



Innovation for Health

Strategic Plan 2017/2019

Dr Thembi Xulu | Chief of Party



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Innovation for Health

Consortium Partners



ANOVA
HEALTH INSTITUTE



Prime Recipient



Strategic Partners



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We exist because achieving HIV epidemic control with the current donor budget requires doing:



The Right Things

Advances key PEPFAR Priorities to meet the rapid increase on ART Target



Right Place

African-based Partners to deliver contextualized solutions



Right Now

Timely and Rapid Result-Oriented Capability



The Right Way

Catalyze Innovative, Effective and Less Costly Service Delivery Models and ARVs



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Vision

- **Universal access to ART**

- ☐ All supported countries reach UNAIDS 90-90-90

- ☐ All supported countries implement successful Test and Start Policy

- **Simplification of access to ART**



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Competitive Advantage

African-based partners value

Rich in diversity of experience

Evidence-based strategies

Built-in health economic component

Close interaction with donors and partners

USAID Washington's Strategic Information Unit gives access to valuable data sources

EQUIP's attitude and approach (building local capacity)



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On-boarding of new countries

1

In country USAID Mission invites EQUIP to provide Technical Assistance through Washington DC

2

EQUIP conducts scoping visit to assess country context and identify areas of support. We work closely with USAID, Ministry of Health (MOH) and local implementing partners to agree on a scope of work which is approved by all above parties

3

EQUIP develops a workplan which includes activities, structures and outcomes and budgets. USAID Washington approves then we go through pre award assessment, sub-contracting, training, recruitment then the work continues...



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EQUIP Supported Countries by Lead Partner

- **RTC**

- Zambia
- Lesotho
- Botswana
- Uganda
- Myanmar
- Ukraine

- **ANOVA**

- Namibia
- KP & PrEP for all EQUIP supported countries

- **MatCH**

- Ghana
- Tanzania
- Haiti
- Dominican Republic

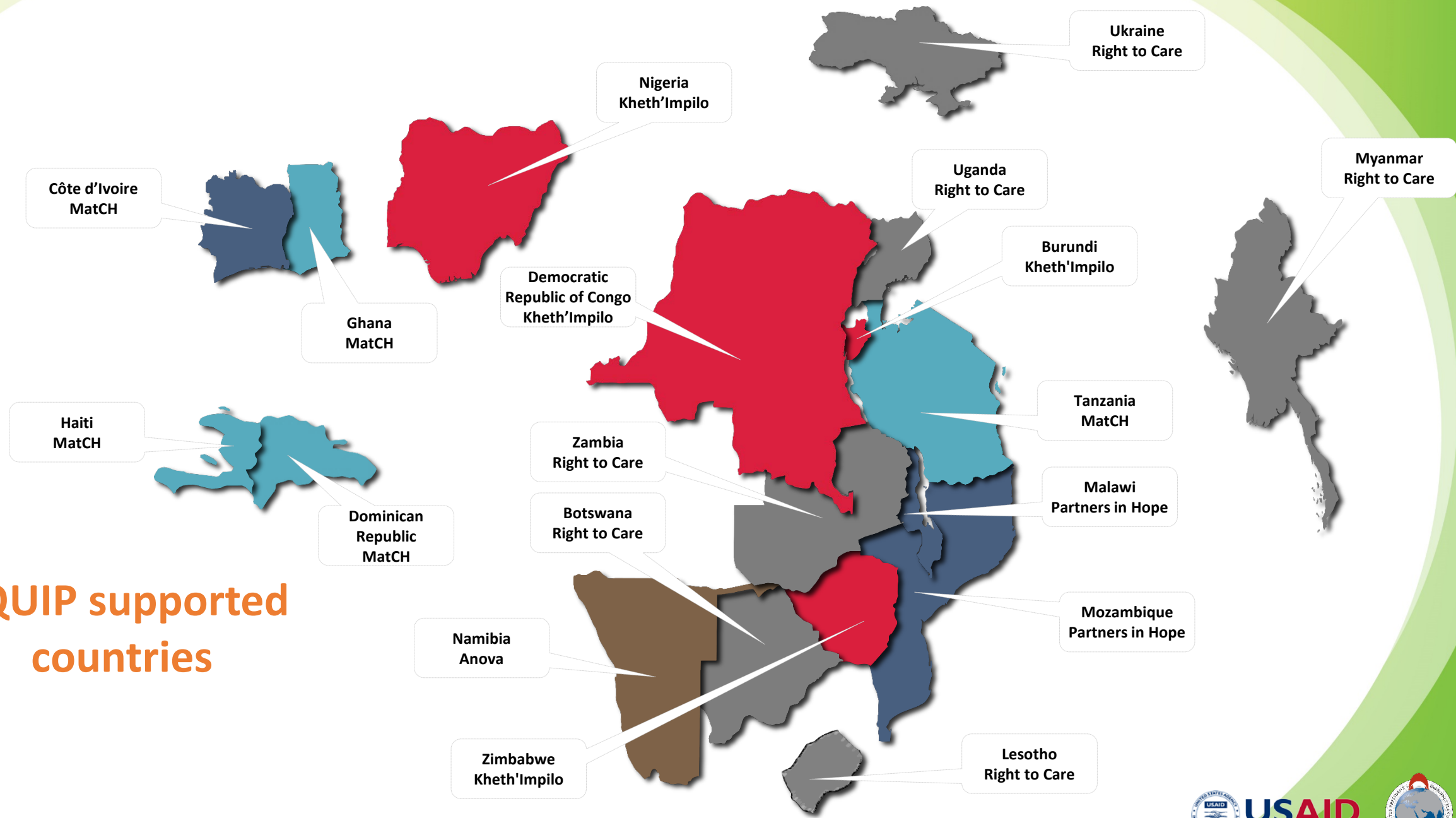
- **PIH**

- Malawi
- Mozambique
- Ivory Coast

- **Kheth'Impilo**

- Zimbabwe
- Nigeria
- DRC
- Burundi

EQUIP supported countries



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Multiple Clients



Ministries of Health

Followed by



MOFPED
Ministries of Finance



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Washington D.C.



Non-core Partners

fhi360

THE SCIENCE OF IMPROVING LIVES

Local Implementing
partners

EQUIP

Innovation for Health



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In country Missions

MatCH
Maternal, Adolescent and Child Health Systems



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**Partners in
HOPE**



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Solution Based Focus Areas (Product)

1

Rapid Test and Start Roll Out Support

2

Differentiated Models of ART Delivery with focus on Multi-Month Scripting and Dispensing at both Facility and Community level

3

Strategies and Technologies for more efficient increases of HIV Testing Yield, Initiation on ART, Retention on ART, and Viral Suppression for both Children and Adults

4

Treatment approaches implemented that efficiently respond to the needs of Key Populations

5

Innovative approaches to Support the Rapid Scale up of Viral Load Monitoring

Services offered by EQUIP

Service Delivery					
Test & Start Roll Out Support	Multi Month Scripting / Dispensing	Community Drug Distribution	Reaching Men	Key Populations	Viral Load Monitoring Scale Up
Demonstration Projects					
Self-Testing	PrEP		HIV/HCV Coinfection	Multi-Month Scripting	
Cost Analysis			Policy Support or Staff Secondment		
Cost Modelling	Cost Outcomes		Technical Assistance for Guidelines	Secondment of Staff to MoH	



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Examples of project type and timelines

Short Term

- Rapid Response Clinical Team (RRCT)
- Zambia, Lesotho

Medium Term

- Laboratory support working with NHLS/PIH
- Tanzania, Malawi

Long Term

- Demonstration projects (Implementation Science)
- Self Testing, MMSP & PrEP Demonstration projects



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Example of project type

MMSD = Multi-Month Scripting and Dispensing

- Service Delivery
- Demonstration Project- Operations Research/Implementation Science

The practice of *scripting and dispensing multiple quantities* of a particular medicine for *periods exceeding one month* and the *dispensing of such quantities at once*, to a patient who is **clinically identified as stable** on treatment against a *defined criteria* by an authorised prescriber or treating physician

Rationale for Implementation of MMSD

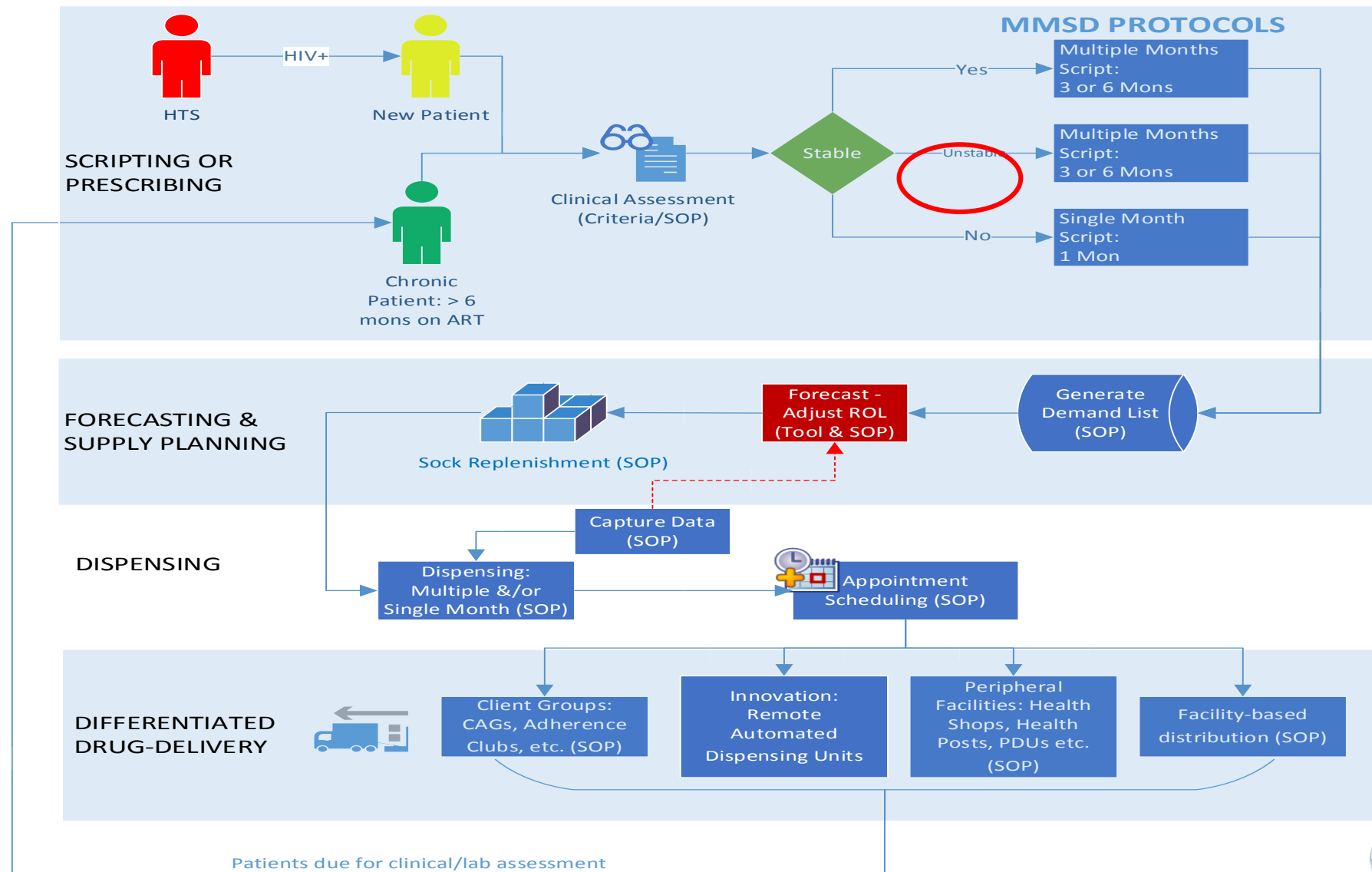
To improve adherence to treatment

Reduce costs of treatment (patient and facility)

