



Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

REPORT 2016/113

Audit of provision of medical support in Somalia by the United Nations Support Office in Somalia

Overall results relating to the effective management of the provision of medical support in Somalia were initially assessed as partially satisfactory. Implementation of five important recommendations remains in progress

**FINAL OVERALL RATING: PARTIALLY
SATISFACTORY**

**30 September 2016
Assignment No. AP2015/638/03**

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AUDIT REPORT

Audit of provision of medical support in Somalia by the United Nations Support Office in Somalia

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of provision of medical support in Somalia by the United Nations Support Office in Somalia (UNSOS).

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. UNSOS is responsible for providing medical support to AMISOM and monitoring and evaluating the performance of the third party it contracted to provide level II medical care to United Nations personnel. UNSOS medical support is governed by the Support Implementation Agreement between UNSOS and the African Union, and the United Nations Medical Support Manual. The medical services provided by the third party medical service provider are guided by contract No UNSOA/CON/13/010 dated 14 December 2012.

4. From January 2013 to December 2015, UNSOS provided medical support through: one United Nations-owned Level II clinic in Mogadishu operated by a third party service provider under a four-year contract valued at \$11.4 million; contracts with seven hospitals in Kenya and South Africa that provided Level III and IV services valued at \$13 million; and by providing supplies and equipment valued at \$8.6 million to 32 Level I and 5 Level II clinics owned by AMISOM. From January to December 2015, AMISOM-managed medical facilities recorded 565 medical/casualty evacuations; 299 medical repatriations; and 32,442 inpatient and outpatient visits, while the third-party service provider recorded 4,409 patients' visits.

5. The UNSOS Medical Section, headed by the Chief Medical Officer at the P-5 level who reports to the Director, is responsible for requisitioning medical supplies and services, managing contracts, monitoring and evaluating the performance of contractors, delivering medical supplies and equipment, carrying out medical evacuation services, supporting AMISOM medical facilities during emergencies and implementing training and awareness programmes. The Section had 23 authorized civilian posts including: 9 international civilian staff, 12 national staff and 2 United Nations Volunteers. UNSOS budgets for medical support for 2013/14 and 2014/15 were \$20.6 million and \$18.8 million, respectively.

6. Comments provided by UNSOS are incorporated in italics.

II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of UNSOS governance, risk management and control processes in providing reasonable assurance regarding the **effective management of provision of medical support in Somalia by UNSOS**.

8. The audit was included in the 2015 risk-based work plan of OIOS because of the operational and financial risks related to medical support provided by UNSOS.

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 support services by UNSOS; (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 the audit from December 2015 to April 2016. The audit covered the period from 1 July 2013 to 31 December 2015. The audit did not cover management of contracts with the Level III and IV hospitals in Kenya and South Africa since OIOS conducted an audit of these contracts (audit report No. 2015/089) in August 2015.

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

III. AUDIT RESULTS

13. The UNSOS governance, risk management and control processes examined were initially assessed as **partially satisfactory**¹ in providing reasonable assurance regarding the **effective management of provision of medical support in Somalia by UNSOS**. OIOS made five recommendations to address the issues identified.

14. UNSOS implemented an adequate training programme for UNSOS and AMISOM medical personnel and adequately monitored and evaluated the performance of the third party contracted to provide Level II medical services to United Nations personnel in Mogadishu. However, UNSOS needed to: (a) develop a medical support plan in coordination with AMISOM to ensure delivery of timely, optimal and cost-effective medical support; (b) obtain authorization from the Medical Services Division for non-emergency medical evacuations (Medevac), out-of-theatre and medical repatriations, and recover costs related to troops with pre-existing conditions; (c) repair and maintain medical equipment, and address the non-delivery of maintenance services; (d) install incinerators in all AMISOM-managed medical facilities and train AMISOM personnel in their use; and (e) provide AMISOM-managed medical facilities with adequate communications and information technology equipment and software, and guidance to ensure the required medical reports were prepared.

15. The initial overall rating was based on the assessment of key control presented in Table 1. The final overall rating is **partially satisfactory** as implementation of five 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 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
Effective management of provision of medical support in Somalia by UNSOS	Regulatory framework	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
FINAL OVERALL RATING: PARTIALLY SATISFACTORY					

Regulatory framework

Need for a medical support plan

16. The United Nations Medical Support Manual requires UNSOS to prepare a medical support plan, taking into consideration available medical assets, national and regional medical facilities, relevant health threats and the United Nations medical standard of care.

