

Oversight Visit Summary Report

Sub-Principal Recipient (SR)	: NFWLHA (SR-GC 7)
Visit Date	: 5 th Jan 2026
Location/Site Visited	: NFWLHA Office, New Baneshwor, Kathmandu
Prepared by	: Oversight Committee, CCM Nepal
Report Date	: 11th 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 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. Mr Nirab Jung Karky, Member, OC
3. Samata Bam, Member, OC
4. Mr Hari Krishna Bhattarai, Coordinator, CCM Nepal
5. Ms Gyanu Neupane, Oversight Officer, CCM Nepal
6. Suba Thapa, Intern, CCM Nepal

PR Representatives:

1. Dr Hedieh KhaneghahPanah, Programme Manager, UNDP/GF Programme
2. Dr G P Bhandari- Program and M&E Specialist-UNDP-PR representative
3. Mr Sujan Onta- M&E Specialist-HIV Component- UNDP-PR representative

Members of the SR- NFWLHA

1. Sara Magar, Chair, NFWLHA
2. Sajana Adhikari. Program Coordinator
3. Jyoti Pariyar, Program Manager
4. Sneha Mishra, M&E Manager
5. Madhusudhan Pyakural, Head of Finance
6. Sabin Majhi, FC

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 NFWLHA office located in New Baneshwor, 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, NFWLHA representative, **Sajana Adhikari**, Program Coordinator 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:

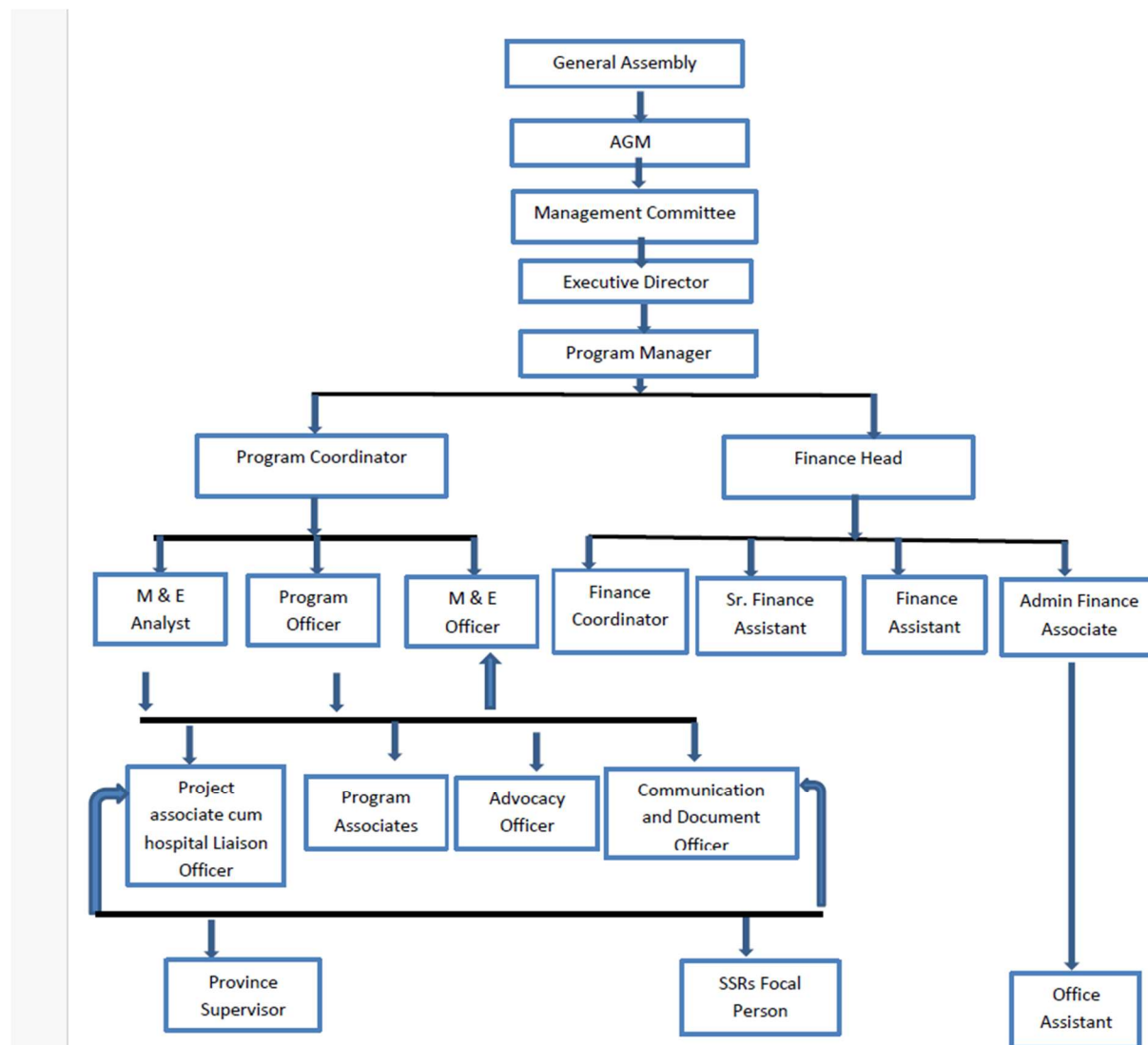
1. Introduction of the NFWLHA and its work related to the areas of implementation:

- i. NFWLHA is a federation of NGO's, working to ensure dignified lives for women and girls living with HIV by promoting and protecting their social, economic, cultural, political, and civil rights. It is registered in Kathmandu District in the year 2007. It has 28 member organizations spread throughout 7 provinces of the country and 46 districts, implementing diverse interventions.

List of Board Members:

SN	Name	Gender	Designation	Contact No.
1	Prithi Maya Limbu	Female	President	9842148396
2	Nirmala Paudel	Female	Vice-President	9845180393
3	Mann Kumari Sherchan	Female	Secretary	9846054472
4	Sita Tamang	Female	Treasurer	9768434625
5	Susmita Baniya	Female	Member	9864462469
6	Ishwari Devi Bhandari	Female	Member	9812698398
7	Tara Devi Lohar	Female	Member	9848719420

2. Organogram



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

1	Kathmandu	Sara Thapa Magar	Executive Director
2	Kathmandu	Jyoti Pariyar	Program Manager
3	Kathmandu	Sajana Adhikari	National Program Coordinator
4	Kathmandu	Madhusudan Pyakurel	Finance Head

5	Kathmandu	Sabin Mali	Finance Coordinator
6	Kathmandu	Rita Kumari Gurung	Program Officer
7	Kathmandu	Sneha Mishra	Monitoring & Evaluation Analyst
8	Kathmandu	Sarita Shrestha	Advocacy Officer
9	Kathmandu	Milan Khadka	Communication & Documentation officer
10	Kathmandu	Sudarshan Sen	SR. Finance Assistant
11	Kathmandu	Sujita Khawas	Finance Assistant
12	Kathmandu	Sophiya Acharya	Program Associate
13	Kathmandu	Anupa Sedhain	Program Associate
14	Kathmandu	Barsha Bohora	Province Supervisor – Bagmati
15	Parsha	Husen Ansari	Supervisor- Madhesh
17	Kathmandu	Roshan Bhandari	Project associate/hospital liaison
19	Kathmandu	Nitu Gurung	Support Staff

4. Recruitment Status: Updates on vacancies and hiring.

NFWLHA Team				
Staffs' details	Male	Female	Other	Total
Central	5	11	0	16
Province	2	1	0	3
PLHIV	2	4	0	5

Staff Turnover and Recruitment status		
Position	Vacant Date	Current Status
Bagmati Province Supervisor	June, 2025	Recruitment completed-on June
Koshi Province Supervisor	September, 2025	Recruitment completed- on Nov 2025

M&E Officer	September, 2025	Currently Vacant
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5. SSR Updates: List of Sub-Sub-Recipients and their contact details.

