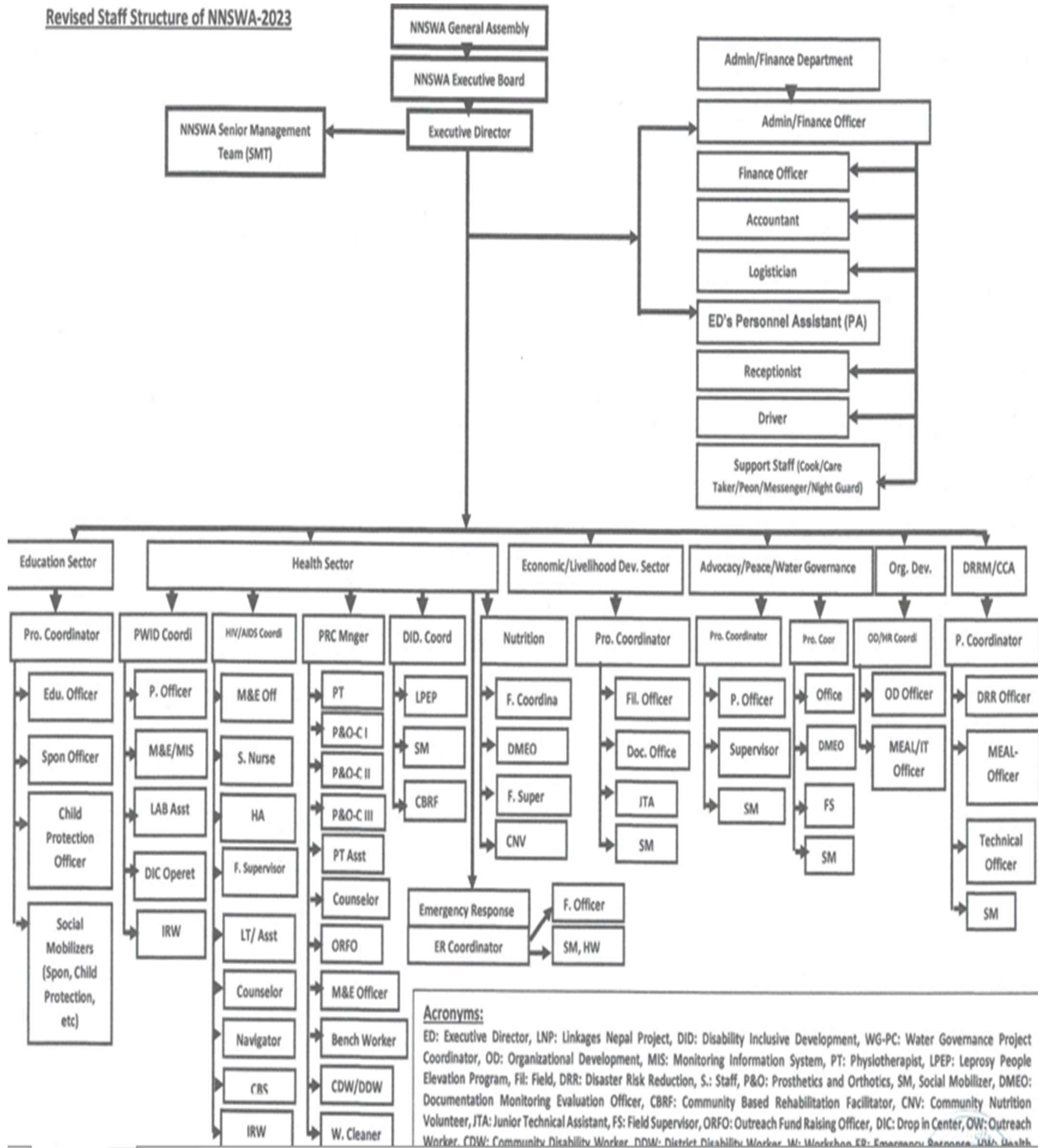
Kanchanpur: All 9 palikas and wards

Kailali: 11 Municipality out of total 13, except Chure and Mohanyal Municipality

Nepal National Social Welfare Association (NNSWA) established itself in 1990 and located in Kanchanpur. The organization has 134 general members and over 170 staff. As a SR of the Global Fund Grand under the PR-UNDP, the organization managed two program components targeting PWID and Migrants, each led by respective Project Coordinators, supported by M&E officers and other project team encompassing Outreach workers and community health workers under migrant component and in-reach workers under PWID component.