17. A review of UNSOS arrangements for the provision of medical support to AMISOM, acquisition plans, monthly performance reports of the Medical Section, contracts related to the Level II medical facilities and interviews with UNSOS and AMISOM medical personnel indicated that UNSOS had not prepared a medical support plan. This was because UNSOS management had not taken action to implement a medical support plan, but instead relied on informal consultations between the Medical Section and AMISOM Force Medical Office to determine its medical support requirements. As a result, UNSOS was not ensuring timely, optimal and cost-effective medical support, as shown in the following examples:

- As at February 2016, UNSOS had excess medical equipment as 709 items valued at \$2.3 million and held in stock represented 150 per cent of the assets in use compared to DFS requirement of 25 per cent. This included 235 items costing \$790,000 that had been in stock for over 18 months;
- Thirty-two Level I AMISOM clinics in remote locations did not have adequate communication systems such as computers and telephones, which limited the ability of UNSOS to monitor and report performance for these clinics;
- UNSOS procured and provided drugs totaling \$460,000 to AMISOM that were not part of AMISOM's list of required drugs for 2015/16. These drugs were not used and expired in July 2016; and
- UNSOS disposed of more than 12,000 kilograms of pharmaceuticals and medical consumables costing \$4.8 million during the audit period, indicating that it procured more than actually required.

(1) UNSOS should enforce the requirement for medical support planning and develop a medical support plan in coordination with the African Union Mission in Somalia (AMISOM) to clearly identify the medical support needs of AMISOM and ensure delivery of optimal and cost-effective medical support.

UNSOS accepted recommendation 1 and stated that it developed a Medical Support Plan. Recommendation 1 remains open pending receipt of evidence and OIOS verification that the medical support plan is developed in coordination with AMISOM, adequately addresses all the requirements of the Medical Support Manual and duly promulgated by the Director of UNSOS.

UNSOS implemented adequate training programmes for medical personnel

18. The United Nations Medical Support Manual requires UNSOS to implement a training programme including: (a) first-aid training for AMISOM; (b) continuing and mission-specific medical training for nurses, paramedics and doctors; and (c) regular health training for AMISOM personnel focusing on common health problems such as vector-borne diseases, HIV/AIDS and stress. The Support Implementation Agreement between UNSOS and the African Union also requires UNSOS to train AMISOM medical personnel on emergency medical care.

19. A review of the training records of UNSOS and the Level II clinic in Mogadishu indicated that UNSOS had implemented a training programme that included:

- Pre-deployment training of AMISOM contingents covering various subjects including HIV/AIDS awareness;
- Training of UNSOS staff on Safe and Secure Approaches in Field Environments in Nairobi covering various subjects including vector-borne diseases, HIV/AIDS and stress;
- Continuous training of UNSOS and AMISOM medical personnel on health issues such as dengue fever, ebola, mass casualty evacuation and resuscitation;
- Five training sessions for UNSOS medical staff related to first aid and cardiopulmonary resuscitation and radiography; and
- On-the-job mentoring and training of AMISOM personnel on stress management, first aid, patient data management, diabetes management, wound surgical management and mental health.

20. OIOS concluded that UNSOS had implemented an adequate training programme to address the training needs of its personnel as well as those of AMISOM.

Approval and recovery of cost of medical evacuations needed improvement

21. The United Nations Medical Support Manual requires the Director of UNSOS to approve all emergency Medevacs and obtain authorization from the Medical Services Division at United Nations Headquarters for non-emergency out-of-theatre Medevacs, Medevacs that are expected to exceed 45 days of hospitalization and medical repatriations. The Manual also requires UNSOS to recover Medevac and repatriations costs from the concerned Troop-/Police-Contributing Countries in respect of personnel medically evacuated or repatriated due to pre-existing conditions.

22. A review of 70 evacuations (49 emergency and 21 non-emergency) out of 710 evacuations costing \$7.5 million indicated that the Director of UNSOS approved all 49 emergency evacuations. However, UNSOS did not obtain authorization from the Medical Services Division for: 5 evacuations that resulted in hospitalization of five patients for an average of 154 days, ranging from 47 days to 448 days; and 21 non-emergency cases which resulted in medical repatriations. UNSOS also did not recover the medical costs (estimated at \$35,000) of repatriating seven contingent personnel who had pre-existing conditions.

