



## **INTERNAL AUDIT DIVISION**

### **AUDIT REPORT 2013/113**

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#### **Audit of medical services in the United Nations Mission in South Sudan**

**Overall results relating to the adequacy of the provision of medical services to the United Nations Mission in South Sudan civilian staff and military contingents were initially assessed as unsatisfactory. Implementation of two critical and seven important recommendations remains in progress**

**FINAL OVERALL RATING: UNSATISFACTORY**

**5 December 2013**

**Assignment No. AP2013/633/02**

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# AUDIT REPORT

## Audit of medical services in the United Nations Mission in South Sudan

### I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in South Sudan (UNMISS).
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 UNMISS Medical Section was responsible for the provision of integrated medical services to 7,603 military and police personnel and 2,686 civilian staff. The Section was headed by the Chief Medical Officer, who worked closely with the Force Medical Officer and had the overall responsibility to plan, organize, manage and coordinate medical services in the Mission.
4. Medical services for UNMISS personnel were provided by United Nations-owned clinics and by troop-contributing countries' medical facilities. UNMISS had arrangements with the United Nations Support Office for the African Union Mission in Somalia and the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo for the provision of Level III and IV medical support from the Nairobi Hospital, Kenya and the Nakasero Hospital, Uganda. UNMISS also signed a letter of assistance with the Government of Egypt for the provision of medical services.
5. The UNMISS Medical Section had an authorized staffing level of 89 posts and was headed by an Officer-in-Charge at the P-4 level, who was supported by eight international staff, 13 national professional officers, 38 national staff and 29 United Nations volunteers. The Section's budgets were \$4.4 million and \$5.9 million for fiscal years 2011/12 and 2012/13 respectively.
6. Comments provided by UNMISS are incorporated in italics.

### II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of UNMISS governance, risk management and control processes in providing reasonable assurance regarding the **adequacy of the provision of medical services to UNMISS civilian staff and military contingents**.
8. The audit was included in the 2013 OIOS risk-based work plan due to the operational, safety and health-related risks associated with ineffective medical services in the Mission.
9. The key controls tested for the audit were: (a) risk management and strategic planning; and (b) regulatory framework. For the purposes of this audit, OIOS defined these controls as follows:
  - (a) **Risk management and strategic planning** – 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.

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

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

11. OIOS conducted the audit from February to May 2013. The audit covered the period from the inception of the Mission on 11 July 2011 to 31 May 2013.

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 UNMISS governance, risk management and control processes examined were initially assessed as **unsatisfactory** in providing reasonable assurance regarding the **adequacy of the provision of medical services to UNMISS civilian staff and military contingents**. OIOS made 10 recommendations to address issues identified. UNMISS needed to ensure that: (a) its medical clinics and hospitals had the minimum amount and type of equipment required; (b) it had adequate quantities of vaccines; (c) adequate training was provided to medical staff to perform their functions effectively; and (d) it disposed of medical waste in compliance with United Nations environmental policies and guidelines. Moreover, the Mission needed to increase the capacity of the Medical Section by filling important positions, including that of the Chief of Section, and providing training to national medical staff.

14. The initial overall rating was based on the assessment of key controls presented in Table 1 below. The final overall rating is **unsatisfactory** as implementation of two critical and seven important recommendations remains in progress.

**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
<b>Adequacy of the provision of medical services to UNMISS civilian staff and military contingents</b>	(a) Risk management and strategic planning	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
	(b) Regulatory framework	Unsatisfactory	Partially satisfactory	Partially satisfactory	Unsatisfactory
<b>FINAL OVERALL RATING: UNSATISFACTORY</b>					

## A. Risk management and strategic planning

### The Mission needed to have a comprehensive medical support plan

15. UNMISS did not have the comprehensive medical support plan that was required by the Department of Peacekeeping Operations/Department of Field Support (DPKO/DFS) Medical Support Manual. UNMISS had a Mission Support Concept of Operations for medical services that broadly discussed the importance of medical services in the Mission. The Medical Section had also developed work plans for the years 2011/12 and 2012/13. However, these plans did not adequately consider the country's existing infrastructure, prevailing health threats, number of troops and civilians deployed in the Mission, as well as the geographical and logistics factors. These gaps resulted in inadequate provision of medical services to Mission personnel, as demonstrated in the following sections of the present report.

**(1) UNMISS should, as required by the Medical Support Manual, develop a comprehensive medical support plan and implement procedures for updating it when conditions in the Mission change.**

*UNMISS accepted recommendation 1 and stated that a comprehensive medical support plan was developed and approved by the Director of Mission Support on 22 October 2013. The Medical Section would update the plan as conditions in the Mission changes. Based on the action taken by UNMISS, recommendation 1 has been closed.*

### Medical contingency plans needed to be communicated to all medical facilities and tested

16. The Medical Support Manual required all medical units to prepare medical contingency plans, for mass casualties and disasters within the mission area, which were tested regularly to ensure their effectiveness in emergency situations. The Medical Section had developed: (a) an influenza pandemic medical contingency plan dated August 2012; and (b) a mass casualty contingency plan dated June 2012. These plans had however not been communicated to the Mission's clinics and hospitals. Also, staff had not been provided training on the plans, and no drills were conducted to test their effectiveness. The lack of awareness and testing of contingency plans indicated that UNMISS may not be able to respond effectively to a medical crisis.

