



INTERNAL AUDIT DIVISION

REPORT 2018/060

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

There was a need to enhance adequacy and effectiveness of the provision and delivery of medical services

18 June 2018

Assignment No. AP2017/633/06

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

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in the Republic of South Sudan (UNMISS). The objective of the audit was to assess the adequacy and effectiveness of the provision and delivery of medical services in UNMISS. The audit covered the period from 1 July 2014 to 31 December 2017 and included: delivery of medical services including emergency medical preparedness, medical facilities, supply and consumable items, medical screening of military and police personnel, medical evacuations and repatriations and management of contracts with medical service providers; medical waste management; and reporting.

UNMISS had 32 Level I and 5 Level II medical facilities and arrangements with third party medical service providers to provide medical care to staff. UNMISS promptly executed medical repatriations and evacuations; and properly disposed of medical waste. However, further efforts were required to enhance the adequacy and effectiveness of the provision and delivery of medical services.

OIOS made three recommendations. To address issues identified in the audit, UNMISS needed to:

- Expedite the revision of the Mission Medical Support Plan and implement procedures for its annual reviews to reflect changes in the Mission's operating environment;
- Implement adequate oversight procedures in the Health Services Section to ensure that all success criteria reflected in the Section work plans are monitored, assessed, evaluated and reported; and
- Clean up the medical stock records that were incorrectly migrated to Umoja.

UNMISS accepted the recommendations and has initiated action to implement them.

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

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in the Republic of South Sudan (UNMISS).
2. The UNMISS Health Services Section is responsible for the provision of integrated medical services to 13,574 military and police personnel and 1,811 civilian staff deployed in 11 Mission locations in the 10 state capitals of South Sudan. Medical services in the Mission area are provided by: 32 Level I clinics (11 United Nations-owned and 21 contingent-owned clinics) that provide first aid, curative and preventive medicine; and 5 contingent-owned Level II hospitals which provide second line health and surgical care such as in-patient treatment, surgery and extensive diagnostic services. The Mission had also contracted six Level III medical service providers (four in Cairo, Egypt and two in Kampala, Uganda) and three Level IV medical service providers (two in Nairobi, Kenya and one in Johannesburg, South Africa) to provide definitive medical care and specialist medical treatment that are not available in the Mission area.
3. The provision and delivery of medical services in UNMISS are governed by the 2015 Medical Support Manual for United Nations Field Missions (Medical Support Manual), UNMISS standard operating procedures on medical evacuation of non-UNMISS personnel and the UNMISS Medical Support Plan. Medical services provided by third party service providers are guided by the respective contracts.
4. The Chief Medical Officer (CMO) at the P-5 level heads the Health Services Section and is responsible for the overall coordination of medical services, managing the budget for United Nations-owned clinics, and liaising with the Force Medical Officer (FMO) and private hospitals to ensure adequate provision of medical services. The Health Services Section has 122 authorized posts comprised of 13 international staff, 49 United Nations volunteers, and 60 national staff spread across 11 Mission locations. UNMISS budgets for medical services for 2016/17 and 2017/18 were \$1.96 million and \$1.85 million respectively under operational activities; and \$9.63 million in 2016/17 and \$8.28 million in 2017/18 for reimbursement to troop-/police-contributing countries (T/PCCs) for contingent-owned medical equipment and self-sustainment.
5. Comments provided by UNMISS are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

6. The objective of the audit was to assess the adequacy and effectiveness of the provision and delivery of medical services in UNMISS.
7. This audit was included in the 2017 risk-based work plan of OIOS due to operational and financial risks related to management and delivery of medical services in UNMISS.
8. OIOS conducted this audit from October 2017 to February 2018. The audit covered the period from 1 July 2014 to 31 December 2017. Based on an activity-level risk assessment, the audit covered higher and medium risk areas in management of medical services, which included: delivery of medical services including emergency medical preparedness, medical facilities, supply and consumable items, medical

screening of military and police personnel, medical evacuations and repatriations and management of contracts with medical service providers; medical waste management; and reporting.

9. The audit methodology included interviews of key personnel, review of relevant documentation, analytical review of data and physical inspection of 15 of the 37 medical facilities in the Mission area.

10. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

III. AUDIT RESULTS

A. Provision and delivery of medical services

Need to regularly update the medical support plan

11. The 2015 Medical Support Manual requires UNMISS to: prepare a medical support plan (MSP), taking into consideration available medical assets, national and regional medical facilities, relevant health threats and the United Nations medical standard of care; and review the plan at least annually to reflect changes in the Mission's operating environment.

