



AUDIT

OF

UNDP SYRIAN ARAB REPUBLIC

GRANTS FROM THE GLOBAL FUND TO FIGHT
AIDS, TUBERCULOSIS AND MALARIA

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Table of Contents

Executive Summary	i
I. Profile of Global Fund grants managed by UNDP Syrian Arab Republic	1
II. Audit results	1
A. Governance and strategic management	2
1. Organizational structure	2
B. Programme management	3
1. Project approval and implementation	3
2. Monitoring and evaluation	4
C. Sub-recipient management	5
1. Reporting	5
D. Procurement and supply management	7
1. Quality assurance of health products	7
2. Supply management (inventory, warehousing and distribution)	7
3. Procurement of other goods and services	9
E. Financial management	9
1. Reporting to the Global Fund	9
Definitions of audit terms - ratings and priorities	11

Report on the Audit of UNDP Syrian Arab Republic Grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria Executive Summary

The UNDP Office of Audit and Investigations (OAI), from 7 to 16 February 2016, conducted an audit of two grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) (Project No. 59095 [TB] and Project No. 81886 [HIV]) managed by UNDP Syrian Arab Republic (the Office) as the Principal Recipient. These grants were managed under the Global Fund's Additional Safeguard Policy.¹ The audit aimed to assess the adequacy and effectiveness of the governance, risk management and control processes relating to the following areas and sub-areas:

- (a) governance and strategic management (organizational structure, staffing, capacity development and exit strategy);
- (b) programme management (project approval and implementation, monitoring and evaluation, grant closure);
- (c) Sub-recipient management (selection, assessment and contracting, funding, reporting, oversight and monitoring);
- (d) procurement and supply management (qualification and forecasting, procurement of health products, quality assurance of health products, procurement of other goods and services, supply management [inventory, warehousing and distribution], asset management, individual contractors); and
- (e) financial management (revenue and accounts receivable, expenditures, reporting to the Global Fund).

The audit covered the Global Fund-related activities of the Office from 1 January 2013 to 31 December 2015. The Office recorded Global Fund-related expenditures of approximately \$2.6 million. The last audit of the Office's Global Fund-related activities was conducted by OAI as a desk review in 2013.

The audit was conducted in conformance with the *International Standards for the Professional Practice of Internal Auditing*.

Overall audit rating

OAI assessed the Office's management of the Global Fund grants as **partially satisfactory**, which means, "Internal controls, governance and risk management processes were generally established and functioning, but needed improvement. One or several issues were identified that may negatively affect the achievement of the objectives of the audited entity." This rating was mainly due to the lack of documentation of the Office's response to emerging challenges, weaknesses in the monitoring of grants, and delays in reporting to the Global Fund.

¹ The Additional Safeguard Policy is a range of tools established by the Global Fund as a result of its risk management processes.

Key recommendations: Total = 5, high priority = 3

Objectives	Recommendation No.	Priority Rating
Reliability and integrity of financial and operational information	4	Medium
Effectiveness and efficiency of operations	3	Medium
	1, 2, 5	High

For high (critical) priority recommendations, prompt action is required to ensure that UNDP is not exposed to high risks. Failure to take action could result in major negative consequences for UNDP. All high (critical) priority recommendations are presented below:

Office response to emerging challenges not documented (Issue 2)

Since the end of 2011, the Office had been implementing the Global Fund grants under high security threats due to internal conflicts in the Country. Moreover, several regions in the Country were considered as isolated and hard to reach. Global Fund activities, such as the distribution of drugs, patient counseling, patient screening, and monitoring, etc., were initially designed and budgeted without taking into account the challenges in delivering in the hard-to-reach areas. In the Progress Updates submitted to the Global Fund, the Office ascertained that activities continued to be implemented in the hard-to-reach areas, however, there was no documentation available describing how the Global Fund activities were being implemented in these areas and how the Office responded to the emerging challenges caused by the conflict. Further, the potential additional costs of implementing those activities was neither assessed nor reflected in the established budget.

Recommendation 1: The Office should improve its response to emerging challenges by: (a) documenting how grant activities are implemented in hard-to-reach areas; and (b) assessing the potential additional costs of implementing the grant activities in those areas.

Weak monitoring of grants (Issue 3)

As a result of the weakened capacity of the grants implementation team in the area of monitoring and evaluation and the absence of documented standard operating procedures of the monitoring and evaluation function, the following weaknesses were noted: (a) lack of a standardized and comprehensive mechanism of documenting the grants verification process; (b) no documented methodology of identifying sites to be visited and setting up the field visit plans; (c) no documentation of issues identified during the data collection and verification process; and (d) lack of documented mechanisms to collect and verify data from hard-to-reach areas.

