

Oversight Visit Summary Report

Principal Recipient (PR)	: UNDP (PR-GC 7)
Visit Date	: 3 rd December 2025
Location/Site Visited	: UNDP country Office, Chakupat, Lalitpur
Prepared by	: Oversight Committee, CCM Nepal
Report Date	: 7 th December 2025

1. Purpose of the Visit

Being a first Oversight Visit for Grant Cycle-7, the visit was more focused on program update and expectation sharing from PR to CCM and vice-versa.

Main objectives of the visit were:

1. To understand program performance, PR & SR management, SR oversight, procurement & supply chain, finance, M&E, community engagement
2. To update of Oversight Plan (June 2025 to June 2027)

2. Team Composition

CCM members

- Prof. Dr Prakash Ghimire, CCM member and OC-Chair
- Mr Bikas Gurung, Vice-chair, OC (Virtually)
- Mr Nirab Jung Karky, Member, OC
- Mr Niccollo Rotigliano, Member, OC

Secretariat staff

- Mr Hari Krishna Bhattarai, Coordinator, CCM Nepal
- Ms Gyanu Neupane, Oversight Officer, CCM Nepal
- Ms Subha Thapa, Intern, CCM Nepal

Observers

- Dr Roshan Neupane, Director, Epidemiology and Disease Control Division
- Dr Stefen Stojanovik, Global Fund (observer-virtually)
- Mr Jan Dirksen, Deputy Head of Coop, German Embassy, CCM alternate Member

3. Proceedings and update



Following prior communication and arrangement for the necessary documents from PR, Oversight committee visited UNDP-GFATM-Project office, located in Chakupat, Lalitpur as per pre-set plan and agenda. Agendas were centered around update and challenges till date at both policy and programmatic levels.

As this was the first oversight meeting for the PR-UNDP, and requested by the oversight committee, nearly all UNDP PMU members and the UNDP Country Office Health and Governance Analyst attended the face-to-face introductory meeting, while some UNDP provincial coordinators joined virtually. This was followed by PR brief presentation with program update, bottlenecks and expectations from OC and CCM etc. Oversight Committee Chair, **Prof. Dr. Prakash Ghimire**, moderated the meeting and discussion. Along with oversight team and observers, there was a huge participation of technical team and managers from PR. Few province level officials from PR were also joined the meeting virtually.

Presentation from PR mostly covered only high-level points on programmatic and financial update, staff names with assigned roles and responsibilities, SR's and SSRs list with contact details, expected support from Oversight Committee and CCM Nepal etc. (Please refer to Annex 3 for slides). Oversight Officer Ms Gyanu Neupane presented updated oversight plan on behalf of Oversight Committee. (slides on Annex 4).

UNDP as a PR for GFATM-GC-7 is managing TB, HIV components in full and procurement and supplies for Malaria component with US\$41,521,257 for the period (1st Feb, 2025 to 31st July 2025).

UNDP presented that till date (3rd December 2025) it has completed SR and SSR selection and activities implementation is on full-fledge. However, UNDP mentioned delay in establishment of PMU at MoHP, is hampering implementation of Global Fund related activities.

Proposed and implemented activities related to both HIV and TB Disease components were presented as:

HIV:

- Prevention services for key Population (PUD: 32,447, Migrant/Spouses: 1,285,493)
(Needle and syringe programme, Opioid substitution therapy for PUD)
- HIV testing services
- TB screening among PLHIV and linkages to TB program
- Treatment care and support services for PLHIV
- Reducing Human Rights Related Barriers to HIV and TB Services
- Procurement of health and non-health products

Tuberculosis:

- Active Case Finding (ACF) in hard-to-reach areas
- Supporting treatment adherence to reduce initial loss-to-follow-up (LTFU) cases
- Addressing stigma and discrimination through community-led advocacy and education
- Engaging private sector providers to enhance TB case notifications
- Mobilizing communities to strengthen TB prevention, diagnosis, and treatment services



- Drug Resistant TB Treatment, care and support
- Procurement of health and non-health products