**(2) UNMISS should disseminate its medical crisis management and mass casualty contingency plans to all medical facilities, ensure that medical staff are properly trained on medical emergency responses, and conduct drills on a regular basis to ensure readiness in the event of emergency.**

*UNMISS accepted recommendation 2 and stated that it would disseminate medical crisis management and mass casualty plans to all medical facilities and provide training to medical staff. Emergency drills would be conducted from December 2013 to March 2014. Recommendation 2 remains open pending receipt of evidence that: (a) medical crisis management and mass casualty contingency plans have been disseminated to all medical facilities; (b) medical staff have been trained; and (c) drills are conducted on a regular basis.*

The Department of Peacekeeping Operations needed to be informed of non-compliance issues

- (a) Thorough pre-deployment medical examinations of military personnel was needed

17. There were indicators that pre-deployment medical examinations of UNMISS uniformed personnel were not as thorough as required by the Medical Support Manual. For example, 10 medical repatriations registered by the Medical Section in the period between 11 July 2011 and 30 April 2013, were for personnel already diagnosed with chronic illnesses, including for example: acute viral hepatitis, liver cirrhosis, lung cancer and tuberculosis. These medical conditions should have been detected by the troop-contributing country's pre-deployment medical examination. UNMISS medical facilities were not adequately resourced to deal with such chronic health problems, as there were no Level III medical facilities in the area of operations, posing a high risk to Mission personnel with critical health issues.

- (b) Military medical staff should have the necessary language skills

18. Military medical personnel did not always have the necessary language skills required to perform their duties effectively. While the contingent Level II Hospital in Juba had translators as part of national support element of the hospital, they did not have medical training. This situation may result in misdiagnosis and wrong medical treatment.

**(3) UNMISS should inform the Department of Peacekeeping Operations of: (a) the number of military personnel assigned to the Mission with chronic illnesses to ensure that troop-contributing countries are aware that more stringent pre-deployment medical examinations are required; and (b) the difficulties encountered regarding the lack of language skills of military medical personnel dealing directly with patients.**

*UNMISS accepted recommendation 3 and stated that it would bring the matter to the attention of DPKO/DFS on a regular basis starting December 2013. Recommendation 3 remains open pending receipt of evidence that UNMISS has provided DPKO with information on the number of military personnel with chronic illnesses, and difficulties encountered regarding the lack of language skills of military personnel.*

## **B. Regulatory framework**

The Medical Section was not fully effective due to lack of capacity

19. UNMISS had made efforts to fill the 89 authorized posts for the Medical Section; however, 17 (or 19 per cent) were still vacant as of April 2013, including that of the Chief Medical Officer. Many of the vacancies were for national staff posts due to the difficulties encountered by UNMISS in identifying applicants with sufficient professional experience. Also, UNMISS civilian medical staff had not been provided with medical related training as required by the Medical Support Manual, which UNMISS attributed to the lack of adequate funding.

**(4) UNMISS should address the lack of capacity in the Medical Section, including increasing its efforts to identify suitable candidates to fill vacant posts and provide medical staff opportunities for continuous professional education and training.**

*UNMISS accepted recommendation 4 and stated that efforts were being made to fill posts in spite of the difficulties faced in identifying technically suitable candidates and the rate of rejection of offers made to selected candidates. Priority would be given to the smooth operation of UNMISS clinics*

*and in providing training opportunities for all medical staff, subject to the availability of adequate staffing resources. Recommendation 4 remains open pending receipt of evidence that the capacity of the Medical Section has increased through the filling of important vacant posts and the provision of training to national staff.*

#### Health education and awareness training needed to be enhanced

20. UNMISS staff members did not always receive a medical briefing to ensure that they were fully aware of the conditions in the Mission and the safeguards to be taken to avoid health problems. There were no regular newsletters, brochures or fact sheets available on medical and health issues, and no medical related training such as first-aid courses. The UNMISS intranet on medical-related issues had not been updated and still contained information posted by the liquidated Mission, the United Nations Mission in Sudan. This resulted mainly due to the vacancy rate in the Medical Section and because insufficient attention had been given to developing preventative health measures and health education training.

