



INTERNAL AUDIT DIVISION

REPORT 2014/093

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Overall results relating to the management of medical services in the African Union-United Nations Hybrid Operation in Darfur were initially assessed as partially satisfactory. Implementation of three important recommendations remains in progress

FINAL OVERALL RATING: PARTIALLY SATISFACTORY

29 September 2014

Assignment No. AP2014/634/03

CONTENTS

	<i>Page</i>
I. BACKGROUND	1
II. OBJECTIVE AND SCOPE	1-2
III. AUDIT RESULTS	2-5
A. Risk management	3
B. Regulatory framework	4-5
IV. ACKNOWLEDGEMENT	6
ANNEX I Status of audit recommendations	
APPENDIX I Management response	

AUDIT REPORT

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the African Union-United Nations Hybrid Operation in Darfur (UNAMID).
2. In accordance with its mandate, OIOS provides assurance and advice on the adequacy and effectiveness of the United Nations internal control system, the primary objectives of which are to ensure: (a) efficient and effective operations; (b) accurate financial and operational reporting; (c) safeguarding of assets; and (d) compliance with mandates, regulations and rules.
3. The UNAMID Medical Services Section was established to ensure the health and well-being of mission personnel. The United Nations-owned medical facilities had the overall responsibility for 1,031 civilian international staff, 2,307 United Nations police officers, 407 United Nations volunteers, 236 military observers and 344 military staff officers. The contingent-owned medical facilities were responsible for the health of 14,189 military contingent personnel under medical self-sustainment agreements.
4. The Medical Services Section was headed by the Chief Medical Officer at the P-5 level, reported to the Chief Administrative Services, and was primarily responsible for providing medical services to civilian staff, in close cooperation with the Force Medical Officer, to ensure the effective provision of integrated medical support to the Mission. As of 31 January 2014, the Medical Services Section had 98 posts comprising 19 international professional staff, 3 national professional officers, 12 field service staff, 29 United Nations Volunteers and 35 national staff.
5. The United Nations-owned medical facilities included five level-1 clinics and one level-2 hospital in Darfur. UNAMID also had a level-3 hospital in Nyala that was operated by a troop-contributing country. There were two level-3 private hospitals in Khartoum used by the Mission for higher level medical services. The Medical Services Section had budgets of \$3.6 million and \$2.4 million for fiscal years 2011/12 and 2012/2013 respectively.
6. Comments provided by UNAMID are incorporated in italics.

II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of UNAMID governance, risk management and control processes in providing reasonable assurance regarding the **effective management of medical services in UNAMID**.
8. The audit was included in the OIOS 2014 risk-based work plan due to the operational and financial risks relating to medical services.
9. The key controls tested for the audit were: (a) risk management; and (b) regulatory framework. For the purpose of this audit, OIOS defined these key controls as follows:

(a) **Risk management** – controls that provide reasonable assurance that risks relating to the provision of medical services are identified and assessed, and that action is taken to mitigate or anticipate risks; and

(b) **Regulatory framework** – controls that provide reasonable assurance that policies and procedures: (i) exist to guide the provision of medical services; (ii) are implemented consistently; and (iii) ensure the reliability and integrity of financial and operational information.

10. The key controls were assessed for the control objectives shown in Table 1.

11. OIOS conducted the audit from January to March 2014. The audit covered the period from 1 July 2011 to 30 June 2013. The audit was focused on the United Nations-owned medical facilities, i.e., five level-1 clinics and one level-2 hospital, but also included a confirmation of the necessity of referrals to private hospitals by the Mission’s level-3 hospital operated by a troop-contributing country. OIOS visited medical facilities at Mission Headquarters and in sectors North, South, West and Central, and the Khartoum Liaison Office.

12. The audit team conducted an activity-level risk assessment to identify and assess specific risk exposures, and to confirm the relevance of the selected key controls in mitigating associated risks. Through interviews, analytical reviews and tests of controls, OIOS assessed the existence and adequacy of internal controls and conducted necessary tests to determine their effectiveness.

III. AUDIT RESULTS

13. The UNAMID governance, risk management and control processes examined were initially assessed as **partially satisfactory**¹ in providing reasonable assurance regarding the **effective management of medical services in UNAMID**. OIOS made five recommendations to address the issues identified. UNAMID Medical Services Section had a well-established health awareness programme and adequate stocks of drugs and consumables stored in good condition. However, UNAMID needed to (a) update the medical support plan and standard operating procedures, and finalize the required medical contingency plans and test them regularly; (b) expedite the finalization of contracts with private hospitals in Khartoum; (c) ensure that only patients that cannot be treated in Mission level-3 hospitals were referred to level-3 private hospitals; (d) ensure that medical equipment in medical facilities was installed and put to use; and (e) maintain adequate stock of essential vaccines.