List of SRs and SSR's engaged till date are presented as:

SN	Program	Thematic Lot	No of SRs
1	HIV	Prevention package for people who use drugs (injecting and non-injecting) and their sexual partners	6
2		Prevention package for other vulnerable populations (Male labour migrants to India and their spouses)	5
3		Treatment Care and Support	2
4		Reducing human rights related barriers to HIV and TB services	1
5	TB	TB case finding SR	4
6		DR TB treatment, care and support (pre-identified SR)	2
7	Total	20 (actual number is 17 organizations as 3 repeated)	

HIV Component

SR: PUD (NSP, OST)

1. Richmond Fellowship Morang
2. Community Support Group (CSG Nepal)
3. Nepal National Social Welfare Association (NNSWA)
4. Recovering Nepal Women
5. Astha Samuha
6. Sparsha Nepal

SR: Care & Support (CMC, CHBC)

7. National Federation of Women Living with HIV & AIDS (NFWLHA)
8. National Association of PLWHA in Nepal

SR: Migrant and their Spouses (BCC, HIV Testing)

9. National Association of PLWHA in Nepal



10. Nepal National Social Welfare Association (NNSWA)
11. Chitwan Sakriya Women's Foundation
12. Nagarjun Development Community
13. Multipurpose Development Society (MPDS)

TA: UNAIDS

Tuberculosis Component

SR: TB Case Finding

1. Bagmati Welfare Society Nepal
2. JANTRA
3. Birat Nepal Medical Trust
4. Multipurpose Development Society (MPDS) Dadeldhura

SR: DR TB

5. Nepal Anti Tuberculosis Association (NATA)
6. TB-Nepal

TA on TB: The UNION

SR: Human Rights

1. Recovering Nepal- National Federation of drug user's and drug led organizations in Nepal

Programmatic Progress Updates:

HIV Component

Feb-July 2025

Target Population	Indicator	Achievement	Target	Achievement (%)
PWID	Reached	25,274	31,500	80.20%
PWID	HIV Testing Reached	9,696	28,501	34%
Migrants & their Spouses	Reached	121,253	852,880	14.22%
Migrants & their Spouses	Tested	62,512	724,948	8.60%

July-Sept 2025

Target Population	Indicator	Current Achievement (%)	Previous S1 Achievement (%)	Achievement	Target	Status
PWID	Reached	81%	-	25,746	31,641	Consistent
PWID	HIV Testing Reached	65%	34%	9,894	15,082	Progressing
Migrants & their Spouses	Reached	33%	14.22%	184,596	567,043	Progressing
Migrants & their Spouses	Tested	26%	8.60%	125,759	481,888	Progressing

TB Component:

1. Active Case Finding (ACF) Interventions (Mandatory contact tracing (DS & DR-TB), ACF in Migrants, ACF in Prisons, ACF Camps)

Indicator	Achievement	Target	Achievement (in %)
Presumptive TB cases identified	12,079	78,725	15%
TB cases diagnosed	803	3,472	23%
TB cases enrolled in treatment	575	3,472	17%

2. Facility-Based Interventions (Sputum Courier, Screening in Malnourished Children (HF and major hospital), Screening of DR-TB Suspects, FAST, Initiation of TPT)

Target Population	Indicator	Achievement	Target	Achievement (%)
Population of any ages	Presumptive TB cases identified	92,074	179,155	51%
population of any ages	TB cases diagnosed	9,674	20,646	47%
population of any ages	TB cases enrolled in treatment	9,570	20,646	46%
Under 5 Children	TB Preventive Treatment (TPT) enrollment	1,072	13,924	8%



3. Private Engagement (Pay-for-Performance (P4P), Pharmacy Referral)

Indicator	Achievement	Target	Achievement (%)
TB cases diagnosed	2,441	2,526	97%
TB cases referred to public system for treatment	2,325	2,526	92%

Community, Right and Gender (CRG) associated progress (Feb 2025 to Sep 2025)

Stigma Assessment in TB	JANTRA has been onboard for the stigma assessment. It has designed tools and questionnaires for it and in process for ethical approval from NHRC.
Community Contribution Mapping and Community Engagement Strategy development study.	Community Contribution Mapping literature review and field consultation has been completed. First draft of report is submitted and reviewed by GF and UNDP team.
Integrated training manual on CRG principle	Evaluation for consultant selection has been finalized.

