

Annex 5: Risk Management Matrix

Key: P = Probability (5 = Almost certain, 4 = Likely, 3 = Possible, 2 = Unlikely, 1 = Rare) C = Consequence (5 = Severe, 4 = Major, 3 = Moderate, 2 = Minor, 1 = Negligible)
R = Risk level: R=PxC (4 = Extreme (16-25), 3 = High (11-15), 2 = Medium (6-10), 1= Low (1-5)) (Scored against JTA's internal risk framework)

Risk	P	C	R	Impact	Responsibility	Impact Mitigation Approach
Environmental Risks						
Political instability and/or civil unrest.	5	5	4	<ul style="list-style-type: none"> Disruption to Program activities Cessation of some Program activities Possible cessation of all Program activities 	Director, Program Support (DPS)	<ul style="list-style-type: none"> Continuously monitor current risk environment Establishment and management of robust risk communication, emergency and security management systems Review and revise Program activities and engagement in line with Australian Government policy and advice
Diplomatic instability between the Governments of Australia and Fiji	4	5	4	<ul style="list-style-type: none"> Disruption to Program activities Cessation of some Program activities Possible cessation of all Program activities. 	DPS	<ul style="list-style-type: none"> Maintain regular consultation and liaison with AusAID Post Continuously monitor current risk environment Establishment and management of robust risk communication, emergency and security management systems Review and revise Program activities and engagement in line with Australian Government policy and advice
Natural disasters e.g. cyclones, floods	4	4	4	<ul style="list-style-type: none"> Threaten staff safety and security Interrupt continuity in service delivery Reputational risk if response and/or outcomes perceived negatively 	DPS, Senior Program Administrator (SPA)	<ul style="list-style-type: none"> Monitor socio/political, regional emergency warnings; domestic and international security Establish robust risk communication emergency and security management systems and appropriate staff training Assess appropriate response immediately Review and revise Program activities and engagement in line with Australian Government policy and advice
Central Agencies do not understand the FHSSP	3	3	2	<ul style="list-style-type: none"> Some initiatives not achieved due to Central agency constraints. Dissatisfaction with funding model from Central Agencies Pressure to move to budgetary support 	DPS, AusAID	<ul style="list-style-type: none"> Regular engagement of central agencies through the PCC Conduct a briefing once each year with central agencies via the MOH Permanent Secretary's forum Regular engagement of relevant central agency staff in pursuit of various initiatives
Constraints resulting	3	3	2	<ul style="list-style-type: none"> Lack of MoH responsiveness 	DPS, MoH	<ul style="list-style-type: none"> FHSSP assistance to the MoH in adapting to the changes

Fiji Health Sector
Support Program

Risk	P	C	R	Impact	Responsibility	Impact Mitigation Approach
from GoF Reforms (i.e. MoF and PSC)				<ul style="list-style-type: none"> Pressure on FHSSP to fund recurrent budget expenditure or duties Delays/restrictions in recruitment of staff leading to lack of counterparts Potential for the compulsory retirement age to be lowered again, once again stripping Ministry of senior managers and leaders and appropriately qualified and experienced personnel in the Ministry to work with Uncertainty around stability of existing structures leads to reticence to invest sufficient resources to ensure success. 		<ul style="list-style-type: none"> Ongoing liaison between MoH and central agencies Focus on capacity building of middle managers
Government Policies affect operations	3	3	2	<ul style="list-style-type: none"> Implications on MoH staffing and resources available to support the Program 	MoH, DPS	<ul style="list-style-type: none"> Regular engagement of central agencies through the PCC FHSSP to continuously monitor the environment and establish strong relationships with Central Agencies
Program Risks						
MoH monitoring systems are inadequate	4	4	4	<ul style="list-style-type: none"> Planning, financial management and M&E systems do not provide monitoring data for key indicators FHSSP impact is unable to be effectively/reliably measured and evaluated 	PCC, DPS	<ul style="list-style-type: none"> Clear articulation of M&E requirements to the PCC members Active reviewing by the PCC of the M&E data High impact TA inputs to improve MoH data collection and analysis capabilities
PCC does not maintain integrity to design in activity planning/delivery	4	4	4	<ul style="list-style-type: none"> Confusion on what FHSSP is designed to deliver Lack of strategic focus Loss of Program impact Disillusionment from all stakeholders 	PCC	<ul style="list-style-type: none"> All PCC members and stakeholders are fully briefed on the PDD and intent of the Program on commencement Ensuring all planning activities are undertaken through the scope of the PDD Ensuring unallocated expenditure is allocated with fidelity to the Program Design