12. The UNMISS medical support plan was approved in October 2013 and in December 2016 UNMISS initiated revisions to the plan to reflect the changes in the current operating environment. These revisions were still ongoing at the time of the audit, as UNMISS CMO gave priority to other operational activities following the departure of key senior medical staff from the Mission. At the time of the audit, the recruitment process was ongoing to fill vacant positions. Moreover, UNMISS planned to factor into the MSP the requirement to provide medical care to the 4,000 additional troops including the Regional Protection Force troops following Security Council resolution 2304 (2016) dated 15 December 2016 as well as the conversion of the Level I facility in Juba to a Level I plus facility.

13. Consequently, the MSP did not reflect the Mission's current operating environment such as the increase in troops and police, the establishment of the Level II hospital in Bentiu in 2016, and creation of new county support bases in Renk, Melut and Akobo. It also did not reflect the need to provide humanitarian medical services and assistance at the protection of civilians (POC) sites outside UNMISS compound in times of crisis and emergencies, if these services could not be effectively provided by non-governmental organizations and other United Nations funds and programmes mandated to coordinate such activities.

(1) UNMISS should expedite the revision of the Medical Support Plan and implement procedures for annual reviews of the plan to reflect changes in the Mission's operating environment, and mandated requirements.

UNMISS accepted recommendation 1 and stated that the Health Services Section had submitted to the Director of Mission Support for approval a revised MSP taking into consideration developments in UNMISS operating environment. Recommendation 1 remains open pending receipt of a copy of the revised MSP and evidence of procedures implemented for its annual review to reflect changes in the Mission's operating environment.

UNMISS had implemented procedures to assess its readiness to handle mass casualty incidents

14. The Medical Support Manual requires UNMISS to develop a mass casualty incident plan that contains provisions for a pre-organized response system to mitigate the effects of mass medical casualty incidents such as those arising from natural disasters, outbreaks of violence, terrorist acts and road traffic accidents.

15. All 11 United Nations-owned Level I clinics had a location-specific medical mass casualty incident plan, which also covered contingent-owned medical facilities in the respective location. UNMISS carried out mock drills involving planning, preparation and rehearsal for medical contingencies in all locations. Review of the mock drill reports confirmed that the drills were adequately designed based on specific emergency scenarios and involved triage and treatment doctors, nurses, incident security officers, members of crisis management, ambulance drivers and others serving as victims and responders from the Mission and contingents.

16. However, for the drills conducted during the audit period, UNMISS had not implemented follow-up mechanisms to ensure areas identified as needing improvement were acted upon. These areas included: (a) providing additional training in emergency procedures; (b) use of equipment; (c) effective radio communication; (d) triage procedures to both medical and non-medical staff; and (e) improving emergency supplies and implementing maintenance and checking of emergency equipment. Subsequent to the audit, the Health Services Section took action to ensure that all the approved recommendations in the after-action review reports of mock drills are being implemented following the exercises without delay. UNMISS has also implemented a procedure to review prior recommendations during the next mock drill to confirm that they are implemented. OIOS review of the drills conducted in February 2018 in Juba confirmed the Section also adhered to the newly instituted measures.

17. Additionally, for UNMISS to improve the readiness of the United Nations House Level I plus clinic to handle mass casualty incidents following the July 2016 security crisis in Juba, UNMISS reviewed the allocation of staff between the United Nations House Level I plus and Tomping Level I clinics; trained medical staff in the use of emergency trauma bags; created more space at the United Nations House Level I plus clinic to accommodate casualties and for the storage of emergency medical consumables; and improved surgical capacity.

18. OIOS concluded that UNMISS had instituted mechanisms to systematically conduct mock drills to assess its readiness to respond to a mass casualty incident and was taking action to implement recommendations arising from the exercise to improve its response.

UNMISS evaluated the performance of regularly used third-party medical service providers

19. UNMISS had entered into contracts for the provision of definitive medical care and specialist medical treatment that are unavailable in the Mission area.

20. The CMO visited two of the six contracted Level III medical service providers in Kampala, Uganda to conduct performance reviews and evaluations. These two were chosen because they had the most referrals due to the regular flights between the Mission and Uganda. The contractors were assessed on quality of service delivery, facilities, invoicing, security arrangements, adherence to contract terms and conditions. The CMO assessed the two medical service providers to be meeting the expected quality of service. The CMO also visited the two Level IV medical service providers in Nairobi, Kenya and was satisfied with their performance and related patient care.