Pulse Check and PUDR:

- Pulse Check covering 1 February – 15 April 2025 submitted by 27 June 2025
- Pulse Check 16-July – 15 October 2025 submitted by 19 November 2025
- PU/DR covering 1 February 2025 to 15 July 2025 submitted by 10 October 2025
- PU/DR verification by LFA completed
- PUDR debrief from LFA completed (5 November 2025)
- PUDR resubmitted by 2 Dec 2025
- LFA second round of review to be completed by Mid-December



- Performance Letter (PL) to be received prior to end December
- First disbursement with total amount of 12,688,844 was made on 25-Feb-2025
- Second disbursement with total amount of 5,390,261 was made on 28-Oct-2025
- Third to be processed hopefully prior to end December

Following the sharing from UNDP officials, Updated Oversight Plan (2025 to 2027) was presented on behalf of Oversight committee. Sharing was done in two sections- Overview of oversight process and Components of oversight plan.

Discussion:

A short discussion was undertaken.

- Oversight committee chair Prof Ghimire, advised UNDP-PMU to share PUDR with Oversight committee during PUDR reporting to LFA, invite oversight committee in LFA debriefing of the PUDR, inform of any investigations and its progress, any changes in the project plan requiring CCM approvals.
- Vice-chair, CCM- Bikas Gurung asked the PR on the progress regarding complaints and grievances reported from different networks and alliances.
- In response, UNDP officials agreed to share the communications with OC regarding confidentiality breach issues, reported harassment from UNDP Senior Officials (during **the SR orientation**) etc.
- At the same time, a thorough discussion took place about necessity of engagement of CCM and OC (and representation from Key Population) in any sort of formal technical committee and task groups, in which PR are coordinating with disease entities. PR realized the scenario and expressed its readiness to include and correspond accordingly.
- Dr Roshan Neupane, Director, Epidemiology and Disease Control Division (EDCD) expressed his vote of thanks and shared his division's readiness to facilitate the process to accomplish the activities as mentioned in the global fund's GC-7 workplan. Prof. Dr. Prakash Ghimire thanked UNDP and PMU colleagues for their cooperation and active participation during oversight meeting and reinforced PR's response at their earliest convenience regarding the quarries and concerns raised, including sharing or PUDR's on time, sharing of staff qualification and lists with role and responsibilities, to share next PUDR on time and involve oversight committee during PUDR debriefing by the LFA
- Hedieh Khaneghahpanah, from UNDP, expressed her team's readiness to cooperate, collaborate and respond in this regard and welcomed CCM OC for planned oversight visit and guidance to ensure quality of service and to improve performance in the days to come.

Key Discussions and Agreed Actions

1. Confidentiality Breach in Sindhuli



Following the update on the reported confidentiality breach in Sindhuli under the HIV programme, UNDP PMU confirmed that the complaint was formally registered under its Grievance Redress Mechanism (GRM). A fact-finding mission was subsequently conducted through a field visit by the UNDP Provincial Coordination Analyst (PCA) to the ART site, Shanti Foundation (current SSR for the care and support programme), Sindhuli Plus (previous SSR for the care and support programme), and through discussions with the Public Health Office (Chief, PHO, and TB/HIV focal person) and the District Hospital (Hospital Manager). The findings were communicated to the SRs and relevant government counterparts. As a result, the incident was resolved through direct communication with the beneficiaries concerned.

Action: The summary of investigation report will be shared by the UNDP with CCM Oversight Committee, maintaining confidentiality.