LINK TO NNSWA ORGANOGRAM

https://nepalccm-my.sharepoint.com/personal/gyanu_neupane_ccmnepal_org/Documents/Library/Desktop/Organogram_NNSWA.xlsx



Revised Staff Structure of NNSWA-2023
NNSWA General Assembly
NNSWA Executive Board
NNSWA Senior Management Team (SMT)
Executive Director
Admin/Finance Department
Admin/Finance Officer
Finance Officer
Accountant
Logistician
ED's Personnel Assistant (PA)
Receptionist
Driver
Support Staff (Cook/Care Taker/Peon/Messenger/Night Guard)
Education Sector
Health Sector
Economic/Livelihood Dev. Sector
Advocacy/Peace/Water Governance
Org. Dev.
DRRM/CCA
Pro. Coordinator
Edu. Officer
Spon Officer
Child Protection Officer
Social Mobilizers (Spon, Child Protection, etc)
PWID Coordi
P. Officer
M&E/MIS
LAB Asst
DIC Operet
IRW
HIV/AIDS Coordi
M&E Off
S. Nurse
HA
F. Supervisor
LT/ Asst
Counselor
Navigator
IRW
PRC Mnger
PT
P&O-C I
P&O-C II
P&O-C III
PT Asst
Counselor
ORFO
M&E Officer
Bench Worker
CDW/DDW
W. Cleaner
DID. Coord
LPEP
SM
CBRF
Nutrition
F. Coordina
DMEO
F. Super
CNV
Emergency Response
ER Coordinator
F. Officer
SM, HW
Pro. Coordinator
Fil. Officer
Doc. Office
JTA
SM
Pro. Coordinator
P. Officer
Supervisor
SM
Pro. Coor
Office
DMEO
FS
SM
OD/HR Coordi
OD Officer
MEAL/IT Officer
P. Coordinator
DRR Officer
MEAL-Officer
Technical Officer
SM
Acronyms:
ED: Executive Director, LNP: Linkages Nepal Project, DID: Disability Inclusive Development, WG-PC: Water Governance Project Coordinator, OD: Organizational Development, MIS: Monitoring Information System, PT: Physiotherapist, LPEP: Leprosy People Elevation Program, Fil: Field, DRR: Disaster Risk Reduction, S.: Staff, P&O: Prosthetics and Orthotics, SM, Social Mobilizer, DMEO: Documentation Monitoring Evaluation Officer, CBRF: Community Based Rehabilitation Facilitator, CNV: Community Nutrition Volunteer, JTA: Junior Technical Assistant, FS: Field Supervisor, ORFO: Outreach Fund Raising Officer, DIC: Drop in Center, OW: Outreach

- Currently, a total of 41 staff are employed under the two projects
- Like MPDS, the project teams at NNSWA also noted high target as one of the reasons for low coverage observed. The HIV screening among migrants remained at 36-39% as the target was much higher than the actual absentee population of the targeted project areas.
- However, the BCC reach among PWID was at 94%
- The NNSWA project teams also noted challenges due to limited commodity supply, particularly condoms. The condom distribution for migrants remained at 5% and for PWIDs, it was 23%. The condom supply was not received in required quantities despite coordination with government entities, health facilities and partners.
- Although beyond project scope, the project also supported Hepatitis-C testing among PWIDs, and reactive cases were linked to further assessment and treatment. However, since costs for baseline assessments and viral load testing are not covered by the program nor by health insurance coverage, the project team faces challenges in ensuring proper linkage to care and treatment for Hep-C reactive PWID cases, despite high reactive cases in Kailali and Kanchanpur.

Major ongoing programs:

For OVP migrants:

- Behavior Change Communication (BCC Reach) with a defined package
  - Education and awareness related to HIV, STI, Condom use,other
  - Condom distribution
  - IEC material distribution
  - TB screening
- HIV testing through Community Led Testing (CLT)
- TB Screening of all BCC reached clients and referral of presumptive
- Accompany Referral of all HIV reactive clients to ART center.
- Mobile camps at hard-to-reach areas