Decongest health facilities to allow more intake

Reduce waiting times

MMSD: Conceptual framework for Implementation



Results Chain for MMSD Implementation

At Input Level

- MMSD Capacity Assessment Report

At Output Level

- Increase in number and percentage of sites providing MMSD
- Increase in number and percentage of clients who receive ART through MMSD
 - **Possible Disaggregation**
 - Categorization of site (Health facility / Community)
 - 3 vs 6 MMSD
 - Stable vs Unstable

At Outcome Level

- Increase in number of adults and children currently receiving ART (TX_CURR)
- Increase in %age of adults and children known to be alive and on treatment 12 months after initiation of lifelong ART (TX_RET)
- Increase in %age of ART patients with a viral load result documented in the medical record and/or Lab systems within the past 12 months with a suppressed viral load (TX_PVLS)
- Cost Outcomes
 - **Possible Disaggregation**
 - By model of care: 3 / 6 MMSD, standard of care
 - Facility vs Community Sites

MMSD Implementation Support – Tools developed by EQUIP

- Implementation Capacity Assessment Tool – Zambia and Lesotho
- Guidelines: Multi-Month Scripting and Dispensing in Malawi
- Guidelines: *Differentiated Models of ART Distribution in Stable Patients in the DRC*
 - PODI Club Register – DRC
 - PODI Prescription Template
 - PODI House Medicine Order Form
 - ARV Stock Card
 - PODI ART Attendance Register
- Multi-Month Scripting and Test and Start Calculator (USAID Tool)



Key Outcomes/Deliverables

Increased new on treatment through high yield testing and rapid scale up of Test & Start

Increased viral suppression and retention through differentiated models of treatment distribution and viral load scale-up

Costing and outcome evaluations of EQUIP interventions

Visibility of Results

Conference presentations

Thought leaders on international health platforms

Development of site level assessment tools

Publishing materials in respected scientific journals



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Key Performance Areas

Activity	2016 Achievements	2017 Milestones	2018 Milestones	2019 Milestones
Test & Start Roll Out Support	Test & Start Implementation Capacity Assessments done. TA provided for economic evaluations to support Test & Start in EQUIP countries.	100% of planned EQUIP-supported sites implementing Test and Start initiatives	75% increase from baseline of individuals newly enrolled on ART through the Test and Start initiatives in EQUIP-supported sites	100% increase from baseline of individuals retained in treatment through Test and Start initiatives in EQUIP-supported sites
Multi Month Scripting / Dispensing	Identification of sites - community and health facilities - dispensing multi-month ART	100% of planned sites providing multi-month dispensing	75% increase from baseline of patients receiving antiretroviral therapy (ART) through multi-month dispensing in EQUIP-supported sites	75% increase from baseline of adults and children known to be alive and on treatment 12 months after initiation of multi-month dispensing of antiretroviral therapy (ART) in EQUIP-supported sites
Community Drug Distribution	Identification of sites for community ART distribution	75% of planned community sites are implementing defined model of multi-month ART distribution	75% increase from baseline of patients currently receiving treatment (ART) outside of the health facility in EQUIP-supported sites	75% increase from baseline of adults and children known to be alive and on treatment 12 months after starting to receive treatment (ART) outside the health facility in EQUIP-supported sites
Reaching Men		100% of planned number of EQUIP-supported sites implementing the targeted operational plan that supports reaching a greater number of men	50% increase in men reached who received HIV Testing and Counseling (HTC) services and received their test results through male-targeted HIV-related initiatives in EQUIP-supported countries	90% of men reached are currently receiving antiretroviral therapy (ART) through male-targeted HIV-related initiatives in EQUIP-supported countries



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Key Performance Areas Cont.

Activity	2016 Achievements	2017 Milestones	2018 Milestones	2019 Milestones
Key Populations	Rapid assessment to inform effective strategies to address needs of KPs	100% of planned number of EQUIP-supported sites are key population competent	75% increase from baseline of individuals from key populations who received HIV Testing and Counseling (HTC) services for HIV and received their test results in EQUIP-supported sites	90% of individuals from priority populations are currently receiving ART in EQUIP-supported sites
Viral Load Monitoring Scale up	Baseline assessment report of sites providing viral monitoring in EQUIP-supported countries	75% of planned number of new laboratories implementing the viral load testing strengthening strategy in EQUIP-supported countries	75% increase from the baseline proportion of patients with a viral load documented in the medical record within the past 12 months in EQUIP-supported countries.	90% of patients in EQUIP-supported sites are virally suppressed
Self Testing	Self-testing protocol developed	Self-testing demonstration projects conducted in identified sites according to work plan	Findings from Self-testing demonstrating projects used to revise national self-testing guidelines	HIV Self-testing guidelines adopted
PrEP	PrEP Protocol developed	PrEP demonstration projects conducted according to work plan	Findings from PrEP demonstrating projects used to revise national PrEP guidelines	PrEP roll out in all supported countries

Key Performance Areas Cont.

Activity	2016 Achievements	2017 Milestones	2018 Milestones	2019 Milestones
HIV/HCV co-infection demonstration project	HIV/HCV demonstration project protocol developed	HIV/HCV demonstration project implemented according to work plan	Findings from HIV/HCV demonstration project used to develop/revise HIV/HCV co-infection management guidelines	Revised guideline adopted for implementation
Multi-Month Scripting/Dispensing	MMD Protocol developed	MMD demonstration projects implemented according to work plan	Findings from MMD demonstration projects used to develop/revise national guidelines	Revised guidelines for MMD implementation adopted
Cost modelling	Cost modelling data and reports for the differentiated models of testing, linkage and treatment scenarios in EQUIP-supported countries developed according to work plan	Development of policy briefs informed by findings of cost modelling reports		
Cost outcomes	Protocol for cost outcome evaluation developed	Preliminary report on cost outcomes	Preliminary/Final reports on cost outcomes	Development of policy / budget briefs



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Key Performance Areas Cont.

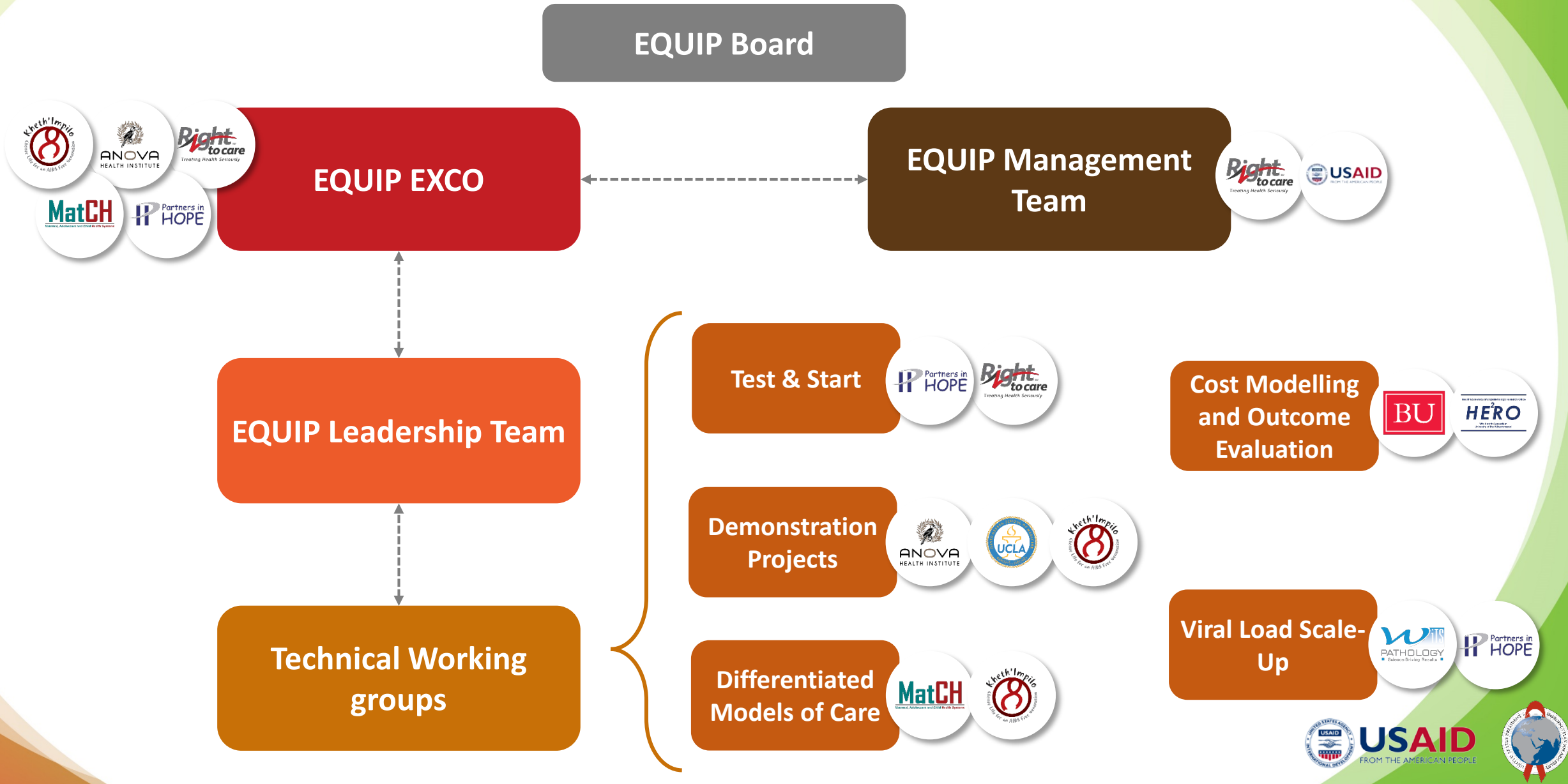
Activity	2016 Achievements	2017 Milestones	2018 Milestones	2019 Milestones
Technical Assistance for guidelines	Needs Assessment done	Technical assistance for development/review of guidelines	Technical assistance for development/review of guidelines	Technical assistance for development/review of guidelines
Secondment of staff	Needs Assessments and approved HR plan for staff secondment	Approved posts filled	Approved posts filled	Approved posts filled



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EQUIP Governance Structure



Technical Working Groups

As a cross-partner, cross-country, mechanism, TWGs provide **strategic technical guidance and direction** for EQUIP

TWGs develop the key technical elements of the program and **enable delivery of best practice models.**

TWGs critically inform technical strategies for **continuous course-correction** during implementation for optimal clinical outcomes.

