RISK
MANAGEMENT IN
GLOBAL FUND
SUPPORTED
PROGRAMS IN
PAKISTAN

ROUND 9 - HIV

Nai Zindagi, Pakistan

March 28-29, 2012 Health Services Academy Islamabad

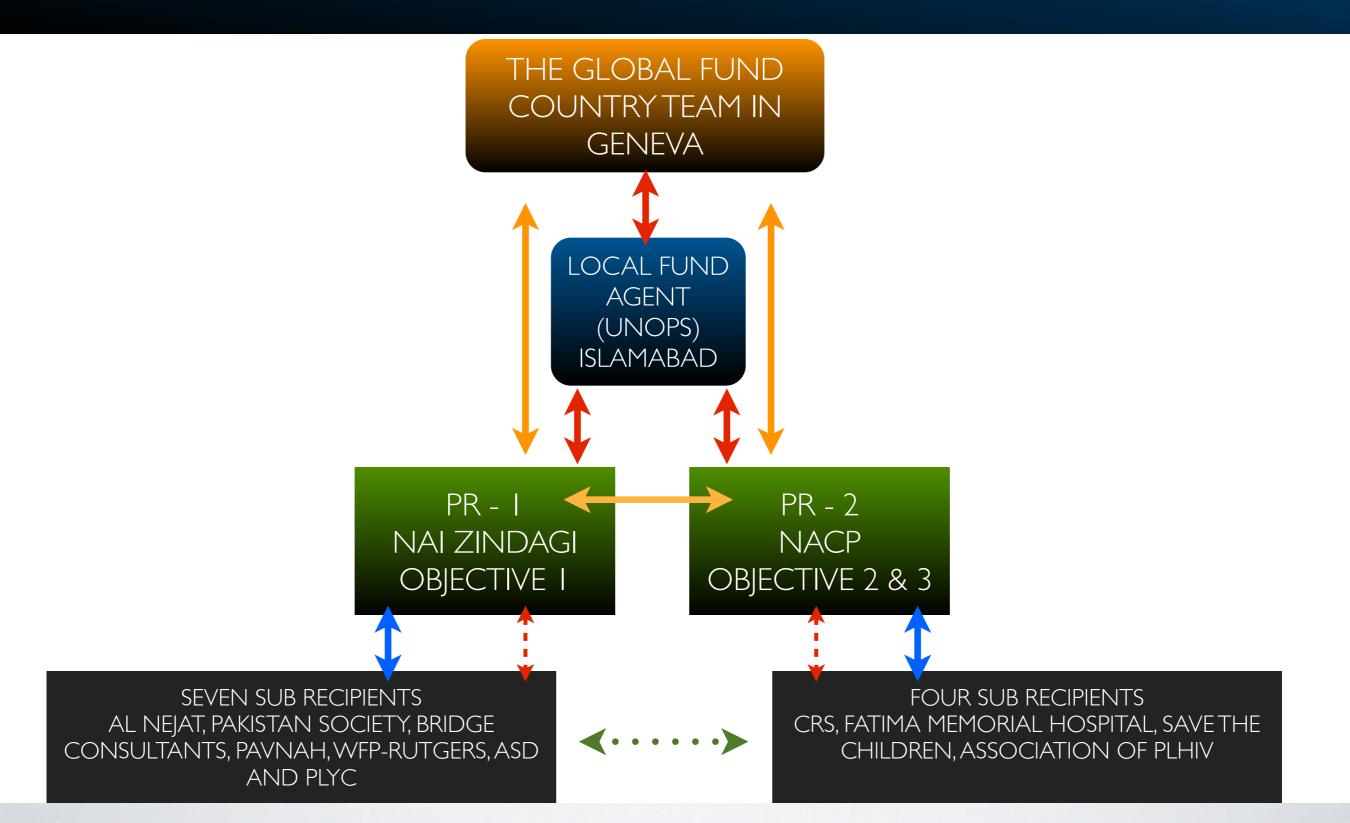
# PRIMARY OBJECTIVE

PREVENT HALT AND REVERSE HIV AMONG PEOPLE WHO INJECT DRUGS, THEIR WIVES AND CHILDREN

To provide a specific range of harm reduction services in 24 districts of Punjab and Sindh to 28,000 street based persons who inject drugs (PWIDs), their wives and children. In addition provide access to HIV and AIDS related diagnostics, treatment and care services to HIV positive clients, through the Principal Recipient (PR) - National AIDS Control Program (NACP) and its sub-contracted Sub Recipients.