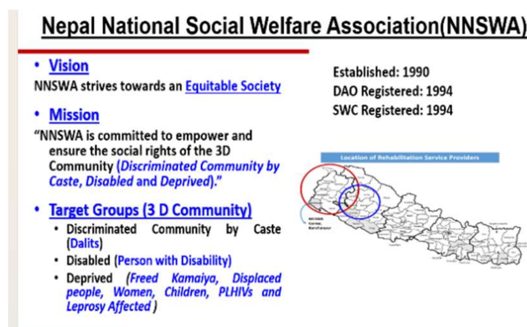
For People who use Drug (PUD):

- Prevention service package delivered for people who use drugs (PUD)- BCC Reach
- Distribution of syringes and alcohol swabs to a person who injects drugs
- Collection of used needles, Distribution of Condoms

- HIV testing of people who use drugs and their sexual partners during the reporting period, and know their results
- Determine reactive cases identified through Community Led Testing (CLT)
- Enrolment in treatment of confirmed positive cases at the ART centre
- HCV Screening
- Referral and linkage to other services

Key Observations

- NNSWA Overview: Based in Kanchanpur since 1990; 134 members and 170+ staff.
- Project Structure: Manages Global Fund/UNDP components for PWID and Migrants with a dedicated team of 41 staff.
- Key Results: Achieved 94% BCC reach for PWID. Conversely, migrant HIV screening (36–39%) underperformed due to unrealistic population targets.
- Supply Issues: Condom distribution was severely limited (5% for migrants, 23% for PWIDs) due to inconsistent supply chains from government and partner entities.
- Hep C Concerns: While the project successfully identified Hepatitis C cases among PWIDs, the absence of program funding for follow-up testing and treatment creates a significant gap in the continuum of care.

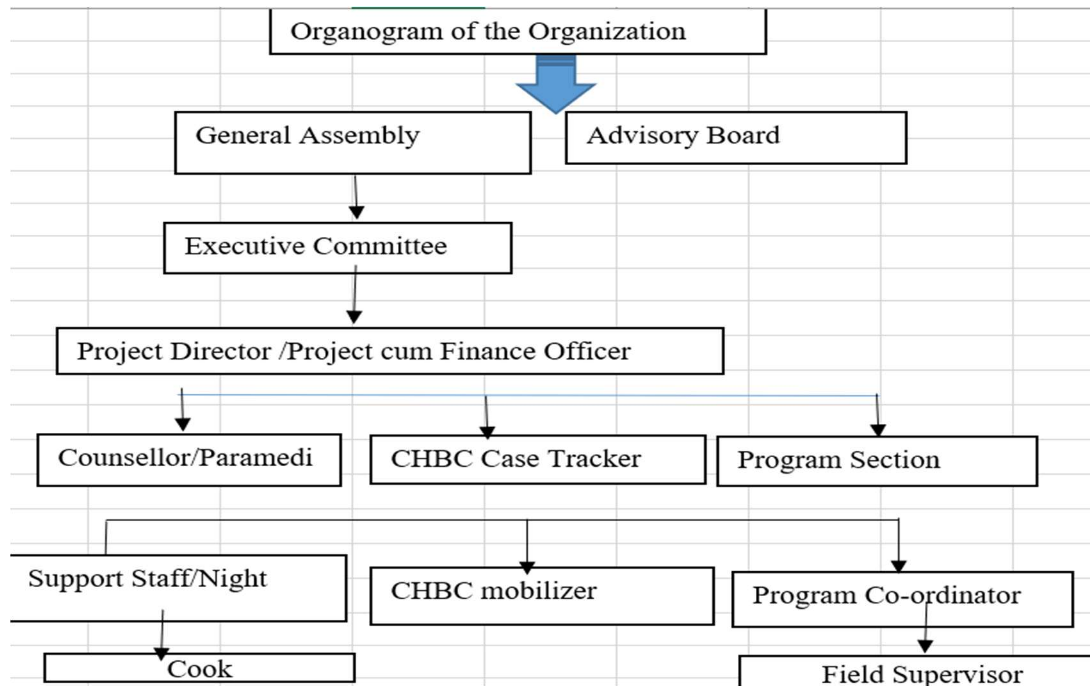


<u>Key Expectations from CCM /MOHP/UNDP</u>

- Revision of the targets in accordance with migrant flow trends
- Facilitate in increasing Peer educator mobility
- Provision First Aid
- Co-infection referral cost
- Support to manage three-tier coordination
- Motivation cost for Out-Reach Workers (ORW)

Godawari Plus (Sub-sub-recipient of NAP+N)

Godawari Plus is a community-based organization (CBO) based in Kailali District. It is a partner of the National Association of People Living with HIV/AIDS in Nepal (NAP+N), a Sub-Recipient (SR) of the Global Fund–supported HIV program. The organization provides Community Home-Based Care (CHBC) and support services for People Living with HIV (PLHIV), including Community-Led Monitoring (CLM) activities.