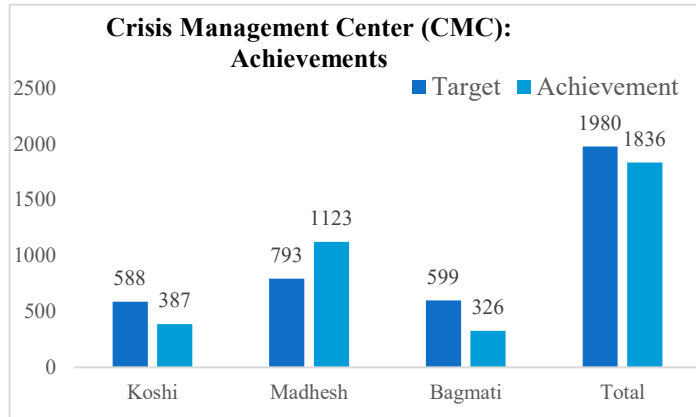
Province	District	Implementing Organization- Sub-Sub Recipient (SSR)
Koshi	Sankhuwasabha	Arun Plus Sarokar Kendra
	Dhankuta & Udayapur	Prayas Mahila Samuha
	Jhapa	Naya Sachetana Samuha
	Morang	Prerana Pratisthan
	Illam	Lava Kush Ashram
	Okhaldhunga	NFWLHA
	Sunsari	Dharan Positive Group
Madhesh	Dhanusa, Mahottari, Sarlahi and Saptari	SPARSHA Nepal
	Bara and Parsa	Naya Jiwan Bikash Sewa Samaj
	Siraha	Jiwan Rekha Sewa Samaj
	Rautahat	NFWLHA
Bagmati	Kathmandu	Sathi Samuha
	Bhaktapur	Suruwat
	Lalitpur and Dhading	SPARSHA Nepal
	Dolakha and Sindhupalchowk	Life VS Addiction
	Kavrepalanchowk	Sakriya Plus
	Nuwakot	Trisuli Plus
	Chitwan	Chitwan Sakriya Women's Foundation
	Sindhuli	Shanti Foundation

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

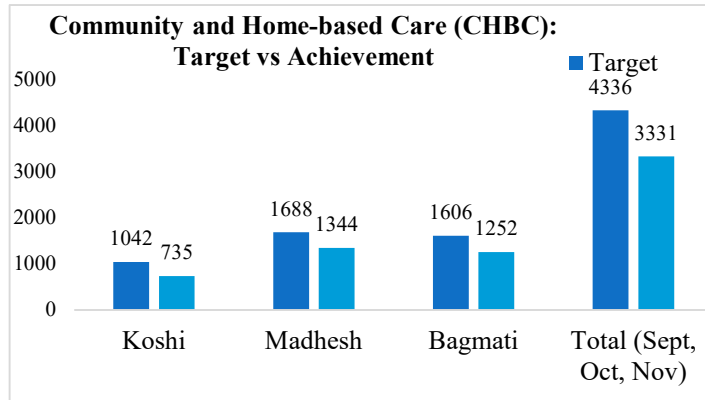
i. No of PLHIV receiving services from Crisis Management Centers (CMC)

Sex Distribution	CMC Achievement
Male	924
Female	897
Others	15
Total	1836



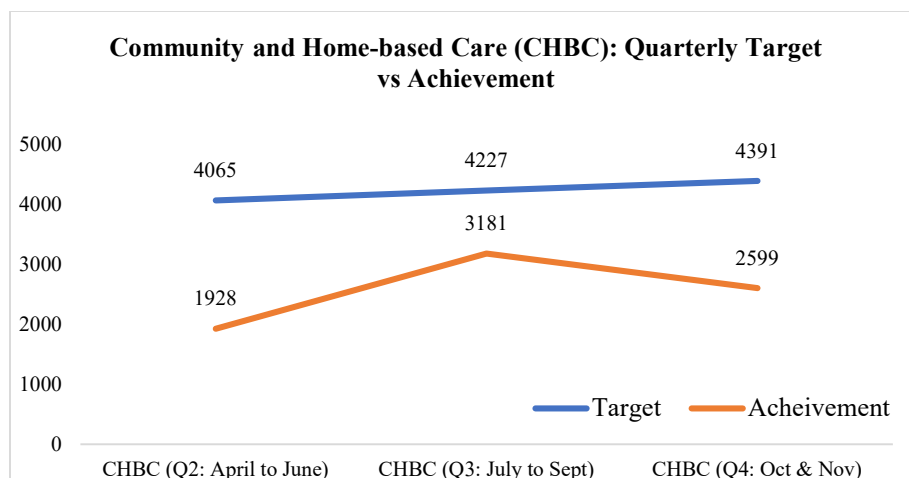
ii. No of the adults and children living with HIV currently receiving care and support services from outside facilities (CHBC)