TWGs serve as the **first point of reference for technical obstacles** encountered during implementation.

An essential repository of knowledge, TWGs serve as a **crucial resource for consortium partners** due to their experience and expertise.



Innovation for Health

Right to Care Central

Technical Capacity

**Human Resources
& Central Operations**

**Budget, Planning, Finance
& Grants Management**

**Communications
& IT**

**Monitoring, Evaluation
& Reporting**

**Field
Operations**

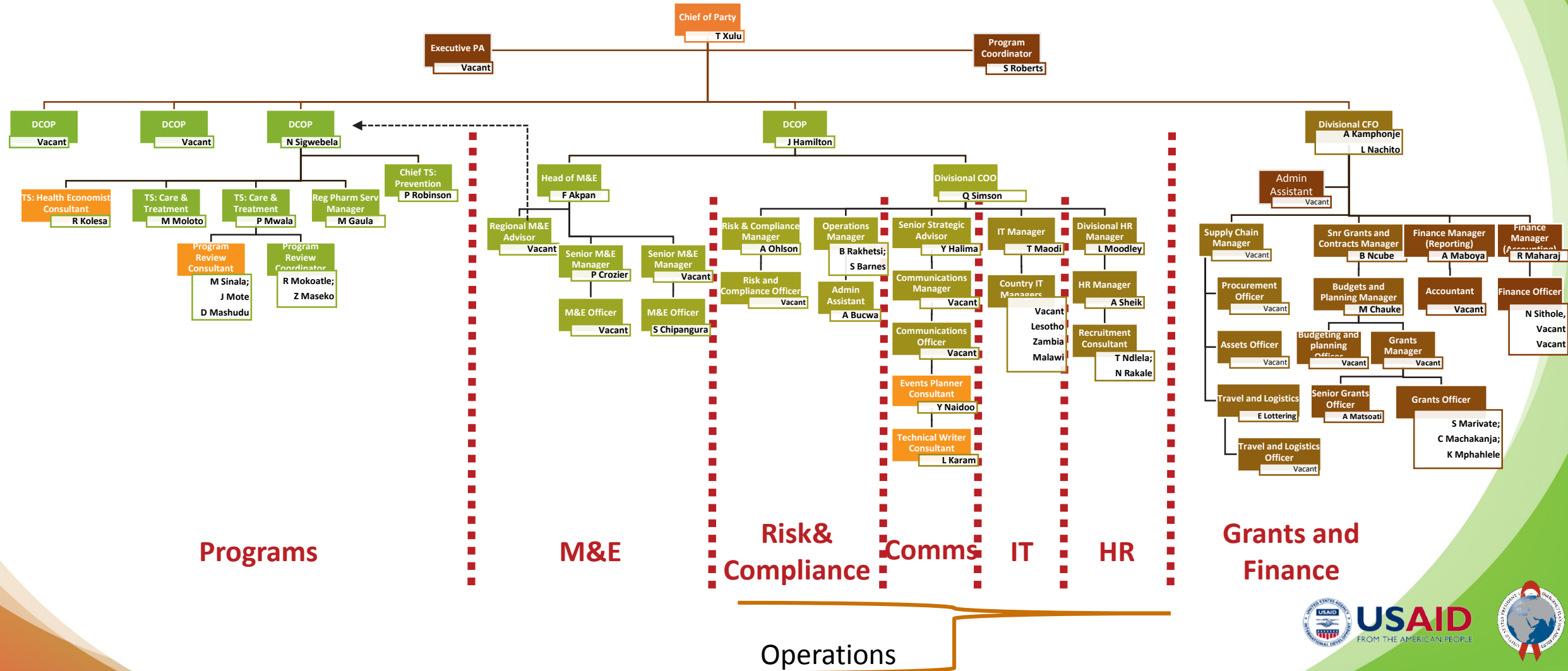
**Technical Specialists
and SWAT Teams**



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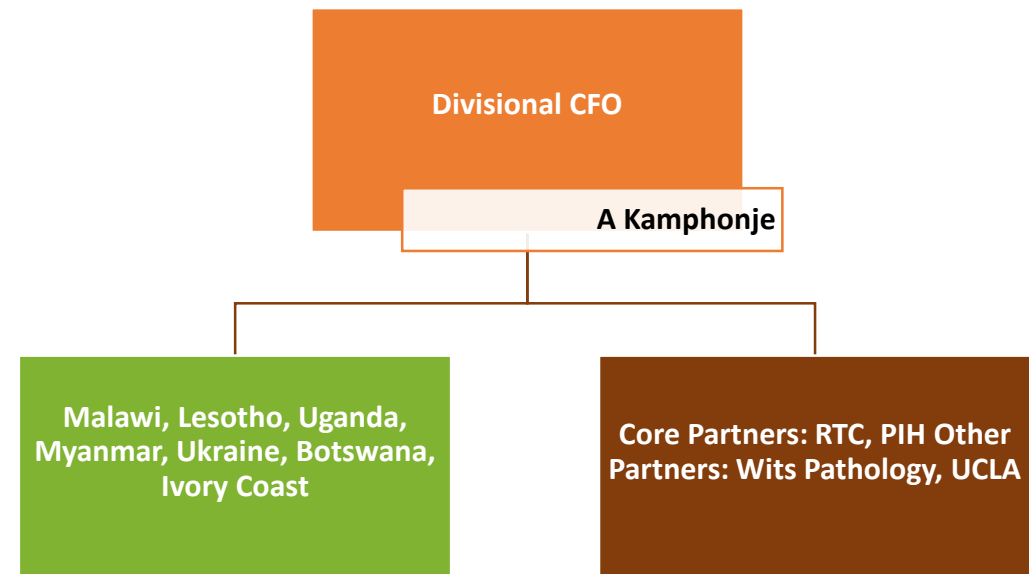
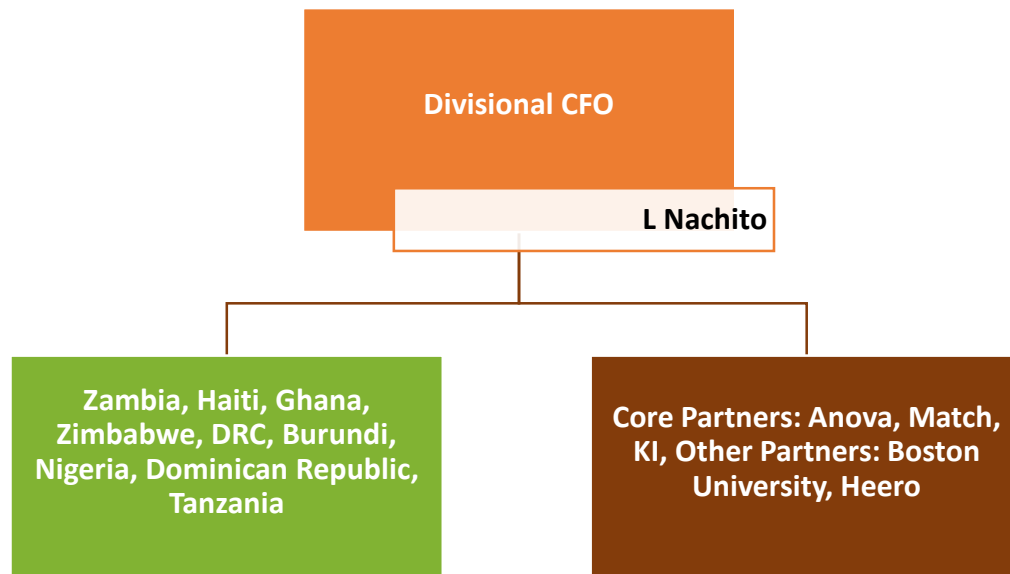
Current Organogram (68 people @EQUIP Central Office)



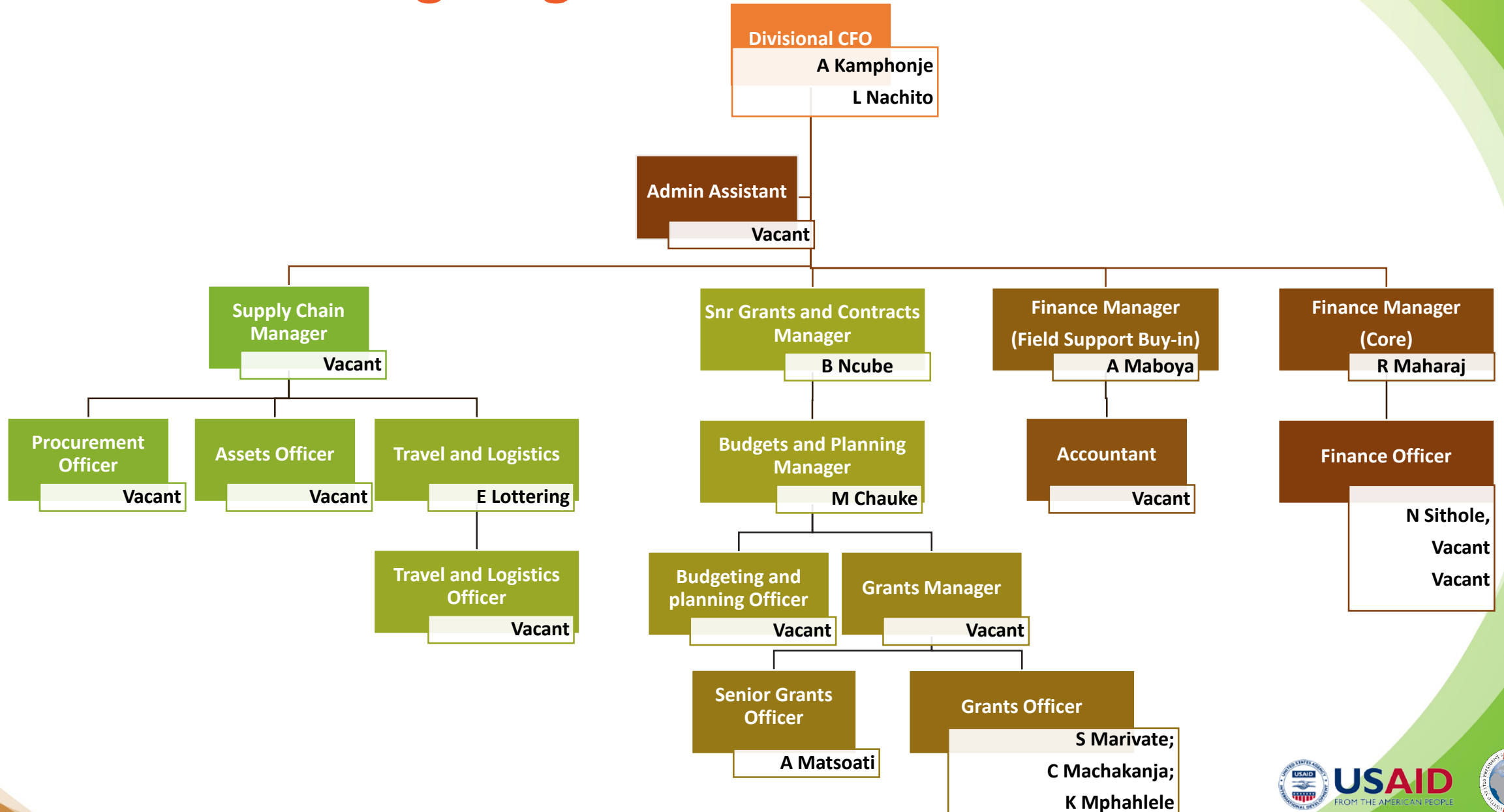
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EQUIP Divisional CFOs : Country Split