## THE MANAGEMENT

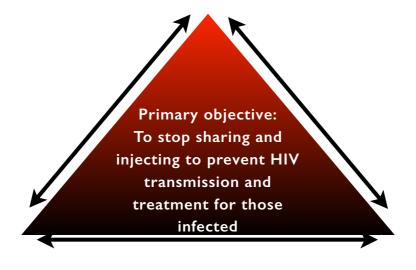
ARRANGEMENT OF THE GLOBAL FUND ROUND 9 - HIV



# HARM REDUCTION

## WHAT HAS WORKED BEST IN PAKISTAN

HIV prevention and harm reduction services
Syringe Exchange Program
Medical Services
Referral services
VCCT, etc..

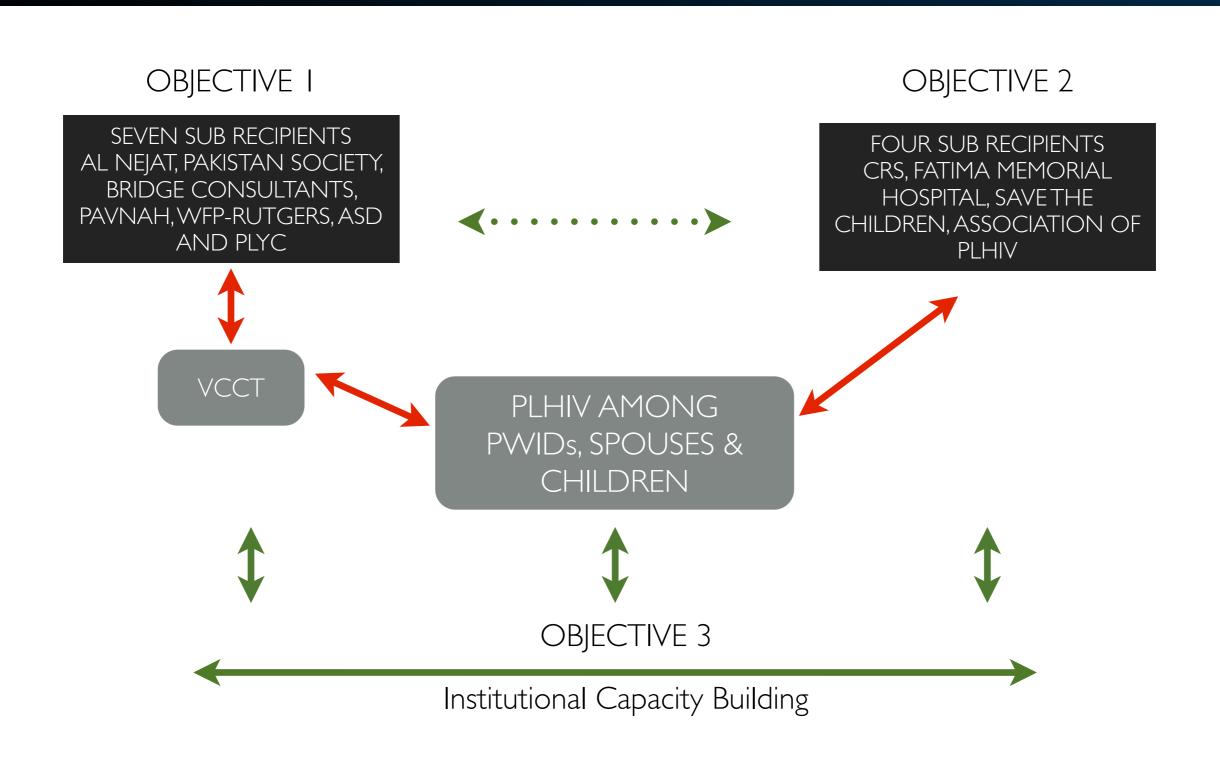


HIV & AIDS related services for HIV+ve PWIDs and their families

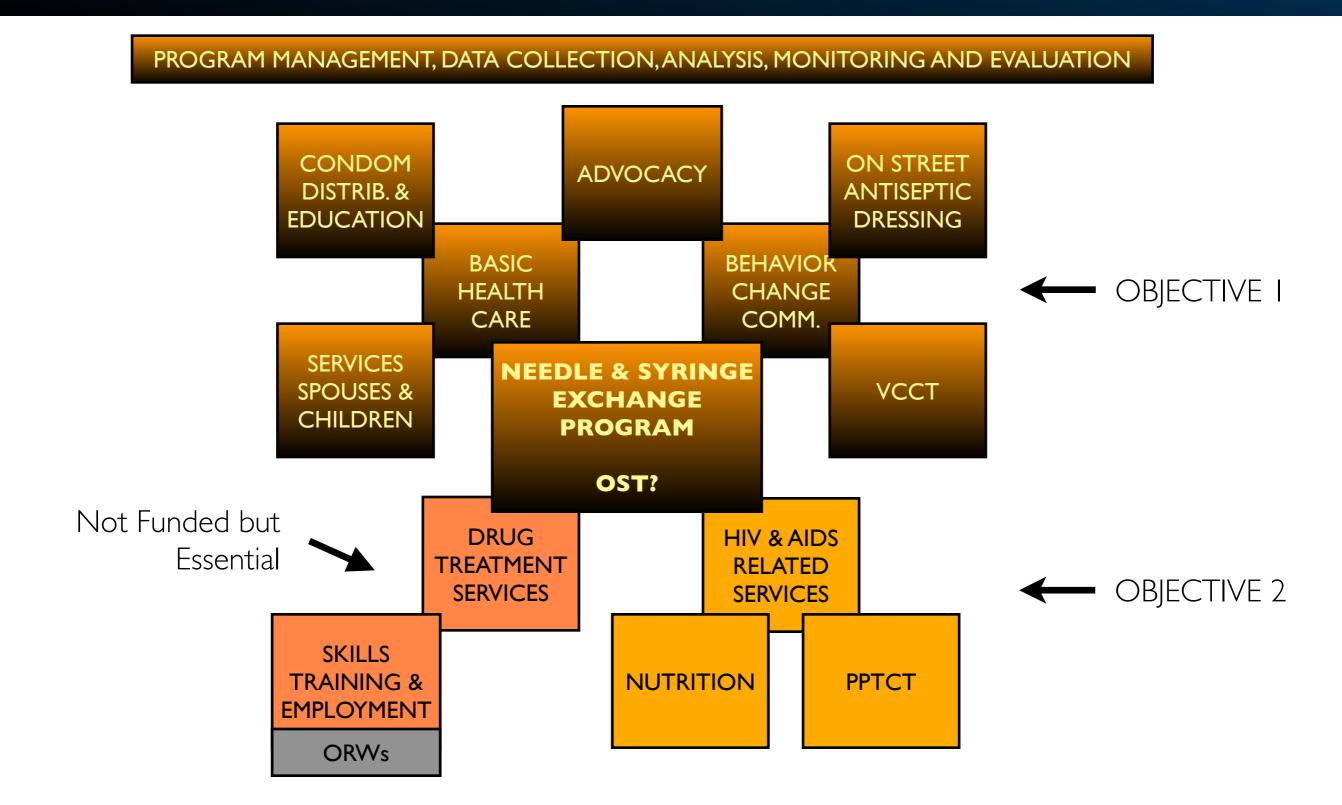
Drug Treatment, Rehabilitation, Skills and Employment

