

ANNEX 5: RISK MATRIX

Source of Risk	Risk Event	Impacts of Activity	L	C	R	Risk Treatment	Responsibility	Timing
Reputation								
Socio-Political (Australia)	Groups with anti-engagement stances such as The Burma Campaign increasingly pressure the Australian Government to cease any economic/ humanitarian assistance to Burma.	<p>Withdrawal of Australian funds for Burma would jeopardise the ongoing viability of this programme.</p> <p>Withdrawal of other donor funding (e.g. 3DF) could have flow on effect for PFHAB.</p> <p>NB: The Free Burma Coalition and the Voices for Burma both advocate engagement following assessment that isolationist policies and non-engagement strategies with the Junta have not been effective.</p>	2	4	H	<p>Remain abreast of lobby group advocacy and political response to Burma.</p> <p>Where useful advocate the humanitarian need for RH services in Burma.</p>	MSI Australia	Ongoing
Effective and Sustainable Aid Outcomes								
Political (Myanmar)	<p>National Government discontinues support for the programme/ MSI operations in Myanmar</p> <ul style="list-style-type: none"> - MSI MoU is not extended - International NGOs are restricted to operate (as an independent initiative or as a reaction to issues related to other organisations e.g. ICRC) - Government stops allowing NGOs to provide SRH services 	NGOs without a current MoU are not permitted to work in Myanmar.	1	5	H	Stay abreast with the changes in the policy and practice of coordination between government and international organizations. Pro-active maintenance of positive working relationship with the Ministry of Health.	MSI Country Programme Director and programme management team.	Ongoing
Political (Myanmar) Regulations	International NGO's required to register with the Ministry of Home Affairs	Site selection, allocation of funding on different activities, recruitment of staff and partnerships and cooperation will be objected or pressured. Even UN agencies must require their implementation partners are registered.	2	4	H	Monitor the implementation of policy and coordinate with other international organizations in responding to the guidelines.	MSI Myanmar Country Programme Team	Ongoing
<p>Cultural and Gender Factors</p> <ul style="list-style-type: none"> - existing stigma around condom use - cultural sensitivities around 	Behaviour Change Communication doesn't result in positive changes to SRH practices	Knowledge about SRH and how to access services is increased but Purpose statement of increased adoption of safe SRH practices not achieved.	2	4	H	Field testing of BCC and condom social marketing methods. Working with and through intermediaries such as the Literature and Culture Association to provide ethnically and culturally appropriate messages.	MSI Myanmar Country Programme Team	Implementation

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discussing pre-marital sex - Family planning not accepted - Females with limited decision making power in contraception						Couples counselling. Community sensitisation through traditional theatre performances and community outreach.		
Gender and Cultural Factors - Males have limited SRH seeking behaviour. SRH is seen as the business of married women. - Cultural norms that say young unmarried females are not sexually active.	Males continue not to access SRH treatment when and as needed. Adolescent girls do not receive or access information on SRH issues	Adolescent girls increasingly at risk of unwanted pregnancy and STIs. Men's, and consequently their partners, SRH decreases as a result of late, inappropriate or no health seeking behaviour	2	4	H	Conduct full Gender Analysis in first 3 months of project. Ensure MSI has a gender balanced workforce including males in contraceptive social marketing and SRH treatment. Small, gender disaggregated group discussions lead by peers. Raising awareness of pharmacy and GPs (males preferred means of treating STIs) of the services on offer at MSI. Dedicated Gender Diversity and Rights Trainer/resource to monitor and adjust programming as required.	MSI Myanmar Country Programme Team and Gender, Diversity and Rights Trainer	Ongoing
Political (Myanmar)	Security situation in project areas deteriorates. Ye in Mon State is a Brown Zone (where land is contested). Black zones are insurgent controlled (Shan/Karen/Karenni States) White zones: Under complete SPDC control.	Staff security concerns could result in a temporary or permanent closure of affected centres. On WB CPIA index of political stability and absence of violence is ranked in lowest 10 th percentile in 5/6 categories and lowest 25 th percentile in non-violence. Myanmar is categorised as a conflict affected fragile state.	3	2	M	One site potentially affected (Ye) Regularly update on situation in conflict zones. Attend regular UN briefings on political/conflict situation. Briefing and training teams/staff in the field on safety and security.	MSI Myanmar Country Programme Director and Programme Manager	Ongoing
Political (Myanmar)	Local leaders and local health staff deny permission to conduct community (group) education activities (peer education, theatre troupes, IEC material provision) both inside and outside of MSI centres.	Increased time and resources utilised in education and service delivery to individuals. Delay in meeting targets as scheduled.	3	2	M	Pro-active maintenance of positive working relationship with local Dept of Health officials and local leaders.	MSI Centre in Charge in each project township.	Start up and Implementation
Regulation/legal	Recently enforced law regulating private sector health care	More bureaucratic procedures and paperwork; local authorities have more control over operations in the	3	2	M	Balance compliance with the regulations and retaining operation space	MSI Myanmar Country Programme	Ongoing

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		centres					Team	
Socio-economic	Health and social conditions further deteriorate in Burma.	People unable to pay (even reduced rates) for services. Inability to refer serious problems to already weak primary and secondary health care facilities,	3	2	L	Monitor affordability of services particularly for rural poor. Communicate on early warning signs with partners in development.	MSI Myanmar Country Programme Team	Ongoing
Risks to Output Delivery/Efficiency								
Social / Legal Context - Illegality of prostitution - Need to meet local targets for number of SW arrests	Project can not access sex workers as periodic police crack downs drive the industry further underground, thereby restricting this population from accessing SRH services.	Inability to access sex workers in affected sites.	3	2	M	Ensure open and regular communication with SWs, and, as far as possible, local authorities.	MSI Centre in Charge at each project site.	Implementation
Logistics/ Supply Constraints	Restrictions and delays in the importation and procurement of SRH commodities, supplies and equipment. Changes in exchange rates affecting costs of goods.	Clients unable to access all services and/or contraceptive cover interrupted.	2	1	L	Sound stock supply management procedures. 6 months buffer stock in hand. Well trained procurement team, frequent and regular stock balance checks.	MSI Myanmar Project Management team and Procurement team. MSI London procurement team.	Implementation
Risks to Capability								
Lack of sufficiently skilled/trained personnel in Myanmar, turnover of trained staff to more affluent (UN) or overseas positions.	Qualified staff can not be retained throughout the project.	Delays in activity implementation, time and resources expended in retraining.	3	2	M	Sound Personnel Management procedures, providing training and advancement opportunities within MSI.	MSI Myanmar Programme Managers	Project inception, Implementation
Currently no strategic coordination in the SRH field exists. It can take time to get strategic coordination with government and generally requires UN support.	Government will not participate in, or convene, a regular SRH dialogue forum amongst public/private/NGO sector service providers.	Ongoing uncoordinated response to SRH issues that continues to see STI treatment and RH as separate matters.	3	2	M	Advocacy with the UN (UNFPA), Department of Health and Myanmar Medical Association (MMA). Presentations at the CME (Continuing Medical Education) discussions of MMA on the links between STI and RH.	MSI Programme Director	Implementation post inception.