



INVESTMENT CONCEPT (DRAFT)

Monitoring and Evaluation Services for Human Development Programs in Papua New Guinea

A. Development Context

Issue

Australia is a longstanding partner of Papua New Guinea (PNG) in both the health and education sectors. Both sectors are marked by financing and capacity constraints, a complex array of stakeholders, enormous logistical challenges, wicked problems, data scarcity and stark public policy choices. Against this backdrop, DFAT manages two portfolios of investments in collaboration with Government of PNG that support improved service-delivery for better human development outcomes.

DFAT's health and education/leadership portfolios both include flexible, adaptive and iterative programs that are adjusted as circumstances change in PNG, as well as more traditional, defined aid projects. DFAT has limited staff resources to monitor and assess the performance of these investments, and relies heavily on implementation partners reporting. These portfolios both entail significant risks and account for significant volumes of Australian taxpayers' funds. Combined, the 2018-19 annual health and education budget is 26 percent of the PNG bilateral program. The ability of the Australian High Commission (AHC) and Government of PNG to oversee performance can be constrained by limited human resources, poor data and the complex operating environment in PNG. It is therefore necessary to put in place mechanisms that support the management of the calculated risks that underpin DFAT investments in these sectors. The PNG Monitoring and Evaluation Services for Human Development Programs (MESHD) is one such mechanism.

In **health**, a number of reviews highlight M&E – especially managing for results – as an area requiring improvement. The 2017 independent evaluation¹ of DFAT's multilateral partnerships in the PNG health sector from 2011-2016, suggests that strong technical expertise in M&E is required to develop a clear, overarching M&E framework as well as investment level results frameworks. Generating gender-disaggregated data has also been difficult to source from the various M&E frameworks of DFAT's health investments. Past reviews and annual aid quality checks recommend appropriate actions to be taken to improve.

In **education and leadership**, independent monitoring and evaluation is needed to fully understand longer term impact and sustainability issues, as well as to support DFAT make the most of opportunities for policy dialogue. This is needed to support the program to manage investments with a clear line of sight to end of portfolio plan outcomes. Past aid quality checks and internal lessons learned have recommended a clearer and more integrated focus on monitoring and evaluation.

B. Strategic Intent and Rationale (Why?)

The overall purpose of the external, independent M&E Services Contractor will be to provide DFAT with high quality advice and independent assessment about the performance of DFAT's health and education/leadership portfolios, in line with DFAT's Health Portfolio Plan 2018-2023 and the Education and Leadership Portfolio Plan 2018-2023.

Education and Leadership, and Health are separately managed within DFAT, with separate sets of relationships, implementing partners, budgets and priority areas. The assessment needs have also been identified as different.

¹ <https://dfat.gov.au/about-us/publications/Pages/papua-new-guinea-ind-eval-dfats-multilateral-partnerships-health-sector.aspx>

In **health**, there is a need for M&E support at all levels. An interim M&E framework has been developed as part of the Health Portfolio Plan, which outlines program and strategy over the 2018-2023 period, but there is a need for independent, external M&E services to support DFAT's M&E capability and improve health portfolio performance at activity and investment levels. There is also a need for an external, independent mechanism to conduct periodic assessments to inform the Portfolio.

In **education and leadership**, there is a need for ready-access to an external, independent mechanism to conduct periodic assessments about individual investments within the Portfolio, as well as provide oversight to whole of Portfolio monitoring and evaluation. In practice, this would involve providing advice on the robustness and implementation process for the Portfolio M&E Framework, spot-checking the work of existing or new investments, and reporting annually on implementation of the Portfolio. This work is essential to satisfy value for money and transparency principles, quality assure other investments, and ensure robust information is available to inform strategy and adaptation.

C. Proposed Outcomes and Investment Options (What?)

C.1 M&E Services Purpose

The overall purpose of the M&E services for Human Development Programs in PNG (MESHD) will be to:

- provide **high-quality advice** and **independent monitoring and evaluation** of the Health Portfolio Plan 2018-2023 and the Education and Leadership Portfolio Plan 2018-2023 and investments under them.