21. Regarding the need to contract third party hospitals that were not being used, e.g., in Egypt and South Africa, the CMO confirmed that the current Level III and IV services providers in Uganda and Kenya respectively were considered sufficient for the purposes of referrals. Based on this assessment, OIOS suggested that UNMISS review the necessity of having contracts with hospitals in countries that are not being used and take appropriate action to discontinue them.

22. OIOS concluded that UNMISS was adequately monitoring and evaluating medical services provided by those Level III and Level IV providers it was systematically referring patients.

Need to adequately monitor medical services provided in the Mission area

23. The Medical Support Manual requires the Health Services Section to constantly update senior management of the Mission and the Medical Services Division (MSD) at United Nations Headquarters on the status of medical care provided to personnel and medical conditions prevailing in the Mission area.

24. Due to in-Mission air flight limitations to field locations, the CMO or other senior medical officers only conducted irregular trips to field locations to assess medical service delivery and facilities; and the assessment results were not documented. The CMO explained that documentation was not necessary since several reports were already available to monitor the adequacy of services. These included real-time access to doctors' daily treatment actions for United Nations clinics in the MedGate system, monthly reports of COE clinics submitted by the Force Medical Officer showing the care provided to patients and resources in the facility, and weekly reports prepared by the Regional Support Centre in Entebbe Level I clinic on the progress of patients referred to hospitals in Uganda. A monthly health activities report was also prepared for each location showing the operational activities and medical issues, which was circulated to relevant officials. Nonetheless, in the view of OIOS, the CMO needs to conduct more regular site visits to the United Nations-owned and contingent-owned field hospitals and clinics to observe firsthand the service delivery challenges faced in these facilities, and to take remedial action to address them.

25. The Health Services Section did not regularly evaluate the service delivery and performance of United Nations-owned clinics and contingent-owned medical facilities against the goals, activities, deliverables and success criteria in its work plans. While the Health Services Section's work plans for 2015/16, 2016/17 and 2017/18 had defined goals, activities, deliverables and success criteria, the Section was not formally monitoring implementation and evaluating achievement of its planned goals. For example:

- In its work plans, the Section set out to always execute patient evacuations to higher-level medical facilities in a timely manner. The timeliness of evacuation of patients both within the Mission from the field offices to Juba and outside the Mission from Juba to levels III and IV hospitals had never been evaluated;
- Staff and patients' assessment of health care providers' services was not conducted to assess service delivery and client satisfaction. While the CMO indicated that suggestion boxes were placed in some of the clinics and hospitals as a mechanism to capture feedback, this was insufficient; and
- There was no indication that trauma debriefing was conducted within 48 hours after a critical incident, as required in its work plan.

26. The above resulted because of inadequate oversight in the Health Services Section to ensure that its goals and objectives were monitored and evaluated for effectiveness and reported annually.

(2) UNMISS should take action to ensure that success criteria in the Health Services Section’s work plan are evaluated and reported on and appropriate corrective measures are taken.

UNMISS accepted recommendation 2 and stated that the Health Services Section work plan for 2018/19 was being reviewed to evaluate success criteria prior to submission to the Chief of Service Delivery for approval and that regular field visits had been planned. Recommendation 2 remains open pending receipt of evidence of evaluation of the Health Services Section’s performance in accordance with the success criteria indicated in its work plan.

Management of medical inventory needed to be improved

27. The Medical Support Manual requires UNMISS to hold adequate medical supplies and consumables and establish a medical logistics support framework to ensure efficient procurement, transportation, distribution, storage and accounting of medical supplies. The Health Services Section had designated 34 vital and essential drugs that need to be available in sufficient quantities in clinics at all times for use in times of emergency.

28. A review of the purchase orders and procurement processes including local purchase of drugs, physical verification of quantities of vital and essential drugs or their alternates in the main medical warehouse and UNMISS pharmacy showed that the Health Services Section had sufficient vital and essential drugs or their alternates in stock at the time of the audit and adequate mechanisms and action plans to avoid any possible stock outs. The Section was using MedGate, Umoja and Quarterly Dispensed Medications Reports to manage its stock. These tools enabled the Section to determine when to initiate replenishment of supplies. A review of inventory stock reports showed that the Section promptly notified the Procurement Section to initiate the replenishment of stocks as and when necessary. UNMISS used Procurement Division systems contract or locally established contracts to replenish medical supplies.

