

ANNEX 4. FIDUCIARY SYSTEMS ASSESSMENT

Section 1: Conclusions

1.1 Reasonable assurance

1. The Fiduciary Systems Assessment (FSA) for the “Improving Quality of Health Care Services and Efficiency in Colombia” Program (the Program) has been conducted and their conclusions are reflected below. The Program expenditure framework will support transfers to finance the health insurance system in Colombia as managed by the MSPS through the ADRES. The FSA was carried out in accordance with the WBG Policy dated November 2017, WBG Directive dated July 2019, WBG Guidance PforR FSA Guidance Note dated June 2017; and Interim Guidance Note Systematic Operations Risk-Rating Tool (SORT) dated June 25, 2014. The WBG determined that the Fiduciary Systems capacity and performance are adequate to provide reasonable assurance that the funds will be used for the intended purposes. Nevertheless, the environment of the Program fiduciary systems still presents some risks that are being addressed by the GoC and are part of the PAP as mitigating measures.

2. This FSA reviewed the capacity and performance of the implementing entities MSPS and ADRES on their ability to: (a) record, control, and manage the Program resources and produce timely, understandable, relevant, and reliable information for the Borrower and the WBG; and (b) ensure that implementation arrangements are adequate, and risks related to financial management, fraud and corruption, as well as the complaints handling mechanisms are reasonably mitigated by the existing framework. Regarding the Procurement aspect of the FSA, no procurable activities were identified within the Program expenditure framework.

3. The Program will mostly finance a portion of the UPC¹ covering expenditures related with the health insurance scheme. This insurance scheme is managed by the MSPS and administered by ADRES. Funds will follow the Government’s budgetary system in which the MSPS executes the budget line transferring the funds to ADRES. ADRES has then the responsibility to pay the UPC to the entities providing insurance under the regime. The payments are calculated based on a single database of people covered by the health insurance system, the BDU. The MSPS and ADRES have internal controls in place to determine the correct calculation of the UPC under the per-capita insurance system and those are subject to Government control mechanisms that apply to the overall per-capita insurance system.

4. Institutional controls over the Program include internal control procedures at MSPS and ADRES, external audit from the CGR and Anti-Corruption mechanisms, that are being considered for this FSA for the use of country systems for the design of this operation.

5. The ADRES is a special decentralized entity of the Executive Branch of the national order, affiliated to the MSPS with legal, administrative and financial autonomy, independent assets². ADRES is currently responsible for the administration and payments of the SGSSS resources, including the UPC. For that purpose, the MSPS transfers the Program funds to the ADRES, in the form of monthly Units of Payment by UPC times the number of affiliates, as registered in the BDU, and other resources of the compulsory

¹ The UPC is the annual value recognized by each of the members of the SGSSS to cover the benefits of the POS, in the contributory and subsidized schemes.

² ADRES legal structure is stated in the article 66 of Law 1753 of 2015.

health insurance system. Updated information from the BDU A is the main input for the recognition of the UPC made to SGSSS entities. The Program will finance SGSSS' health insurance (*aseguramiento en salud*) budget line related to the UPC subsidized regime for three years, 2020 to 2022, to cover expenditures related with the management of the scheme. this expenditure is estimated at 10 percent of the total amount assigned to the subsidized regime (which corresponds to USD 1,955 million; 99 percent of the expenditure framework). In addition, the PforR's expenditure framework would include a portion of personnel salaries needed to implement the proposed interventions. The Government amount associated with this expenditure is estimated at 50 percent of the total amount assigned to personnel salaries (which corresponds to USD 28 million; 1 percent of the expenditure framework).

6. Within the framework of the functions granted by Law, ADRES administers the BDU A. For this purpose, ADRES has developed and implemented mechanisms that prevent the entry of inconsistent information to the BDU A by registering new affiliates or news of existing ones, such as validating processes (network of validation). Additionally, the IT department of ADRES audits the information stored in the BDU A, to detect alleged repeated, multi-affiliation and deceased registration, among others.