Sex Distribution	CHBC Achievement (Sept, Oct, Nov)
Male	1708
Female	1597
Others	26
Total	3331



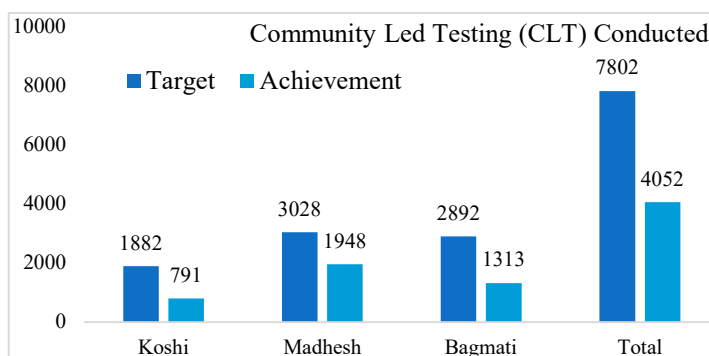
During discussion, NFWLHA team has shared that slight underachievement in October 2025 (89.0%) due to limited field-level resources and high workload on CHBC teams, affecting outreach and follow-up activities.

iii. Community and Home-based Care (CHBC)



iv. Community Led Testing Conducted

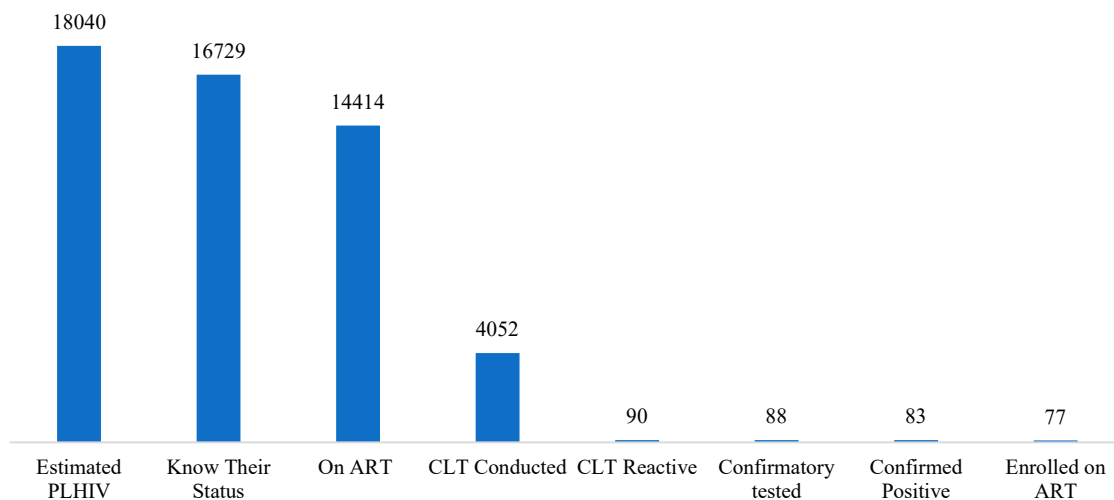
Sex Distribution	CLT Achievement
Male	2460
Female	1576
Others	16
Total	4052



In totality, there is only 51.94% achievement on CLT conducted (4052 out of 7802). It was further elaborated during discussion that low performance in October (43.1%) and partial improvement in November (64.6%) is actually due to:

- Difficulty reaching hard-to-reach and emerging key populations
- Limited number of trained CHBC/CLT staff in some districts
- Delays in receiving CLT kits in time for planned testing

v. HIV Test and treatment Cascade

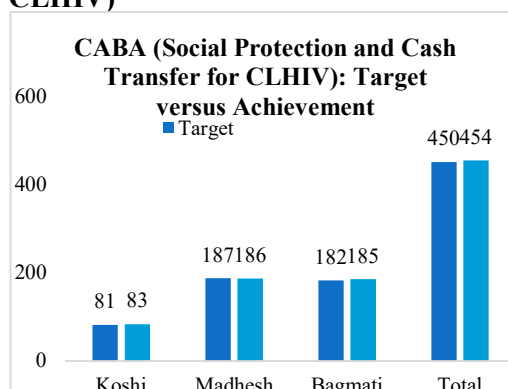


To summarize,

CLT Conducted	4052	
CLT Reactive	90 out of 4052	
Confirmatory tested	88 out of 90	For remaining 2/90, 1 reactive client out of country, 1 is out of contact
Confirmed Positive	83 out of 88	5 confirmed negative
Enrolled on ART	77 out of 83	For 6 persons who are not enrolled on ART: 3 deaths** (refer annex 2), 1 TB treatment started, 1 out of country, 1 did not agree to get enrolled and the field it is approaching for enrollment