Recommendation 2: The Office, in collaboration with the Global Fund Partnership advisors, should strengthen the monitoring function by developing a specific standard operating procedure that includes a mechanism in documenting, analysing and following up on the issues and recommendations identified during the data verification process and the field visits, and a mechanism in data collection in the hard-to-reach areas.

Delays in submission of
Progress Update/
Disbursement Requests
(Issue 8)

A total of 7 out of 15 Progress Update/Disbursement Requests issued during the audit period were submitted by the Office to the Global Fund Secretariat with delays ranging from 44 and 184 days in excess of the allowable period. Furthermore, due to a 124-day delay in submitting the HIV grant Progress Update/Disbursement Request, the funds corresponding to the period between 1 July 2015 and 30 July 2016 were not disbursed. Therefore, the Office and Headquarters were obliged to pre-finance the HIV activities amounting to \$125,000 and \$267,000, respectively. At the time of the pre-financing, there was no written assurance from the donor that the payment installment was in progress.

Recommendation 5: The Office should submit the Progress Update/Disbursement Requests to the Global Fund well in advance to ensure meeting the deadline of 45 days after the end of the quarter or fiscal year.

Implementation status of previous OAI audit recommendations: Report No. 1231, 6 March 2014.

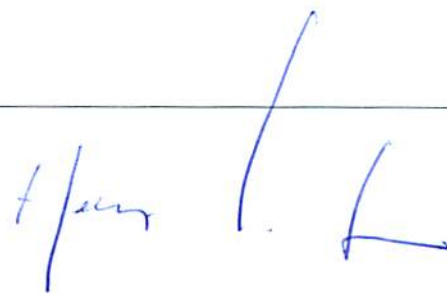
Total recommendations: 4

Implemented: 4

Management comments and action plan

The UN Resident Coordinator and UNDP Resident Representative accepted all five recommendations and is in the process of implementing them. Comments and/or additional information provided have been incorporated into the report, where appropriate.

Issues with less significance (not included in this report) have been discussed directly with management and actions have been initiated to address them.



Helge S. Ostveiten
Director
Office of Audit and Investigations

I. Profile of Global Fund grants managed by UNDP Syrian Arab Republic

UNDP has been the Principal Recipient of Global Fund grants in the Syrian Arab Republic (the Country) since 2007.

In April 2016, after the completion of the audit fieldwork, the Global Fund made the decision to discontinue the appointment of UNDP as Principal Recipient in the Country beyond the end dates of the two grants, i.e., after June 2016. The Office was thus expected to initiate the grant closure activities and potential hand-over to the new Principal Recipient after the end dates.

Grant No.	Project No.	Description	Start Date	End Date	Budget (in \$'000)	Funds Received as of 31 Dec 2015 (in \$ '000)	Implementation Rate	Expenditures as of 31 Dec 2015 (in \$ '000)	Global Fund Rating at 30 June 2015
SYR-011-G02-H	81886	HIV	1 Dec 2007	30 June 2016	2,488	2,002	77%	1,914	B2 ²
SYR-607-G01-T	59095	TB	1 Feb 2012	30 June 2016	9,137	7,367	79%	7,254	B2
Totals					11,625	9,369	79%	9,168	

II. Audit results

OAI made three recommendations ranked high (critical) and two recommendations ranked medium (important) priority.

Low priority recommendations were discussed directly and agreed upon with the Office and are not included in this report.

High priority recommendations, arranged according to significance:

- Document response to emerging challenges (Recommendation 1).
- Strengthen the monitoring function (Recommendation 2).
- Submit the Progress Update/Disbursement Requests well in advance (Recommendation 5).

Medium priority recommendations, arranged according to significance:

- Improve inventory management (Recommendation 3).
- Locate missing supporting documents for three procurement cases (Recommendation 4).

The detailed assessment is presented below, per audit area:

² Global Fund rating B2 = Inadequate but with demonstrated potential

A. Governance and strategic management

1. Organizational structure

Issue 1 Inadequate human resource capacity in Programme Management Unit

For the proper management of Global Fund grants, all key positions in the Programme Management Unit need to be filled as planned and agreed in the project document.

The organization chart of the Programme Management Unit had seven positions, i.e., the Unit's manager, three officers, two assistants, and one associate.