1.2 Risk assessment

7. Overall, the Fiduciary systems risk (including the risk of fraud and corruption) is rated as Substantial at this stage, mainly because ADRES was recently created (2015) and its operational payment systems and processes are still being developed. The risk will be reviewed based on GoC's accomplishment of the PAP. The assessment found that the implementing entities, MSPS and ADRES, have adequate institutional capacity to manage the Program; however, the systems and processes could be strengthened in the following areas: (a) Financial accounting and reporting; due to the large number of income sources that are part of the SGSSS, the complexity of the processes for insurance payments, and the high volume of transactions; (b) Payment processes, including the cleaning of the BDU A, and updating the risk-adjustment methodology that defines the values of the UPC; and (c) the periodic reconciliation of accounts. The MSPS and ADRES are addressing these mainly through the implementation of the end point agreement (*Acuerdo de Punto Final*) stated in the law 1955 of May 25, 2019 of the PND. The *Acuerdo de Punto Final* is a set of actions mainly to clean historic debts of the health system and to make the health spending more efficient and prevent new debts. Among others, the agreement will focus on the implementation of : (a) the reconciliation, verification, and control of the accounts that support health services and technologies not financed with UPC resources of those affiliated with the Subsidized Regime; and (b) the progressive improvement of the effectiveness of health spending, associated with the provision of the service and technologies not financed from the UPC resources. The WBG will follow up the implementation of the *Punto Final* regarding the Program.

8. Outside of the Program boundaries, health services and technologies not funded from UPC resources will be managed by the EPSs from the budget that ADRES would transfer to them for this purpose. As indicated in the PND, the annual budget ceiling by EPS will be established according to the methodology defined by the MSPS, which will consider incentives for the efficient use of resources through the implementation of strategies to optimize the health payment Information systems, and processes from ADRES to the SGSSS. The *Punto Final* agreement is addressing these issues as mitigation measures to guarantee the financial sustainability of the health system.

9. The 2018 and 2019 financial and special audits carried out by the CGR, to MSPS with a clean opinion and to ADRES with a qualified opinion, included findings which the implementing entities are taking into consideration in compliance with the Improvement plans presented to the CGR. As a mitigation

measure for the Program, capacity enhancement will support the CGR to effectively audit program activities at the MSPS and at ADRES during the financing period. The special audit conducted by the CGR included administrative findings mainly related to quality of the BDU. These findings included multi-affiliation between regimes, pensioners unduly recorded in the BDU, inaccurate SISBEN information in the BDU; generating uncertainty about the quality and veracity of the information of the affiliates of the subsidized regime³, which affects the adequate aggregate amount of UPC done from ADRES to SGSSS. An improvement plan is currently being implemented by ADRES. The implementation of mitigation measures as detailed in the improvement plan will be followed up by the FM team and is part of the PAP.

10. Fraud and corruption remain an issue in the public sector and more specifically in the health sector. According to the 2018 Transparency International's Corruption Perception Index⁴, Colombia was ranked 99 in the list of 180 countries analyzed. Actions supporting the GoC efforts to strengthen the SGSSS, are included in the PAP. Anti-Corruption is one of the pillars of the referred PND and there is a legal and operative framework to prevent fraud and corruption that should be implemented by all Government agencies, including MSPS and ADRES.

11. The CGR is responsible for issuing liability judgments when it finds that there was an irregular management of public resources. The CGR website reports that between 2013 and 2016, several cases of corruption occurred in Saludcoop and Cafesalud (EPSs) for a total amount close to USD 342 million. In 2019, the CGR evidenced new findings for USD 61 million in Saludcoop EPS related to medical services. This shows that the authorities are tackling fraud and corruption seriously. However, the persistence of these corruption cases explains that the fraud and corruption risk remain substantial.

1.3 Procurement

12. As referred in section C in Annex 3 of the PAD, the Program expenditure framework will support: (a) transfers to marginally finance a portion of current expenditures under SGSSS' health insurance (*aseguramiento en salud*) budget line, from the MHCP to ADRES. These transfers consist in a predetermined UPC, multiplied by the insured population duly documented in the BDU; and (b) Personnel salaries to implement the proposed interventions. Consequently, no procurable items were identified within the Program expenditure framework and not specific Procurement arrangements are needed.