29. However, OIOS physical verification of 14 out of 274 other drug items at the integrated warehouse in Juba indicated one drug had no variance between the physical count and balances recorded in Umoja while six drugs had variances, as shown in the table.

Variances between physical count and Umoja

<i>Material description (number)</i>	<i>Balance in Umoja</i>	<i>Balance per physical count</i>	<i>Variance</i>
Amoxicillin/Clav Acid Tab,500/125mg,FC(1600001222)	--	378	(378)
Anti-Snake Sera:Inj Polyvalent (1600001235)	--	121	(121)
Artemether/Lumefantrine:Tab,20/120mg (1600001239)	6 297	5 530	767
Bromhexine HCl:OralSol,10mg/5ml (1600001299)	819	1 428	(609)
Terbinafine HCl:Cream,1% (1600001861)	9	2	7
Vitamin C:Tab,500mg (1600001923)	15	5	10

30. Also, 7 of the 14 sampled items identified on the shelf could not be traced in Umoja as the corresponding product descriptions of these items had not been captured in Umoja.

31. UNMISS routinely conducted monthly physical verifications to confirm the available balances of items in stock for monthly reporting purposes. However, reconciliations had been delayed until the stabilization of Umoja extension for asset management.

32. The inventory information in the Umoja stock module was inaccurate because of problems in the transfer of data from Galileo to Umoja in September 2017. UNMISS indicated that Umoja was in the stabilization period, with multiple challenges from the roll-over still being resolved by the Umoja team at United Nations Headquarters. UNMISS sent a fax on this issue on 25 January 2018 to the Logistics Support Division of the Department of Field Support (DFS) listing all challenges the Mission was facing and requesting further guidance. Examples of the irregularities identified by the Mission included: some stock items did not transfer into Umoja while others were merged under one product number; and some purchase orders with “goods-in-transit” status in Galileo did not migrate to Umoja. The Logistics Support Division of DFS, in its response to UNMISS on 31 January 2018, acknowledged the challenges related to the accuracy and completeness of inventory records. To address the challenges, the Material Master was being reviewed to align the serialization profiles to the operational requirement, the Umoja Office was in the process of identifying end-to-end solution for physical verification of assets and a series of initiatives were being planned to deliver refresher training sessions in missions.

33. The above diminished the integrity of the Umoja stock module and increased the risk of loss of medical and other warehouse stocks.

(3) UNMISS should clean up the records that were incorrectly migrated to Umoja.

UNMISS accepted recommendation 3 and stated that it was working closely with the United Nations Headquarters Umoja Team after their visit to the Mission from 6 to 10 May 2018 to ensure that all inventory records were cleaned up. Recommendation 3 remains open pending receipt of evidence that UNMISS has cleaned up the records that were incorrectly migrated to Umoja.

Management of blood products was adequate

34. The Department of Peacekeeping Operations (DPKO) medical guideline on the use of blood and blood products in peacekeeping missions requires the CMO to establish a reliable supply of blood and coordinate its distribution, transport, storage and disposal within the Mission. The UNMISS medical support plan requires that all the blood units received in the Mission be stored in blood banks located at the Level II hospitals as blood transfusions are done at these facilities.

35. From the period January to October 2017, 469 units of blood were received and distributed to six United Nations-owned medical facilities. The blood supplies for the Wau and Juba Level II hospitals were kept at the UNMISS Level I clinics which were located close to the Level II contingent-owned hospitals. UNMISS explained that the blood supply was stored in its Level I clinics for better control and monitoring of usage. However, procedures were in place to minimize the risk that blood supply may not be readily available at contingent Level II medical facilities when needed, including during emergencies.

36. OIOS concluded that UNMISS had established adequate controls and safeguards to ensure continued supply, availability and storage of blood.

The Mission was taking action to enhance provision of medical care

37. The Medical Support Manual requires Level I and Level II medical facilities to be sufficiently equipped for Level I to serve as primary care facilities providing immediate life-saving and resuscitation capabilities along with routine clinical care and for Level II hospitals to provide second line health and surgical care such as in-patient treatment, surgery and extensive diagnostic services.