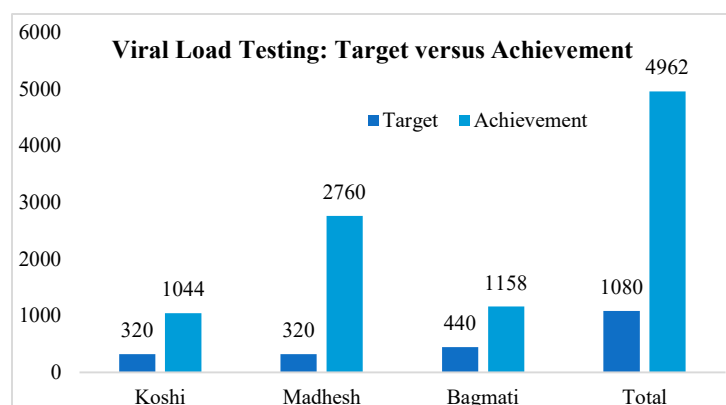
vi. CABA (Social Protection and Cash Transfer for CLHIV)

Current Status	Number of CABA
Continue	410
Matured	36
Lost to Follow	27
Transfer out	18
Death**	8
Total	499



Death**: CABA associated deaths is (cumulatively tabulated since the year 2016) is in Annex 2.

vii. Viral Load Testing



- During April to November 2025, it is observed as 460% overachievement on Viral Load Sample Collection. It was highlighted during the presentation that, while going through monthly achievement, there is significant overachievement (311.9% in October; 787.4% in November) mainly due to:
 - Catch-up collection of previously untested clients due to program gap from February 2025.
 - The target was set according to NPR 500 per person for 10 person per district. However, travel cost is provided for one-way and on actual basis. So, there is high achievement.
- To sum up, during the discussion, team has mentioned that Operational and logistical challenges, including fluctuations in commodity supply, lack of essential equipment for CMC, mobility constraints and delayed coordination with health facilities has affected supply of basic medicine for CHBC.CMC achieved targets; no significant challenges, except higher food costs.

viii. Financial Updates

B.L	Activity	Cost Input	Budget 16th March 25 - 15th Jan, 2026	Expenditure - 31st Dec 2025	% spent
32.	Capacity building for CHBC, CMC, counsellors, peer navigators and outreach workers e.g. on HIV care & support, counselling & psychosocial support, provision of women- and youth-friendly services, mental health screening, GBV screening, etc.	2.1 Training related per diems/transport/other costs	330,000.00	626,489	190%