Section 2: Scope

13. The scope of the FSA is the UPC system at MSPS and ADRES and included the review of financial information and information obtained during working meetings with these entities directly responsible for the execution of the Program; as well as for the Program fiduciary management arrangements for the Program activities.

14. Other GoC entities were also involved and considered in the assessment due to their related responsibilities for the Program like the MHCP, the DNP, the CGR and the SNS. Additionally, to understand the functioning of the SGSSS, the assessment included a visit to a primary EPS "Salud Total EPS." Currently, there are approximately 44 public, private, and public/private EPS, which have legal, administrative and

³ The Subsidized Regime is the mechanism through which the poorest population, without payment capacity, has access to health services through a subsidy offered by the GoC.

⁴ <https://www.transparency.org/cpi2018>

financial autonomy. The health system is financed by several mechanisms, through an insurance scheme based on UPC and payments for medical services rendered outside of the coverage of the UPC. For the provision of medical services, the EPSs, are required to count with an authorization from the SNS. Each EPS must guarantee the integrity, continuity and quality of the provision of health services included in the PBS, for which they must organize a network of IPSs. The relationship between the EPSs and the IPSs, is governed by private law, therefore, each EPS must prepare and maintain a hiring manual updated for its operation, with the application of limited competition, given the nature of the service. The EPS and IPS sign an agreement of wills (*Acuerdos de Voluntades*) and the main payment mechanisms applicable are regulated and are the following: (a) UPC; (b) payment per event; and (c) payment by case. The MSPS mission is to manage the health system and social protection in health, through policies for health promotion, prevention, treatment and rehabilitation of disease and insurance, as well as intersectoral coordination for the development of policies on determinants in health.

Section 3: Review of Public Financial Management Cycle

15. A Public Expenditure and Financial Accountability Assessment for Colombia was finalized in year 2016⁵; overall, Colombia's Public Financial Management system exhibits reasonable alignment with international best practices at the National Government level. The policy-based fiscal strategy and budgeting has particularly noteworthy positive performance on the institutional capacity to establish a credible fiscal strategy and comply with it. The same can be said of management of assets and liabilities; with room to strengthen the fiscal risk reporting.

3.1 Planning and Budgeting

16. Adequacy of budgets: According to the PEFA Colombia Assessment 2015 (carried out by the WBG in 2016) the budget is comprehensive, well documented, and implemented as planned, with actual expenditures deviating only slightly from planned levels. Budget planning is based on a multiyear perspective, and annual formulation reflects a mostly well-functioning policy-based system.⁶ The Borrower has published its annual budget timely.⁷ These considerations are applicable to the Program in MSPS and ADRES as well. The MSPS is part of the General National Budget and therefore subject to budgetary controls, the budget of ADRES is composed of: (a) the contributions of the General Budget of the Nation defined through the budget section of the MSPS; (b) the assets transferred by the Nation and by other public entities of the national and subnational levels; (c) a percentage of up to 0.5 percent of the resources managed for its administrative expenses; and (d) the other income that at any title it receives.

17. The official projection with the breakdown of income and expenses in the ADRES budget structure will be consolidated at the end of October 2019, the date on which the preliminary draft (*anteproyecto*) must be formally submitted to the Superior Fiscal Policy Council (CONFIS)⁸ once approved by the Board of Directors of the Entity.

⁵ Public Expenditure and Financial Accountability Assessment (PEFA) 2015 of Colombia's Public Financial Management Systems, October 14, 2016.

⁶ See PEFA 2015, IMF 2012 and the WBG reviews 2013 for more information.

⁷ Decree 2467 of December 28, 2018.

⁸ The CONFIS is an agency attached to the MHCP, responsible for directing the Fiscal Policy and coordinating the Budget System. It is responsible for reviewing the National Investment Plan presented by the DNP and CONPES with the PND.