38. UNMISS medical facilities were spread across the 10 state capitals of the country and five contingent-owned Level II over the Mission area. OIOS review and analysis of the staffing table of the

Health Services Section, medical staff aid reports and inspection of 11 of the 32 Level I (United Nations-owned and contingent-owned) medical facilities and four of the five contingent-owned Level II hospitals showed that:

- While some Level I clients had a patient to doctor ratio of 78, and up to 226 in others, UNMISS ensured that medical staff were reassigned to assist when required. The audit also identified that the Health Services Section was coordinating with the Force Medical Office to use and optimize the services of the doctors from contingent-owned medical facilities;
- The Health Services Section smoothly conducted 54 out-of-mission medical evacuations to Level III and Level IV providers;
- Requisite and adequate medical equipment were available for use, except for the following, which the Health Services Section had started to address:
 - (a) Available ambulances were not equipped to be driven on unsurfaced roads and therefore there were challenges in this area for medical facilities outside of Juba, rendering them less effective during the rainy season. To address this, UNMISS obtained approval on 23 February 2018 to purchase two heavy-duty 4x4 ambulances for Malakal and Bentiu;
 - (b) At the Bentiu Level I clinic, there were only two beds in the general ward to cater to about 160 civilians and there were no beds in the isolation room and the Intensive Care Unit. There was no toilet for use by clinic patients and insufficient storage space for medicines and consumables, with medicines stored in the reception area of the clinic. The Health Services Section stated that the expansion of the clinic was deferred until the movement of the Level II clinic into its new location. The construction of a Level II clinic was ongoing. After its completion, the Level I clinic would be moved to a larger space next to the Level II clinic; and
 - (c) The ambulance at the UNMISS Level I clinic in Malakal lacked life-saving support equipment such as advanced first aid, resuscitation and stabilization. The Health Services Section indicated that an acquisition order had been placed to purchase an ambulance with necessary equipment for the Level I clinic.

39. Based on the actions being taken by UNMISS, OIOS is not making a recommendation.

Pre-deployment medical examinations for uniformed personnel

40. It is the responsibility of Member States to deploy physically, mentally and emotionally fit personnel for United Nations peacekeeping operations, and to bear costs incurred by the United Nations with respect to uniformed personnel that are repatriated due to medical conditions that were pre-existing at the time of their deployment.

41. From July 2014 to June 2017, 112 military and police personnel were repatriated from the Mission on medical grounds for which 41 had pre-existing medical conditions such as recurrent seizures, hypertension, pulmonary tuberculosis, and Hepatitis B with pancreatitis. This resulted in additional costs to the Mission for the treatment and repatriation of the patients to their home countries. The Health Services Section estimated the repatriation cost of the 41 troops at about \$896,000. However, no action was taken by UNMISS to initiate recovery because the Mission did not deem this as part of its responsibility but that of DFS. Thus, on 13 June 2017, the Director of Mission Support requested the Under-Secretary-General for Field Support's intervention on the alarming number of repatriation cases of deployed troops in

UNMISS. In response, DFS explained that the 41 troops repatriated with pre-existing conditions were insignificant compared to the total number of troops that were medically cleared.

42. The above was caused by inadequate pre-deployment medical screening by some TCCs, which could impact the operational effectiveness and efficiency of contingents and pose health risks to other Mission personnel.

43. The adequacy of pre-deployment medical screening has been raised by OIOS in previous audit reports. Headquarter departments (DFS and the Department of Management) maintain statistics to monitor contingent's health at point of deployment and continue to emphasize to Member States the requirement of strict medical screening at the pre-deployment stage. In addition, DFS recommended that the CMO/FMO review the MS2 form of peacekeepers on arrival at the Mission to enable them to identify troops with pre-existing conditions and repatriate them to their countries at the expense of the respective TCC, and stated that this would be supported by Headquarters. The UNMISS Health Services Section had reminded all contingent-owned clinics of their responsibility in this regard. Based on the action being taken, OIOS is not making a recommendation at this time.

B. Medical waste disposal

Medical waste was adequately disposed

44. The Medical Support Manual requires UNMISS to dispose medical waste by incineration, sterilization, microwave and electro-thermal deactivation to prevent immediate or future danger to personnel or the local population.