During the audit period, the Office lacked capacity in managing the grants, as three key positions were vacant for an extended period of time, as explained below:

- The Unit's manager position had been vacant for more than 14 months. Even though the position became vacant in December 2014, the Office only started the recruitment process in November 2015. During the time of the audit, the position still remained vacant. The position was temporarily filled for 12 months from December 2014 to November 2015 by the person also responsible for monitoring and evaluation activities. At the time of the audit fieldwork, the Office was in the process of filling the Unit's manager position (depending upon the continuation of the activities financed by the Global Fund).
- Even though the Monitoring and Evaluation Officer was appointed as Unit Manager *ad interim* in December 2014, the Office only started the process of replacing the Monitoring and Evaluation Officer in April 2015 and filled the position in August 2015.
- The Procurement and Supply Officer position was vacant for nine months. Although the position had been vacant since December 2014, the Office only started the recruitment process in April 2015 and filled the position in August 2015.

The Office did not take sufficient action to provide a backstop for these vacancies, mainly due to weak supervision of the grants in the past.

The vacancies resulted in a weakened capacity of the Programme Management Unit and had a negative impact on the operation and delivery of the grants (refer to Issues 2, 3, 5, 6 and 8).

Comment

OAI is not issuing a recommendation as OAI has validated that the Office had been taking appropriate measures to fill the reported vacancies since August 2015.

B. Programme management

1. Project approval and implementation

Issue 2 Office response to emerging challenges not documented

According to the agreement signed with the Global Fund, UNDP as the Principal Recipient is expected to implement or oversee the implementation of grant activities. Further, UNDP is responsible and accountable to the Global Fund for all resources it receives under this agreement and for the results that are to be achieved.

The TB grant started in December 2007 with an initial end date of November 2012. In May 2013, the grant was amended, additional funding was granted through the Transitional Funding Mechanism, and the end date was extended to May 2015. In August 2015, the end date was extended to June 2016 with no additional funding.

The HIV grant started in June 2012 with an initial end date of July 2015. In October 2015, additional funding was granted and the ending date was also extended to June 2016.

Since the end of 2011, the Office had been implementing the Global Fund grants under high security threats due to internal conflicts in the Country. Moreover, several regions in the Country were considered as isolated and hard to reach. Global Fund activities, such as the distribution of drugs, patient counseling, patient screening, and monitoring, etc., were initially designed and budgeted without taking into account the challenges to deliver in the hard-to-reach areas.

In the Progress Updates submitted to the Global Fund, the Office ascertained that activities continued to be implemented in the hard-to-reach areas. The Global Fund had requested the Office to clarify and document how grant activities were being implemented and monitored, taking into account the security situation, in the Management Letters issued in 2014 and 2015. However, there was no documentation available describing how the Global Fund activities were being implemented in the hard-to-reach areas and how the Office responded to the emerging challenges caused by the conflict. Further, the potential additional cost of implementing those activities was neither assessed nor reflected in the established budget.

The situation described above may lead to difficulties in verifying the achievement of grant objectives and in assessing the progress of implementing the activities in the hard-to-reach areas.

Priority	High (Critical)
Recommendation 1:	
The Office should improve its response to emerging challenges by:	
(a) documenting how grant activities are implemented in hard-to-reach areas; and	
(b) assessing the potential additional costs of implementing grant activities in those areas.	
Management action plan:	
The Office will:	
(a) improve documentation on the grant activities in the hard-to-reach areas by collecting information from	

- the UN Hub in relevant governorates, partner organizations and other relevant parties throughout the life of the grants; and
- (b) assess required additional costs in reaching the hard-to-reach areas and will reflect it in any future implementation budgets.

Estimated completion date: 30 June 2016

2. Monitoring and evaluation

Issue 3 Weak monitoring of grants

According to the 'UNDP Programme and Operations Policies and Procedures', programme and project monitoring is a key activity in measuring programme results at various levels to provide a basis for accountability and informed decision-making.

As a result of the weakened capacity of the Programme Management Unit in the area of monitoring and evaluation (refer to Issue 1) and of the absence of documented standard operating procedures of the monitoring and evaluation function, the following weaknesses were noted:

- There was no standardized and comprehensive mechanism of documenting the grants verification process.
- Supporting documents relating to the TB "Electronic National Reporting System" were not collected and verified.
- There was no documented methodology of identifying sites to be visited and setting up the field visit plans.
- Issues identified during the data collection and verification process were not documented.
- There was no supporting documentation demonstrating that issues and recommendations identified during the field visits were analyzed and followed up on.
- There was a lack of documented mechanisms to collect and verify data from hard-to-reach areas.