3.2 Budget Execution

18. Program budget execution practices comply with international standards in Treasury Management and Internal Control Management. MSPS presents its budget following the budget calendar every year; including the budget line for the UPC that is accrued and transferred to ADRES monthly. ADRES as a decentralized entity execute its budget independently from MSPS and reports its budget execution in the same way.

19. The Program is being executed through the transfers from MSPS to ADRES to finance the insurance budgetary line and MSPS salaries. This insurance line is calculated based on the information from the BDUA for both the contributory and subsidized regimes. As stated by the *Punto Final* agreement, starting January 1st, 2020, ADRES on behalf of the EPSs will pay directly health services providers in accordance with the percentages and conditions defined by the MSPS.

Table A4-1. Initial Budget vs Actual Expenditure
(COP thousands)

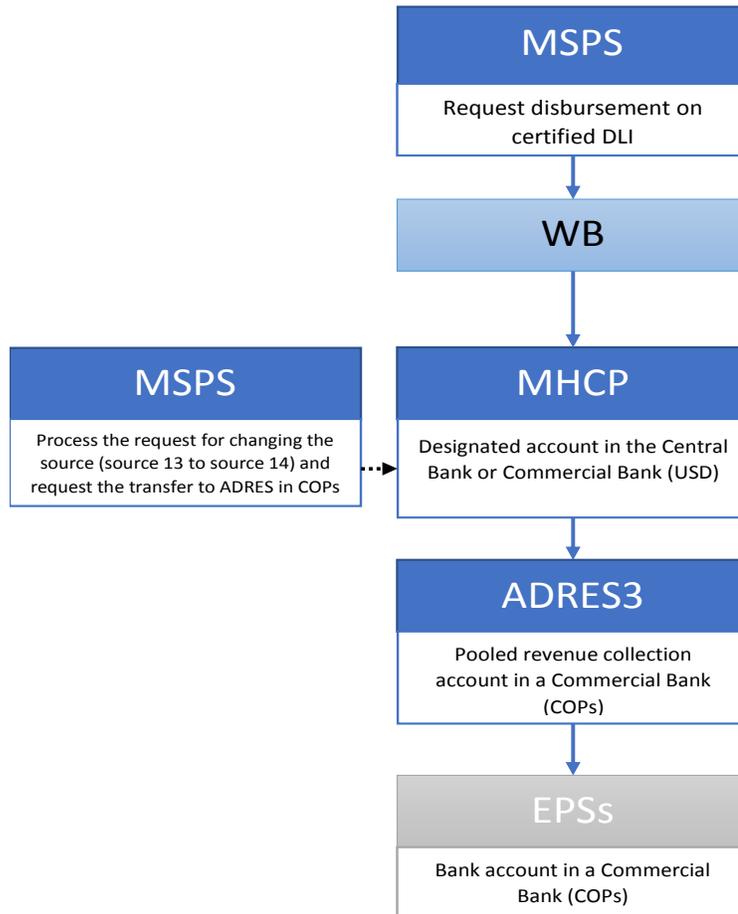
Fiscal Year	Initial Budget (A)	Actual Expenditure (B)	B/A %
2016	9,979,903	9,929,903	99.50
2017	10,098,821	10,898,821 ⁹	107.92
2018	12,188,014	12,155,014	99.73

Source: MSPS budget execution Nation's SIF.

⁹ COP 800 billion were added to the initial budget.

3.2.1 Flow of funds arrangements for Program implementation

20. The MHCP has requested to have special disbursement arrangements to support its budgetary controls that differs from the standard PforR policy:



(a) The General Treasury of the MHCP in coordination with the MSPS will open an USD account in the Central Bank or a commercial bank acceptable by the WBG under Treasury control, for the management of the funds disbursed by the WBG. This designated account arrangement has been requested by the GoC to the WBG and IDB with the objective of reinforcing ownership within the MSPS;

(b) The designated officials at the MSPS Treasury will be trained in the generation of the reports on Program execution and on the designated account by the SIIF Administration team at the MHCP;