**(5) UNMISS should improve its health education programme by ensuring that all Mission personnel are adequately briefed on arrival, and are regularly provided information on preventive health care and topical health issues.**

*UNMISS accepted recommendation 5 and stated that action would be taken to improve the health education programme for staff members. UNMISS further stated that the Medical Section would update the UNMISS intranet by 31 January 2014 and increase the frequency of broadcasts in relation to health threats in South Sudan. Recommendation 5 remains open pending receipt of evidence that staff members are adequately briefed on arrival and regularly provided with information on preventive health care and topical health issues.*

#### Medical facilities and equipment in clinics and hospitals needed to meet United Nations standards

21. UNMISS medical clinics and hospitals did not always meet the minimum recommended standards for equipment outlined in the Medical Support Manual. OIOS visited 13 of the 24 United Nations-owned and troop-contributing countries Level I clinics, three Level II hospitals and interviewed medical officers in another five United Nations-owned clinics, and identified the following:

- The United Nations-owned Level I clinic in Aweil was not equipped and staffed to the required level, although 104 international staff and 34 national staff members were deployed in Aweil and needed to be serviced by adequate medical facilities;
- Five of the 13 clinics inspected (Bor, Kwajock, Yambio, Aweil and Bentiu) did not have the necessary basic field laboratories. Moreover, the ambulances in three of the clinics (Bor, Kwajock and Yambio) were not fully equipped and lacked emergency medical equipment;
- The X-ray machine in the Wau Level II hospital was not working. The UNMISS contingent-owned equipment periodic inspection report for the period 1 October to 31 December 2012 and operational inspection report for the period 1 January to 31 March 2013 recorded that the X-ray machine had technical problems and had been unserviceable for more than 182 days because insufficient attention had been given to the problem; and
- The Malakal Level II hospital did not have a water purification system and had an inpatient ward that did not have sufficient functioning ablution units, with the only working

ablution and shower room being for both male and female patients. The hospital did not have an incinerator and there was no functioning ambulance for over 18 months, as it was beyond repair due to a broken chassis.

22. As the clinics were not properly equipped, Mission personnel had to be evacuated to a higher level clinic, resulting in increased evacuation costs and a higher risk of staff not being able to receive medical treatment on a timely basis. Out of the 128 in-Mission medical evacuations recorded during the period 11 July 2011 to 30 April 2013, 30 per cent of the evacuations took place out of four locations (Yambio, Bor, Aweil, and Rumbek) where there was no fully equipped Level I clinic.

**(6) UNMISS should conduct a Mission-wide inspection of medical facilities and ensure that clinics and hospitals meet the required standards, especially with regard to medical equipment.**

*UNMISS accepted recommendation 6 and stated that yearly inspection of United Nations-owned medical level I clinics would be completed to monitor and ensure compliance with required standards by 31 May 2014. UNMISS further stated that the periodic contingent-owned equipment inspections would be utilized more effectively to ensure that troop-contributing countries' clinics and hospitals meet the required standards. Recommendation 6 remains open pending receipt of evidence that Mission-wide inspections of medical facilities have been conducted and medical facilities meet the required standards.*

#### Non-emergency medical support rendered to local population

23. The Medical Support Manual stated that missions were under no obligation to provide or take responsibility for medical services to the local population. However, emergency medical care must be provided due to humanitarian principles and the ethical code of medical practice and waivers must be obtained from non-United Nations patients.

24. The non-emergency medical services and the Medevac/Casevac assistance rendered to the local population placed undue pressure on Mission resources. During the period between 1 November 2012 and 31 March 2013:

- UNMISS medical facilities treated 6,034 non-United Nations staff, which accounted for 24 per cent of the total outpatients and 10 per cent of the total hospitalized patients. There were no copies of waiver forms, a requirement for treating non-UNMISS personnel; and
- UNMISS had provided Medevac/Casevac services to 122 non-UNMISS staff using 16 United Nations regular and 27 special flights between 11 July 2011 and 30 April 2013. This accounted for 29 per cent of the total UNMISS Medevac/Casevac flights and 49 per cent of the patients. There was insufficient documentation to estimate the associated cost of these flights to non-UNMISS personnel; however, the Aviation Section estimated that the total cost of all Medevac/Casevac flights was \$2 million.

**(7) UNMISS should review the level of medical services provided to the local population, as well as the capacity of the Mission to deliver these services and where appropriate limit it to the provision of emergency medical care. Also, the required waivers should be obtained from the concerned patients in compliance with the Department of Field Support Medical Support Manual.**



*UNMISS accepted recommendation 7 and stated that medical services provided to the local population would be reviewed to ensure that it was limited to the provision of emergency care on the basis of civil-military cooperation, humanitarian principles and the ethical code of medical practice. The Medical Section would ensure that required waivers were obtained prior to treatment of non-United Nations personnel. Recommendation 7 remains open pending receipt of evidence that medical services provided to the local population are limited to the provision of emergency medical care and waivers are obtained prior to treatment of non-United Nations personnel.*

#### Expired medicines needed to be removed from the clinics and hospitals stock

25. The Medical Support Manual emphasized that medical products generally had limited shelf-life and required tight control and expired medicines needed to be removed from stock. From a sample of 140 medicines and consumables from 14 clinics visited by OIOS, 10 medicines that had expired had not been removed and were still available for use. There were ineffective procedures for managing and monitoring the expiration of drugs and consumables in some of the clinics visited as well as the main warehouse in Juba. In addition, the Supply Chain Assistant, working in the medical warehouse was not trained on the basics for drugs storekeeping. Hence, expiry dates were not tracked and cold chains were broken.