- **Workforce:** The organization currently Operates with 7 staff and one mobile CHBC team (earlier there were 2 CHBC teams in total)
- **Performance** (Feb–Dec 2025): Between February and December 2025, the organization delivered CHBC services to 791 PLHIV, achieving approximately 74% of its target of 1,072 clients.

- **Logistical Barriers:** The organization currently operates with a single CHBC team. Due to the wide geographical coverage and high number of PLHIV, the team faces operational challenges in reaching all targeted clients in a timely manner.
- **Financial Constraints:** Although travel costs for PLHIV are provisioned in the program budget, these allocations have been insufficient for clients travelling from remote areas. In such cases, additional travel costs are approved on a case-by-case basis in coordination with the SR and PR.

- **Contractual Status:** While the organization has been implementing CLM activities, a formal agreement has not yet been finalized between the organization and the SR. It was noted that contracting has been delayed due to ongoing approval processes with the Global Fund and is expected to be resolved shortly by the Principal Recipient (UNDP).
- Currently, there is one HIV Infected women residing in CMC.

Expectations from CCM/NAPN/UNDP:

- Orientation & Training: Staff refresher training to maintain morale (Responsibility: NAPN and UNDP)
- Travel Cost: Current staff benefit is low given the high workload (Responsibility: UNDP)
- Staff contract for CLM: It has been almost 1.5 months since staff are working without legal contracts, hence, needed to provide contract as far as possible (Responsibility: UNDP)
- CLM Expansion: With 1,700 PLHIV identified in the district for Community-Led Monitoring, the current 3-person team (1 Focal Person, 2 Leaders) requires more support- (Responsibility: NAPN and UNDP)

- **Mahakali Provincial Hospital, Kanchanpur**

Participants: Dr. Jagadish Joshi (Director), Ms. Ramila Bista (Metron) and team members from Provincial Hospital, Prof Dr. Prakash, Ms Samata, Mr Nirab from Oversight Committee, Ms Gyanu from CCM Secretariat Office, Dr Hedieh, Dr Gajananda, Prakash Lekhak and team.

Program Synergy: Prof Prakash highlighted on the continued Global Fund-support for last 20 years in HIV, TB, Malaria & RSSH in health system strengthening, and requested the provincial

hospital team to kindly provide feedback on the support and challenges to be addressed in near future.

- **Points of Entry (POE):** Director Dr. Joshi emphasized the need for continuation of screening and intervention at Points of Entry (POE) remain as critical, as they were during the COVID-19 pandemic period to ensure early case detection.
- **Integrated Health Response:** Given that TB remains a leading cause of mortality, the Director advocated for **Active Case Finding (ACF)** integrated into the broader health system response.

Clinical Operations & TB/HIV Management

- **Diagnostics (GeneXpert):** The facility is fully operational with GeneXpert technology. Reagents and cartridges are currently available, allowing for the successful identification of **MDR (Multi-Drug Resistant)** and **XDR (Extensively Drug-Resistant)** TB cases.
- **Caseload & Treatment:** The hospital identifies **8–10 TB positive cases per month**, many of whom are migrants.
    - **Medicine Dispensing Policy:** While the standard is a 2-month ART supply, TB patients currently receive one week of medication at a time due to various operational challenges, with follow-up transitions to local health facilities.
    - **Historical Context:** During the COVID-19 pandemic, the hospital successfully managed 15- 30-day dispensing cycles to ensure continuity of care.
- **Maternal Health (ANC):** The hospital continues to provide safe delivery services for HIV-positive pregnant women through the Antenatal Care (ANC) unit.

Challenges & Recommendations

- **Data Integrity:** The current reliance on manual reporting is identified as a major risk factor for data entry errors. Transitioning to digital systems is recommended.
- **Laboratory Updates:** Recent testing data showed a 10% positivity rate (1 positive out of 10 tests), though technical "errors" in the testing process occasionally require re-processing.
- **Capacity Building:** Dr. Joshi proposed an orientation event regarding updated guidelines on TB, HIV, and Malaria (for MOs and Nursing staff), to arrange by Global Fund project.