# THE OBJECTIVES

AND HOW THEY FIT IN TOGETHER

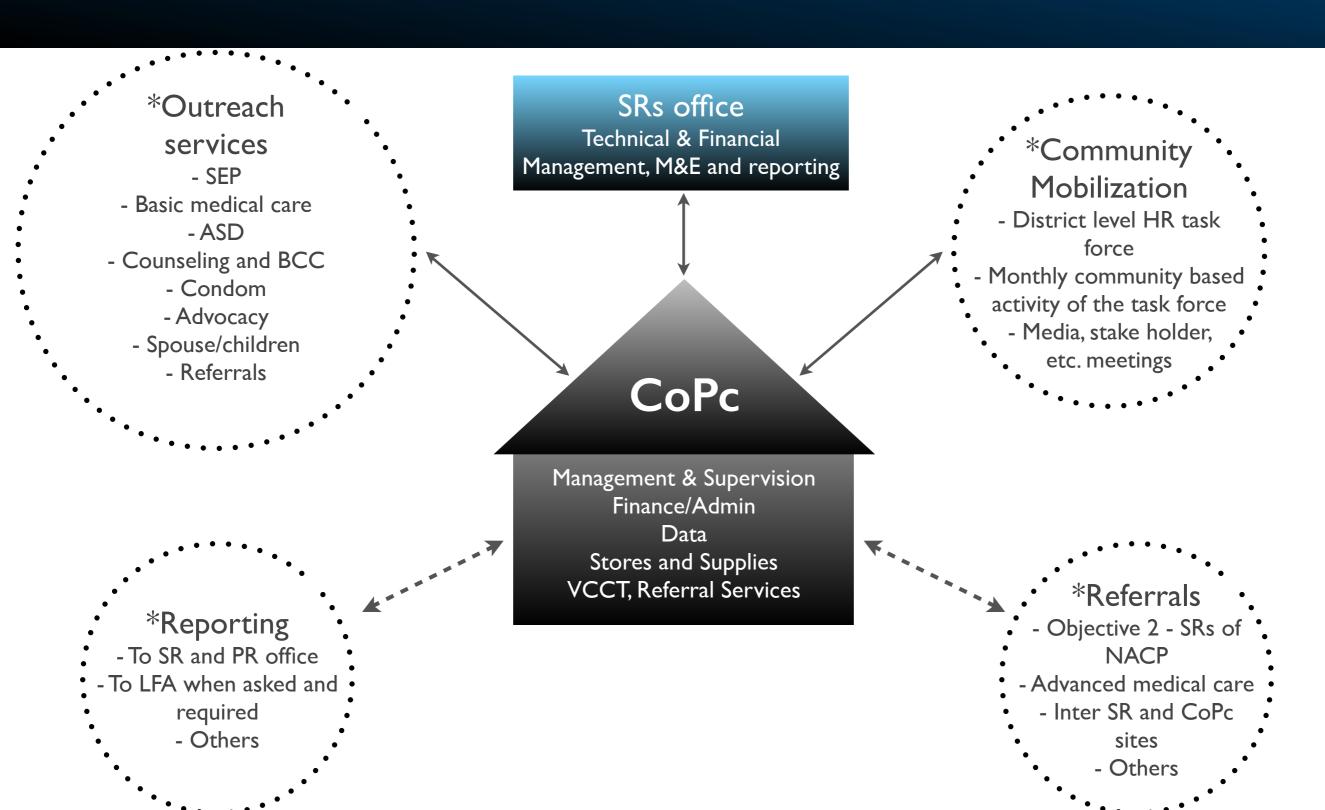


## CONTINUUM OF CARE



# SR's ROLL-OUT IN 24 DISTRICTS

**GLOBAL FUND ROUND 9 SPECIFIC** 



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## Programmatic & Performance

#### RISK ASSESSMENT

HIGH LIKELIHOOD AND HIGH IMPACT

WAR on drugs

Policy & anti drug laws / security

Community related misconceptions and myths around drug use, HIV and AIDS

Low overall national coverage of HIV prev. prog. for IDUs

Inadequate quality of overall programming

Absence of OST & detox. services

Low capacity/ experience in HR related service delivery

High level advocacy to highlight the Public health aspects of IDU related HIV

Need for country level sensitization to IDU related HIV and AIDS

Provincial AIDS programs to revisit PCIs and methodology in light of evidence and science

Stakeholders to aggressively advocate with MNC for OST pilot startup

Advocate for complimentary resources for detox. with donors (USAID) & GF to reallocate part of OST approved budget

PRI & 2 to URGENTLY revisit CoPc to ChBc referral with Provincial AIDS programs and UNAIDS

PR to request GF for post training refresher courses for SR staff and additional PR program and M&E staff CONTROL -

Increase in the percentage of HIV infected IDUs from the national baseline.