23. The above resulted because UNSOS overlooked and therefore had not enforced the requirements to: obtain approval from the Medical Services Division in respect of non-emergency evacuations, extended hospitalization and medical repatriations; and to recover the costs of medical evacuation and repatriation of troops with pre-existing conditions. As a result, UNSOS incurred costs related to unnecessary medical repatriations and extended hospitalizations.

(2) UNSOS should obtain authorization from the Medical Services Division with respect to non-emergency out-of-theatre evacuations, evacuations expected to exceed 45 days of hospitalization and medical repatriations; and take actions to recover costs of medical evacuation and repatriation of troops in respect of pre-existing conditions.

UNSOS accepted recommendation 2 and stated that 95 per cent of its medical evacuation cases were to destinations within the mission area and these did not require prior approval by the Medical Services Division. UNSOS stated that it had been repatriating troops on a cost reimbursement basis. Recommendation 2 remains open pending receipt of evidence that UNSOS systematically: (a) obtains approval of the Medical Services Division for medical evacuations of personnel; and (b) recovers the costs of medical evacuation and repatriation of troops in respect of pre-existing conditions.

Need for UNSOS to allocate adequate resources for the repairs and maintenance of medical equipment

24. The Support Implementation Agreement between UNSOS and the African Union requires UNSOS to repair and maintain United Nations-owned medical equipment provided to AMISOM.

25. A review of medical equipment maintenance records for the UNSOS-contracted medical facility in Mogadishu, a visit to the AMISOM Level II clinic in Mogadishu, and interviews with AMISOM and UNSOS medical personnel indicated that UNSOS had not repaired and maintained the medical equipment provided to AMISOM and the equipment at its contracted medical facilities in Mogadishu. As a result, (a) 84 of 102 medical equipment at the UNSOS-contracted medical facility in Mogadishu and 65 of 500 medical equipment at the AMISOM Level II clinic in Mogadishu were sometimes not available for use when needed; and (b) various equipment including two X-ray machines and one piece of dental equipment at the AMISOM Level II clinic in Mogadishu had broken down and was not functioning for over one month.

26. UNSOS had: procured the equipment through a system contract that required the supplier to provide repairs and maintenance services; and established a separate locally procured service contract. However, due to cost considerations and security challenges, both suppliers had not always provided staff to perform the service as and when required. UNSOS advised that it had decided to have an in-house medical equipment maintenance staff to service the equipment. However, UNSOS had not established the related post.

(3) UNSOS should allocate adequate staff resources for the repairs and maintenance of medical equipment, and take remedial action to address the non-delivery of maintenance services by the suppliers.

UNSOS accepted recommendation 3 and stated that it was in the process of identifying a vendor to undertake the required maintenance of medical equipment while seeking to develop in-house capacity by recruiting a medical equipment technician. Recommendation 3 remains open pending receipt of evidence that UNSOS has procured technical services for the repairs and maintenance of medical equipment.

Inadequate measures to ensure effective disposal of medical waste in mission area

27. The United Nations Medical Support Manual requires UNSOS to dispose of medical waste using a method, such as incineration, sterilization, microwave and electro-thermal deactivation, that does not present any immediate or future danger to personnel or the local population. Medical waste includes all bio-medical wastes: limbs, organs, blood and blood stained materials; and any other medical associated wastes such as needles, syringes, pharmaceuticals and X-ray fluids.

28. A review of UNSOS disposal records for expired drugs and list of incinerators, interviews with UNSOS and AMISOM medical personnel, and visits to three Level II AMISOM clinics, the UNSOS-contracted medical facility in Mogadishu, and two of six incineration sites indicated that UNSOS had properly incinerated expired drugs and blood products in Sector 1, which had 14 AMISOM-operated clinics. However, the remaining 24 AMISOM-operated clinics in five other sectors disposed of their medical waste on site by burning. This was because UNSOS had not completed: installing the 11 incinerators it procured; and trained staff on the use of incinerators in two of the five sectors where it installed incinerators.

29. The improper disposal of medical waste posed health risks to the local population and United Nations personnel and reputation risk to the Organization.

(4) UNSOS should expedite the provision of AMISOM medical facilities with the required incinerators and train personnel on their use to ensure proper disposal of medical waste.