The M&E Services Contractor will provide high quality, independent health and education and leadership program and investment level data tracking progress, and high quality independent evaluations and/or reviews of single investments under the health and education and leadership portfolios overall. Its services will include:

| M&E function | Health | Education and leadership |
|------------------------------------------------------------------------------------------------------------|---------------|--------------------------|
| 1. Advise and verify baselines ; | ✓ | ✓ Selected |
| 2. Advise on the M&E frameworks of new investments ; | ✓ | |
| 3. Conduct annual reporting on Portfolio Program progress ; | ✓ | ✓ |
| 4. Provide on-demand technical and strategic advice for the health and education and leadership portfolios | ✓ | ✓ |
| 5. Quality assure analyses and reports produced by DFAT, and by partners as directed by DFAT ; | ✓ Selected | ✓ Selected |
| 6. Conduct independent evaluations of DFAT investments, as directed by DFAT | ✓ Selected | ✓ |
| 7. Ad hoc M&E support to PNG Government partners, as directed by DFAT | ✓ | ✓ |

C.2 Scope of Services

The M&E Services Contractor will conduct monitoring and evaluation functions fully independent from implementation activities of Health and Education Programs which will be implemented by a range of service providers including managing contractors, NGOs and multilateral organisations.

Three key principles should underpin the approach:

1. M&E should be conducted with a view to supporting national monitoring systems and building national capacity wherever possible.

2. M&E assignments should not duplicate existing planned investment-specific monitoring and assignments in Health and Education Programs, but instead build upon and leverage existing work, and take a collaborative approach to working with partners.
3. DFAT's M&E standards should be applied.

The scope of services required will include:

Function 1: Advise and verify strong baselines

Health

- Review and validate the draft M&E Framework for the Health Portfolio Plan and present to DFAT for approval a comprehensive version, including indicators, baseline and targets;
- Collect, collate and validate project and investment baselines to support the development of the overarching Health Portfolio Plan M&E Framework;
- Advise DFAT on setting baselines, targets and indicators for assessing performance of individual investments with a strong focus on gender equality;
- Review the proposal for longitudinal studies and evaluation (Health Portfolio Plan Annex 4) and advise DFAT on feasibility, potential value to DFAT, methodology, and potential cost.

Education

- Review the draft M&E Framework for the Education and Leadership Portfolio Plan and advise on cost-effective operationalisation of the Framework
- As tasked, work with DFAT and contractors to review and advise on the implementation of the Monitoring and Evaluation Framework for the Education and Leadership Portfolio Plan

Function 2: Advise on the M&E frameworks of new investments

Health

- Advise DFAT on setting baselines, targets and indicators for assessing performance of new investments with a strong focus on gender equality;
- Advise DFAT on M&E frameworks of new investments to align with the Health Portfolio Plan M&E framework and accordance with whole of program performance assessment frameworks and Government of PNG policies such as the Medium Term Development Plan III (2018-2022).

Function 3: Annual reporting on Portfolio Plan progress

Health and Education and Leadership

- Compilation of an annual monitoring report for the Health Portfolio Plan which includes sex disaggregated data and which can track key gender outcomes for men and women;
- Conduct an annual review of efficiency and effectiveness of key programs under the Education and Leadership Portfolio Plans
- Compiling and completing relevant additional annual reports to feed into DFAT APPR, Aid Quality Check, Partner Performance Assessments, Aggregate Development Results and other reports.
- Advise DFAT on methodologies for quantitative and qualitative measurement and evaluations including for the policy engagement elements of both Portfolio Plans;
- Conduct mid-term reviews of the Portfolio Plans to assess progress of implementation, learn lessons on factors and actions supporting or impeding progress, and make recommendations for adjustments to the PNG Health Program; and identify key barriers to implementation and identify remedial action;
- Conduct an end-of Portfolio Plan evaluations to assess achievements, learn lessons and make recommendations for future DFAT development cooperation;