**(8) UNMISS should develop an effective mechanism for overseeing and monitoring expired medicines in all clinics, including assigning trained staff for handling the medical warehouse and promptly removing expired items from shelves.**

*UNMISS accepted recommendation 8 and stated that standard operating procedures would be developed and distributed to all medical facilities in the Mission to strengthen existing systems in place for the management of expired drugs by 30 November 2013. In addition, the Mission would assign trained staff to manage the medical warehouse. Recommendation 8 remains open pending receipt of: (a) a copy of the standard operating procedures to guide staff in the monitoring of expired drugs; and (b) documentation showing the appointment of trained staff to manage the medical warehouse.*

#### Important vaccines were not in stock

26. The Medical Section had insufficient vaccines for Hepatitis A, Hepatitis B, Typhoid, or Meningitis in stock as of 30 April 2013 to provide vaccinations as required by the Medical Support Manual. A review of County Support Base reports of visits made in April 2013 indicated that staff members in Ezo, Pibor and Raja were waiting for Hepatitis A, Hepatitis B, Tetanus and Meningitis vaccines and booster doses which all were out of stock in the clinics. Also, on 10 April 2013, OIOS site visit to the Bor United Nations-owned Level I clinic identified that Hepatitis A, Hepatitis B and Meningitis vaccinations were not available in stock. UNMISS was also forced to discard imported vaccinations as the cold chain was broken due to difficulties in clearing shipments through customs in South Sudan resulting in the Mission's inability to provide vaccinations to Mission personnel.

**(9) UNMISS should review levels of vaccines held in stock at medical facilities and the main warehouse and ensure that there are adequate quantities, as well as implement a reordering system at the main warehouse to ensure that stocks are maintained at an appropriate level.**

*UNMISS accepted recommendation 9 and stated that a review of the stock level of vaccines was performed on a monthly basis however, shortages resulted due to exceptional breakages in the cold chain upon receipt of the vaccines because of the lengthy custom clearance process. UNMISS had opted for delivery of its cold-chain consignments through Entebbe for onward delivery to Juba as the route had proven effective. Recommendation 9 remains open pending receipt of evidence that: (a) adequate quantities of vaccines are held in stock at medical facilities and the main warehouse; and (b) a reordering system is in place at the main warehouse to ensure that stocks are maintained at an appropriate level.*

Disposal of biomedical waste did not comply with relevant standards

27. According to Mission's guidelines and the DPKO/DFS Environmental Guidelines, medical waste should be disposed of by incineration. An inspection of 16 of the 26 clinics and hospitals in the Mission indicated that both United Nations-owned and troop-contributing country Level I clinics in Bor and the troop-contributing country Level I and Level II clinics in Malakal were disposing medical waste by burying it, as they did not have incinerators. Health and safety risks posed by such practice needed to be addressed. For instance, until incinerators were installed, medical waste generated should be transported safely to other facilities for proper disposal.

**(10) UNMISS should dispose of medical waste by incineration as required by United Nations policies and guidelines.**

*UNMISS accepted recommendation 10 and stated that the Medical Section would contact the relevant clinics and hospitals and give the necessary instructions on safe transport of medical waste to the closest facilities for proper disposal no later than 31 December 2013. Recommendation 10 remains open pending receipt of evidence that medical waste in Bor and Malakal are being disposed of by incineration as required by United Nations policies and guidelines.*

#### **IV. ACKNOWLEDGEMENT**

28. OIOS wishes to express its appreciation to the Management and staff of UNMISS 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 United Nations Mission in South Sudan

Recom. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	C/ O <sup>3</sup>	Actions needed to close recommendation	Implementation date <sup>4</sup>
1	UNMISS should, as required by the Medical Support Manual, develop a comprehensive medical support plan and implement procedures for updating it when conditions in the Mission change.	Important	C	Action taken.	Implemented
2	UNMISS should disseminate its medical crisis management and mass casualty contingency plans to all medical facilities, ensure that medical staff are properly trained on medical emergency responses, and conduct drills on a regular basis to ensure readiness in the event of emergency.	Important	O	Receipt of evidence showing that: (a) medical crisis management and mass casualty contingency plans have been disseminated to all medical facilities; (b) medical staff have been trained; and (3) drills are conducted on a regular basis.	31 March 2014
3	UNMISS should inform DPKO of: (a) the number of military personnel assigned to the Mission with chronic illnesses to ensure that troop-contributing countries are aware that more stringent pre-deployment medical examinations are required; and (b) the difficulties encountered regarding the lack of language skills of military medical personnel dealing directly with patients.	Important	O	Receipt of evidence that UNMISS has provided DPKO with information on the number of military personnel with chronic illnesses, and difficulties encountered regarding the lack of language skills of military medical personnel.	31 December 2013
4	UNMISS should address the lack of capacity in the Medical Section, including increasing its efforts to identify suitable candidates to fill vacant posts as well as to provide medical staff opportunities for continuous professional education and training.	Important	O	Receipt of evidence that the capacity of the Medical Section has been increased through the filling of important vacant posts and the provision of training to national staff.	30 June 2014

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> C = closed, O = open

<sup>4</sup> Date provided by UNMISS in response to recommendations.