UNSOS accepted recommendation 4 and stated that it had provided AMISOM medical facilities with incinerators and adequately trained AMISOM personnel to operate them. Recommendation 4 remains open pending receipt of evidence that UNSOS has installed incinerators in all locations and provided the necessary training to AMISOM personnel on the use of incinerators.

An efficient information management system was needed

30. The United Nations Medical Support Manual requires UNSOS to prepare and submit to the Medical Services Division at United Nations Headquarters medical records including casualty incident reports, casualty individual reports, medical facility reports, medical treatment reports per capita and medical treatment reports by diagnosis.

31. A review of records of 70 out of the 710 evacuations conducted during the audit period, a sample of six monthly medical reports and UNSOS list of equipment provided to AMISOM indicated that UNSOS submitted to the Medical Services Division the required casualty incident and casualty individual reports, medical treatment reports per capita, and medical treatment report by diagnosis for the six Level II hospitals on a monthly basis. However, UNSOS did not submit the: medical treatment reports by diagnosis; medical treatment report per capita for their 32 Level I clinics; and medical facility reports for

recording composition and capability of the medical unit for each contingent and United Nations medical facility.

32. This was because the UNSOS Chief Medical Officer and AMISOM Force Medical Officer did not take appropriate action to provide adequate communication and information technology equipment and guidance to all medical facilities for the preparation of the required medical reports. As a result, UNSOS was not adequately analyzing and reviewing its activities and taking appropriate corrective actions to ensure it was providing optimal and cost-effective medical services.

(5) UNSOS should take action and provide all medical facilities with the requisite communications equipment and software and implement effective procedures related to the preparation and submission of the required medical reports to the Medical Services Division.

UNSOS accepted recommendation 5 and stated that the UNSOS Chief Medical Officer and AMISOM Force Medical Officer had jointly established procedures to guide the submission of weekly and monthly reports to the Medical Services Division, and that it had issued mobile phone (SIM) cards and laptops to AMISOM staff in all sectors to assist with medical reporting and evacuations. Recommendation 5 remains open pending receipt of evidence that UNSOS has distributed necessary communication equipment to AMISOM medical personnel for the preparation of medical reports.

UNSOS monitored and evaluated the performance of the contracted third party medical service provider

33. The Medical Support Manual requires UNSOS to ensure the health and well-being of members of the United Nations peacekeeping operations by providing medical support in a timely and efficient manner.

34. A review of UNSOS medical contracts, performance monitoring activities indicated that: (a) UNSOS contracted a third party to provide Level II medical care in Mogadishu to United Nations personnel and AMISOM; and (b) adequately conducted monthly and bi-annual performance reviews and evaluations and found the contractor's performance to be satisfactory.

35. OIOS concluded that UNSOS adequately monitored and evaluated the Level II medical care service provided to United Nations personnel by the contracted third party.

IV. ACKNOWLEDGEMENT

36. OIOS wishes to express its appreciation to the management and staff of UNSOS for the assistance and cooperation extended to the auditors during this assignment.

(Signed) Eleanor T. Burns
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STATUS OF AUDIT RECOMMENDATIONS

Audit of provision of medical support in Somalia by the United Nations Support Office in Somalia

Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNSOS should enforce the requirement for medical support planning and develop a medical support plan in coordination with AMISOM to clearly identify the medical support needs of AMISOM and ensure delivery of optimal and cost-effective medical support.	Important	O	Receipt of evidence and OIOS verification that the medical support plan is developed in coordination with AMISOM and that it adequately addresses all the requirements of the Medical Support Manual and is duly promulgated by the Director of UNSOS	August 2016
2	UNSOS should obtain authorization from the Medical Services Division with respect to non-emergency out-of-theatre evacuations, evacuations expected to exceed 45 days of hospitalization, and medical repatriations; and take actions to recover costs of medical evacuation and repatriation of troops in respect of pre-existing conditions.	Important	O	Receipt of evidence that: (a) UNSOS had obtained the approval of the Medical Services Division for all medical evacuations of personnel out of Somalia; and (b) evidence that UNSOS has enforced the requirement to recover the costs of medical evacuation and repatriation of troops in respect of pre-existing conditions.	August 2016
3	UNSOS should allocate adequate staff resources for the repairs and maintenance of medical equipment, and take remedial action to address the non-delivery of maintenance services by the suppliers.	Important	O	Receipt of evidence that UNSOS has procured technical services for the repairs and maintenance of medical equipment.	31 December 2016
4	UNSOS should expedite the provision of AMISOM medical facilities with the required incinerators and train personnel on their use to ensure proper disposal of medical waste.	Important	O	Receipt of evidence that UNSOS has completed installing incinerators and training AMISOM personnel at all AMISOM medical facilities on how to use these incinerators.	August 2016
5	UNSOS should take action and provide all medical facilities with the requisite communications equipment and software and implement effective procedures related to the preparation and submission of the required medical reports to the Medical Services Division.	Important	O	Receipt of evidence that UNSOS has distributed communication equipment to AMISOM medical personnel for the preparation of medical reports.	August 2016