Function 4: Provide on-demand technical and strategic advice for the health and education and leadership portfolios

Health

- Provide on-demand, technical advice to support both health and education and leadership sectors incorporate gender and social inclusion

Education and Leadership

- Provide on-demand, technical advice regarding strategic direction of the education and leadership portfolio and progress towards outcomes

Function 5: Quality assurance of key program management and implementation products

Health (only)

At the request of DFAT, provide the following quality assurance input:

- Quality assure key program management documents such as concepts and designs for new investments or activities, monitoring and evaluation plans, and communication or dissemination strategies;
- Quality assure key program implementation documents including performance reports, and key pieces of analysis or research.

Other similar services not described in the functions above may be needed over time for other sector programs.

Function 6: Independent reviews and evaluations of investments, as directed by DFAT

Health and Education and Leadership

- Develop for each portfolio, a plan of reviews and evaluations to inform learning and management,

The evaluation plan and all independent evaluations must be conducted in adherence to the DFAT Monitoring and Evaluation Standards (2017) and the OECD Development Assistance Committee Guidelines and Principles for development cooperation.

| Indicative list of reviews and evaluations: | Health | Education and Leadership |
|------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| DFAT Tuberculosis investments mid-term and end review | ✓ | |
| ADB Health Sector Services Development Project mid-term and end review (joint with Asian Development Bank) | ✓ | |
| Clinical Specialist Support Project mid-term and end review | ✓ | |
| WHO - DFAT Partnership mid-term and end review | ✓ | |
| DFAT policy engagement approach review (focus on Human Resources for Health and health financing) | ✓ | |
| Mid-term review of new Australia-PNG Health Managing Contractor | ✓ | |
| Papua New Guinea Partnership Fund (PPF) efficiency review | ✓ | ✓ |
| Individual PPF grants for both health and education and leadership | ✓ | ✓ |
| Mid-term review of Disability Inclusive Development Fund | | ✓ |
| Mid-term review of main education contractor | | ✓ |
| Independent Evaluation of Australia Awards | | ✓ |
| Review of Kina-for-Kina university financing program | | ✓ |

Function 7: Possible M&E support to PNG Government partners, as directed by DFAT

- The M&E Services Provider may be directed by DFAT to work with Government partners on discrete outputs or capacity building tasks. Regardless of tasking, the M&E contractor will be expected to work collaboratively with GoPNG counterparts, and build strong relationships with counterparts to draw on under the various Functions. This is likely to be a minor function overall.

Health

- The contractor will report to DFAT and support the implementation of DFAT's Health Portfolio Plan. That Plan is closely aligned with PNG Government priorities, and all the contractor's activities will likewise be consistent with PNG Government priorities. From time to time, there may be opportunities for the contractor to undertake activities to support the National Department of Health, as directed by DFAT.

D. Implementation Arrangements

D.1 Roles and responsibilities

DFAT:

- DFAT Program teams in PNG post has overall responsibility for delivering the results and outcomes under the Health Portfolio Plan 2018-2023 and the Education and leadership and Leadership Portfolio Plan 2018-2023.

Implementing partners:

- Implementing Partners will be accountable for delivering the outcomes and outputs from their projects that contribute to the Health, and Education and Leadership Portfolio Plans.
- Implementing Partners will be responsible for putting in place their own reporting, monitoring and evaluation systems against their monitoring and evaluation plans.
- Implementing partners may include managing contractors, multilaterals, non-government organisations or individuals.

M&E Service Contractor:

- The M&E Service Contractor's responsibility is to provide advice and services to DFAT and implementing partners under each of the seven Functions outlined above.
- The M&E Service Contractor will not duplicate the reporting and monitoring of implementing partners. It will draw primarily on their M&E systems and data, and national information systems data. It will supplement these with additional primary and secondary data collection if required.
- The role of the M&E Service Contractor (in health only) will be to verify the data from these other providers and compile into reports for DFAT.
- The M&E Service Contractor will be required to work with partners on DFAT's advice with regard to the mid-term and end of project evaluations of DFAT investments.
- The M&E Service Contractor will prepare jointly with DFAT Terms of Reference and prepare detailed workplans for all activities. These will be in accordance with DFAT M&E guidelines and will be shared with DFAT for comment and approval before commencement.
- The M&E Service Contractor will report to DFAT and address its reports to DFAT.