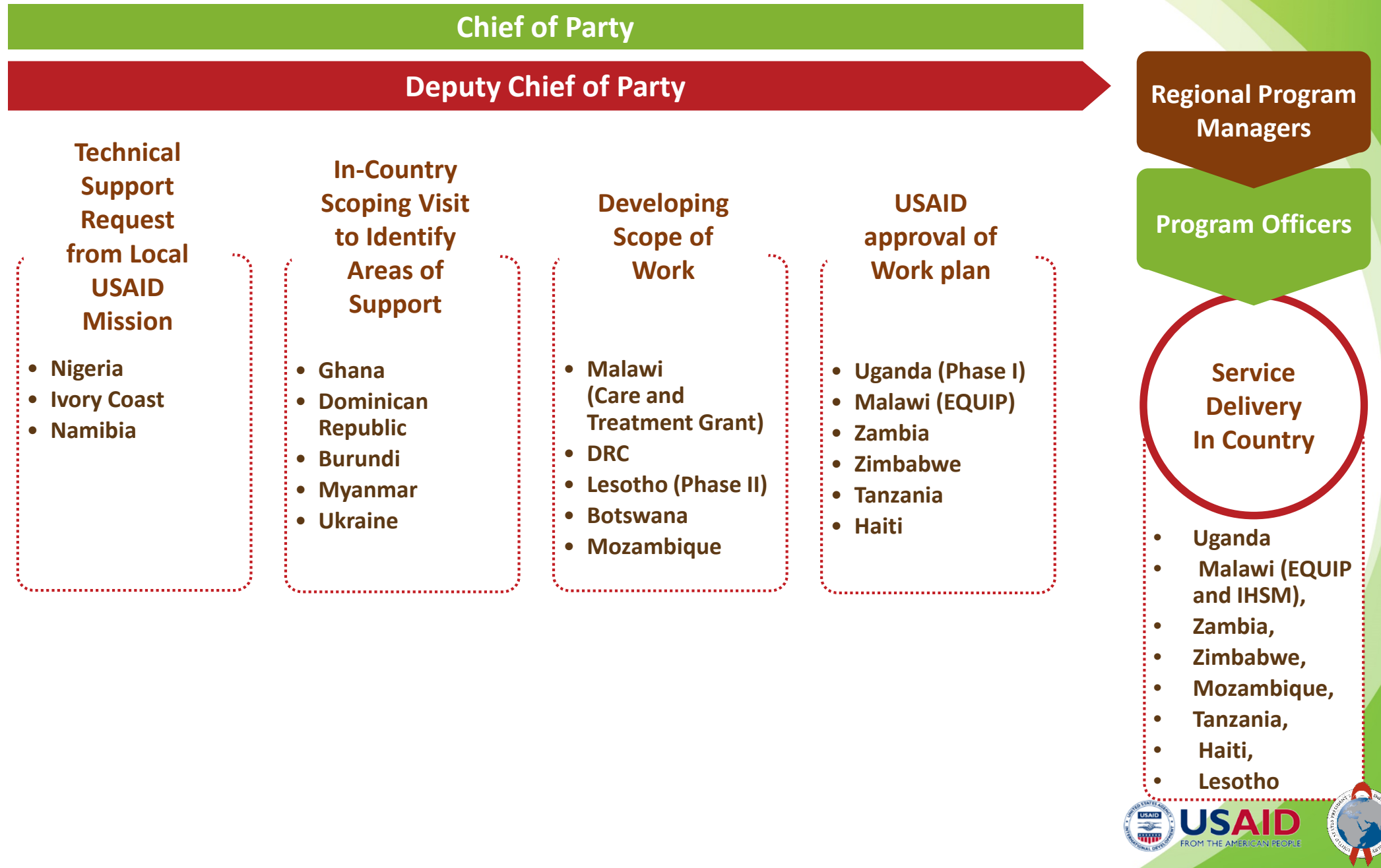
Current Organogram - Finance



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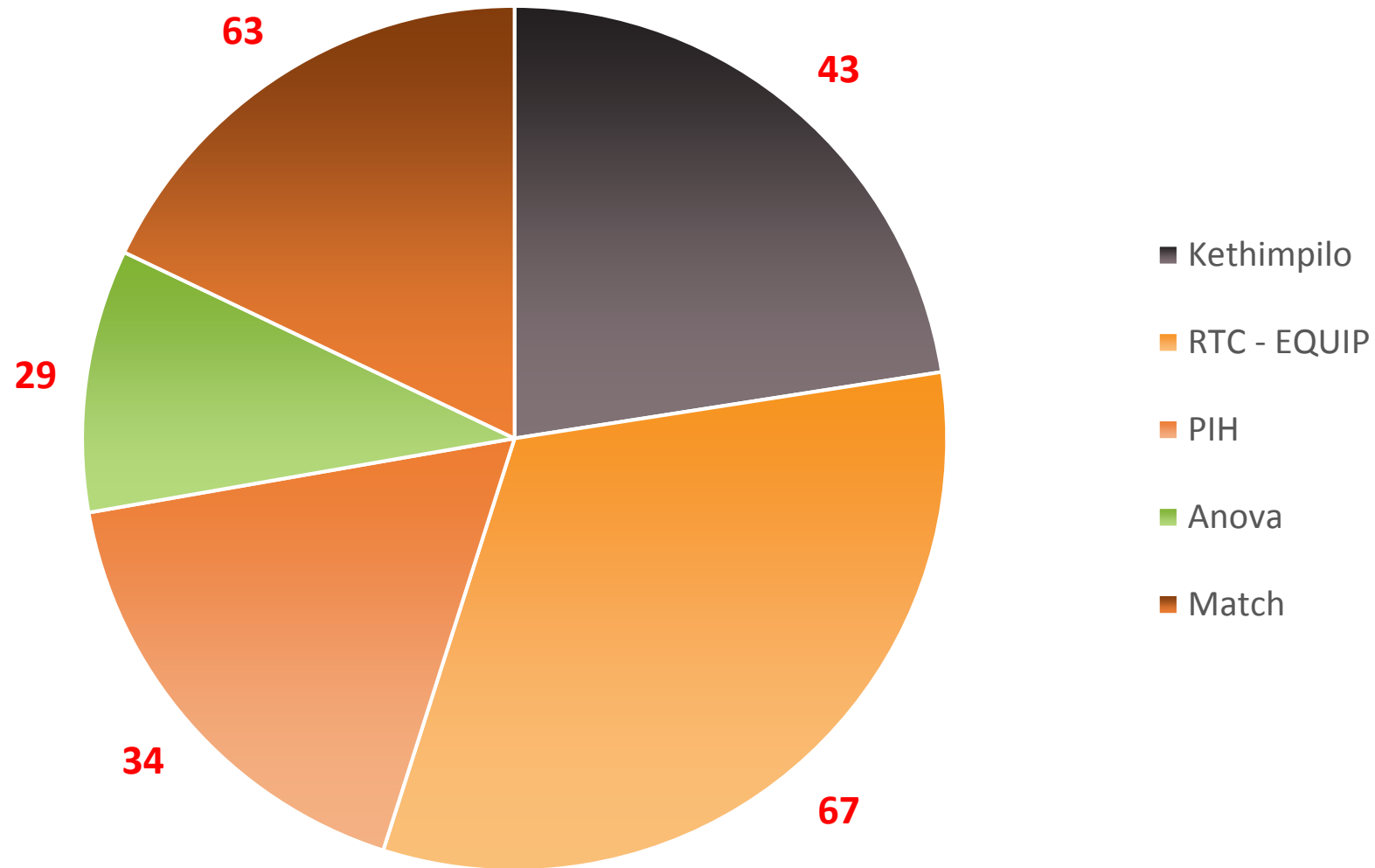


Regional Technical Support Structures from EQUIP Central Office



EQUIP Staffing - Consortium Partners- end September 2016

236 Employees





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EQUIP RISK REGISTER

2016 /2017



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EQUIP Register of Key Risks

Category	Classification (functional unit)
Corporate / Strategic	Reputational; Loss of Funds; Regulatory Environment; Financial; Grants Management; Human Resources; Fraud and Corruption
Technical	All technical areas of EQUIP programme: 1) Service delivery 2) Demonstration Projects 3) Cost Analysis 4) Policy Support/Staff Secondment 5) Monitoring, Evaluation and Reporting
Operations	Central and Field Operations; IT / Systems / Communication; Procurement



EQUIP risks – Financial Systems

Risk Description

Early stages of implementation of branch level Pastel Evolution roll-out for tracking field support buy-in vs. core funding at EQUIP HQ and country level and we are concerned about:

- Inadequate IT project management
- Inadequate infrastructure at country offices e.g no network or back-up power failure
- Inadequate segment reporting of Core vs Field Support Buy-in Funds

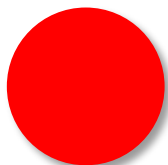
Consequences

Possible IT project scope creep and cost overruns. No appropriate financial systems in countries. If training is not adequate it can result in inability of EQUIP to report accurately.

Transactions may be incorrectly processed which may lead to inaccurate reports being presented to stakeholders and misinforming decision makers

Corrective action

Project plan has developed with project lead at central and in each country. Suppliers being vetted and reference checks are being conducted prior to appointment. Punitive and staged payment clauses in contract will be linked to percentage of work, completed and training is included as part of deliverables. Making provision for back-up generators and other requirements in all offices. Setting up segment reporting within Pastel. Creating USD and Local currency bank accounts for Core and buy-in funds. Monthly review of General Ledgers by Senior Finance Officials.