Weak monitoring led to delays in submitting the Progress Reports to the Global Fund Secretariat (refer to Issue 8) and may negatively impact the decision-making process.

Following the audit fieldwork, the Office's management reported that they prepared a detailed document describing the verification process and standardized field visit procedures.

Priority	High (Critical)
Recommendation 2:	
The Office, in collaboration with the Global Fund Partnership advisors, should strengthen the monitoring function by developing a specific standard operating procedure that includes a mechanism in documenting, analysing and following up on the issues and recommendations identified during the data verification process and the field visits, and a mechanism in data collection in the hard-to-reach areas.	
Management action plan:	
The monitoring function will be strengthened through the following activities that will be completed during the life of the grants:	

- The field visit plan will articulate the methodology on identification of all approved-to-visit and possible-to-visit locations. Field visits will be performed by the following categories of personnel:
 - the Office's officers, who currently perform field visits to already identified locations;
 - third party (independent doctors nominated by the Syndicate of Doctors) on behalf of the Office for governorates where it is difficult or takes a significant amount of time for UNDP officers to get clearance to visit;
 - National TB Programme and National AIDS Programme central staff, who perform their visits according to a quarterly agenda that is usually shared with the Office; and
 - National TB Programme and National AIDS Programme governorate staff, who usually perform their visits to health facilities and locations in the main cities and countryside of their respective governorates.

An explanatory list of the visited sites is available upon request.

- Reports of field visits will be prepared by all categories mentioned above, and communicated to the Office. Issues identified during the visits will be followed up by the Office with the relevant staff by email or phone. The results of the follow-up will be verified and reported in the succeeding visit report.
- Data from hard-to-reach areas will be collected by the respective government counterpart and implementing partner and reported accordingly in the Electronic National Reporting System file from the National TB Programme and the HIV patients' record file from the National HIV Programme.
- As an established mechanism, the Office will use the enablers' payment listing to verify the accuracy of the data on the TB patients, which describes pre- and post- payment. This can be cross-checked against the Electronic National Reporting System data. As for HIV patients, their number is much smaller and the National TB Programme is performing the verification.

Estimated completion date: 31 May 2016

C. Sub-recipient management

1. Reporting

Issue 4 Weaknesses in reporting and liquidation of advances and in procurement by Sub-recipients

According to the agreement signed with the Global Fund, UNDP as the Principal Recipient may work with other organizations and engage Sub-recipients in the implementation of the Global Fund programme. UNDP Country Offices need to carefully address and manage any potential risks of working with Sub-recipients as, according to the agreement with the Global Fund, UNDP's accountability and reporting shall encompass the funds disbursed to all Sub-recipients and to the activities Sub-recipients carry out using the grant funds.

The Office had nine Sub-recipients during the audit period, and the audit reviewed a sample of three Sub-recipients, two of which were other UN agencies. The following weaknesses were noted:

(i) Delays in disbursements and liquidations

There were delays of up to five months between signing the Sub-recipient agreement and the disbursement of the first advance in the case of one Sub-recipient, as well as delays of between four and eight months with respect to two Sub-recipients (both UN agencies) in liquidating the advances granted. The agreement with the first Sub-recipient was signed in September 2014, followed by a request to transfer funds in November 2014; the funds were eventually transferred from Headquarters to the Sub-recipient in February 2015 following lengthy communications with the Office and repeated requests submitted.

(ii) Delays in and incomplete quarterly reporting

According to the agreement signed with the Sub-recipients, quarterly Sub-recipient reports should be submitted to the Office no later than 30 days after the end of each quarter, and the reports should include an explanation of variances between approved and actual expenses. For the two UN agencies acting as Sub-recipients, there were delays in the submission of six out of seven quarterly reports, ranging from three months to six months. None of the reports prepared by all Sub-recipients included budget information or an explanation of any significant budget deviations. The Office's management acknowledged that additional follow-up actions should be taken to ensure that reports are submitted on time and in line with the agreement.

(iii) Procurement not in line with operational guidelines

UNDP's operational guidelines require that procurement by Sub-recipients (1) should not exceed 10 percent of the total budget or the amount of \$100,000, and (2) should be conducted in a timely manner.