33.	Regular supportive supervision visits for CHBC, CMC and related service providers. Federal to Province	2.3 Supervision related per diems/transport /other costs	733,500.00	473,882.3	65%
34.	Regular supportive supervision visits for CHBC, CMC and related service providers. Local level	2.3 Supervision related to per diems/transport /other costs	3,034,977.00	1,818,835.22	60%
81.	Transportation cost for EID sample collection	12.3 Cash incentives/transfer to patients/beneficiaries/counsellors/mediators	688,500.00	938,782.98	136%
83	Staffing, for CMC 25 sites and CHBC services in 61 districts	1.6 Salaries - community-based, incl. Community Health Workers (CHWs) and outreach w	36,800,868.62	33,117,435.94	90%
84.	Office related costs for CMC and for delivery of CHBC services	11.1 Office related costs	8,003,681.26	7,001,362.74	87%
85	Non health equipment for CMC and for delivery of CHBC services	9.3 Other non-health equipment	540,000.00	491,290.85	91%
86	Crisis Management Center (former CCC) in 25 sites	12.2 Food and care packages	2,858,276.00	2,469,677.8	86%
87.	Salaries, incentives for program management staff in NGOs	1.1 Salaries - program management	10,761,874.94	9,667,550.43	90%
88.	Complicated medical treatment, CD4 Support, HB, TCDC, LFT, HBV, HCV, Screening Support (TB test, X ray/ Including Transportation Cost)(including transportation Cost)	12.3 Cash incentives/transfer to patients/beneficiaries/counsellors/mediators	3,209,000.00	3,384,061.77	105%
92.	Support group meetings for PLHIV and partners/families for prevention and treatment related issues	2.4 Meeting/Advocacy related per diems/transport/ other costs	00.00	22000	-
93.	Cash transfer to support the educational and nutritional needs of children living with HIV (CABA)	12.3 Cash incentives/transfer to patients/beneficiaries/counsellors/mediators	8,859,000.00	7332500	83%
94.	Nutritional support for PMTCT service for 1000 days (within the program period)	12.3 Cash incentives/transfer to patients/beneficiaries/counsellors/mediators	360,000.00	396,596.00	110%
96.	Transport and nutritional support for clients in need; linked to social assistance	12.3 Cash incentives/transfer to patients/beneficiaries/counsellors/mediators	80,869,196.22	3492557.91	74%

Total	80,869,186.22	71,233,022.94	88%
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NB: In the activity line, where expense is seen greater than planned are accomplished with approval from PR (Mentioned by NFWLHA during presentation)

7. Challenges: Difficulties encountered and ways forward.

Challenges encountered during previous months	Ways forward	Who solved the issue	Remarks
Shortage of Vials for Viral Load	Coordination with UNDP for timely stock management and emergency support	Recovering Nepal supported with 4000 Vials	Temporarily addressed through partner support
Lack of prior communication and coordination by viral load couriers with NFWLHA, leading to improper handling and damage of viral load samples	NFWLHA conducted coordination meetings with SSRs and instructed them to share contact details of viral load focal persons from NFWLHA and coordinate with ART sites and PPHL before dispatching samples	NFWLHA and SSR	Improved coordination mechanism established
NFWLHA unable to procure medicines and essential commodities, causing major implementation challenges	Advocate with NCASC and UNDP for centralized procurement and timely supply of medicines and commodities	NCASC and UNDP	Temporary gap is addressed however NFWLHA still needs to provide CHBC kits to CHBC team.
Challenging to implement the program in Sindhuli district	Strengthening coordination with local government and health facilities; provide flexible implementation modalities	NFWLHA, Shanti Foundation, ART Site	Additional coordination is required to facilitate health insurance enrollment and retrieval of ART cards, which are currently held by another organization.
Credentials for the HIV Care and ART Tracking System	Coordinate with UNDP and NCASC to provide system access credentials to concerned staff	UNDP and NCASC	Required for timely and accurate reporting
Late budget disbursement	Establish a clear budget release timeline and improve coordination	UNDP	Delays directly affect field implementation, Treatment support and program activities

	among funding and implementing agencies		
Delayed or incomplete reporting from the field	Conduct orientation on reporting formats and timelines; introduce regular follow-up and monitoring mechanisms	NFWLHA / Province Supervisors / SDPs	Capacity building and supervision needed
Lack of functional CABA committee and unclear Bagmati Province guidelines; inactive previous committee	Reactivate or reconstitute the CABA committee and finalize province-level guidelines	Bagmati Province Government / NCASC	Essential for coordination and enrollment
Lack of birth registration preventing eligible CABA from receiving monthly cash transfer support and Citizenship issues	Coordinate with local governments to facilitate birth registration through legal aid and community support	Local Government / Ward Offices / NFWLHA	Legal identity is mandatory for cash transfer

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

- i. Coordinate with concerned authorities to ensure timely procurement and un-interrupted supply of commodities.
- ii. Facilitate timely review and revision of program guidelines to ensure alignment with field realities and emerging needs.
- iii. Strengthen coordination among stakeholders to identify and resolve operational and logistical challenges in a timely manner.
- iv. Provide strategic guidance and support to address limited field-level resources, which have been affecting SSRs' ability to effectively implement programs.
- v. Integrate HPV and cancer screening indicators into national and program reporting tools.
- vi. Ensure oversight of program delivery to confirm that services are inclusive, safe, and gender-responsive.