## STATUS OF AUDIT RECOMMENDATIONS

## Audit of medical services in the United Nations Mission in South Sudan

Recom. no.	Recommendation	Critical <sup>5</sup> / Important <sup>6</sup>	C/ O <sup>7</sup>	Actions needed to close recommendation	Implementation date <sup>8</sup>
5	UNMISS should improve its health education programme by ensuring that all Mission personnel are adequately briefed on arrival, and are regularly provided information on preventive health care and topical health issues.	Important	O	Receipt of evidence that staff members are adequately briefed on arrival, and regularly provided with information on preventive health care and topical health issues.	31 January 2014
6	UNMISS should conduct a Mission-wide inspection of medical facilities and ensure that clinics and hospitals meet the required standards, especially with regard to medical equipment.	Critical	O	Receipt of evidence that Mission-wide inspections of medical facilities have been conducted and medical facilities meet the required standards.	31 March 2014
7	UNMISS should review the level of medical services provided to the local population, as well as the capacity of the Mission to deliver these services and where appropriate limit it to the provision of emergency medical care. Also, the required waivers should be obtained from the concerned patients in compliance with the Department of Field Support Medical Support Manual.	Important	O	Receipt of evidence that medical services provided to the local population are limited to the provision of emergency medical care and waivers are obtained prior to treatment of non-United Nations personnel.	30 November 2014
8	UNMISS should develop an effective mechanism for overseeing and monitoring expired medicines in all clinics, including assigning trained staff for handling the medical warehouse and removing promptly expired items from shelves.	Important	O	Receipt of: (a) a copy of the standard operating procedures to guide staff in the monitoring of expired drugs; and (b) documentation showing the appointment of trained staff to manage the medical warehouse.	01 February 2014

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> C = closed, O = open

<sup>8</sup> Date provided by UNMISS in response to recommendations.

## STATUS OF AUDIT RECOMMENDATIONS

## Audit of medical services in the United Nations Mission in South Sudan

Recom. no.	Recommendation	Critical <sup>9</sup> / Important <sup>10</sup>	C/ O <sup>11</sup>	Actions needed to close recommendation	Implementation date <sup>12</sup>
9	UNMISS should review levels of vaccines held in stock at medical facilities and the main warehouse and ensure that there are adequate quantities, as well as implement a reordering system at the main warehouse to ensure that stocks are maintained at an appropriate level.	Critical	O	Receipt of evidence that: (a) adequate quantities of vaccines are held in stock at medical facilities and the main warehouse; and (b) a reordering system is in place at the main warehouse to ensure that stocks are maintained at an appropriate level.	01 February 2014
10	UNMISS should dispose of medical waste by incineration as required by the United Nations policies and guidelines.	Important	O	Receipt of evidence that medical waste in Bor and Malakal are disposed of by incineration as required by the United Nations policies and guidelines.	31 January 2014

<sup>9</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> C = closed, O = open

<sup>12</sup> Date provided by UNMISS in response to recommendations.

# **APPENDIX I**

## **Management Response**



United Nations Mission in the Republic of South Sudan  
UNMISS

INTER-OFFICE MEMORANDUM

Date: 18 November 2013

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

From: *for* Hilde F. Johnson *Hilde F. Johnson*  
Special Representative of the Secretary-General  
United Nations Mission in the Republic of South Sudan

Subject: **UNMISS Response to Assignment No. AP2013/633/02 – Audit of Medical in UNMISS**

1. Reference to your memo dated 23 October 2013 on Assignment No. AP 2013/633/02 on the Audit of Medical Services in UNMISS.
2. Please find attached the Mission's responses.
3. Should you have additional questions, please contact myself or Patricia Fynn, Administrative Officer/Audit Focal Point.

Best regards,

Attachments: Appendix 1

cc: Ms. Stephani L. Scheer, Director of Mission Support  
Mr. Paul Egunsola, Chief of Staff  
Ms. Annemarie van den Berg, Deputy Director, Mission Support  
Mr. Kofi Johnson, Chief Service Delivery  
Dr. Roberts Onebunne, OIC Medical Services  
Lt. Col. Rui LV, Force Medical Officer  
Mr. Ibrahim Bah, Chief Resident Auditor