Risk Level



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EQUIP risks – Cost Share and Currency Fluctuations

Risk Description	Inability of partners to meet their cost share commitment	Risk Description	• Possible Currency fluctuations • Adverse effects of fluctuating exchange rates
Consequences	RTC will be ultimately be responsible to raise and pay cost share commitment to donor at the end of grant.	Consequences	Reduction in actual value of funds already converted into local currencies adversely affecting service delivery.
Corrective action	Include 5% cost share budget expectation as a clause in sub-award contracts. Introduce the monthly tracking and reporting of cost share commitments. Build capacity of partners regarding allowable cost that can be claimed as cost share. Encourage partners to source funding other than USG to support cost share.	Corrective action	Aligning budget to flexibly address any foreseeable currency revaluations especially devaluations. Planning for Foreign Exchange Control products.
 Risk Level		 Risk Level	

EQUIP risks – Financial Management

Risk Description

Lack of internal controls and adequate segregation of duties.

- Not sufficient segregation between person booking travel, calculating per diems and preparing the payment requisition.
- No person checking correctness of claims or payments prior to being captured and processed in Finance.
- No person performing verification (checking) of transactions on banking system prior to releasing of transactions
- No option on country bank accounts for second person verifying / releasing when a new beneficiary's bank details are loaded.
- Not consistently using creditors module in Pastel to control payments of invoices (duplicate payments)
- Lack of supporting documents available to process withholding and provisional taxes in countries

Consequences

Payment of per diems may be delayed and possible oversight of errors. Erroneous / fraudulent bank details can be created. Possible duplicate payments can be made. Incorrect amounts may be transferred.

Corrective action

Duties have been segregated between the highlighted processes. Introducing a system where by payment requisitions are checked prior to being captured. To use Accounts Payable / creditors module as a control in order to track invoices and payments to suppliers, including consultants. Registered on Country Revenue Services e-filing and upload payment on Country Bank account.

Risk Level

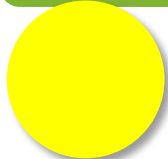


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EQUIP risks – Financial (Budgeting)

Risk Description	Inaccurate budgeting & cash flow management that might lead to inaccurate estimates: Inability of budgeting teams to develop budgets; Delayed reporting from partners; Inability of partners to monitor & track budgets; Inaccurate forecasting of advances. Inability to determine the unspent portion of advances distributed to partners
Consequences	Inability to determine the value of the current liability and current assets (expenses paid in advance) and recognising actual expenses. Inability to support needs of partners & countries due to ill-informed financial advance request being made. Unsupported requests might end up not be paid by USAID.
Corrective action	Align the partner forecast request submission with EQUIP submission to USAID. We have developed a tool to guide the development of advance requests from partners. Building the capacity of the partners to ensure that funds received are spent within 30 days to ensure Fund Accountability Statements do not reflect material bank balances at month end. Developing a procurement plan, for partners to highlight major procurement to ensure that it is provided for. Account for all the sub-recipients including RTC within RightMax. Training & capacity building of partner organisations on reporting requirements using RightMax which will be implemented for all sub-recipients. Created debtors accounts for all partners recognising all advances paid and on a monthly basis liquidating advances with the total of the actual expenditure incurred and expensing it in the income statement.



Risk Level



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EQUIP risks – Stakeholder relations/Consistent language

Risk Description

Stakeholder Relationships might lead to conflict & potential conflict of interest:

- PIH as consortium partner on broader EQUIP but a sub-recipient in Malawi
- Donor interference in operations
- Caught up in the agenda between of MOH, donor missions, USAID Washington & implementing partners

Risk Description

- Lack of standardisation of technical language for countries
- Inability to implement innovations due to country environment
- New service delivery requests with unrealistic expectations by stakeholders e.g. more countries being added

Consequences

Might lead to possible disputes and lack of objectivity in decision-making. Addition of more countries we cannot manage. May lead to reputational damage.

Consequences

No standardisation of quality of service across EQUIP supported countries. Inability to deliver on high demands

Corrective action

Defining the scope and client at inception so that this is clearly defined in annual workplan. Disclosure of interest professional or financial nature will assist in determining recusal from decision-making on the part of those who are conflicted. Register of declarations and interests.

Corrective action

Have developed & implemented consistent business language in all work plans and in communications policy. Stakeholder engagement & communication planned for Nov 2016. Scope and work plans for the year are being approved by donor upfront.

 Risk Level

 Risk Level

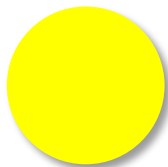


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EQUIP risks – Brand Alignment

Risk Description	Not all partners have bought into the Corporate Identity of EQUIP when executing programme. Lack of following branding guidelines. Not having obtained written approval from AOR regarding EQUIP co-branding
Consequences	Missions and implementing partners might not be clear with whom they are engaging. Might find ourselves in non- compliance with the USG Regulations.
Corrective action	Planning a brand alignment strategy intervention. Appointed a communications officer. Have sent requested for co-branding and received approval from AOR. Currently drafting standard operating procedure for EQUIP branding and rolling-out of same to partners and RTC offices.



Risk Level

EQUIP risks – Communications

Risk Description

Poor communication between EQUIP, ministries & local implementing partners & US missions

Consequences

May lead to delay in implementation of project.

Corrective action

Developed a clear EQUIP communications policy clearly defining EQUIP Points of Contact for: (a) consortium partners (b) ministries of health (c) US Missions (d) implementing partners and (e) USAID HQ, as well as escalation procedures to address concerns. The policy is being used as a marketing tool which illustrates EQUIPs purpose and role in the partnership.

 Risk Level



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EQUIP risks – Central and Field Operations

Risk Description

- Onerous setting up of local offices
- Lack of systems, inadequate processes and supported skill sets required
- Non-compliance to procurement policy
- Inadequate physical security
- Inadequate immunisation for cross-border travellers
- Inadequate provision for failure of infrastructure

Consequences

Inability to operate in countries; Possible disallowable cost; May lead to loss of life (HAITI / Burundi).

Corrective action

Develop & implement SOP's for country office setup; Identify reputable service providers in relevant countries; Develop project plan for office set-up & implement compliance checklists; Obtain country-profiles; Travel co-ordinator to retain profile of all travellers' records; Research location / country office positioning; Continuous Monitoring and updating of USAID aligned security protocols & alerts and to ensure clearance and approval is received from ExCo prior to traveling to volatile areas. Volatile areas / countries to be a standing item on the weekly management call with USAID in order to receive updates on latest classifications.

Risk Level



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EQUIP risks – Information Technology

Risk Description

- Onerous setting up of IT infrastructure at central and country offices
- Centralised supply of IT / telecomms equipment not compatible with local requirements(especially during start-up)
- Unwanted hacking & viruses from external sources
- Inadequate network security
- Inadequate provision for failure of infrastructure
- Inadequate data storage & backup

Consequences

Loss of data and failure to meet business management, patient management and country plus donor reporting obligations. Will adversely affect business continuity.

Corrective action

Develop & implement standard RTC IT Policies and SOP's for country office setup including business continuity plans in light of countries without adequate support for RTC needs; Identify reputable IT service providers in relevant countries; Effective firewalls; Develop & implement IT related compliance policies including asset management; Implementation of Office 365 etc. Recruiting for a central EQUIP IT Manager. EQUIP CFO and COO to serve on RTC IT Steering committee.

Risk Level

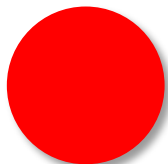


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EQUIP risks – Legislative Framework

Risk Description	Non- compliance to Country legislation : • Key Population Groups (LGBTI, FSW) • Tax • Labour • Medical Regulatory Environment (Self-test kits, Ethics Committee)
Consequences	Be issued with warnings, penalties, fines and maybe be shutdown Inability to proceed with studies and projects on time as scheduled
Corrective action	Engaging local Law Firms in countries to assist with Statutory Compliance Self-testing kits to be approved on initial stage of engagement Engagement with local IRBs, collaborating with co-investigators who are local



Risk Level



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EQUIP risks – Technical

Risk Description

- Tensions due to resistance from local implementing partners and inability of EQUIP to deliver.
- Inability to implement effectively due to insufficient infrastructure and/or quantity of highly skilled technical personnel required to execute the entire programme

Consequences

Inability to deliver on grant requirements and failure to achieve the project objectives.

Corrective action

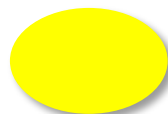
- USAID is leading introduction of EQUIP into countries-providing assurance that we are filling in gaps
- Consistently monitor the partner adherence to partner performance agreement including tracking progress as per workplan, recruitment, milestones etc.
- Partnering with local partners for recruitment
- Recommending the opening of HIV Clinicians Society branches to create local pools of experts on ART for adults and children
- Continual monitoring, evaluation and reporting through in country, regional and HQ structures



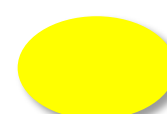
Risk Level

EQUIP risks – Technical

Risk Description	Inadequate co-ordination between EQUIP M&E and TWG's & Research	Risk Description	Inadequate data for EQUIP reporting requirements
Consequences	No alignment and standardization across the programme due to lack of recording by the M&E department of the outputs of the TWGs and Research Teams.	Consequences	Inability to prove interventions by EQUIP, which may lead to decline in funding / withdrawal.
Corrective action	• Developed and implemented regular interaction between M&E and TWGs. Monthly Leadership reporting and quarterly face to face meetings for TWGs to report on achievements and challenges is also attended by M&E unit. • Approved the appointment of faculty support for TWG Structure with direct link to M&E • EQUIP Central appointment of TWG Coordinator	Corrective action	Define scope for EQUIP measurement at inception with USAID HQ providing country level data by using data from - DATUM and Micro Strategy systems.(USAID country level data systems)



Risk Level



Risk Level



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EQUIP risks – Rapid Expansion

Risk Description

- Inadequate skilled human resources to cater for rapid expansion such as technical, grants management and Finance
- Inadequate cost to company remuneration benchmarking to country standards and local labour laws
- Inadequate policy for relocation of resources to local countries (third-country nationals - TCN's)
- Inability to have the right skilled resources in countries of operation
- Loss of organisational culture

Consequences

Inability to effectively resource programme activities, which might delay implementation of the project and result in EQUIP not meeting its targets. Some positions are scarce skilled positions which is complicated to quickly place due to the legislative requirements.

Corrective action

Seeking the assistance of local recruitment agencies. Conduct basic research and place adverts for positions according to country preferences and prepare shortlisting and interviews quickly as some critical positions might not be so easy to fill locally and would require selected staff to obtain work permits / visas. Create provisions for severance pay as per country legislation. Subscribe to Remchannel developed by PwC for benchmarking the competitiveness of benefits such as leave, travel allowances and retirement funding in the African continent. Implement adaptable EXPAT policy, roll out of SOS international linked to discovery health for medical emergencies and in-country consultation. Rolling out a retention of corporate culture strategy which includes induction for senior country level staff. In SA for a period of time

Risk Level



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EQUIP risks – Non-compliance and Fraud

Risk Description

Possible Non-compliance with policies, donor's rules & regulations that might lead to:

- Possible fraud
- Misuse & Abuse of donor resources
- Procurement fraud (quotation rigging, collusion with suppliers)

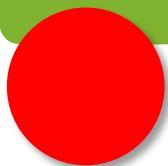
Consequences

May lead to disallowable expenses & questionable costs being reported which might either lead to loss of donor funds or create a liability to RTC in respect to reimbursement such costs as the prime recipient.