In 2015, \$438,371 (78 percent of the total agreement value) was advanced to one of the two UN agencies acting as Sub-recipients, for the procurement of blood bank screening kits. The Office's management explained that the Global Fund had requested the UN agency to complete this procurement. However, the supporting documentation and justification for this request from the Global Fund was not made available to the audit team. Furthermore, there was a delay of eight months in purchasing the blood bank screening kits, mainly due to administrative issues in making the payment.

Delays in advancing and liquidating funds may directly impact project implementation. Late submissions in Sub-recipient reporting may impact the quality and timeliness of Principal Recipient reporting.

Comment

OAI is not issuing a recommendation as the action already initiated by the Office was validated through the review of supporting documentation submitted to the audit team after the audit fieldwork date, and the procurement case was a one-off incident without impact to future activities.

D. Procurement and supply management

1. Quality assurance of health products

Issue 5 Inadequate quality control over finished pharmaceutical products

According to the 'Global Fund Quality Assurance Policy for Pharmaceutical Products' and to article 18 of the Grant Agreement, Principal Recipients must ensure that product testing is done and that random samples of finished pharmaceutical products are obtained at different points in the supply chain, from initial receipt in-country to delivery to end-users/patients. Such samples must be tested for compliance with applicable quality standards by a WHO pre-qualified laboratory, or accredited in accordance with 'ISO Standard 17205: Calibration and Testing Laboratories', or a laboratory contracted by the Global Fund. To this effect, a quality assurance plan should be developed, adhered to, and revisited if necessary.

The finished pharmaceutical products were tested upon arrival in the Country; however, there were no quality control tests at the peripheral level. The Office's management explained that testing had been restricted due to the armed conflict within the Country, and anticipated that testing would commence at the peripheral level in 2016.

Furthermore, there was no quality assurance plan during the audit period. The Office, during the time of the audit fieldwork, was already in the process of preparing the plan.

Not carrying out appropriate testing throughout the supply chain may lead to the distribution of non-compliant medicaments.

Comment

OAI is not issuing a recommendation, as UNDP will not continue as Principal Recipient in the Country beyond the termination date of the two grants, i.e. after June 2016.

2. Supply management (inventory, warehousing and distribution)

Issue 6 Weaknesses within inventory management and distribution

The Grant Agreement between UNDP and the Global Fund requires adherence to WHO guidelines for the storage of medical products. The Office, as the Principal Recipient of Global Fund grants, procures and distributes pharmaceutical and other health products. It is crucial that the inventory and stock management systems function properly in order to ensure adequate execution of the Global Fund's grant management mandate. The Office is also responsible for ensuring that the implementing partner establishes and maintains reliable storage conditions for finished pharmaceutical products and other consumables.

The following weaknesses were identified within the area of inventory management and distribution:

- (i) Independent verification of stock levels – The Office had not completed a physical verification of the inventory either at the central warehouse or at the peripheral level during 2015. The Office explained that a physical verification had been planned in January 2016 but was delayed due to the warehouse undergoing renovation. The physical verification of the central warehouse was completed following the audit fieldwork, and the training of warehouse staff was planned for the first quarter of 2016. The recently completed physical verification identified a number of discrepancies, including inconsistencies in the presentation of stock units and inaccuracies in stock expiration dates.
- (ii) In February 2016, the Office completed an analysis of stock levels in the central warehouse throughout 2015, which indicated that there had been stockouts of various HIV and TB medicines during the year. Meetings with the government counterpart confirmed that there were also stockouts of three antiretrovirals at the peripheral level. The stockouts were mainly due to delays in finalizing the order with the supplier in the case of TB medicaments, and to the delayed quality assurance process for the HIV treatment. The Office's management informed the audit team that there had been no interruption in the patients' medication regime, as stock was immediately distributed to the peripheral warehouses once received. As of March 2016, the Office was in the process of procuring a stock management system that would facilitate the monitoring of stock at all levels.

Following the audit fieldwork date, the Office's management started improving the inventory management by:

- completing the required annual physical inventory of the stocks;
- starting the procurement process for medicines two months earlier than initially planned to avoid delays potentially leading to medicine stockouts; and
- planning a warehouse management training to take place in June 2016.

Weak inventory management increases the risk of unused stock expiring and may lead to stockouts.