(c) For the first year, the resources of the loan will be codified in the Nation's general budget as source 13 (foreign resources); once received the funds for DLIs achieved, the MSPS will begin the process for changing the source (13 to 14), with a request to the MHCP that will authorize the change of source, and submit the request to the Budget Directorate where a Resolution would be issued approving the change of source. The total process could take about 20 days. After the first

year MSPS will include a budget line on source 14 to execute WBG funding;

(d) Requests for disbursements to the WBG, will be made by MSPS following compliance with the DLIs. The MSPS will not request advances of resources for DLIs to the designated account;

(e) The MSPS will transfer the WBG funds in COP to ADRES, to a pooled revenue collection bank account. ADRES, in application of the regulations and as described in the 3.2 budget execution section, proceeds with the payments of the UPC, and other resources of the POS to the EPS. The current procedures for processing UPC in the ADRES are part of the POM.

3.2.2 Accounting and financial reporting

21. As per PEFA 2015, the consolidated public accounts, are prepared within six months after the end of the fiscal year. They include full information on revenues, expenditures, and financial assets and liabilities. Year-end accrual-based financial statements are issued by the Accountant General (CGN) and presented by May 15 of the following year to the CGR for audit purposes. The CGR auditing policies and procedures provide for the application of financial, compliance, and performance audits consistent with the International Standards of Supreme Audit Institutions (ISSAI). Audit reports are submitted before July 1 of the following fiscal year to the Congress and the President.

22. The MSPS prepares its financial statements under the CGN regulations. The Financial Statements of the Program are being generated through the GoC budgetary system (SIIF). They include the Statement of Accumulated Investments, Statement of cash flows and the Notes to the financial statements. These reports are being generated from the SIIF system with the support of the SIIF administration team. ADRES will submit to the WBG its institutional audited financial statements including program funds execution. The WBG will support capacity building for the MSPS/ADRES to enhance the financial reporting of program activities.

3.3 Internal Controls

3.3.1 Internal controls

23. According to PEFA 2015, the legal and regulatory internal control framework support a wide range of standards, including those of the Internal Control Act, the National System of Internal Control, and the Standard Internal Control Model (SICM), the last of which is based on standards of the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and the Internal Control Guide of the International Organization of Supreme Audit Institutions (INTOSAI), which represent good international practices. Although the SICM was updated¹⁰ in 2014, and it refers in its technical manual to the principles of internal control from the COSO 2013 document, its consistency with international standards is partial. The Integrated Planning and Management Model (*Modelo Integrado de Planeación y Gestión*, MIPG) is addressing some of the inconsistencies.

3.3.2 Internal audit

24. GoC entities, including MSPS and ADRES, include an Office of Internal Control¹¹. The head of the Internal Control Office Unit publishes every four (4) months on the entity's website, under disciplinary

¹⁰ Decree 943 of 2014, whereby the SICM is updated.

¹¹ Law 1474 of 2011, article 9 related to the person responsible for internal control.

penalty, a detailed report of the state of internal control of the said entity¹². Those from MSPS and ADRES are published periodically. In addition, MIPG is implemented, as stated by Decrees 1499 of 2017 and 11299 of 2018. MIPG is considered as a framework of reference to direct, plan, execute, evaluate and control the management of public entities and organizations, to generate results that meet development plans and solve the needs and problems of citizens, with integrity and quality of service.

25. The head of the internal Control Office is also responsible for monitoring and reporting the general status of the internal control system, including the operation of the MIPG that is aligned with international standards. The Internal Control Offices at MSPS and ADRES carry out annual audit plans to comply with their mandate, and the reports are public. The Internal Control Offices are committed to perform internal audit for the Program.

3.3.3 Program governance and anticorruption arrangements

26. The Program will depend on the Government's framework for prevention and control of fraud and corruption. In Colombia an extensive legislation and regulations aimed at fighting corruption derive from the Political Constitution of 1991, which established the legal basis and control bodies for the control of entities that manage funds or assets of the Nation.