Corrective action

Roll out Fraud & Corruption Policy and Whistleblowing mechanisms to all EQUIP country offices as well as branding material and capacity building of staff. Continuous monitoring of financial processes and documentation and ensure that it is in line with the prescribed policies & procedures. As far as possible, ensure the implementation of RightMax for all sub-recipients. For sub-recipients where it is not possible, develop a manual monthly reporting system, by further ensuring more frequent monitoring review visits (1 per quarter) are conducted. Review of vehicle logbooks and maintenance registers. Ensure suppliers on the database are vetted and SLAs signed for predetermined rates where possible. Continuous monitoring which allows for the improvement of internal controls; Review and determine high risk as identified by External Auditors of partners; Monthly review of reconciliations by Senior official. Perform weekly bank reconciliations.

Risk Level



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EQUIP risks – Debarment

Risk Description

Potential debarment and suspension as a result of transacting or conducting business with an entity or individual listed on the Excluded Parties List System.

Consequences

May lead to donor disallowing cost relating to the supplier or individual listed. Donor may annul or terminate transactions as well as debar or suspend EQUIP (RTC) or take other remedies which they deem fit.

Corrective action

All RTC/EQUIP staff, suppliers of goods and services are vetted against the Excluded Parties List System, prior to being placed on the preferred supplier database. Potential sub-recipients will also be vetted on the system during the Pre Award Assessment, prior to engaging with them. To be rolled out for all partners

Risk Level



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Events Register- Mitigated

Risk Description

No central contracts repository and tracking of expired contracts

Consequences

Not being aware of legal commitments; Might be paying on expired contracts which may lead to overruns on budget and which may result in disallowable costs.

Corrective action

- **A contracts repository has been created** which is used as a tracking register and by which alerts are sent prior to the contracts coming to term.

Risk Level

Risk Description

Advance forecast request (SF270) declined by USAID Washington

Consequences

Lead to cash flow problems and inability to transfer funds to partners

Corrective action

We are now analysing cash flow needs of RTC and Partners by basing the forecasts on their Fund Accountability Statements and Bank Balances. We have introduced a forecast template to partners to assist them in their forecasting. RTC submits a supporting schedule to the advance request to USAID with explanatory notes.
NO DECLINES SINCE NEW PROCESS

Risk Level

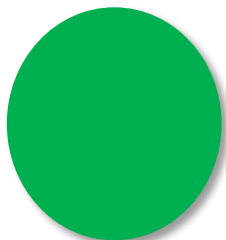


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EQUIP risks – Reserve Bank Approval

Risk Description	Delay in obtaining SARB approval in order to transact in EQUIP countries, as initial approval only covered Consortium Partners and Consultants Salaries
Consequences	Inability to transfer money to countries or Right to Care (RTC) offices. Inability to secure lease of office & vehicles as well as to fund project activities in Zambia.
Corrective action	Explored other donor compliant avenues to facilitate initial payments. Requested intervention from Senior RTC leadership. BLANKET APPROVAL HAS BEEN OBTAINED FROM SARB!!!



Risk Level



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Financial Plan and Budget

2016/2017

Budget: Core Funding (ONLY)

Approved Budget					
Implementation Partner	Values				
	FY - 2016	FY - 2017	FY - 2018	FY - 2019	TOTAL YEAR 1 - 4
Anova	\$ 471 387	\$ 1 298 810	\$ 1 341 183	\$ 1 378 966	\$ 4 490 345
Kheth'Impilo	\$ 1 390 607	\$ 4 875 722	\$ 5 402 718	\$ 5 640 287	\$ 17 309 335
MaTCH	\$ 594 787	\$ 2 870 720	\$ 2 361 507	\$ 2 350 754	\$ 8 177 768
Partners in Hope (UCLA)	\$ 2 468 042	\$ 2 564 166	\$ 2 412 138	\$ 2 506 527	\$ 9 950 873
RTC (incl. Non-Core Partners)	\$ 6 000 776	\$ 3 752 782	\$ 3 547 136	\$ 3 921 737	\$ 17 222 430
Grand Total	\$ 10 925 599	\$ 15 362 199	\$ 15 064 682	\$ 15 798 271	\$ 57 150 751



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3 Year Forecast: Core plus Field Support Buy-In

3 YEAR FORECAST - CORE & BUY-IN					
Implementation Partner	FY 1 2016	Forecast - 2017	Forecast - 2018	Forecast - 2019	Total
Anova	\$ 471 387	\$ 707 080	\$ 1 341 183	\$ 1 378 966	\$ 3 898 615
Kheth'Impilo	\$ 1 390 607	\$ 4 875 722	\$ 5 402 718	\$ 5 640 287	\$ 17 309 335
MaTCH	\$ 594 787	\$ 1 143 169	\$ 2 361 507	\$ 2 350 754	\$ 6 450 216
Partners in Hope (UCLA)	\$ 2 468 042	\$ 2 276 803	\$ 2 412 138	\$ 2 506 527	\$ 9 663 510
RTC (incl. Non-Core Partners)	\$ 6 000 776	\$ 6 359 426	\$ 3 547 136	\$ 3 921 737	\$ 19 829 075
Sub Total Core Budget	\$ 10 925 600	\$ 15 362 199	\$ 15 064 682	\$ 15 798 271	\$ 57 150 751
- Field Support Buy-in: Malawi		\$ 30 360 356	\$ 30 671 487	\$ 24 819 822	\$ 85 851 665
- Field Support Buy-in: Zambia		\$ 4 780 345	\$ 5 809 031	\$ -	\$ 10 589 376
- Field Support Buy-in: Lesotho		\$ 1 000 000	\$ -	\$ -	\$ 1 000 000
- Field Support Buy-in: Haiti		\$ 2 000 000	\$ 1 500 000	\$ 1 500 000	\$ 5 000 000
- Field Support Buy-in: Ghana		\$ 257 278	\$ -	\$ -	\$ 257 278
Field Support Obligated per Country		\$ 38 397 979	\$ 37 980 518	\$ 26 319 822	\$ 102 698 319
Field Support Buy-in: Unallocated Countries		\$ 46 334 717	\$ 60 657 005	\$ 88 159 208	\$ 195 150 930
Sub Total Field Support		\$ 84 732 696	\$ 98 637 523	\$ 114 479 030	\$ 297 849 249
Grand Total	\$ 10 925 600	\$ 100 094 895	\$ 113 702 205	\$ 130 277 301	\$ 355 000 000



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Country Budgets by Core & Field Support Buy-In

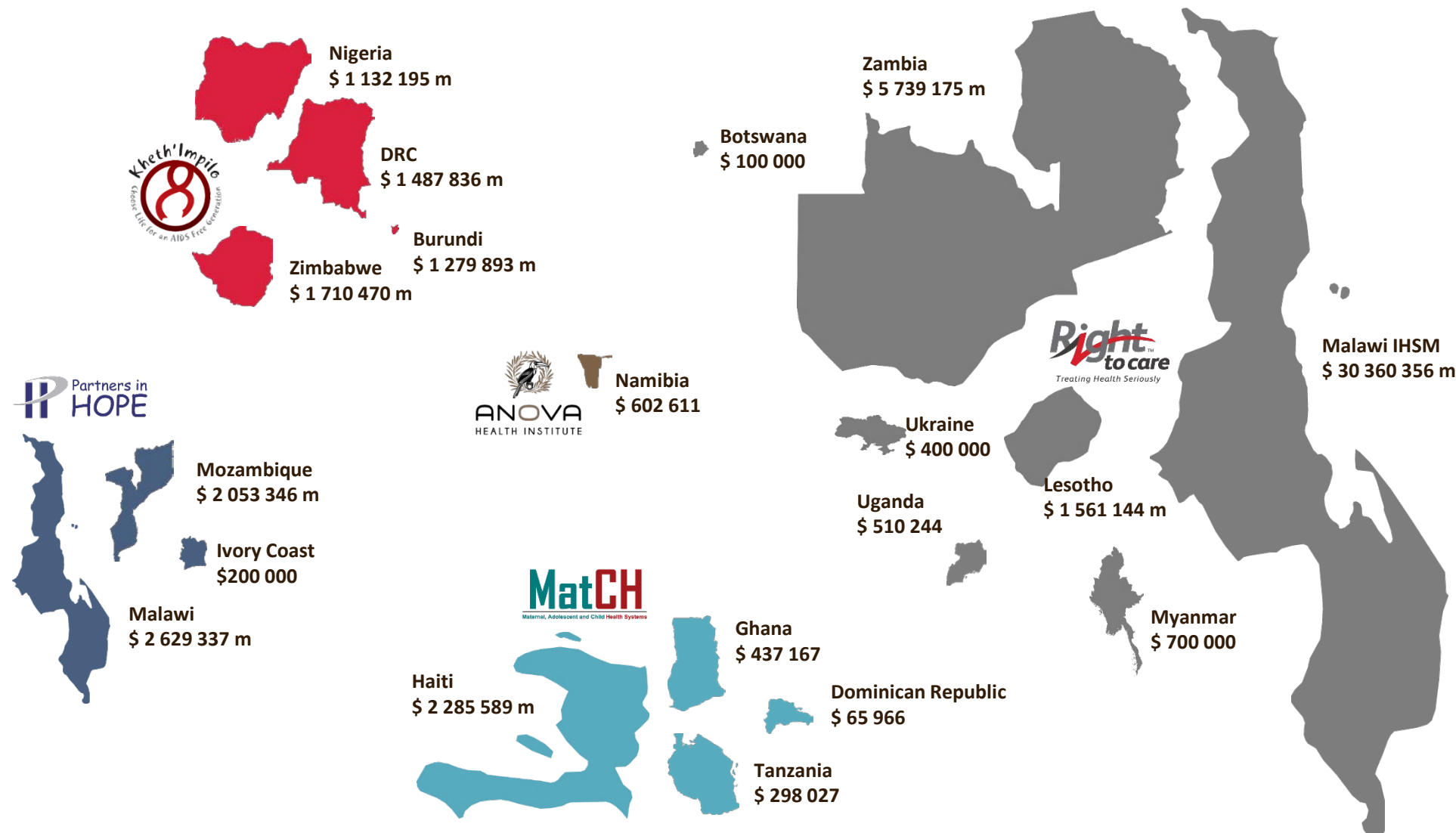
Country	Core Budget Y1 (2016)	Core Budget Y2 (2017)	Field Support Y2 (2017)	Total Budget Balances
Malawi (incl. Transition \$6,6M)	\$ 845 114	\$ 1 784 223	\$ 30 360 356	\$ 32 989 693
Zimbabwe	\$ 658 841	\$ 1 051 630	\$ -	\$ 1 710 471
Lesotho	\$ 561 144	\$ -	\$ 1 000 000	\$ 1 561 144
Namibia	\$ 202 611	\$ 400 000	\$ -	\$ 602 611
Uganda	\$ 260 244	\$ 250 000	\$ -	\$ 510 244
Zambia	\$ 958 830	\$ -	\$ 4 780 345	\$ 5 739 175
Mozambique	\$ 1 203 011	\$ 850 334	\$ -	\$ 2 053 346
DRC	\$ 293 220	\$ 1 194 616	\$ -	\$ 1 487 836
Haiti	\$ 185 589	\$ 100 000	\$ 2 000 000	\$ 2 285 589
Myanmar	\$ -	\$ 700 000	\$ -	\$ 700 000
Tanzania	\$ -	\$ 298 027	\$ -	\$ 298 027
Botswana	\$ -	\$ 100 000	\$ -	\$ 100 000
Burundi	\$ 140 285	\$ 1 139 607	\$ -	\$ 1 279 893
Dominican Republic	\$ -	\$ 65 966	\$ -	\$ 65 966
Ghana	\$ 85 165	\$ 94 724	\$ 257 278	\$ 437 167
Nigeria	\$ -	\$ 1 132 195	\$ -	\$ 1 132 195
Ukraine	\$ -	\$ 400 000	\$ -	\$ 400 000
Cote d'Ivoire	\$ -	\$ 200 000	\$ -	\$ 200 000
Head Offices All Partners	\$ 5 531 546	\$ 5 600 876	\$ -	\$ 11 132 421
Total	\$ 10 925 600	\$ 15 362 199	\$ 38 397 979	\$ 64 685 778



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Supported countries by partner and by volume of funding



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EQUIP First Year Achievements

To mention but a few....