Priority	Medium (Important)
Recommendation 3:	
The Office should improve inventory management by:	
<ul style="list-style-type: none"> (a) strengthening warehouse management through refresher training, to ensure the accurate recording of inventory items, and prioritizing the distribution of the first-to-expire stock; and (b) monitoring stock levels throughout the supply chain on a monthly basis in order to mitigate against stockouts at the peripheral level. 	
Management action plan:	
<p>The following action will be conducted to ensure improved inventory management by June 2016:</p> <ul style="list-style-type: none"> (a) drug store management training will be done in June 2016, upon Global Fund approval; and (b) monitoring central stock levels will be completed on a monthly basis – the Office, along with the government counterpart drug store management will create a report from the peripheral stores for TB and HIV drugs. 	
Estimated completion date: July 2016	

3. Procurement of other goods and services

Issue 7 Incomplete supporting documentation for procurement cases

The 'UNDP Programme and Operations Policies and Procedures' stipulate that the core governing principle of UNDP is to obtain the best value for money through the optimum combination of life-cycle costs and benefits. Upon the receipt of quotations, the offers should be summarized in the form of a comparative matrix of quotations, highlighting the criteria against how each offeror meets them. Business units are responsible for protecting the integrity of the procurement process, which includes maintenance of complete and accurate records.

The review of seven procurement cases valued at \$103,000 and directly managed by the Office showed that in three cases valued at \$46,000, the supporting documentation was incomplete. Missing documentation included bidding documents and bid evaluation forms. The Office's management explained that the Programme Management Unit had relocated during the review period, which created challenges in locating all documents.

Without adequate documentation, the Office may not be able to demonstrate adherence to best value for money principles, or the adequate use of donor funds.

Priority	Medium (Important)
Recommendation 4:	
The Office should continue the effort to locate the missing supporting documents for the three procurement cases.	
Management action plan:	
The Office will continue the effort locate the missing supporting documents.	
Estimated completion date: June 2016	

E. Financial management

1. Reporting to the Global Fund

Issue 8 Delays in submission of Progress Update/Disbursement Requests

The Standard Agreement between the Global Fund and UNDP requires the Principal Recipient to submit quarterly Progress Update/Disbursement Requests (PUDR) to the Global Fund no later than 45 days after the close of the quarter or fiscal year of the Principal Recipient.

A total of 7 out of 15 PUDRs issued during the audit period were submitted by the Office to the Global Fund Secretariat with delays ranging from 44 and 184 days in excess of the allowable period.

At the time of the audit, due to a 124-day delay in submitting the HIV grant PUDR, the respective funds for the period between 1 July 2015 and 30 July 2016 were not disbursed. Therefore, the Office and Headquarters were obliged to pre-finance HIV activities amounting to \$125,000 and \$267,000, respectively. Further, at the time of the pre-financing, there was no written assurance from the donor that the payment installment was in progress.

The Office stated that the delays in submitting the PUDRs were mainly caused by the lengthy process of finalizing the document, as the Local Fund Agent requests required changes to the initial version after its review.

These delays impacted the release of funds by the Global Fund and the financing of activities.

Priority	High (Critical)
Recommendation 5:	
The Office should submit the Progress Update/Disbursement Requests to the Global Fund well in advance to ensure meeting the deadline of 45 days after the end of the quarter or fiscal year.	
Management action plan:	
The Office will start the Progress Update/Disbursement Request preparation process immediately at the end of the quarter or fiscal year in order to meet the deadline of 45 days after the end of the quarter/fiscal year.	
Estimated completion date: End of first quarter 2016	

Definitions of audit terms - ratings and priorities

A. AUDIT RATINGS

- **Satisfactory** Internal controls, governance and risk management processes were adequately established and functioning well. No issues were identified that would significantly affect the achievement of the objectives of the audited entity.
- **Partially Satisfactory** Internal controls, governance and risk management processes were generally established and functioning, but needed improvement. One or several issues were identified that may negatively affect the achievement of the objectives of the audited entity.
- **Unsatisfactory** Internal controls, governance and risk management processes were either not established or not functioning well. The issues were such that the achievement of the overall objectives of the audited entity could be seriously compromised.

B. PRIORITIES OF AUDIT RECOMMENDATIONS

- **High (Critical)** Prompt action is required to ensure that UNDP is not exposed to high risks. Failure to take action could result in major negative consequences for UNDP.
- **Medium (Important)** Action is required to ensure that UNDP is not exposed to risks that are considered moderate. Failure to take action could contribute to negative consequences for UNDP.
- **Low** Action is desirable and should result in enhanced control or better value for money. Low priority recommendations, if any, are dealt with by the audit team directly with the Office management, either during the exit meeting or through a separate memo subsequent to the fieldwork. Therefore, low priority recommendations are not included in this report.