## MANAGEMENT RESPONSE

## Audit of medical services in the United Nations Mission in South Sudan

Rec. no.	Recommendation	Critical <sup>13</sup> / Important <sup>14</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNMISS should, as required by the Medical Support Manual, develop a comprehensive medical support plan and implement procedures for updating it when conditions in the Mission change.	Important	Yes	Chief Medical Officer (CMO)	Implemented	<p>Following reporting of the Audit findings, a comprehensive medical support plan was developed and approved by the Director of Mission Support last 22 October 2013.</p> <p>Medical Section will ensure subsequent versions are produced as and when required within two weeks from implementation of major changes to the Mission structure/mandate/service delivery if applicable.</p>
2	UNMISS should disseminate its medical crisis management and mass casualty contingency plans to all medical facilities, ensure that medical staff are properly trained on medical emergency responses, and conduct drills on a regular basis to ensure readiness in the event of emergency.	Important	Yes	CMO	31 March 2014	<p><b><u>Dissemination of plans.</u></b> Medical Crisis Management and Mass Casualty Contingency Plans will be disseminated to all medical facilities [Troop Contributing Countries (TCC) and United Nations Owned Equipment (UNOE)] <b>by 31 December.</b></p> <p><b><u>Training on Emergency response.</u></b> Medical Section will ensure all medical/nursing staff are properly trained on medical emergency response <b>by 31 March 2014.</b></p>

<sup>13</sup> 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.

<sup>14</sup> 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 United Nations Mission in South Sudan

Rec. no.	Recommendation	Critical <sup>13</sup> / Important <sup>14</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
						<p>Medical Section has initiated the steps to implement the recommendation as follows:</p> <ul style="list-style-type: none"> <li><b>a.</b> One s/m from every UNOE Clinic [except Aweil] attended United Nations Medical Emergency Response Team (UNMERT) training in Juba from 06 to 10 May 2013.</li> <li><b>b.</b> A second group of UNOE staff will attend a new edition of the UNMERT training to be conducted in Juba in the next six months.</li> </ul> <p>Irrespective of the training sessions coordinated from United Nations Headquarters as listed, Medical Section will ensure military medical staff and any s/m's unable to attend the first UNMERT training sessions as listed are properly trained on emergency medical <b>response by 31 March 2014.</b></p> <p>Medical Section will ensure training on emergency medical response is provided to TCC medical personnel within three months of deployment to avoid gaps due to the rotation schedule.</p> <p><b>Drills.</b> Medical Section will conduct</p>

## MANAGEMENT RESPONSE

## Audit of medical services in the United Nations Mission in South Sudan

Rec. no.	Recommendation	Critical <sup>13</sup> / Important <sup>14</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
						<p>drills to ensure readiness in the event of emergency. Periodicity will be of at least once a year by location. First drill at each location to be conducted <b>by 31 January 2013.</b></p> <p>These <i>ad-hoc</i> medical emergency drills will be conducted further to Mission tabletop exercises and others in which Medical Section has been participating up to date. [E.g. Mass Casualty drill organized last 10 July 2013 by the Fire Unit in Juba, and projected to take place regularly at this location].</p>
3	UNMISS should inform DPKO of: (a) the number of military personnel assigned to the Mission with chronic illnesses to ensure that troop-contributing countries are aware that more stringent pre-deployment medical examinations are required; and (b) the difficulties encountered regarding the lack of language skills of military medical personnel dealing directly with patients.	Important	YES	CMO	31 December 2013	<p>Medical Section will proceed in compliance with the Memorandum of Understanding between the United Nations and TCCs by informing Department of Peacekeeping Operations (DPKO) of :</p> <p>a. The number of military personnel assigned to the Mission with chronic illnesses.</p> <p>b. The lack of language skills of military health care personnel.</p> <p>Chronic illness statistics for military personnel will be reported on a 3-monthly basis <b>starting December 2013.</b></p>

## MANAGEMENT RESPONSE

## Audit of medical services in the United Nations Mission in South Sudan

Rec. no.	Recommendation	Critical <sup>13</sup> / Important <sup>14</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
						<p>Problems encountered due to the lack of language skills of military medical personnel will be reported to DPKO/Department of Field Services (DFS) on a <b>six-monthly basis starting December 2013</b>.</p> <p>Following the audit findings, UNMISS Medical Section initiated implementation of the Audit recommendation last 03 June 2013, as the United Nations Medical Director was verbally informed of issues a) and b) above as matters of concern to UNMISS Medical Staff during a meeting held from 14.30 to 15.30hrs in Juba. Irrespective of this, UNMISS will bring the matter to DPKO/DFS' attention formally and regularly as per the proposed schedule.</p>
4	UNMISS should address the lack of capacity in the Medical Section, including increasing its efforts to identify suitable candidates to fill vacant posts as well as to provide medical staff opportunities for continuous professional education and training.	Important	YES	CMO [in conjunction with Chief Civilian Personnel Officer (CCPO) and United Nations Volunteer (UNV) Program Manager when required]	30 June 2014	<p><b>Staffing.</b> UNMISS has made efforts to fill the authorized posts at all times. Recruitment processes for medical personnel were initiated and followed-up on in a timely and adequate manner by the Program Manager and /or designated technical staff.</p> <p>The high vacancy rate currently experienced by Medical Section is due to a. the impossibility to identify suitable national nursing staff, as</p>