14. The initial overall rating was based on the assessment of key controls presented in Table 1 below. The final overall rating is **partially satisfactory** as implementation of three important recommendations remains in progress.

¹ A rating of “**partially satisfactory**” means that important (but not critical or pervasive) deficiencies exist in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

Table 1: Assessment of key controls

Business objective	Key controls	Control objectives			
		Efficient and effective operations	Accurate financial and operational reporting	Safeguarding of assets	Compliance with mandates, regulations and rules
Effective management of medical services in UNAMID	(a) Risk management	Partially satisfactory	Satisfactory	Satisfactory	Satisfactory
	(b) Regulatory framework	Partially satisfactory	Satisfactory	Partially satisfactory	Partially satisfactory

A. Risk management

Medical contingency plans were not developed and the medical support plan and standard operating procedures needed to be updated

15. The Medical Support Manual required missions to establish a medical support plan and standard operating procedures, including plans for medical contingencies, to coordinate and deliver integrated civilian-military medical services in the Mission. The Manual required the medical support plan to meet specific operational demands and be kept updated. The UNAMID medical support plan was part of the overall Mission Support Plan, which was developed by the Department of Peacekeeping Operations in 2007, when the Mission was established. Since then, UNAMID had not reviewed or updated the plan to reflect the current operating environment and medical strategy. Standard operating procedures pertaining to medical operations had also not been reviewed and revised.

16. All medical units were required to prepare comprehensive medical contingency plans for mass casualty situations and disasters within the Mission area. Contingency plans needed to be prepared and tested at each level, from the team site up to Mission Headquarters. Evacuation of casualties was to be centrally coordinated and managed in line with the Mission’s operational and security plans. UNAMID did not have approved and tested medical contingency plans from the team site up to the Mission Headquarters.

17. UNAMID had not prioritized the updating of the medical support plan and procedures and the development of medical contingency plans as the Medical Services Section was caught up in the day-to-day running of the United Nations-owned medical facilities. Inadequate management attention to these plans and procedures may lead to the ineffective delivery of medical services and the Mission not being able to respond effectively to medical a crisis.

(1) UNAMID should: (a) update the medical support plan and standard operating procedures to ensure effective delivery of medical services; and (b) develop comprehensive medical contingency plans and test them regularly to ensure that the Mission is prepared to respond to crisis situation.

UNAMID accepted recommendation 1 and provided a copy of the up-dated medical support plan. The standard operating procedures and mass casualty plan had been submitted for approval by the Director of Mission Support. Recommendation 1 remains open pending receipt of copies of the approved mass casualty plan and standard operating procedures on medical services.

B. Regulatory framework

Contracts with two private level-3 hospitals in Khartoum had expired and not been renewed

18. The Medical Guidelines for Peacekeeping Operations provided that the Chief Medical Officer was responsible for initiating and technically evaluating contracts with providers of specialist and hospital services to Mission personnel.

19. Contracts with two level-3 hospitals in Khartoum that provided higher level medical support to Mission personnel had expired in May 2009 and had not been renewed. Despite the lack of valid contracts, UNAMID continued to refer patients to these hospitals. Lack of valid contracts could potentially affect the delivery of quality medical services and could also expose the Mission to uncertainties and disputes as regards the medical services contracted and the tariffs for such services.

20. The Mission explained that contracts had not yet been renewed because of delays in finalizing statement of works for two additional private hospitals to be included. However, OIOS is of the view that inadequate management attention caused the Mission to not have, since 2009, valid contracts with the two level-3 hospitals.

(2) UNAMID should expedite the finalization of contracts with private hospitals in Khartoum to ensure continuity of provision of higher level medical care when needed.

UNAMID accepted recommendation 2 and stated that three of the four new contracts had already been signed by both UNAMID and the private hospitals. The fourth new contract was still pending and was being followed up closely by the Mission. Based on the action taken by UNAMID, recommendation 2 has been closed.

Patients were referred to the private level-3 hospitals despite the availability of similar medical treatment and facilities within the Mission

21. UNAMID had a level-3 hospital in Nyala that was operated by a troop contributing country. As a level-3 medical facility, it had the facilities to provide specialized treatment, surgical and extensive diagnostic services. However, the Chief Medical Officer could refer patients to private hospitals when they required specialized treatment that was not available within the Mission.