The M&E Service Contractor will have expertise and experience in, but not limited to the following:

- Leading and conducting independent evaluation functions including in the education and leadership and health sectors
- Ability to communicate results effectively to senior managers
- World-class expertise from both within and outside the Australasian/Pacific region relevant to the range of education and leadership and policy dialogue issues to be addressed

- Strong relationships management skills with a track-record in building constructive, productive relationships through monitoring and evaluation engagements with client and those being assessed, working in participatory ways wherever appropriate
- Knowledge and experience of similar developing countries to PNG
- Ability to work effectively in complex governance environments and an understanding of the challenges and requiring of working in the health and education and leadership sectors in PNG
- Commitment to addressing and actively promoting women's empowerment and equality, and disability inclusion, within advisory and M&E engagement

Governance and Contract Management

- MESHD will be governed by a Program Steering Group (PSG) comprising relevant representatives from Health and Education in DFAT and Government of PNG. This may include the Responsible Officer at PNG post, Counsellors and Senior Program Managers from Health and Education teams at PNG post, relevant Officers from PNG branch in Canberra, QTAG Program Manager at post and Government of PNG M&E representatives in health and education and leadership sectors. The PSG will provide high level program oversight, monitor delivery of program outcomes, approve reports submitted by the Contractor, attend quarterly management meetings with the Contractor and undertake partner performance assessments.
- A DFAT Program Manager from the Public Policy and Health Security team in the Australian High Commission will undertake program management and contract administration, and will be the primary contact for the M&E Services Contractor.

D.2. Mobilisation

The M&E Services Contractor will begin with a six-week mobilisation phase. During this phase the M&E Contractor will consult with key stakeholders, primarily DFAT staff and project implementers, and develop a detailed annual workplan which identifies key deliverables as well as detailed plans for the first priority assignments (mostly regarding baseline and refining the M&E Framework for Health and Education and Leadership).

The M&E Service Contractor will submit the annual workplan and detailed assignment workplans at the end of the six week period and full implementation will proceed upon DFAT's approval of that plan.

Monitoring and evaluation

During the mobilisation phase, the M&E Service Contractor will also develop a results framework for its operations. This will include agreed service standards (covering quality, timeliness and cost) for each of the seven functions of support. For the services provided, the M&E Contractor will need to demonstrate consistent adherence to international good practice.

A formal performance review of the quality and effectiveness of the services will happen after one year and annually thereafter, including an end of contract assessment. These will be organised by DFAT and will include feedback from recipients of the services.

D.3 Annual work-planning

The M&E Services Contractor will submit an overarching four (4) year workplan that consolidates annual workplans to DFAT covering the scheduling of assignments, budget and resourcing requirements. This will include any additional assessments already agreed with DFAT.

Demand-led work

In case of exceptional requests for M&E Contractor support outside of the Annual Planning process, DFAT will work with the Contractor to develop the approach. However, the annual plan should have flexibility to respond to opportunities as they arise.

Implementation phase

Dependent on agreement with DFAT, the annual review cycle will match the Australian calendar year. This requires various monitoring products in Q3 (January-March) and Q4 (April-June) of each financial year for DFAT accountability and reporting purposes. Implementation will be managed on the basis of annual workplans within the framework of a larger four year workplan.