Risk	P	C	R	Impact	Responsibility	Impact Mitigation Approach
Insufficient capacity within the Ministry of Health to meet obligations as a PCC Member	4	4	4	<ul style="list-style-type: none"> Reduced leadership/ownership of the Program Underachievement of Program deliverables Reduced capacity building and overall effectiveness of Program 	AusAID, MoH, other PCC representatives	<ul style="list-style-type: none"> Undertake clear dialogue at outset outlining expectations for MoH and all PCC members Clearly articulated support to MoH by the FHSSP team Increased involvement in the Program by AusAID Post Emphasis on Divisional Meetings for planning and coordination
FHSSP may operate successfully but service delivery may not improve	3	5	4	<ul style="list-style-type: none"> Uncertainty as to FHSSP's impact Uncertainty as to the value of FHSSP activities Potential loss of Program Impact 	PCC, DPS	<ul style="list-style-type: none"> Continuous monitoring and reporting against Annual Plan Identify areas of achievement against MoH objectives and transfer lessons learned Identify bottlenecks (constraints) to service delivery and develop strategies to acquire the capabilities to improve performance Encourage the PCC to push for reform / intervention where resistance to change has been identified
Potential for relationship breakdown between FHSSP, AusAID and/or MOH	3	4	3	<ul style="list-style-type: none"> Disrupts the implementation of the Program Limit effectiveness of the PCC Reduce Program impact 	AusAID, MoH, FHSSP	<ul style="list-style-type: none"> Maintain strong, accurate and regular lines of communication Negotiate clear relationships in the Program management and reporting structure Continuously monitor relationships to ensure they are managed effectively
Donor Coordination is not achieved	3	3	3	<ul style="list-style-type: none"> Duplication of FHSSP initiatives Drain on MoH resources Lack of support for the FHSSP 	PCC	<ul style="list-style-type: none"> FHSSP Annual Planning synchronized with MoH Planning PCC to be used as a communication forum for FHSSP activities with other donors/stakeholders FHSSP to actively engage with other Fijian donors
Lack of Engagement with AusAID regional strategies	3	3	3	<ul style="list-style-type: none"> FHSSP fails to leverage off current AusAID activities in the region Reduced efficiencies 	FHSSP, PCC, AusAID	<ul style="list-style-type: none"> AusAID to support FHSSP engagement with regional activities PCC to ensure regional activities considered in activity planning FHSSP to ensure relationships are developed and maintained with regional AusAID interventions
AusAID Health Adviser not engaged in a timely manner, or not sufficiently experienced to	2	4	2	<ul style="list-style-type: none"> The new model suffers from delayed or ill-informed technical advice The dynamics of introducing a new key stakeholder cause stress and confusion as to roles 	AusAID, DPS	<ul style="list-style-type: none"> Terms of Reference and role of Health Adviser in the FHSSP are collaboratively developed MoH to participate in selection process Regular fora for clear and open communications are provided, particularly early on in the Program

