



INTERNAL AUDIT DIVISION

REPORT 2013/135

Audit of medical and staff counseling services in the United Nations Assistance Mission for Iraq

Overall results relating to the adequacy of the medical and staff counseling services provided to United Nations personnel in the United Nations Assistance Mission for Iraq were initially assessed as partially satisfactory. Implementation of seven important recommendations remains in progress

FINAL OVERALL RATING: PARTIALLY SATISFACTORY

19 December 2013
Assignment No. AP2012/812/02

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AUDIT REPORT

Audit of medical and staff counselling services in the United Nations Assistance Mission for Iraq

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical and staff counselling services in the United Nations Assistance Mission for Iraq (UNAMI).
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 UNAMI Medical and Staff Counselling Section (MSCS) was responsible for the provision of medical and staff counselling services to 813 civilian staff. MSCS also provided services to military and police observers and to the United Nations guards on an ad-hoc basis when they could not be accommodated in their military medical facilities. The Chief Medical Officer had the overall responsibility to plan, organize and coordinate medical and staff counselling services and to report on medical activities to the Director of Medical Services Division in the Department of Management. Staff counselling activities were reported to the Critical Incidents Stress Management Unit of the Department of Safety and Security.
4. MSCS provided primary health care and Level I medical services in Baghdad, Erbil and Kirkuk. Levels II to IV medical services were outsourced to private hospitals in Amman, Baghdad, Erbil and Kuwait.
5. MSCS was headed by a Chief Medical Officer at the P-5 level, and had an authorized staffing level of 14 posts, consisting of 11 medical staff and 3 welfare and counselling staff. The budgets for MSCS for 2012 and 2013 were \$1.7 million and \$803,200 respectively.
6. Comments provided by UNAMI are incorporated in italics.

II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of UNAMI governance, risk management and control processes in providing reasonable assurance regarding the **adequacy of the medical and staff counseling services provided to United Nations personnel in UNAMI**.
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 control tested for the audit was regulatory framework. For the purpose of this audit, OIOS defined this key control as the one that provides reasonable assurance that policies and procedures: (a) exist to guide the provision of medical and staff counselling services in the Mission; (b) are implemented consistently; and (c) ensure the reliability and integrity of financial and operational information.

10. The key control was assessed for the control objectives shown in Table 1.
11. OIOS conducted this audit from April to June 2013. The audit covered the period from 1 January 2012 to 31 March 2013.
12. OIOS 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 UNAMI governance, risk management and control processes examined were initially assessed as **partially satisfactory** in providing reasonable assurance regarding the **adequacy of the medical and staff counseling services provided to United Nations personnel in UNAMI**. OIOS made seven recommendations to address the issues identified. UNAMI had established arrangements with third party providers to support staff medical cases that the Mission’s medical facilities could not handle. However, UNAMI needed to carry out on-site assessments of medical facilities to ensure that they conformed to United Nations standards for Level 1 hospitals. Additionally, UNAMI needed to: (a) update its medical policies and procedures to reflect the current Mission environment; (b) implement cost-recovery procedures for basic medical services provided to staff of United Nations agencies, funds and programmes; (c) improve inventory management of drugs and medical supplies; (d) install incinerators to dispose of medical waste; (e) implement an action plan to address staff members’ concerns regarding the medical and staff counseling services provided; and (f) develop a mechanism for tracking work planning activities.

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

Table 1: Assessment of key control

Business objective	Key control	Control objectives			
		Efficient and effective operations	Accurate financial and operational reporting	Safeguarding of assets	Compliance with mandates, regulations and rules
Adequacy of the medical and staff counseling services provided to United Nations personnel in UNAMI	Regulatory framework	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
FINAL OVERALL RATING: PARTIALLY SATISFACTORY					

Regulatory framework

The structure of the Medical and Staff Counseling Section was reorganized to improve the effectiveness of the medical and staff counseling functions

15. The Department of Peacekeeping Operations/Department of Field Support (DPKO/DFS) Medical Support Manual provided guidance on the responsibilities of a Chief Medical Officer in a mission, which included planning, directing and advising on all activities relating to the medical support plan; assessing local medical facilities and advising on their suitability; and other responsibilities.

16. In UNAMI, the Chief Medical Officer was also assigned the responsibility for overseeing the Staff Counselling and Welfare Unit, with the Head of that Unit reporting to the Critical Incidents Stress Management Unit of the Department of Safety and Security, and not the Chief Medical Officer. This reporting structure was not consistent with those in other missions and the Medical Support Manual, and had an adverse impact on the effective provision of medical and staff counselling services to Mission personnel.