D.4 Reporting requirements

The M&E Services Contractor will provide concise quarterly activity reports in the initial year of implementation and bi-annually once it is well established, and monthly invoices to DFAT itemising the services provided for reimbursement and summarising performance against the agreed service standards. Agreed service standards will be developed by the Contractor and should be part of its internal quality assurance process. These will likely include: timeliness of all product report delivery, appropriateness of consultants provided, quality assurance of products, product reports (reviews, baseline work, monitoring) meeting agreed Terms of Reference, and quality of reports (e.g. is a review's conclusions and recommendations substantiated by the evidence, data and analysis?). In addition to these bi-annual, quarterly and monthly reports, the M&E Contractor will provide an annual report to DFAT on key issues, opportunities and risks, and specific reports of deliverables (e.g. evaluation reports).

D.6 Cross-cutting principles

Risks

Tenderers should explain their proposed approach to risk management. This could include consideration of risk at the following levels:

- Data availability implementation, given the breadth and demand-led nature of the services required and challenges of the operating context in PNG;
- conflict of interest;
- relationship management, given the need for constructive working relations with implementing partners while providing authoritative and independent evaluations and advice to DFAT;
- the wider operating environment, including political and personnel security risk.

Duty of Care and Security

This procurement will require the M&E Contractor to potentially operate in conflict-affected areas and insecure areas. Contractor personnel may be required to undertake field visits to provincial areas of PNG. The Contractor should be comfortable working in such an environment and should be capable of deploying to any areas required within the country in order to deliver the contract (subject to their own security / travel clearance).

The Contractor will be responsible for ensuring that appropriate arrangements, processes and procedures are in place for the safety and well-being of their personnel and Third Parties affected by their activities under the contract, taking into account the environment they will be working in and the level of risk involved in delivery of the contract. The Contractor must ensure their Personnel receive the required level of training prior to deployment.

Anti-Fraud

The M&E Contractor will develop and implement systems and processes that guard against fraud, nepotism and corruption as per the standard DFAT contract requirements. This will include:

- A 'zero tolerance' position on fraud:

- Using Commonwealth procurement Rules for all contractual arrangements and exercising due diligence over any sub-contractors;
- Suitable financial management procedures clearly articulated, that are compliant with the relevant financial management, fraud control and accountability requirements of DFAT. This includes processes that enable all funds to be tracked, justified, reported on and (where required) audited.

Gender and Inclusiveness

The Australian government recognises that gender equality and equality of opportunity for people living with disabilities is critical to development and has committed to ensuring it is a key part of aid programming. Access to gender and disability expertise will be an important element of the services provided by the M&E Contractor. In addition, bidders should explain how they propose to address gender and inclusiveness issues in the four categories of the required support as well as their own management and operational processes.

Child Protection

DFAT has over-riding policies associated with child protection with all funded Service Providers, bound by strict policies in relation to managing and reducing risks of child abuse by persons engaged in delivering DFAT activities. This includes a 'zero tolerance' approach on all issues relating to child abuse and child pornography. The M&E Contractor will reflect this clear, unambiguous policy in planning, operations and management. All contracted staff to the M&E Contractor required to visit Papua New Guinea will be briefed on DFAT's Child Protection policies and the Contractor's approach incorporated into an M&E Service Provider operating guide.

Environment and Displacement Safeguards

DFAT has a responsibility to ensure that safeguard issues including environmental protection and displacement and resettlement are considered in the delivery of Australian Government investments. The M&E Services Contractor will be required to conduct its activities in accordance with the relevant DFAT safeguards policies and guidelines.

Value for Money

Value for money is a key consideration for DFAT. Value for money is not delivered as a one-off exercise but is a continuous management process. The M&E Services Contractor will be required to demonstrate clear value for money for all activities supported by the Contractor. This will include demonstrating that administrative costs are minimised; that management processes (including procurement procedures) are designed to maximise cost effectiveness; that commercial risks are managed sensibly in a geographically challenging operating environment; and that funds are allocated based on evidence of results to ensure the greatest possible impact.

With this in mind, DFAT will, in discussion with the M&E Services Contractor, establish service standards for the different categories of M&E support. These will form the basis for assessing on-going value for money on at least an annual basis. The measures and approach will be agreed during the mobilisation phase.