45. UNMISS was properly segregating and disposing of its medical waste at its 11 Level I clinics and 4 Level II medical facilities by incineration at the Property Disposal Unit in Juba or the nearest United Nations Level II facility with an incinerator. The United Nations Level I clinic in Bentiu sends its medical waste to Entity A for disposal due to the unavailability of United Nations-provided incinerators in that location. However, there was no formal agreement between UNMISS and Entity A, which had not been providing UNMISS with any documentation to certify that medical waste was disposed in accordance with the United Nations environmental standards. Consequently, UNMISS could not confirm that its Bentiu medical waste was appropriately disposed. Based on the audit observation, UNMISS took action, and OIOS confirmed that medical waste from its clinic in Bentiu was being disposed of at the incinerator of a contingent-owned Level II hospital. Based on the action taken, OIOS is not making a recommendation.

C. Medical reporting

The Mission had taken action to ensure compliance with medical reporting requirements

46. The Medical Support Manual requires UNMISS to prepare and submit to Medical Support Section (MSS) at United Nations Headquarters various casualty and medical reports.

47. Notification of Casualty reports (NOTICAS) were submitted to the DPKO situation centre, DFS MSS and Medical Services Division within 24 hours of the occurrence of death, injuries or serious illness. However, for the audit period, UNMISS did not compile and submit the required monthly and quarterly medical staff aid reports to MSS. Subsequent to the audit, UNMISS took action to submit the required reports to keep the United Nations Headquarters informed of the medical services delivered by UNMISS. Based on the action taken by UNMISS, OIOS is not making a recommendation.

IV. ACKNOWLEDGEMENT

48. 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) Eleanor T. Burns
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Office of Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

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

Rec. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNMISS should expedite the revision of the Medical Support Plan and implement procedures for annual reviews of the plan to reflect changes in the Mission's operating environment, and mandated requirements.	Important	O	Receipt of a copy of the revised MSP and evidence of procedures implemented for its annual review to reflect changes in the Mission's operating environment.	31 July 2018
2	UNMISS should take action to ensure that success criteria in the Health Services Section's work plan are evaluated and reported on and appropriate corrective measures are taken.	Important	O	Receipt of evidence of evaluation of the Health Services Section's performance in accordance with the success criteria indicated in its work plan.	31 December 2018
3	UNMISS should clean up the records that were incorrectly migrated to Umoja.	Important	O	Receipt of evidence that UNMISS has cleaned up the records that were incorrectly migrated to Umoja.	31 March 2019

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 UNMISS in response to recommendations.

APPENDIX I

Management Response

Management Response

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

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNMISS should expedite the revision of the Medical Support Plan and implement procedures for annual reviews of the plan to reflect changes in the Mission's operating environment, and mandated requirements.	Important	Yes	Chief, Health Services Section	31 July 2018	UNMISS Medical Support Plan (MSP) was revised by Medical Section and submitted to the approval of the Director of Mission Support. The revision took new developments in the operating environment such as: (a) upgrading of level I clinic to level I plus, (b) upgrading of level II to level II plus, (c) establishment of level II in Bentiu (para F), (d) increment of TCC level I clinics across the mission, (e) TCC forward medical team, (f) Formed Police Unit level clinics, (g) establishment of laboratory facilities in UNOE clinics.
2	UNMISS should take action to ensure that success criteria in the Health Services Section's work plan are evaluated and reported on and appropriate corrective measures are taken.	Important	Yes	Chief, Health Services Section	31 December 2018	Implementation in progress Health Services Section work plan for 2018-19 is being reviewed to evaluate success criteria and will be submitted to Chief of Service Delivery for approval. Regular field visits have been planned by Chief Medical Officer, Medical Officer, Biomedical Technician, and Pharmacy Officer.

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 medical services in the United Nations Mission in the Republic of South Sudan

						Due to non-renewal of regional contract with level III, assessment visits to the hospitals in Uganda were not conducted. However, Medical Section will conduct regular visit to level III hospitals soon after renewal of regional contract. In addition, complain/suggestion box have been placed in all level UNOE level I clinics. Online survey was broadcasted (Attachement#2)
3	UNMISS should clean up the records that were incorrectly migrated to Umoja.	Important	Yes	Chief, Health Services Section	31 March 2019	<p>Implementation in progress</p> <p>UNHQ Umoja Team visited UNMISS from 06 to 10 May 2018 for inventory cleanup project. This is system-wide Umoja issue not UNMISS specific. UNHQ is working closely in this regards with UNMISS and the mission will continue following up with the Umoja Team in HQ to ensure that all records are cleaned.</p>