17. UNAMI management in 2013 recognized the need to revise the structure of the MSCS and transferred the supervision of the staff counselling and welfare functions to the Chief of Administrative Services effective 1 July 2013. Considering the action taken, no recommendation was made.

On-site assessments of UNAMI medical facilities needed to be carried out

18. The Medical Support Manual required the Medical Services Division of the Department of Management to carry out periodic on-site assessments of all United Nations medical facilities at field duty stations. The Medical Service Manual also established benchmarks for staffing, medical equipment and supply requirements of United Nations medical facilities in field missions.

19. The Medical Services Division had not conducted any on-site assessments of UNAMI medical facilities. The audit showed that these facilities were not adequately resourced and equipped as required. The UNAMI Level 1 clinics did not have:

- a. Inventory systems to ensure that the required 60 days of medical supplies were available;
- b. The required two medical officers, six paramedics/nurses and three support staff. In Baghdad there were only three medical officers and two paramedics/nurses, and in Erbil and Kirkuk each clinic had only one medical officer and one paramedic/nurse; and
- c. Essential equipment such as gynaecological speculum; X-ray view box; nebulizer; field autoclave sterilizer; and utensils for feeding patients.

20. The lack of properly equipped Level 1 clinics resulted in higher medical costs, as UNAMI staff had to be referred to third party providers for medical conditions that were normally treated at Level 1 facilities.

21. The Chief Medical Officer advised that some of the requirements established by the Medical Service Manual were not relevant or applicable to UNAMI. OIOS was however of the view that there was a need for periodic assessments to be done to ensure that the Mission's medical facilities met the minimum requirements to be able to provide Mission staff with adequate medical services.

(1) UNAMI, in collaboration with the Medical Services Division in the Department of Management, should conduct a mission-wide inspection of medical facilities to ensure that the clinics and hospitals used by staff meet the required standards and have adequate equipment.

UNAMI accepted recommendation 1 and stated that the Chief Medical Officer had concluded an assessment of all medical facilities in the Mission and the report had been submitted to the Medical Services Division in the Department of Management for review and advice. Recommendation 1 remains open pending receipt of evidence that an adequate assessment of medical facilities in Iraq has been conducted, and the results endorsed by the Medical Services Division in the Department of Management.

Medical policies and guidelines were out of date

22. The Medical Support Manual required each mission to develop and implement medical support plans, standard operating procedures and guidelines for the effective provision of medical services.

23. UNAMI had developed some procedures and guidelines; however, these were outdated and were no longer relevant to the Mission's current circumstances, and did not always include some important elements. For example: (a) the current medical development plan and medical handbook, dated 2008 did not include an assessment of the UNAMI health care system, and still contained the support that was previously provided by the Multi-National Forces in Iraq; (b) the Contingency Mass Casualty Incident Management Plan, prepared in conjunction with the Security Section had not been finalized, did not incorporate other Mission locations outside the International Zone and still made references to the support provided by the Multi-National Forces in Iraq; and (c) medical evacuations, while included, did not have sufficient detail and were not location-specific.

(2) UNAMI should review and update its medical policies and procedures to ensure that they reflect current conditions in the Mission, and are periodically reviewed to stay current.

UNAMI accepted recommendation 2 and stated that standard operating procedures for the Medical Section had been developed and was being reviewed internally. Recommendation 2 remains open pending receipt of a copy of the revised and approved standard operating procedures.

Medical waste disposal facilities were not operational

24. UNAMI procured two incinerators to dispose of the Mission's medical waste, but they were not yet installed. As a result, medical waste was not properly disposed of. For example, medical waste was comingled with non-medical waste, and in some cases waste was burned and/or buried in a landfill.

(3) UNAMI should install its incinerators to ensure that medical waste is properly disposed of in accordance with the United Nations environmental policies and guidelines.

UNAMI accepted recommendation 3 and stated that one incinerator had been installed in Baghdad and was operational, while a second unit had been shipped to Kirkuk and preparations were under way to build a facility to house it. Recommendation 3 remains open pending OIOS verification that the Mission's incinerators have been installed and are fully functional.