-CONTROL

Active and meaningful involvement of people who use drugs in service delivery

PR/SRs to actively seek cooperation from district level law enforcement to reduce crack downs/clean up operations

PR/SRs to actively engage the planned district level IDU task forces to create an enabling environment with local communities

Increased coverage of HR services for IDUs, spouses and children

SRs to actively advocate for and access community resources for drug treatment of HIV+ve IDUs for stability and adherence to ART

PR to increase on site trouble shooting and additional training of SR staff in HR service delivery

IDUs go underground

Increased stigma/ discrimination resulting in reduced access to HIV prevention services

**Negative** community reactions to HR services resulting in closure

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Increased incidence and transmission of HIV among IDUs, wives and children

Poor adherence to ART

Poor quality of services may result in low uptake of HR services

Design fault in referral of HIV +ve IDUs to ChBc / post WB

Disbursements/ insufficient in line with planned scale up of activities

Regular review of budget vs spent to improve overall spending and forecasting

Advance planning to factor

are not available

when needed

Shortage of funds

Extreme negative foreign exchange rate fluctuation

major fluctuation changes

CONTROL -

Overall program implementation slowed

Funds not received on time from the GF due to external factors/internal procedures

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Improved understanding of GF's financial procedures, time lines and conditionality through regular communication

**Financial** resources for implementation

Request the GF to re-visit rating in light of inability to perform without resources

Release of adequate funds

to maintain a healthy buffer at the PR level

> Loss of trained Human Resource at all levels PR/ **SRs**

GF related conditionality/s limited availability to readjust

Regular monitoring to ensure targets are achieved and in line with the performance framework

Timely financial audits (external & internal) of PR and SRs and efficient management of crisis

e.g re-hiring, training, re-start up, legal action

Targets not achieved/poor of"C"

Ensure strict financial controls and regular periodic review

Timely inform GF of funds shortage and seek support

Damage to the reputation of the organization due to delayed payments to SRs, staff, vendors, consultants, etc.

rating. The Cycle

Misuse of funds. wastage, fraud at service level

Seek timely approvals from the GF for utilization of unused funds

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## Health Services & Products

### RISK ASSESSMENT

MEDIUM LIKELIHOOD AND LOW IMPACT

Non-availability of WHO or GF or ISO 17025 certified testing laboratory in Pakistan

GF to allow and accept quality verification of test results from the NIH drug testing laboratory

GF to suggest alternate arrangements

GF to allow only sourcing from multi-national companies manufacturing medicines locally to minimize quality related issues

CONTROL-

Quality Assurance of medicines purchased as per GF requirements is not possible

assistance from the GF if QA testing required from abroad

Seek budget/support and

Restriction to buy the lowest priced that fits the procurement criteria

-CONTROL

Many local manufacturers fit the procurement selection criteria with lower prices but quality can be questioned

Inability to test

quality of

medicines as per

**GF QA** guidelines

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### Governance, Oversight and Management

#### RISK ASSESSMENT

MEDIUM LIKELIHOOD AND HIGH IMPACT

Large geographical spread

A fast changing street environment/ chaos/securtiy

Non compliance by SRs

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PR/SRs not allowed management fee by GF

SRs new to HR and require extra/additional on site support

Disrupted data entry/reporting on MIS due to 12-18 hour power failures

Ensure regular and periodic monitoring of all SR and CoPC sites

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Justify and seek management fee from GF

Provide on site additional support, training and trouble shooting to SRs at CoPc sites

Request the GF for

reallocate/realign if possible

CONTROL -

Increased reliance on remote management for quality assurance, oversight and management - not ideal but a choice

Re-visit budget and

Utilize internal reserves till they end and/or seek additional core funding

-CONTROL

Analyze data manually

Requires additional time and resources

Difficulty in field visits / streets

Fewer monitoring visits/ staff overworked

Poor quality of service uptake by clients and eventual shut down

Inability to support the PR office by the core organization

MIS not properly implemented and reporting delayed

Weak monitoring, oversight and management of SRs/CoPc sites in 24 districts

generators at 24 CoPC sites and 7 SR/ I PR offices from within available budgets