27. Corruption risk management is mandatory for all public entities since 2011, under the Anti-Corruption Statute established in Law 1474. In compliance with the Anti-Corruption Guidelines, the CGR will provide to the Bank periodically information on allegations of fraud and corruption, handling of said allegations, and final findings, all related to the Program and covering the MSPS, ADRES and EPS.

28. The SNS is the authority responsible for carrying out the inspection, surveillance and control of the constitutional and legal norms of the health sector and its resources. One of its most important functions focuses on inspecting and monitoring the SGSSS entities, as well as issuing instructions on how they must operate within the health system.

3.3.4 Complaints handling mechanism

29. The law states that any citizen can make their petition, complaint, claim, or suggestion through the PQRSD. Those allegations can be submitted by web (template forms of MSPS and/or ADRES), in person, through social networks or telephone.

30. Under this mechanism all PQRSDs are received. The Citizen Attention Group's main functions are to oversee, receive, register, and send virtual requests to the dependencies or entities that have the competence to answer them. Offices of Internal Control monitor and evaluate the management of the PQRSD that are presented to the MSPS and/or ADRES and prepare semiannual reports that are made public.

31. Main PQRSD topics reported in the MSPS management report as of May 2019, were related to Information systems (My Social Security); Human talent in health (Certifications on the professional exercise), medications and health technologies (Medication prices). The report also indicated the need to continue strengthening the strategies aimed at the timely and quality processing of the PQRSD.

¹² MSPS: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/OCI/informe-pormenorizado-marzo-junio-2019.pdf>;

ADRES: <https://www.adres.gov.co/Portals/0/ADRES/Controlpercent20interno/PORMENORIZADOpercent20JULIOpercent202019.pdf?ver=2019-07-12-094810-463>

**Table A4-2. ADRES: PQRSD- Types of requests received
June-December 2018**

Type	Quantity of interactions with PQRSD system
Denounces	1
Complains on Personal data.	4
Requests of information	5
General interest requests	20
Request of information from National Congress	20
Appeals	67
Request for information	92
Consultation on ADRES database	339
Requests between authorities	1,383
Request of personal interest	16,369
ADRES non competency (transferred to another institution for processing)	230
Total	18,530

Source: ADRES, PQRSD Report July-December 2018.

32. The Program shall be subject to the WBG's Guidelines on Preventing and Combating Fraud and Corruption in Program-for-Results Financing, dated February 1, 2012 and revised July 10, 2015. CGR, under a Memorandum of Collaboration (MoC) agreement with the Bank will be reporting Fraud and Corruption cases affecting the per-capita insurance Program annually with their annual financial audit. Additionally, the Bank will monitor the public internal audit reports on PQRSD prepared by the MSPS and ADRES, on those issues related to fraud and corruption associated with the Program. Performance of the PQRSD system will be monitored throughout the project implementation.

3.4 Auditing

33. According to PEFA 2015, on average, 87.6 percent of the budget executed by the Central Government in the years 2012, 2013 and 2014 and 92.6 percent of aggregate assets were audited, the CGR used government auditing standards that were partially consistent with international standards. In late 2018 a SAI PMF (Supreme Audit Institution Performance Measurement Framework)¹³ was conducted to CGR and the conclusions include that the reduction of gaps is reflected in the results of the indicators evaluated; the achievements were reached with the support of higher authorities and CGR officials, through the implementation of the Strategic Plan (PE) 2014-2018, which incorporated a structured process of strengthening, based on an institutional performance model, aimed at develop skills and tools to fight corruption and support the public sector. As a result of the advances, there is a new fiscal control system aligned to the International Standards of Supreme Audit Institutions (ISSAI), characterized by the development of guides, formats and instructions for the three types of audit.

34. The CGR has been conducting annual financial audits of the MSPS; and ADRES; covering the Health Program transfers made by the MSPS to ADRES. CGR has also carried out a special audit of the BDUA

¹³https://www.contraloria.gov.co/documents/20181/449782/Informe+Final+MMD+EFS+CGR+Colombia+2019_unlocked.pdf/611096c8-6eef-4de0-924e-2839eab84552

covering the years of 2016 to 2018. CGR has audited the entities as programmed in its annual Audit and Fiscal Plans (PCVF). CGR and the Bank has agreed on a MoC that the annual audit program will continue to be carried out on an annual basis for both institutions involved MSPS and ADRES issuing the annual financial audit reports for each institution from the loan period of year 2020 until the closing of financing in year 2023.