Costs related to medical services provided to United Nations agencies, funds and programmes were not recovered

25. UNAMI had entered into common services agreements with nine United Nations agencies, funds and programmes operating in the Mission area. The agreements included the payment of fixed rate fees for administrative and life support services provided by UNAMI. These agreements did not cover the medical services that UNAMI provided on an as-needed basis such as basic consultation, provision of drugs and laboratory tests, and no separate arrangement to cover these medical services. As a result, no cost recoveries were made.

(4) UNAMI should revise its arrangements with United Nations agencies, funds and programmes to include the provision of basic medical services and ensure recovery of the related costs in a timely manner.

UNAMI accepted recommendation 4 and stated that it was carrying out a comprehensive review of support arrangements and cost recovery from the United Nations Country Team. A “fee-for-service” arrangement was being discussed for medical services provided. Recommendation 4 remains open pending receipt of a revised / new agreement with United Nations agencies, funds and programmes to recover the cost of medical services provided to their staff members.

Memoranda of Understanding with third party medical service providers were formalized

26. United Nations Financial Rule required that written procurement contracts be used to formalize every procurement action with a monetary value exceeding specific thresholds established by the Under-Secretary-General for Management.

27. UNAMI had six medical contracts with third party providers with a total not-to-exceed amount of \$270,000. These contracts covered various services such as dental, medical and air ambulance services in Kuwait, Amman, Erbil and Baghdad. All the contracts were up-to-date except for the Kuwait contract which was under review. OIOS was satisfied that adequate agreements were in place to ensure staff members had access to medical facilities.

Inventory management practices needed to improve

28. The Medical Support Manual required the Chief Medical Officer to establish adequate procedures for distributing and controlling assets.

29. The Medical Section did not have adequate inventory management procedures. For instance, UNAMI did not implement adequate segregation of duties over the receipt, safeguarding and distribution of medical supplies. UNAMI also had not established minimum or maximum safety stock levels, increasing the risk of supplies and equipment not being available when needed or excessive stockholdings. For example: (a) in 16 of the 40 cases reviewed, drugs remained in storage without being issued; and (b) in one location 48 of the 85 drugs and medicines that had expired since January 2012, had never been issued from the time they were received. Moreover, there were no procedures for dealing with expired drugs. In one location, expired drugs were destroyed and in other locations, the expired drugs were kept in storage areas pending the installation of the Mission’s incinerators. None of the locations had a comprehensive list of drugs available in the categories specified by the UNAMI Medical Section’s Handbook, which required a distinction between over the counter, prescription and registered drugs. Additionally, when the Multi-National Forces in Iraq left in 2011, they handed over medical equipment and supplies to the Mission. However, there was no record of the actual quantities received.

(5) UNAMI should improve its inventory management of drugs and medical supplies to ensure that they are properly tracked, optimally stocked and readily available at all medical facilities.

UNAMI accepted recommendation 5 and stated that a review of inventory holdings was being carried out and critical stock levels based on historical consumption patterns were being developed. Further, the Mission had submitted a proposal for the creation of a new post for a pharmacist in its 2014 budget submission. Recommendation 5 remains open pending receipt of evidence that adequate inventory management procedures have been implemented.

Results of medical and staff counselling and welfare services satisfaction surveys were not acted upon

30. UNAMI conducted two separate surveys in March 2012 to assess the quality of: (a) medical services; and (b) staff counselling services provided in the Mission. Prior to these surveys, in 2009, an external assessment was conducted for the Staff Counselling Unit.

31. The results of the UNAMI 2012 survey on the provision of medical services were similar to those received following the May 2010 survey. The results from the surveys indicated recurrent major concerns which had not been addressed. The concerns included the: (a) non-availability of drugs; (b) lack of staff awareness on health-related issues such as disease outbreaks; and (iii) lack of explanations regarding the use and side effects of medication and prescribed drugs.

32. The UNAMI survey on the adequacy of staff counselling and welfare services and the earlier external assessment conducted revealed similar concerns including the: (a) lack of awareness of the services being provided by the Staff Counsellor; (b) doubts about confidentiality of information; and (c) lack of awareness of counselling training programmes.

33. Survey findings had not been addressed because UNAMI had not developed or implemented an action plan or mechanism for the systematic follow-up of results with a view to formally addressing the areas of concern and recommendations, resulting in lost opportunities for improving the Section's performance.

(6) UNAMI should implement mechanisms that ensure that the results of surveys conducted are properly analyzed and clear action plans are established to follow up on concerns raised by staff.