- Secured additional Field-support buy-in funds from Malawi, Zambia, Lesotho, Haiti, and Ghana
- Conducted successful scoping visits to 17 of the 18 countries, in 8 months
- Obtained blanket reserve bank approval for international payments
- Recruited 80% of Key Personnel at Central and Country as well as fully functional Operational teams (IT, Finance, HR, M&E, Communications, Finance, Contracts/Grants Management, Budgeting and Planning, Technical Teams)
 - Including a Country Director for Ukraine!!!
- Established office bases in **Malawi, Zambia, Lesotho**, Zimbabwe, Tanzania; Haiti, Mozambique, Tanzania
 - Sharing office space in other countries
- Functional Exco and Leadership Group Meetings
- Functional TWGs driving technical strategy
 - 2 operational research protocols have been submitted for ethics approval
 - 2 abstracts have been submitted for CROI conference
- Deployed Rapid Response Clinical Teams (SWAT teams) to Tanzania, Lesotho, Haiti, DRC and Zambia
- Provided support for HIV prevention and treatment policy development in Zambia, Namibia, Burundi, Zimbabwe, Mozambique
- Improved Viral Load uptake in Tanzania
- Cost-modelling assessment for Zambia and Uganda
- Standard work plan template and M&E Performance Framework approved by USAID



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Project Overview Announcement

(USAID, Washington DC, April 11, 2015)

“We are very proud of the fact that EQUIP is USAID’s first field support mechanism comprised solely of a consortium of Africa-based implementing partners who bring a wealth of experience related to HIV programming.”

EQUIP benefit for RTC

Rollout of RTC innovations



Promotion of **NHLS/RTC data warehouse** as best practice

Opportunities for **expansion of RTC** through locally funded projects



Laying foundation for the growth of RTC outside SA **translating the successes experienced in SA**. More people will be tested and be initiated on treatment

RTC is being **recognized as a regional and international player and competing with the best in the world**, the likes of FHI and ICAP

We exist because achieving HIV epidemic control with the current donor budget requires doing:



The Right Things

Advances key PEPFAR Priorities to meet the rapid increase on ART Target



Right Place

African-based Partners to deliver contextualized solutions



Right Now

Timely and Rapid Result-Oriented Capability



The Right Way

Catalyze Innovative, Effective and Less Costly Service Delivery Models and ARVs



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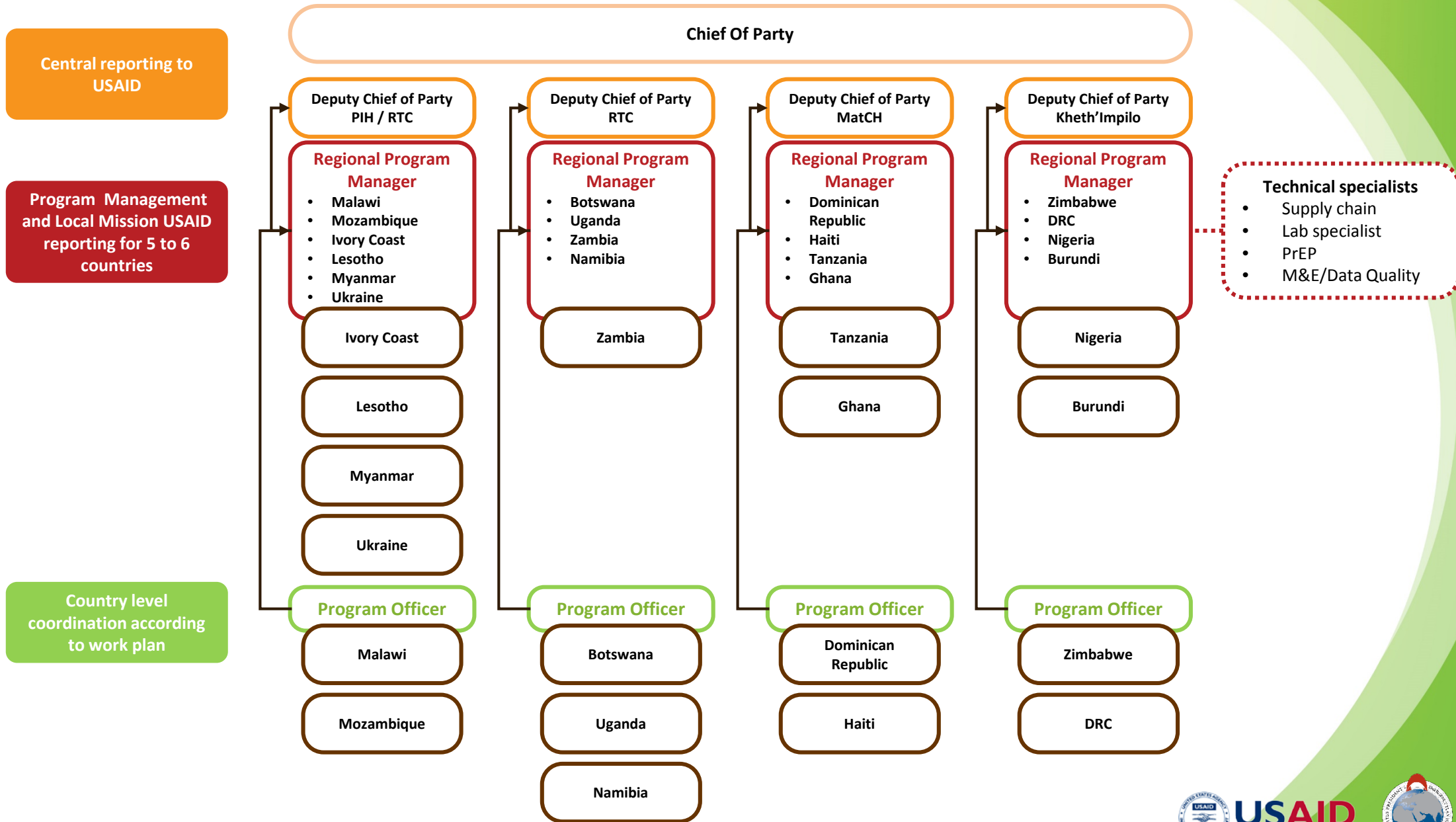


Innovation for Health

Thank You

- **Back up slides**

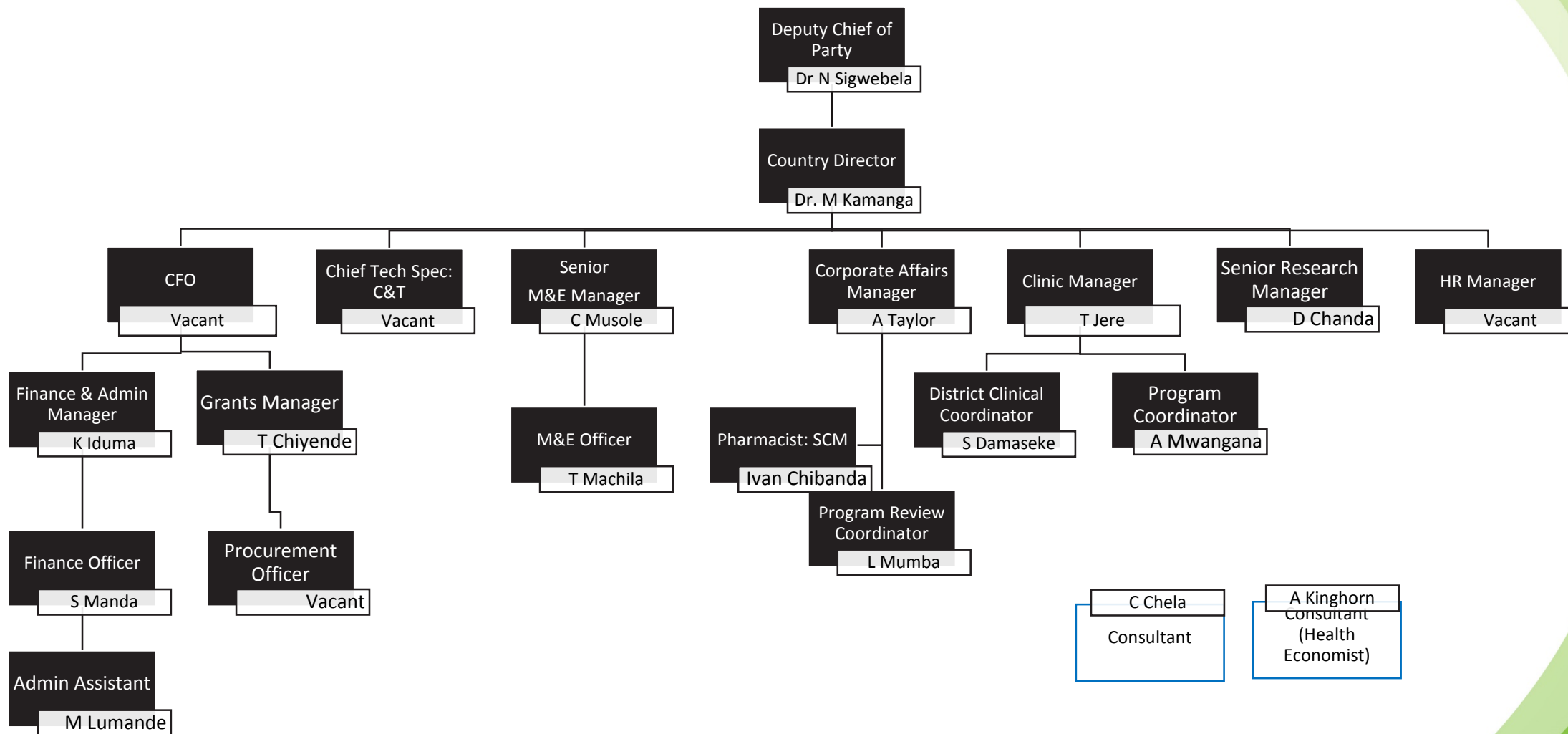
Central Led Technical Structure to support regional strategy