Fiji Health Sector Support Program

Risk	P	C	R	Impact	Responsibility	Impact Mitigation Approach
provide appropriate technical guidance						<ul style="list-style-type: none"> All stakeholders remain flexible and positive on the advantages of this model
Limited Capacity of the MoH particularly at Divisional Level	3	3	2	<ul style="list-style-type: none"> FHSSP activities do not progress within planned timeframes Under-achievement of capacity building initiatives leading to unsustainable outcomes 	PCC, DPS	<ul style="list-style-type: none"> Active monitoring of MoH Capacity by FHSSP Clearly articulated and transparent support to MoH by the FHSSP team Monitor support provided by Technical Facilitators and target as necessary
Management Risks						
Establishing the Program in its own right following on from the FHSIP	4	3	3	<ul style="list-style-type: none"> Disconnect between expectations of stakeholders and scope of the FHSSP resulting in delayed startup and reduced impact 	FHSSP, PCC	<ul style="list-style-type: none"> FHSSP to work with MoH and stakeholders to ensure Program scope is clearly articulated Stakeholder education to be undertaken on commencement PCC to ensure Annual Plan's are clearly articulated and communicated
FHSSP internal dynamics impacted by new leader/program focus/roles	3	3	2	<ul style="list-style-type: none"> Tension in the team Delay in developing work plans Team turnover 	DPS, SPA	<ul style="list-style-type: none"> DPS' background in human resources to be mobilised to address emerging issues early Clear and open internal communication Intervention with additional corporate resources as needed
Lack of HIV Mainstreaming	3	2	2	<ul style="list-style-type: none"> FHSSP not seen as a role model on HIV Mainstreaming and advocacy 	DPS	<ul style="list-style-type: none"> FHSSP a plays a lead role in mainstreaming and advocacy of HIV and AIDS throughout the Program FHSSP ensures all staff/advisers are briefed on HIV/AIDs and appropriate prevention and mainstreaming strategies
Lack of Gender Mainstreaming	3	2	2	<ul style="list-style-type: none"> FHSSP not seen as a role model on Gender Mainstreaming and advocacy 	DPS	<ul style="list-style-type: none"> FHSSP plays a lead role in mainstreaming and advocacy of Gender throughout the Program. FHSSP ensures all staff/advisers are briefed on issues related to Gender in development and Gender mainstreaming
Lack of Disability Mainstreaming	3	2	2	<ul style="list-style-type: none"> FHSSP not seen as a role model on Disability Mainstreaming and advocacy 	DPS	<ul style="list-style-type: none"> FHSSP actively engages and plays a lead role in mainstreaming and advocacy of Disability throughout the Program. FHSSP ensures all staff/advisers are briefed on issues related to Disability in development and disability mainstreaming
Financial Risks						
Currency exchange	5	4	4	<ul style="list-style-type: none"> Inaccurate Program budgeting 	SPA, SPC	<ul style="list-style-type: none"> Continuous and close monitoring of currency exchange fluctuation

Risk	P	C	R	Impact	Responsibility	Impact Mitigation Approach
fluctuation				<ul style="list-style-type: none"> Program budget (FJD) variation Constant monitoring and adjustment on planned Program activities Accurate financial reporting 	FAC	<ul style="list-style-type: none"> Revise the budget accordingly as often as it is needed Inform FAC, PMG and PCC of major fluctuations which will require budget variations across Objectives Budget for 2012 will be at the rate of 0.54 and will be reviewed quarterly
Program fund underspend	3	3	2	<ul style="list-style-type: none"> Lack of achievement on Program outcomes Large amount of budget remaining to be spend in short period Time pressure may affect the quality of Program deliverables 	PD, SPA, TFs	<ul style="list-style-type: none"> Close monitoring of Program fund on monthly basis Develop Underspend Fund Expenditure Strategy Inform FAC, PMG and PCC for any underspend and seek an approval of budget variation across Components
Poor management of Unallocated Funds	3	3	2	<ul style="list-style-type: none"> Pool of unallocated fund may remain unspent by end of financial year Unallocated fund may have used up for the Program planned activities 	AusAID, FHSSP	<ul style="list-style-type: none"> Develop and implement Unallocated Fund Guidelines. Ensuring flexibility with the usage of these funds
Slow transition of funds in emergency	3	3	2	<ul style="list-style-type: none"> Lack of responsiveness in emergency situation 	Finance team	<ul style="list-style-type: none"> Ensure Financial Team is made aware of requirement for funds as soon as practical in an emergency and are available to transfer funds
Fraudulent Activities	3	3	2	<ul style="list-style-type: none"> FHSSP funds are misappropriated FHSSP and AusAID receives a bad reputation for fraudulent activities 	PD, SPA, TFs	<ul style="list-style-type: none"> Ensure MoH and FHSSP staffs involved in handling funds are aware of FHSSP procurement and financial guidelines. Reporting and investigation of any suspected fraudulent activities