UNAMI accepted recommendation 6 and stated that it had since taken a number of actions based on its study of the survey responses to improve medical facilities and increase general awareness of counseling services. Recommendation 6 remains open pending receipt of evidence that an action plan has been developed and implemented to address concerns raised regarding the quality of medical and staff counselling services provided.

Work plan monitoring needed improvement

34. The Medical Section developed annual work plans, but did not implement a system to produce data for measuring its performance and reporting on whether its goals were met. Similarly, the Staff Counseling and Welfare Unit did not have criteria for measuring its performance and reporting on its accomplishments.

(7) UNAMI should establish a mechanism for tracking work plan accomplishments and measuring results against established goals relating to the provision of medical and staff counselling services.

UNAMI accepted recommendation 7 and stated that work plans had been developed and relevant statistics and other performance data were being collected routinely to form the basis for assessing work plan accomplishments. Recommendation 7 remains open pending receipt of evidence that an appropriate system has been put in place for measuring work plan accomplishments.

IV. ACKNOWLEDGEMENT

35. OIOS wishes to express its appreciation to the Management and staff of UNAMI 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 and staff counseling services in the United Nations Assistance Mission for Iraq

Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNAMI, in collaboration with the Medical Services Division in the Department of Management, should conduct a mission-wide inspection of medical facilities to ensure that the clinics and hospitals used by staff meet the required standards and have adequate equipment.	Important	O	Receipt of evidence that an adequate assessment of medical facilities in Iraq has been conducted, and the results endorsed by the Medical Services Division in the Department of Management.	31 January 2014
2	UNAMI should review and update its medical policies and procedures to ensure that they reflect current conditions in the Mission, and are periodically reviewed to stay current.	Important	O	Receipt of a copy of the revised and approved standard operating procedures.	31 January 2014
3	UNAMI should install its incinerators to ensure that medical waste is properly disposed of in accordance with the United Nations environmental policies and guidelines.	Important	O	OIOS verification that the Mission's incinerators have been installed and are fully functional.	31 March 2014
4	UNAMI should revise its arrangements with United Nations agencies, funds and programmes to include the provision of basic medical services and ensure recovery of the related costs in a timely manner.	Important	O	Receipt of a revised / new agreement with United Nations agencies, funds and programmes to recover the cost of medical services provided to their staff members..	31 January 2014
5	UNAMI should improve its inventory management of drugs and medical supplies to ensure that they are properly tracked, optimally stocked and readily available at all medical facilities.	Important	O	Receipt of evidence that adequate inventory management procedures have been implemented.	31 January 2014

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 UNAMI

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical and staff counseling services in the United Nations Assistance Mission for Iraq

Recom. no.	Recommendation	Critical ⁵ / Important ⁶	C/ O ⁷	Actions needed to close recommendation	Implementation date ⁸
6	UNAMI should implement mechanisms that ensure that the results of surveys conducted are properly analyzed and clear action plans are established to follow up on concerns raised by staff.	Important	O	Receipt of evidence that an action plan has been developed and implemented to address concerns raised regarding the quality of medical and staff counselling services provided.	31 January 2014
7	UNAMI should establish a mechanism for tracking work plan accomplishments and measuring results against established goals relating to the provision of medical and staff counseling services.	Important	O	Receipt of evidence that an appropriate system has been put in place for measuring work plan accomplishments	31 January 2014

⁵ 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.

⁶ 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.

⁷ C = closed, O = open

⁸ Date provided by UNAMI

APPENDIX I

Management Response



United Nations Assistance Mission for Iraq (UNAMI)

بعثة الأمم المتحدة لمساعدة العراق (يونامي)

Telephone No. +1 917 367 3614 / +39 0831 23 2700

Fax No. +1 917 367 3615 / +39 0831 23 2705

10 December 2013

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

From: Haseena Yasin,
Chief Mission Support, UNAMI

SUBJECT: Draft report on an audit of medical and staff counseling services provided to the United Nations personnel in the United Nations Assistance Mission for Iraq (Assignment No. AP2012/812/02)

1. Thank you for the draft report forwarded to UNAMI for review.
2. Please find attached UNAMI comments after review of the subject draft report.