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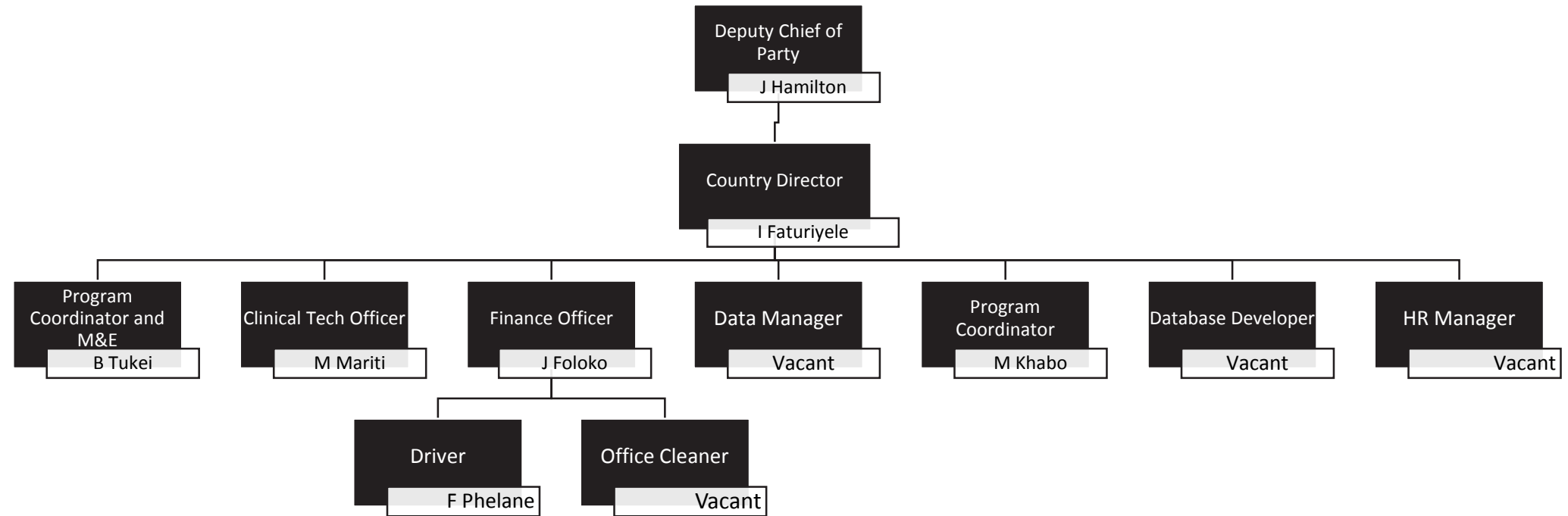
Zambia



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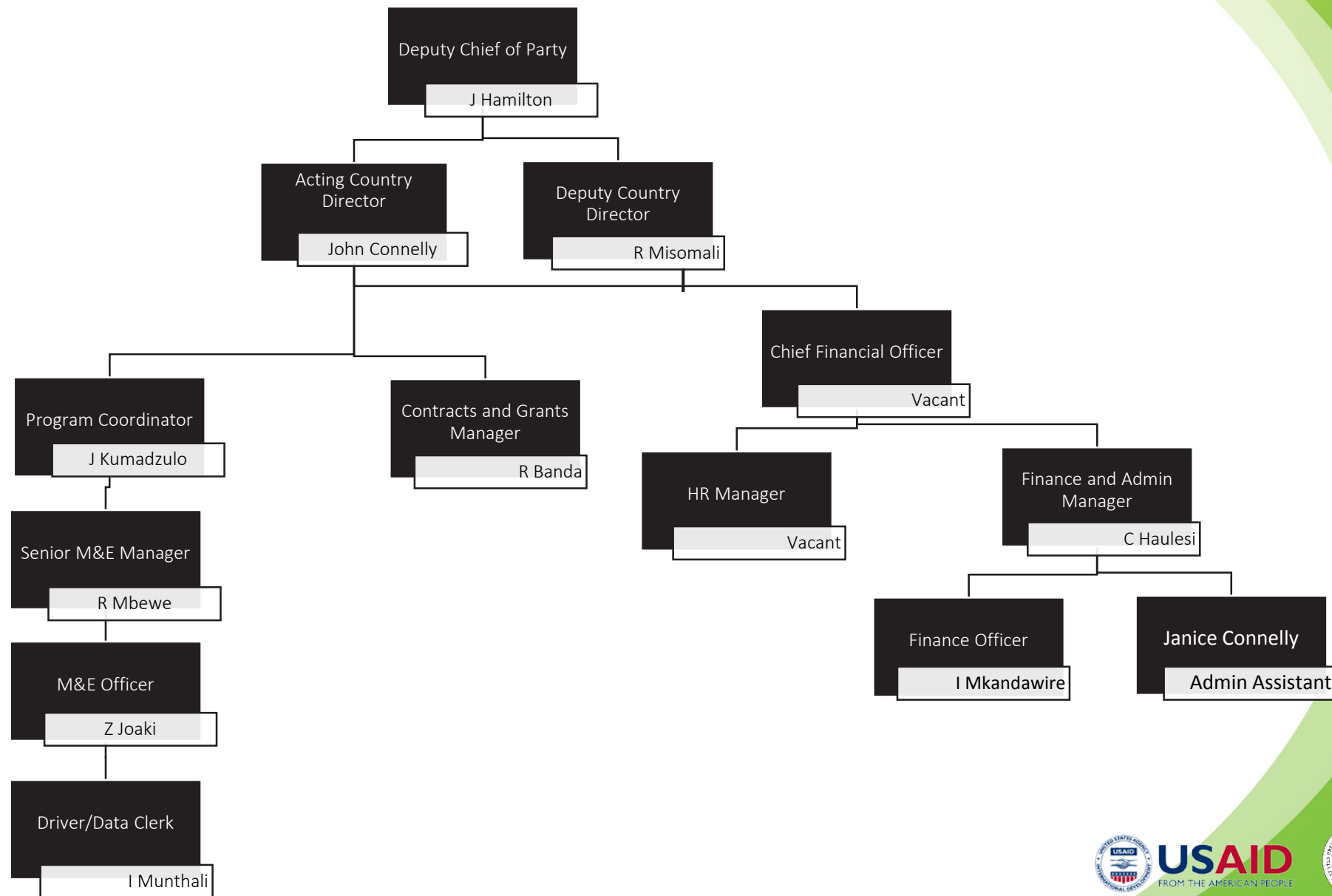
Lesotho



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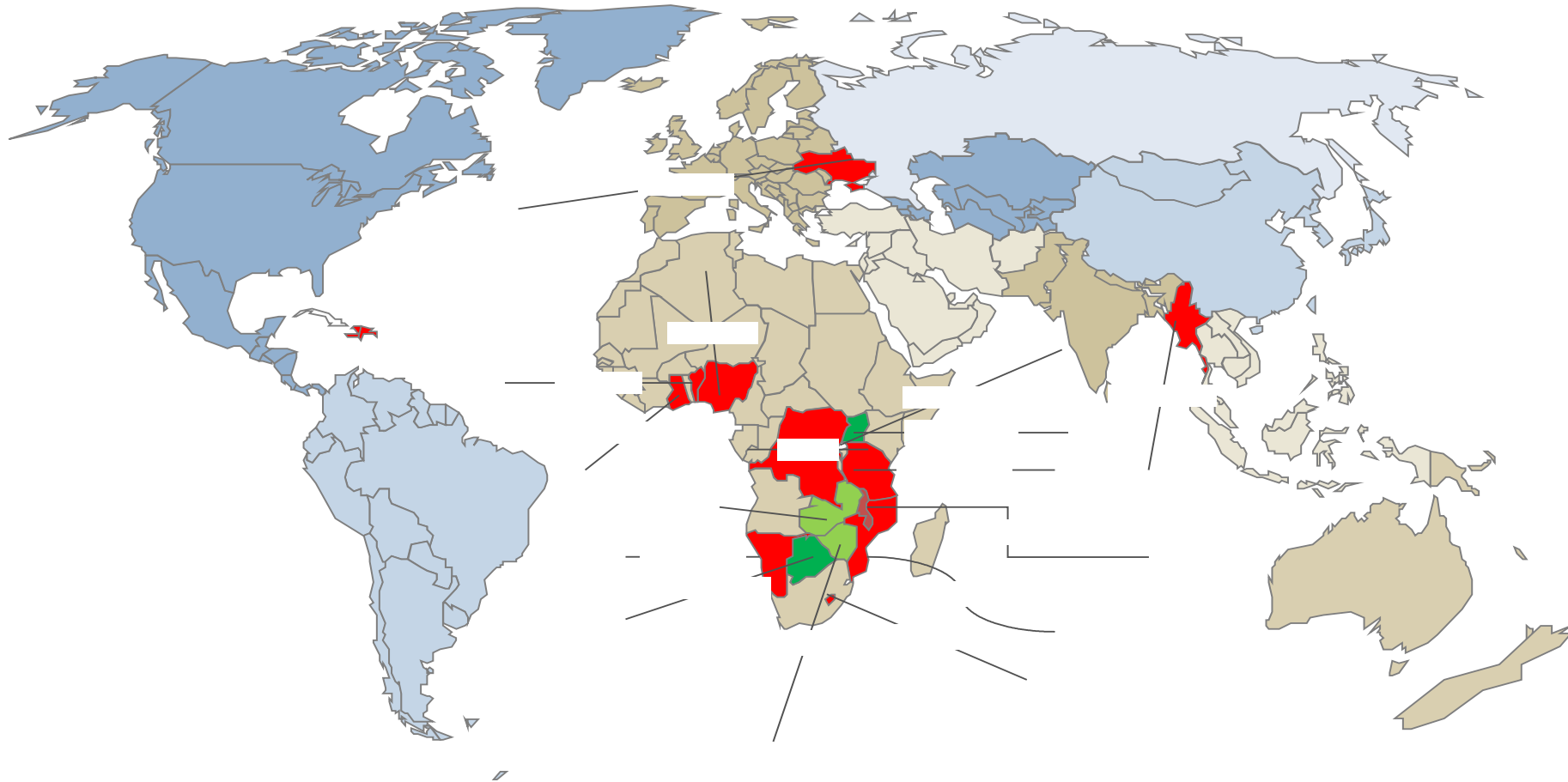
Malawi



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EQUIP Countries 18 destinations in 8 months



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