22. The Chief Medical Officer had referred 184 cases for medical evacuations from the Nyala level-3 hospital to private level-3 hospitals in Khartoum from 1 July 2011 to 30 June 2013. These referrals were made based on the requests made by the Force Medical Officer. At the request of OIOS, the Officer-in-Charge of Medical Section reviewed these 184 cases and concluded that 101 or 55 per cent of the cases could have been treated in the Mission's level-3 hospital. OIOS interviewed two UNAMID doctors who were based in Khartoum to oversee the patients referred to Khartoum private hospitals and they were also of the opinion that cases referred to them did not require specialized treatment.

23. The lack of proper review of medical referrals resulted in higher costs to UNAMID which could have been avoided or minimized if patients were not referred to Khartoum. OIOS estimated the cost of the 101 referrals to private hospitals mentioned in paragraph 27 at \$500,000 based on an average of \$5,000 per patient.

(3) UNAMID should take steps to ensure that the Medical Services Section screens all referral patients to decide that only patients that cannot be treated in the Mission level-3 hospitals

are referred to the level-3 private hospitals.

UNAMID accepted recommendation 3 and stated that such recommended procedure of screening of referrals to private hospitals was being done as a standard practice. Recommendation 3 remains open pending OIOS verification of the adequacy of referral procedures to private hospitals.

Certain medical equipment in United Nations-owned medical facilities had not been installed and used

24. The Medical Support Manual required the Mission to deploy and maintain medical equipment in accordance with the requirements for level-1 and level-2 medical facilities owned and operated by the United Nations.

25. United Nations-owned medical facilities in the Mission had sufficient equipment. However, UNAMID had not installed and thus not used the following equipment at the time of the audit: (a) in Sector Central, X-ray equipment delivered in April 2013 had not been installed because the necessary radiation protective sheets had not been released from Port Sudan; and (b) in Sector West, the hematology analyzer had not been used for 5 months and another equipment for 10 months due to expired cartridge and non-availability of reagents. Also, there were expired reagents remaining in machines which could give erroneous laboratory readings if used.

26. The above conditions were caused by the lack of proper planning and monitoring to ensure that medical supplies necessary to run the equipment were available.

(4) UNAMID should procure in a timely basis medical supplies needed to ensure that medical equipment is installed and put to use when received.

UNAMID accepted recommendation 4 and stated that reagents for the hematology analyzer had been procured and that it was initiating procedures to check radiations leak, a mandatory requirement by the host government prior to operating an X-ray facility in Sudan. Recommendation 4 remains open pending receipt of evidence that medical equipment has been installed and is being used.

There was a need to maintain adequate stock of essential vaccines

27. UNAMID identified five essential vaccines, which were for yellow fever, hepatitis A and B, Tetanus, and meningitis. Three vaccines were not available in Sector South and West, and two were not available in Sector North and Central at the time of the audit. The Chief Pharmacist explained that aside from the challenges in importing some of the vaccines, the implementation of the Umoja contributed to the delays in the procurement at the time of the audit. As a result of a lack of the critical vaccines, the Medical Services Section was not able to provide the necessary vaccinations to some Mission personnel.

(5) UNAMID should implement an action plan to ensure that adequate stocks of all essential vaccines are maintained at all times.

UNAMID accepted recommendation 5 and stated that it had procured and had presently in stock the necessary vaccines except for yellow fever vaccines which was controlled and distributed only by the host government in times of imminent outbreak of the disease. Based on the action taken by UNAMID, recommendation 5 has been closed.

IV. ACKNOWLEDGEMENT

28. OIOS wishes to express its appreciation to the Management and staff of UNAMID for the assistance and cooperation extended to the auditors during this assignment.

(Signed) David Kanja
Assistant Secretary-General for Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNAMID should: (a) update the medical support plan and standard operating procedures to ensure effective delivery of medical services; and (b) develop comprehensive medical contingency plans and test them regularly to ensure that the Mission is prepared to respond to crisis situation.	Important	O	Receipt of copies of the approved mass casualty plan and standard operating procedures on medical services.	31 December 2015
2	UNAMID should expedite the finalization of contracts with private hospitals in Khartoum to ensure continuity of provision of higher level medical care when needed.	Important	C	Action taken.	Implemented
3	UNAMID should take steps to ensure that the Medical Services Section screens all referral patients to decide that only patients that cannot be treated in the Mission level-3 hospitals are referred to the level-3 private hospitals.	Important	O	Verification of the adequacy of referral procedures to private hospitals.	30 September 2014
4	UNAMID should procure in a timely basis medical supplies needed to ensure that medical equipment is installed and put to use when received.	Important	O	Receipt of evidence that medical equipment has been installed and is being used.	30 November 2014
5	UNAMID should implement an action plan to ensure that adequate stocks of all essential vaccines are maintained at all times.	Important	C	Action taken.	Implemented

¹ Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

² Important recommendations address important deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

³ C = closed, O = open

⁴ Date provided by UNAMID in response to recommendations.