¹ Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.

² Important recommendations address important (but not critical or pervasive) deficiencies 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.

³ C = closed, O = open

⁴ Date provided by UNSOS in response to recommendations.

APPENDIX I

Management Response

Management Response

Audit of the provision of medical services by the United Nations Support Office in Somalia

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation Date	Client comments
1	UNSOS should enforce the requirement for medical support planning and develop a medical support plan in coordination with AMISOM to clearly identify the medical support needs of AMISOM and ensure delivery of optimal and cost-effective medical support.	Important	Yes	Chief Medical Officer, UNSOS	Implemented	<p>Management seeks to advise the auditors that the required medical support plan has been completed.</p> <p>Management requests closure of this recommendation.</p>
2	UNSOS should obtain authorization from the Medical Services Division with respect to non-emergency evacuations, evacuations expected to exceed 45 days of hospitalization, and medical repatriations; and take actions to recover costs of medical evacuation and repatriation of troops in respect of pre-existing conditions.	Important	Yes	Chief Medical Officer, UNSOS	Implemented	<p>Management seeks to inform the auditors that more than 95% of medical evacuation cases undertaken by UNSOS to support AMISOM are to destinations within the mission area and therefore do not require prior approval by the Medical Services Division.</p> <p>It should also be noted that the practice is in accordance with the provisions of UNSOS SOP for casualty evacuation and the directives of UNHQ Medical Services Division.</p> <p>With respect to the recovery of</p>

¹ Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.

² Important recommendations address important (but not critical or pervasive) deficiencies 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.

Management Response

Audit of the provision of medical services by the United Nations Support Office in Somalia

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation Date	Client comments
						<p>costs of medical evacuation and repatriation of troops with pre-existing conditions, UNSOS has been repatriating such troops on a cost reimbursable basis.</p> <p>Management therefore requests the closure of this recommendation.</p>
3	UNSOS should allocate adequate staff resources for the repairs and maintenance of medical equipment, and take remedial action to address the non-delivery of maintenance services by the suppliers.	Important	Yes	Chief Medical Officer, UNSOS	31 December 2016	<p>Management seeks to inform the auditors that the implementation of this recommendation is in progress. The identification of a vendor to undertake the required maintenance of medical equipment is underway.</p> <p>UNSOS is also seeking to develop in-house capacity by engaging a medical equipment technician.</p>
4	UNSOS should expedite the provision of AMISOM medical facilities with the required incinerators and train personnel in the use of the equipment to ensure proper disposal of medical wastes.	Important	Yes	Chief Medical Officer, UNSOS	Implemented	<p>Management wishes to inform the auditors that this recommendation has been fully implemented.</p> <p>AMISOM medical facilities have been equipped with incinerators and training was delivered in those locations.</p>

Management Response

Audit of the provision of medical services by the United Nations Support Office in Somalia

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation Date	Client comments
						Management requests closure of the recommendation.
5	UNSOS should take action and provide all medical facilities with the requisite communications equipment and software and implement effective procedures related to the preparation and submission of the required medical reports to the Medical Services Division.	Important	YES	Chief Medical Officer, UNSOS	Implemented	<p>Management wishes to inform the auditors that this recommendation has been implemented.</p> <p>UNSOS Chief Medical Officer (CMO) and AMISOM Force Medical Officer (FMO) have jointly established procedures to guide the submission of weekly and monthly reports to the Medical Support Service at UNHQ.</p> <p>In addition, sim cards and 11 laptops were issued to AMISOM staff in all sectors to facilitate medical reporting and evacuation.</p> <p>Management requests closure of the recommendation.</p>