2. TB-HIV Screening in Prisons

It was noted that HIV screening in prisons is currently showing zero progress as one of the project indicators. In the Global Fund GC7 proposal, to reduce operational costs, the Global Fund recommended that the National TB Sub-Recipient (SR), namely JANTRA, conduct both TB and HIV screening in prisons instead of having two separate SRs as was the case in GC6. SR in GC-7 is asking for SOP for joint TB-HIV screening in prisons. The SOP developed by UNDP for NCASC is still under review by NCASC, requiring effective coordination for early agreement on the draft SOP.

Action: UNDP to coordinate with NCASC and Health Coordination Division (MoHP), for early release of SOP facilitating implementation of the planned activities.

3. Supply Chain and Logistics Gaps

Shortages of gloves for HIV testing, condoms, lubricants, and 3-layer packaging for sputum transportation for TB diagnosis were reported, which were not included in the Global Fund plan under GC7. To address the immediate gap, UNDP provided interim support by supplying 3-layer packaging items and gloves for HIV testing from its core funds. In addition, as part of reprioritization, the provision of these items has been considered to address the gap for a certain period. However, moving forward, since the provision of these items is part of the co-financing commitment under GC7, GoN/MOHP Needs to take appropriate actions at the earliest.

Action: UNDP and MOHP to coordinate effectively so that there are no gaps in program logistics hampering project/program implementation. UNDP to formally communicate with CCM for facilitation to mitigate the challenges.

4. Update on IBBS among PWID

UNDP updated that the draft TOR for the IBBS among PWID has been shared with NCASC. A TWG meeting is planned for the second week of December at the Director General's office for necessary guidance. Following the approval, UNDP will initiate the process for implementation.



Action: UNDP to coordinate with NCASC and DGHS for earliest TWG review of the proposal.

5. Update on National Strategic Plan (NSP) for TB and HIV

TB NSP: UNDP has been providing technical support for the development of the TB NSP through its Programme, M&E, and Finance units. This support includes preparation of the costing using the Integrated Health Tool (IHT) and development of the M&E plan, in coordination with NTCC and WHO. Action: UNDP to coordinate with NTCC for necessary processes and support.

HIV NSP: For the HIV NSP, UNDP is hiring a national consultant using its core resources, to review the current NSP 2021–2026 as an initial step toward developing the NSP 2026–2031. UNDP will continue to provide technical support throughout the NSP development process.

Action: UNDP to continue coordination with NCASC for review the progress in current NSP and drafting new NSP based on the identified gaps and need for the country. UNDP to coordinate with NCASC in involving national experts and CCM leaderships in the process of review and draft strategy development.



Other Points of Clarification:

- The CCM Vice Chair raised concerns regarding the inadequate budget allocated to the Crisis Management Centers (CMC) under the Care & Support programme.
 - UNDP highlighted the reduction of this component from GC6 to GC7, the issuance of stop orders, pause/differ decisions by the Global Fund, and further budget reductions during reprioritization.
- The Vice Chair also inquired about office space for the Provincial Coordination Analysts (PCAs).
 - UNDP indicated that Government office space has currently been secured for two PCAs. In other cases, there are space constraints. The remaining PCAs are currently accommodated in UNDP premises and can be moved to government offices if space becomes available.
- It was noted that a representative from the CCM Oversight Committee was not invited to the most recent PUDR debriefing between UNDP and the LFA. UNDP had not been aware of this practice and committed to share the PUDR with Oversight committee and invite CCM Oversight Committee members to future debriefings.
- HIV diagnostic test shortages and supply of laptops to SRs? - CCM vice chair
 - In response to queries from the CCM Vice Chair, UNDP confirmed that Unigold test kits were procured in sufficient quantities and that 115 laptops were distributed to Sub-Recipients (SRs) in two batches. Of the total, 80 were handed over from previous Global Fund grants, and 35 were donated by UNDP.
- Regarding SR management, UNDP clarified that, as part of UNDP standard practice, it is in the process of preparing and sharing management letters with all SRs, based on their performance and compliance with grant requirements, by the end of 2025.