4. Summary of Key Findings and Recommendations:

1. **Inadequate Supply of Program Commodities:**

   Shortages of essential supplies, including condoms, cotton, gauze, and other program commodities, remain a critical issue across major sites visited. Timely and adequate supply of logistic supplies is indispensable for uninterrupted service delivery. Addressing this requires **intensive coordination between Ministry of Health and Population (MoHP), NCASC, NTCC, EDCD, Provincial health Offices and UNDP & SRs.**

2. **Gaps in Planning and Coordination:**

   Challenges in planning and coordination were observed, contributing to implementation delays and reduced coverage. Key areas for improvement include:

   - **Coordination with security and administrative authorities at PoEs** could be strengthened to better ensure returnee migrants access the health desk, reducing missed screening opportunities.
   - Some delays in service delivery, such as ACF activities due to unavailability of AI-based X-ray machines, highlight opportunities to optimize planning and coordination. **Improved scheduling and proactive coordination with province and local governments** can support more efficient implementation and reduce delays.

3. **High Project Targets across certain indicators:**

   Some project deliverables have targets that may be unreasonably high. Such **targets could be mutually reviewed and adjusted based on clear rationale, evidence, and feasibility to ensure realistic and programmatically achievable.**

4. **Low HIV Testing Yield Among Migrants:**

   The positivity rate for HIV testing among migrants is low (approximately 5.5 per 100,000), indicating **low programmatic efficiency for targeted HIV testing strategies**, **needs to be addressed through strategic shifts in the upcoming HIV-strategy.**

5. **ART Enrollment Challenges:**

   Timely enrollment of migrants diagnosed with HIV onto ART remains a significant challenge. **A tailored and coordinated approach is needed to ensure prompt linkage to treatment**.

6. **Delays Due to Pending Guidelines**

   Project implementation and expenditure (burn rate) are affected by delays in the availability of updated program guidelines, such as the CLM guidelines for migrants. **Expediting the approval and dissemination of these guidelines is essential to support timely implementation**.

5. Good Practices Observed

SR and SSR's experience and continued commitment for work activities even after significant reduction in activity budgets, and coordination at local levels in addressing logistical gaps.

6. Issues Requiring Attention

Effective coordination between MOHP, NCASC, NTCC, EDCD, Provincial Health Department, UNDP and CCM, for timely logistics supply and no stock outs; updated guidelines/Standard Operating Protocols (SOPs), regular supportive supervision and monitoring from the national programs and joint oversight of CCM, PRs and national programs, for effective program implementation.

7. Recommendations (PR)

- Effective coordination between MOHP, NCASC, NTCC, EDCD, Provincial Health Department, UNDP and CCM, for program strategizing, planning, timely implementation and evaluations.

Name of SRs and SSR	**Recommendation from Oversight Committee**
MPDS (Kailali) COMPONENT: TB MIGRANT	Schedule camps aligning with schedules of local bodies Advocate with provincial government for procurement for additional AI X ray
MPDS (Dadeldhura) (COMPONENT: HIV MIGRANT)	Follow formal processes for target and budget revision (SR to PR to CCM to GF)
NNSWA	Formally communicate with PR (UNDP) and Oversight committee regarding current difficulties regarding stockout and interrupted commodity supplies
Godawari Plus (SSR of NAP+N)	Formally initiate the process for revisiting the budget (SSR to SR to PR to CCM to GF)

ANNEXES

Annex 1: Oversight Visit Schedule
Annex 2: Officials interacted during the visit
Annex 3: Presentations from Sub-Recipients

ANNEX 1: SCHEDULE OF OVERSIGHT VISIT

Feb 11-13, 2026, *Sudurpashchim* Province
Visiting Team:

- CCM Oversight committee members
- UNDP
- PMU, MoHP
- WHO

Schedule

Date	Time	Activity	Contact Person	Remarks
Feb 11, 2026 (Wednesday)	8:45-9:00 Hrs.	Travel to PoE Trinagar from the hotel		Stay at Dadeldhura
	9:00-10:00 Hrs.	Observation of PoE service, Trinagar Border- Integrated TB, HIV, and Malaria screening service	Prakash Lekhak/ Amir Rijal	
	10:00-10:15 Hrs.	Travel to the MPDS TB program office from PoE		
	10:15-12:30Hrs.	Interaction meeting with MPDS-TB program	Prakash Lekhak/ Shashank Kalauni	
	12:30-13:00 Hrs.	Lunch		
	13:30-18:00 Hrs.	Travel to Dadeldhura		
Feb 12, 2026 (Thursday)	9:00-11:00 Hrs.	Interaction with the MPDS cluster team. Short HIV -migrant program presentation	Lokendra Pant/ Prakash Lekhak	Stay at Mahendranagar
	11:00-11:15Hrs.	Travel to the health facility		
	11:15-12:30 Hrs.	Observe the TB- SR activities, contact tracing, sputum transportation, and TPT at the health facility level- Samaijee Health Post, Amargadhi MP, Dadeldhura	Prakash Lekhak/ Durga Chataut	
	12:30 -13:00 Hrs.	Lunch		
	13:00-18:00 Hrs.	Travel to Mahendranagar		
Feb 13, 2026 (Friday)	9:15-9:30 Hrs.	Travel to the NNSWA office form Hotel		Stay at Dhangadhi

	9:30-11:30 Hrs.	Interaction with NNSWA PUD and Migrant program- NNSWA office, Kanchanpur	Prakash Lekhak/ Nav Raj Pandey	
	11:30-11:45 Hrs.	Travel to Mahakali Hospital from the NNSWA office		
	11:45-13:00 Hrs.	Observe ART site, DOTS, and DR-TB management at Mahakali Provincial Hospital, Mahendranagar	Prakash Lekhak/ Ashish Bhatt	
	12:30 -13:00 Hrs.	Lunch		
	13:00-15:00 Hrs.	Travel to Dhangadhi		
	15:00-17:00 Hrs.	Observation of CMC and CHBC services by Godawari Plus-NAP+N CBOs implementing C&S program	Prakash Lekhak/ Suresh Kunwar	
Feb 14, 2026 (Saturday)	10:45 Hrs.	Fly to Kathmandu		

Annex 2: List of officials CCM/OC met during oversight visit

SN	Name of Personnel	Designation	Remarks
Health Desk, Trinagar PoE			
1	Ganesh Saud	In-charge	
2	Ganga	Community Health Worker	
3	Nayan Khati	Outreach Worker	For HIV- Migrant Program
4	Suman Singh Tamang	-	
5	Dipak Bahadur Mahatra	-	MPDS- Migrant
6	Karan BK	-	Supported by AHF
7	Astha Shah	-	For TB support
MPDS, TB Program Office, Kailali			
1	Shashank Sekhar Kalouni	Team Leader	
2	Mamta Joshi	M&E Officer	
3	Damanti Kumari Chand	Finance	
MPDS, Dadeldhura			
1	Ashok Bam	Chair	
2	Prem Bahadur Mahar	Executive Director	
3	Lokendra Prasad Pant	Project Coordinator	Migrant Program
4	Durgamani Chataut	District Project Coordinator	
5	Kalawati Bhatta	Admin and Finance Officer	
6	Shiv Raj Pathak	Project Coordinator	
Samaijee Health Post, Ajmeru RM, Dadeldhura			
1	Madan Raj Bhatta	AHW	

NNSWA, Kanchanpur			
1	Ashok Bikram Jairu	Executive Director	
2	Binod Bikram Jairu	HR	
3	Meenu Sunar	Board Member	
4	Navraj Pandey	Program Coordinator	PWID Program
5	Bhawana KC	Project Coordinator	Migrant Program
6	Lokendra Singh Dhami	Program Officer	PWID Program
7	Binod Bhatt	Program Officer	Migrant
8	Dinesh Bhatt	M&E Officer	Migrant Program
9	Gambhir Lal Uranw	M&E Officer	PWID Program
Mahakali Province Hospital, Kanchanpur			
1	Dr Jagadish Joshi	Sr Medical Superintendent	
2	Ramila Bista	Metron, Nursing	
3	DR-TB and ART Staff		
Godawari Plus (SSR)			
1	Suresh Kunwar	Team Leader	
2	Prabati BK	Chairperson	

Annex 3: Presentation Slides from Sub-Recipients

https://drive.google.com/drive/folders/1NAfSmFS-WeutlNbzLEEDN8q53XuFdXlm?usp=sharing

Annex 4: Program photos

https://drive.google.com/drive/folders/1kkyza_O1Flx-1OAtr0TheVWAqiK9iowo?usp=sharing

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