35. The team has reviewed the last two years financial audits, and the special audit which included clean audit opinions for MSPS and qualified audit opinions for ADRES. The 2018 financial audit findings for ADRES are related to uncertainties in the accounts receivable to a liquidated health entity (ISS), and lack of timely legalization of advances for payments of services and technologies not funded from UPC resources; issues that started before ADRES was created, that are in process of resolution within the *Punto Final* agreement. The FM team will follow up the commitments of the executing entities in the implementation of the improvement plans submitted to CGR.

Section 4: Program Systems and Capacity Improvements

Risk	Mitigation action	Timing	Type of action (PAP, DLI, etc.)
<p>1. CGR may not deliver Financial audit for the program on annual basis.</p>	<p>(a) WB team will provide capacity enhancement support to the CGR to make sure audit program activities at MSPS/ADRES are carried out during the financing period;</p> <p>(b) Confirmation from CGR by the MoC on: i) issuance of external financial audit to the program during the financing period; including the schedule for the audit in its Annual Audit Plan to be carried out during the first semester of the year so that the audit report could be submitted to the WBG by July 31, of each year; and ii) The Comptroller shall participate in periodic discussions with the Bank regarding the results of the Program financial statement audits;</p> <p>(c) MHCP will follow up with CGR on the annual financial audit for the Program and will follow up with the WBG team.</p>	<p>Semi-Annually</p> <p>One month after effectiveness</p> <p>Annually</p>	<p>Implementation Support</p> <p>PAP</p>
<p>2. Program's annual Financial reports may not be delivered to the WBG.</p>	<p>WBG team will provide capacity building for the MSPS/ADRES to enhance the financial reporting of program activities.</p>	<p>Semi-Annually</p>	<p>Implementation Support</p>
<p>3. Adequate internal controls may not be implemented during the Payment processes.</p>	<p>FM team will follow up on: (a) the implementation of actions to address the improvement plans presented by MSPS/ADRES to CGR; and (b) measures included in the Punto Final Agreement.</p>	<p>Semi-Annually</p> <p>Annually</p>	<p>PAP</p>
<p>4. Adequate reclassification from source 13 to source 14 may not be approved by MHCP for the first year.</p>	<p>MHCP should confirm on the approval of reclassification of Budgeted sources on a timely basis.</p>	<p>June 2020</p>	<p>PAP</p>
<p>5. Adequate budget allocation for</p>	<p>MSPS should confirm the proposed budget allocation for the Program budget line.</p>	<p>Annually</p>	<p>Implementation Support</p>

Program execution could be reduced due to budget space.			
6. Information on Fraud and Corruption, and Complaints handling for the Program may not be reported/ provided to the WBG.	The Comptroller shall provide to the Bank information on allegations of fraud and corruption, handling of said allegations, and final findings, all related to the Program and covering the MSPS, ADRES and each EPS.	Annually	PAP and Implementation Support
7. Weaknesses in the BDU A related to the quality and timely maintenance may increase.	Submit to the Bank the status of the improvement plans presented semi-annually to the CGR on the results of the special audit performance report carried out to the BDU A in ADRES in year 2019, and of any other subsequent audit that could be carried out to the BDU A.	Semi-Annually	PAP

Section 5: Implementation Support

36. The fiduciary team will work with the MSPS/ADRES to monitor implementation progress and address underperforming areas identified in the PAP. Fiduciary support includes:
- Helping the borrower resolve implementation issues and carry out institutional capacity building.
 - Monitoring the performance of fiduciary systems and audit reports, including the implementation of the PAP.
 - Monitoring changes in fiduciary risks to the Program and, as relevant, compliance with the fiduciary provisions of legal covenants.