E. Risk Assessment Approach (What might go wrong?)

- An initial risk assessment has been undertaken. The approach has been assessed as low risk. Further risks were identified during Peer Review of the concept note and have been added to the risk register. The Senior Responsible Officer for this investment will be DFAT's Counsellor, Public Policy and Health Security, AHC, Port Moresby.
- Investment level risks will be incorporated into the Health Portfolio Plan's pre-existing Risk Register, which will be reviewed quarterly.
- The main risks include implementation, given the breadth and demand-led nature of the services required and challenges of the operating context in PNG; conflicts of interest; relationship management, given the need for constructive working relations with the two teams at the AHC and authoritative and independent advice to AHC and GoPNG; mission creep, given the potential demand for expert advisory inputs beyond the investment scope; and risks related to the wider operating environment, including political and personnel security risk.

- The main safeguard issues include environmental protection; children, vulnerable and disadvantaged groups; displacement and resettlement, indigenous peoples; health and safety. Note that the vast majority of beneficiaries of Australia's support to the health and education and leadership sectors (including this investment) are Indigenous Peoples and as such our support meets the Indigenous Peoples Strategy 2015-2019 by addressing the social, economic and power imbalances of Indigenous peoples.
- The Contractor will be required to adhere to relevant DFAT policies, such as DFAT's M&E standards, the Child Protection Policy and the 2018 Environmental and Social Safeguard Policy for the Aid Program. These will be built into contractual and reporting arrangements between DFAT and the Contractor, which will be cleared through the Contracting and Aid Management Division. DFAT will provide all the relevant policies to the Contractor and arrange for risk and safeguards briefings to the Contractor by the relevant Canberra areas at the start of the contracting phase to ensure these are incorporated appropriately.
- The Risk and Safeguard Screening Tool is at Annex 1.

F. Annex 1

Risk and Safeguard Screening Tool.

Table 1: Safeguard Screening Checklist

| Environmental and Social Safeguards | No, Yes Unsure | If Yes or Unsure | | Risk rating before controls ² |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------|---------------------------------------------------|
| | | Likelihood | Consequence | |
| Environmental protection | | | | |
| 1.1 Could the investment have an adverse impact on the environment? For example, by supporting or providing advice on any of the following: <ul style="list-style-type: none"> • infrastructure development, such as roads, bridges, airports, railways, ports, dams, water, sanitation and hygiene (WASH), waste management, telecommunications, energy production and distribution facilities, urban development. • construction/renovation/refurbishment/demolition of buildings such as schools, hospitals, health facilities or any of the infrastructure above • diversion of water, including for water supply, irrigation, flood-mitigation, or aquaculture • rural development, agriculture, food production, or forestry activities • activities in the extractives (oil, gas, mining), manufacturing, transportation and tourism sectors. | No | Choose an item. | Choose an item. | Choose an item. |
| 1.2 Could the investment increase environmental, climatic and/or social vulnerability, including by (but not limited to): <ul style="list-style-type: none"> • increasing emissions of greenhouse gases (e.g. energy intensive process will lead to an increase in Green House Gas production) • reducing incentives to adapt (e.g. change in social norm away from responsible water conservation to increased consumption) • increasing the vulnerability of people (particularly the most vulnerable) or the environment to climate change (e.g. pesticides, used to eradicate mosquitoes that carry dengue fever, damage native insect populations which reduces agricultural productivity, leading to food insecurity) • increasing the impact of disasters, e.g. will infrastructure building codes and specifications be adequate for the intensity of disasters/hazards experienced in the investment area (e.g. floods, earthquakes, cyclones), will the investment impact the | No | Choose an item. | Choose an item. | Choose an item. |