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						<p>most prospective candidates have been found unable to pass a competitive interview and/or a technical assessment, and b. the rejection of offers by selected candidates under the categories of national and International United Nations Volunteers (IUNV) staff.</p> <p>In line with the above, the Mission is not in the position to provide a realistic timeline for implementation of the recommendation.</p> <p><b><u>Continuous education.</u></b> The high vacancy rate had an impact on the opportunities for continuous professional education of medical staff as often unavailable to attend training sessions due to the operational needs of the parent duty station.</p> <p>As a result, a large number of UNMISS medical staff opted for a. registration in on-line courses, b. training at own expense in the framework of non-cost official travel and/or c. attendance to courses during annual leave at their own initiative to ensure continuous learning needs were met.</p> <p>Other initiatives to contribute to</p>

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						<p>continuous learning included the attempt to establish a medical library accessible to medical staff for consultation. However, the purchase of material [Req. Med13-23] was cancelled as no prospective vendors expressed interest in the relevant bid. The matter will be further pursued in FY 2013/2014.</p> <p>The recommendation will be implemented <b>throughout FY 2013-2014</b> by a) seeking full use of Medical Section's training budget as per the activities programmed, b) disseminating the current training budget and 2014-2015's proposal to all the incumbent, c) showing flexibility in the approval of requests for non-cost official travel, d) further pursuing the operation of a medical library in Juba and e) the regular follow-up with Integrated Mission Training Center (IMTC) on training opportunities for national medical staff that could come in useful for the performance of their duties.</p> <p>Priority is to be given to the smooth operation of UNMISS Clinics. Training opportunities for all medical staff as projected remain subject to availability of the</p>

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						adequate staffing resources.
5	UNMISS should improve its health education programme by ensuring that all Mission personnel are adequately briefed on arrival, and are regularly provided information on preventive health care and topical health issues.	Important	Yes	CMO [requires agreement of Chief Integrated Mission Training Center (IMTC) when necessary]	31 January 2014	<p><b>Briefing on arrival.</b> As per current IMTC arrangements, civilian staff receive induction training in Regional Service Center in Entebbe (RSCE), whereas military and police have their own medical induction training in Juba as conducted by UNMISS Medical Section. UNMISS Medical Section has no control/authority over the medical induction conducted at the RSCE, and will therefore target the deficiencies in RSCE training as follows:</p> <p>Medical Section will contact the IMTC <b>no later than 31 December 2013</b> to:</p> <p>a) furnish the incumbent with the potential risks of the lack of awareness of the health threats in the Mission's host country,</p> <p>b) request to participate in the Mandatory Induction Program for newly recruited staff and</p> <p>c) Request for its suggestion to include international civilians in the medical induction for military and</p>

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						<p>police currently held in Juba to be implemented.</p> <p><b><u>Raising of Information and Awareness.</u></b></p> <p><b>a.</b> Medical Section will increase the frequency of broadcasts in relation to health threats in South Sudan, to air on a bi-monthly basis <b>starting 30 November 2013.</b></p> <p><b>b.</b> Medical Section will ensure UNMISS Intranet displays updated information relevant to South Sudan and disregard any information posted by the liquidated Mission no longer relevant to the host country. The cleaning and update of the database will be conducted <b>no later than 31 January 2014.</b></p> <p><b>c.</b> Brochures and fact sheets will be loaded onto the database as and when required.</p>
6	UNMISS should conduct a Mission-wide inspection of medical facilities and ensure that clinics and hospitals meet the required standards, especially with regard to medical equipment.	Critical	Yes	CMO	31 March 2014	<b><u>TCC facilities.</u></b> Contingent Owned Equipment (COE) inspections are conducted every three months by the COE Team –with the participation of the Field Medical Office (FMO) and/or delegated military medical officer every 6 months. The resolution of any negative findings

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						<p>on inspection will be expedited by the COE with the relevant TCC.</p> <p><b>UNOE facilities.</b> As not catered for under COE inspections, Medical Section will conduct yearly inspections of UNOE medical Level-I Clinics to monitor compliance with the required standards. <b>First round of inspections to be completed by 31 May 2014.</b></p> <p>The frequency of inspections has been estimated taking into consideration the current staffing capability.</p>
7	UNMISS should review the level of medical services provided to the local population, as well as the capacity of the Mission to deliver these services and where appropriate limit it to the provision of emergency medical care. Also, the required waivers should be obtained from the concerned patients in compliance with the Department of Field Support Medical Support Manual.	Important	Yes	CMO	30 November 2014	<p>Medical services provided to local population will be reviewed to ensure that it is limited to the provision of emergency care in the framework of Civil Military Cooperation (CIMIC), humanitarian principles and the ethical code of medical practice.</p> <p><b>Waivers.</b> Medical Section will ensure the required waivers are obtained from the concerned patients and/or legal tutors prior to treatment of non-United Nations personnel, starting <b>30 November 2014.</b></p>