Best regards,

cc: Dr. Moustafa Aly, Chief Medical Officer, UNAMI
Ms. Anna Halasan, Professional Practices section, Internal Audit Division, OIOS
Ms. Christina Montaiuti, Senior Staff Counsellor, UNAMI
Ms. Padma Nandkumar, Audit Focal Point, UNAMI

MANAGEMENT RESPONSE

Audit of medical and staff counseling services in United Nations Assistance Mission for Iraq

Rec No.	Recommendation	Critical / Important	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNAMI, in collaboration with the Medical Services Division in the Department of Management, should conduct a mission-wide inspection of medical facilities to ensure that the clinics and hospitals used by staff meet the required standards and have adequate equipment.	Important	Yes	Chief Medical Officer	31 January 2014	The Chief Medical Office has concluded an assessment of all the medical facilities in the Mission and the report has been submitted to the Medical Services Division in NYHQ for review and advice.
2	UNAMI should review and update its medical policies and procedures to ensure that they reflect current conditions in the Mission, and are periodically reviewed to stay current.	Important	Yes	Chief Medical Officer	31 January 2014	A Standard Operating Procedure for the Medical Section has been developed and the draft is being reviewed internally.
3	UNAMI should install its incinerators to ensure that medical waste is properly disposed of in accordance with the United Nations environmental policies and guidelines.	Important	Yes	Chief Medical Officer	31 March 2014	One incinerator has been installed in Baghdad and it is operational. A second unit has been dispatched to Kirkuk and is due to arrive there next week. Preparations are being under way to build a facility to house this unit.

MANAGEMENT RESPONSE

Audit of medical and staff counseling services in United Nations Assistance Mission for Iraq

Rec No.	Recommendation	Critical/ Important	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
4	UNAMI should revise its arrangements with United Nations agencies, funds and programmes to include the provision of basic medical services and ensure recovery of the related costs in a timely manner.	Important	Yes	Chief of Mission Support	31 January 2014	The Mission is presently carrying out a comprehensive review of support arrangements and cost recovery from United Nations Country Team. A "fee-for-service" arrangement is being discussed for medical services provided. The new measures are due for implementation on 01 January 2014.
5	UNAMI should improve its inventory management of drugs and medical supplies to ensure that they are properly tracked, optimally stocked and readily available at all medical facilities	Important	Yes	Chief Medical Officer	31 January 2014	A review of inventory holdings is being carried out. Min/max levels based on historical consumption pattern are being developed. The Mission has proposed to create a new post for a Pharmacist in the 2014 Budget and this would enable the Mission to improve inventory management.

MANAGEMENT RESPONSE

Audit of medical and staff counseling services in United Nations Assistance Mission for Iraq

Rec No.	Recommendation	Critical/ Important	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
6	UNAMI should implement mechanisms that ensure that the results of surveys conducted are properly analyzed and clear action plans are established to follow up on concerns raised by staff.	Important	Yes	Chief Medical Officer & Chief Staff Counseling & Welfare Unit	31 January 2014	<p><u>Medical Section</u> The Medical Section has taken a number of actions based on survey findings to improve clinic facilities and these include:</p> <ul style="list-style-type: none"> - Construction of separate consultation rooms for all the doctors to ensure confidentiality - Re-laying the floor and building various new facilities. <p>Some of the respondents wanted specific brands of medicines and the clinic now assists staff members to purchase them from commercial pharmacies.</p> <p><u>Staff Counselling & Welfare Unit</u> Following actions have been taken to increase general awareness of counselling services :</p> <ul style="list-style-type: none"> - broadcast of bi-monthly bulletins - poster campaign: 18 new posters have been installed, covering all the locations - brochures distributed on United Nations flights and made available at the reception desk in the medical clinic <p>The Counselling Unit continues to deliver regular trainings (stress and time management, resilience, etc) - 45 staff participated over the September to November 2013 period. Staff Counsellor visited BIAP, Kirkuk and Erbil in October and November. The need for maintaining ethical confidentiality is being reinforced.</p>

MANAGEMENT RESPONSE

Audit of medical and staff counseling services in United Nations Assistance Mission for Iraq

Rec No.	Recommendation	Critical/ Important	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
7	UNAMI should establish a mechanism for tracking work plan accomplishments and measuring results against established goals relating to the provision of medical and staff counseling services.	Important	Yes	Chief Medical Officer & Chief Staff Counseling & Welfare Unit	31 January 2014	<p><u>Medical Section</u> The Section issued a workplan at the beginning of the cycle and clinic statistics are systematically collected to measure performance and trends. Mid-term and end-of-cycle performance evaluations are carried out to assess individual performance.</p> <p><u>Staff Counselling & Welfare Unit</u> The unit's workplan was issued at the beginning of the cycle and mid-term evaluations have been carried out for the present performance cycle. Monthly statistics on the Unit's performance are collated and submitted to the management.</p>