4. Key Observations and Findings

Thematic Area	Key Findings	Evidence/Source	Priority
Programmatic Performance	1. Overall performance is poor	1. Presentation shared in the meeting (target Vs Achievement)	High
	2. Zero progress on few areas; (for instance: DRTB Percentage of DST laboratories showing adequate performance on External Quality Assurance)	2 Target Vs achievement presented during visit	High



3. Few ongoing tasks (finalization of HIV screening SOP among Prison Inmates, Stigma Assessment in TB) are lagged behind and UNDP is suggested for expedited actions

3. Update shared by UNDP team

<p>Sub-recipient Management</p>	<p>1. Compliance and good governance issue of one SR (reported to CCM member)</p> <p>2. Reported harassment to SR staff held during induction period</p>	<p>1. Infected/ affected persons' Networks and frontline staff reported to OC members</p> <p>2. Current UNDP staff are unknown as these happened in initial days and need to talk to former relevant staff (UNDP Will do)</p>	<p>High</p>
<p>Procurement & Supply Chain</p>	<p>Delay in supply of commodities (Needle/syringe and HIV Test Kits). The procurement was planned from the Government side as Co-PR and procurement delayed as well as quantity procured was insufficient.</p>		<p>High</p>

Monitoring & Evaluation / Data	It is reported that given the targets so high, Target Vs achievement in few activities is not up to the mark, in few cases	High
	Networks and frontline staff reported to OC members	High



Risk Management & Compliance

Current UNDP staff are unknown as these happened in initial days and need to talk to relevant staff (UNDP Will do)

Community/KP Engagement	Confidentiality breach issue received from <i>Sindhuli</i> District	UNDP updated the issue is resolved by now. CCMN has requested to share the communication in this regard	High
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5. Good Practices Observed

1. Majority of kick-off activities are in place (for instance, total 34 Dedicated staff are recruited, SR selection and relevant networks identification is in place, SRs and SSRs and roster is created)
2. Coordination with disease entities is regular and ongoing. Few draft works are in process of finalization with input and suggestions from disease entities.

6. Issues Requiring Attention

High-Priority Issues:

PUDR findings need to be timely shared to CCM-oversight committee and involve oversight committee in LFA debriefing.

Delay in placement of Global Fund related officials from GC-7 PR (MoHP) is impacting on overall pace of the project.

Governance issue reported against one of the SR needs to be resolved and suggested to communicate the evidence with OC and CCM along with relevant network linked with the issue.

Medium- priority Issues:

KP representation, Affected/Infected peoples' Network, CCM representation to be ensured while updating the Terms of Reference (ToR) of the Technical Working Group.



In case of TB Program implementation, implementation gap (possibly reporting gap) from private sector was found.

(Pay-for-Performance (P4P), Pharmacy Referral- (Diagnosed Vs referred to public center of TB cases: 97% of target vs 92% of target)

7. Recommendations (PR)

- Keep CCM and Oversight committee in loop in relevant communication, Taskforce and Committees
- It is recommended to engage CCM OC during PU/DR LFA debriefing
- Update the program achievement (in target Vs achievement) while sharing in oversight visits to foster easy comparison
- Share Staff names, qualifications, experience, positions, JD's to Oversight Committee at the earliest
- Recommended to share management letter issued to the SR as discussed in the meeting
- Joint planning for SR visits
- Share staff details and board members details of SRs
- Update about UNDP internal investigation of harassment case reported by participants during the induction program.

8. Follow-Up Actions Required

Next steps for UNDP

Execute the recommended action points mentioned in RECOMMENDATION section (section 7)

Next steps for CCM

Oversight Committee, CCM Nepal to implement oversight visits to SR's to ensure quality of service and to improve performance.

Oversight committee to present oversight visit findings to CCM and recommend mitigation measures for challenges.

Coordinate with Ministry of Health and Population (MoHP) for early establishment of the Project Management Unit (PMU) for MoHP.

Timelines for updates

UNDP to share requested information on a regular and on purpose basis.



ANNEXES

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