2 Use Annex 1: DFAT Aid Risk and Safeguard Matrix to categorise the safeguard risk rating (low, medium, high or very high)

| Environmental and Social Safeguards | No, Yes Unsure | If Yes or Unsure | | Risk rating before controls ² |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------|---------------------------------------------------|
| | | Likelihood | Consequence | |
| food security of a vulnerable population <ul style="list-style-type: none"> setting paths that limit future choices (e.g. large capital and institutional commitment reduces portfolio of future adaptation options). | | | | |
| Children, vulnerable and disadvantaged groups | | | | |
| 2.1. Could the investment have an adverse impact on vulnerable and/or disadvantaged groups including children, women, people with disabilities, minority groups, or the elderly? | No | Choose an item. | Choose an item. | Choose an item. |
| 2.2. Could the investment involve contact with children or working with children? ³ | No | N/A | | Choose an item. |
| Displacement and resettlement | | | | |
| 3.1 Could the investment involve activities or provide advice about an activity that will: <ul style="list-style-type: none"> displace people, either physically or economically exclude or reduce people's access to land they live on or used to generate livelihoods exclude or reduce people's access to land that is of cultural or traditional importance to them? | No | Choose an item. | Choose an item. | Choose an item. |
| Indigenous peoples | | | | |
| 4.1. Could the investment involve activities that adversely impact the: <ul style="list-style-type: none"> dignity, human rights, livelihood systems or culture of indigenous peoples land or natural and cultural resources that indigenous peoples own, use, occupy or claim? | No | Choose an item. | Choose an item. | Choose an item. |
| Health and safety | | | | |
| 5.1. Could the investment involve activities that adversely impact the health and safety of workers and/or communities? | No | Choose an item. | Choose an item. | Choose an item. |
| 5.2. Could the investment involve DFAT workers? | Yes | N/A | | |
| 5.3. Could the investment involve risk of exposing workers and/or communities to asbestos? | No | N/A | | |

³ Complete Steps 1-3 of the *Guidance Note: Establishing Child Protection Risk Context* to assess the overall child protection risk.

Table 2: Investment Risk Summary

| | | Highest individual risk rating in each category (before controls) |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. | Operating environment: What factors in the operational or physical environment (political instability, security, poor governance, lack of essential infrastructure, gender inequality etc.) might impact directly on achieving the objectives? | High |
| 2. | Disaster risk: Is the investment or intended outcomes exposed to disasters that typically occur in the investment area and/or country? Disaster impacts could include the risk of damage to infrastructure, loss of life, and other economic and social impacts. | Low |
| 3. | Development Results: How realistic are the objectives and can they be achieved within the timeframe? Are the objectives/results sustainable? Would the failure to achieve the results in the proposed timeframe, or at all, affect the targeted beneficiaries directly? What factors may prevent the objectives being met? | Medium |
| 4. | Partner capacity and relations: Could a relationship breakdown occur with key partners or stakeholders and would this prevent the objectives/results from being achieved? Does the intended partner (if known) have the capacity to manage the risks involved with this investment? Could differing risk appetites affect the relationship? Do all partners have the capacity and capability to manage their role/work involved in this investment? | Low |
| 5. | Fiduciary and fraud: Are there any significant weaknesses which mean funds may not be used for intended purposes, not properly accounted for or do not achieve value for money? (Fraud Control and Anti-Corruption Strategies and Assessments of National Systems will assist in identifying significant risks.) | Medium |
| 6. | Compliance: Is there a risk that poor program management may lead to a breach of investment accountability, legislative/ contractual or security obligations? Is there a risk that DFAT aid program funding could be diverted for use by terrorists? (Refer DFAT's <i>Approach to Managing Terrorism Financing Risk</i> policy) | Low |
| 7. | Reputation: Could any of the risks, if they eventuated, cause damage to DFAT's reputation? Could any aspect of implementation damage bilateral relations? | Low |
| 8. | Environment and Social Safeguards: Do any of the activities involved in this investment have the potential to cause harm to the environment and people - (environmental protection; children, vulnerable and disadvantaged groups; displacement and resettlement, indigenous peoples; health and safety)? | Low |
| 9. | Other: Are there any other factors specific to this investment that would present a risk (e.g. this is a new area of activity or it is an innovative approach; are DFAT resources (budget, people, or timeframes) critically constrained)? | Medium |
| 10. | Overall Risk Rating: | Low-risk |