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

- i. Organization Capacity Development.
- ii. Regular Capacity-Building Trainings for CMC and CHBC team.
- iii. Ensuring that essential commodities and resources are supplied sufficiently and on schedule is critical for uninterrupted program implementation and effective service delivery.
- iv. Provide timely guidance and decisions to unblock delays in program implementation.
- v. Facilitate the timely release of budgets.
- vi. Clarify processes, guidelines, and reporting requirements to avoid confusion

4. Key Observations & Discussion:

A short discussion moderated by Oversight Chair Prof Dr Prakash Ghimire was undertaken discussing the achievements so far, challenges and possible solutions seen based on the work experiences in the communities.

5. Good Practices Observed

1. Coordination with NCASC, Provincial and Municipal Health office at all levels through NFWLHA and SSR's is regular and ongoing in addressing the logistical challenges.

6. Issues Requiring Attention

- i. Annual targets assigned to SR's needs review and readjustment based on country disease and data.
- ii. Effective coordination between CCM, NCASC, and UNDP for timely logistics supply and no stock outs.

7. Recommendations (PR)

- i. Effective coordination between CCM, NCASC, and UNDP for timely logistics supply and no stock outs.

ANNEXES

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

Annex 2: Reason for Death - CABA associated (Cumulative since year 2016) and CLT - reactive (Cumulative since year 2025)

Annex 2:

CLT Reactive Deaths (in the year 2025)

District	Sex	Risk Group	Cause of Death
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Sunsari	Male	Migrant	The client was diagnosed with tubercular meningitis and was receiving anti-tubercular therapy (ATT) with a plan to initiate ART after two weeks. He was discharged from the hospital in a clinically stable condition and initially showed significant improvement, including adherence to medication and ability to perform daily activities. However, a few days prior to death, he developed severe headache, fever, nausea, and vomiting. Although the family planned to seek further medical care, he passed away on 23 May 2025 before reaching the facility. Probable cause of death was complications related to tubercular meningitis, possibly due to disease progression or relapse.
Sunsari	Male	PWID	Following the diagnosis and confirmatory test, he was admitted to the Medicine Ward (Unit I and Unit II) at BPKIHS for further management. Upon detailed clinical evaluation, he was diagnosed with severe pneumonia and tuberculosis. Despite receiving appropriate medical care and treatment, his condition progressively deteriorated. He ultimately succumbed to complications, including lung infection, cerebral toxoplasmosis, and stroke, on 26 June 2025, causing his death.
Parsa	Male	Migrant Worker	Client arrived at the office in a very critical condition for CLT testing. Due to his severely critical health condition, he was immediately referred and admitted to the hospital on the same day. Unfortunately, during admission and before ART enrollment could be completed, the client passed away on the same day due to advanced HIV.

CABA Associated Deaths (Cumulative from the year 2016)- Total 8 deaths

District	Sex [1=Male, 2=Female]	Age (First Enrollment)	CABA Enrollment Date [MM/DD/YYYY]	Date of Death	Cause of Death
Kathmandu	1	7	6/14/2016	8/20/2016	He had been suffering from pneumonia. He passed away on 20 August 2016 at Teaching Hospital, Maharajgunj.
Jhapa	1	7	1/3/2016	Not available	Information not available. Coordination was conducted with nearby ART Centres in Damak, Bhadrapur, and Dharan; however, the ART counsellors from these centres confirmed that he was not enrolled at any of these sites.
Jhapa	1	11	8/21/2018	4/10/2023	Chronic meningitis

Morang	1	10	6/12/2017	6/27/2021	The patient had pneumonia, chest infection, oral infection, and amnesia. His health condition was critical. Rangeli hospital referred him to Koshi Hospital. But due to critical condition, he could not survive.
Morang	2	2	5/29/2019	6/2/2021	The child's health condition was critical due to pneumonia and fever. Rangeli hospital referred her to BPKIHS for medical treatment, but she could not survive.
Saptari	2	7	6/15/2014	8/24/2016	Diarrhoea, fever and weakness
Saptari	2	8	6/23/2019	7/30/2023	Reported as suicide (suicide by hanging)
Siraha	2	4	1/9/2017	2021	TB & other infections (late diagnosis)