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8	UNMISS should develop an effective mechanism for overseeing and monitoring expired medicines in all clinics, including assigning trained staff for handling the medical warehouse and removing promptly expired items from shelves.	Important	Yes	CMO and Supply Chain Hub Manager - Juba	01 February 2014	<p><b><u>Development of monitoring mechanisms.</u></b> UNMISS will strengthen the existing systems in place for the management of expired drugs by developing <i>ad-hoc</i> SOPs to be circulated to UNOE and TCC Clinics/Hospitals <b>no later than 30 November 2013</b> for further implementation.</p> <p><b><u>Trained staff at medical warehouse.</u></b> Supply Chain Warehouse will be in the position to assign a trained staff (United Nations Volunteer (UNV) Pharmacist) to the handling of the medical warehouse, in line with the proposed Organizational Structure currently under review/pending final approval. Supply Chain will pursue recruitment of a fully competent UNV pharmacist. Warehouse operations and Galileo training will be supported by the warehousing staff already on board and by means of the on- the-job training programs.</p> <p>Whilst awaiting effective recruitment of a UNV pharmacist – estimated effective 01 February 2014- a National Professional Officer (NPO) has been assigned to the Medical Warehouse and is</p>

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						currently undergoing training by the Medical Asset/Commodity Manager as part of a capacity building initiative. The NPO currently undergoing training will remain under supervision of the Medical Stores Supervisor [UNV Pharmacist] upon effective recruitment of the latter.
9	UNMISS should review levels of vaccines held in stock at medical facilities and the main warehouse and ensure that there are adequate quantities, as well as implement a reordering system at the main warehouse to ensure that stocks are maintained at an appropriate level.	Critical	Yes	CMO and Medical Asset/Commodity Manager	01 February 2014	<b>Review of stock levels.</b> Review of level of vaccines in UNMISS medical facilities is performed monthly. However, the shortages identified were due to exceptional breakages in the old-chain on reception of vaccine Purchase Orders MSS12-467 and MSS12-614. These were due to the length of the customs clearance process as national authorities delayed issuance of F-1 forms and/or tax exemption letters. This is not attributable to UNMISS, but a decision of the Mission's host country. UNMISS had not experienced any eventualities as such prior to February 2013. UNMISS Medical will continue to review the level of vaccines in stock to ensure availability in sufficient quantities and follow the re-ordering system effectively in place. Therefore, no deadline for implementation applies.

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						<p>The recommendation extensive to the <b>main warehouse</b> has been accepted. The Medical Asset/Commodity Management will incorporate Min/Max and Reorder Alerts in the monthly Inventory List for all medical commodities in Unit Stock. The Min/Max stock levels will be calculated based on consumption history and updated in Galileo every 6 months. However, 18 months are estimated to be required for a realistic calculation of Min/Max and Reorder Levels. For newly received items (not stocked before), manual input will be necessary. Asset/Commodity Management will adjust Min/Max levels upon Medical Section's request following monthly review.</p> <p><b><u>Solutions already in place:</u></b></p> <p><u>1. To avoid eventualities in Customs Clearance with Juba as port of entry.</u> UNMISS has opted for delivery of its cold-chain consignments to Entebbe for onward delivery to Juba as the route has proven effective for blood supply [also cold-chain]. Vendors with orders on the pipeline have been informed accordingly.</p>

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						<p>The changes implemented have proven successful. Re-delivery of cold-chain items under MSS12-467 took place successfully last 07 June 2013 via Entebbe.</p> <p><u>2. To address immediate shortages due to breakage in cold-chain.</u> Req. MED13-8 was raised on 26 March to cater for re-supply. An additional 120 doses of meningitis vaccine were purchased in the local market on 11 April 2013 to cater for the impeded supply at other locations after breakage of the cold-chain in MSS12-614 and whilst awaiting a) replenishment of the goods under the latter PO and/or b) reception of Req. MED13-8.</p> <p><u>3. To address the particularities of an outbreak.</u> Ref. para. 56 of the Detailed Audit Report, UNMISS looked for vaccines in the local market during the meningitis outbreak. In the event of an outbreak it is common practice to conduct searches in the local market and/or to receive stocks from World Health Organization (WHO) to address the pandemic or the resupply after depletion of stocks. Planning for sufficient buffer stock to cater for massive immunization campaigns is</p>

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						not cost-effective as a. outbreaks do not occur on a yearly basis, b. immunization is encouraged to take place progressively as per the individual vaccination calendar -and not as triggered by an outbreak- and c. consideration is to be given to shelf-life. UNMISS' recent case was aggravated by the rupture in the cold-chain experienced.
10	UNMISS should dispose of medical waste by incineration as required by the United Nations policies and guidelines.	Important	Yes	CMO	31 January 2014	<p>Medical Section has initiated the implementation of the Audit recommendation by contacting the relevant UNOE Clinic to a) raise awareness of the health and safety risks of its previous practice –that remained unknown to Medical Section and UNOE Clinic itself- and b) give instructions on safe transport to the closest facilities for proper disposal [as per telecom dated <b>09 Aug 2013</b>].</p> <p>The unavailability of incinerators and current practice held by TCC Level I and Level II facilities in Malakal will be a) reported to COE for further action if applicable and b) subject to similar instructions on safe transport to the closest facilities for proper disposal to be given no later than <b>31 December 2013</b>.</p>