APPENDIX I

Management Response

AFRICAN UNION

الاتحاد الأفريقي



UNAMID



UNITED NATIONS

الأمم المتحدة

African Union – United Nations Hybrid Operation in Darfur

Office of the Joint Special Representative

16 September 2014

To: Ms. Eleanor T. Burns
Chief, Peacekeeping Audit Service
Internal Audit Division, OIOS

From: ✓ Mohamed Ibn Chambas
Special Joint Representative
UNAMID

Subject: **Draft Report on an audit of medical services in the African Union-United Nations Hybrid Operation in Darfur (Assignment No. AP2014/634/03)**

1. With reference to your memorandum of 27 August 2014, on the captioned-subject matter, please find attached UNAMID's response (Appendix I) to the draft report for your consideration and records.

Thank you.

cc: Mr. Abiodun Bashua, Deputy Joint Special Representative (Political), UNAMID
Mr. Milan Trojanović, Director of Mission Support, UNAMID
Ms. Vevine Stamp, Chief, Operations and Services, UNAMID
Mr. Prances Soosa, Chief, Resident Auditor, OIOS/UNAMID
Mr. Velayutham Gopal, Audit Focal Point, UNAMID
Ms. Cynthia Avena-Castillo, Professional Practices Section, Internal Audit Division, OIOS

Management Response

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNAMID should: (a) update the medical support plan and standard operating procedures to ensure effective delivery of medical services; and (b) develop comprehensive medical contingency plans and test them regularly to ensure that the Mission is prepared to respond to crisis situation.	Important	Yes (with comments)	Chief Medical Officer (CMO) Office of the Director of Mission (DMS) Support	30 June 2015 31 Dec 2015	(a)The updated medical support plan is attached whilst the draft standard operating procedures on Medical Services will be submitted for approval (copies attached) as it is and will be revised and updated following the promulgation of the newly edited Medical Support Manual. (b)The mass casualty plan has been revised in line with UNHQ guidelines nevertheless it is awaiting DMS' approval. (Copy attached).
2	UNAMID should expedite the finalization of contracts with private hospitals in Khartoum to ensure continuity of provision of higher level medical care when needed.	Important	Yes	CMO	15 Oct 2014	Three out of four contracts have been duly signed by both UNAMID and the private hospitals namely Baraha, Fedail and Al Zaytona hospitals. However the contract with Royal care hospital is still pending action with close follow up by the mission.
3	UNAMID should take steps to ensure that the Medical Services Section screens all referral patients to decide that only patients that cannot be treated in the Mission level-3 hospitals are referred to	Important	Yes	CMO	N/A	This is already being done as a standard practice by UNAMID. And it is ongoing That the medical section has been screening all patients before they are referred to the level 3 private

¹ Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

² Important recommendations address important deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

Management Response

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	the level-3 private hospitals.					This has been thoroughly discussed with the chief resident auditor during the detailed audit result stage in July 2014. UNAMID therefore request that this audit recommendation be closed.
4	UNAMID should procure on a timely basis necessary medical supplies for United Nations-owned medical facilities to ensure that equipment is installed and put to use when received.	Important	Yes	CMO	30 Nov 2014	UNAMID has completed construction with X-ray lead lining sheets for the X Ray facility in Zalingie. UNAMID initiating procedures for inspection of facility for radiation leak checks, etc as a mandatory requirement by GoS radiology institution prior operation of any X Ray facility in Sudan.
				CMO	N/A	Reagents for hematology analyzer has been procured and replaced in equipment in El Genina. Internal audit unit to visit for verification. UNAMID therefore request that this audit recommendation be closed thereafter.
5	UNAMID should implement an action plan to ensure that adequate stocks of all essential vaccines are maintained at all times.	Important	Yes	CMO	N/A	The mission has procured and has presently in stock the necessary vaccines. However, Yellow Fever vaccine is a controlled vaccine and only distributed by host government in times of eminent outbreak of the disease. UNAMID therefore request that this audit recommendation be closed. (Attached copy of R&I of vaccines PO)