



## **INTERNAL AUDIT DIVISION**

### **REPORT 2022/037**

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

**There was a need to strengthen inventory practices, update the medical support plan, conduct periodic testing of the mass casualty response plans, and document assessments of medical facilities**

**10 August 2022  
Assignment No. AP2021-633-03**

# **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 effectiveness and efficiency of the provision of medical services in UNMISS. The audit covered the period from January 2020 to December 2021 and included a review of medical support arrangements, inventory and waste management, repatriations and emergency medical capabilities, cost-recovery and performance monitoring of medical facilities.

In response to the outbreak of the COVID-19 pandemic, UNMISS established a Crisis Response Committee, implemented business continuity measures, communicated safety protocols and preventive measures, and launched and implemented a vaccination programme. However, UNMISS had not conducted a comprehensive analysis of medical facilities and updated its medical support plan to ensure adequate resources and support arrangements, and improved utilization of facilities.

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

- Assess its medical facilities and level of provision of medical care, and update the medical support plan to reflect current requirements and guide planning and budgeting for medical support arrangements;
- Resume the implementation of HIV-related mandated tasks, including external outreach programmatic activities, and implement additional responsibilities related to infectious diseases and public health;
- Strengthen internal controls over the issuance of inventory from the medical warehouse;
- Expedite the installation of incinerators in all field office locations to ensure appropriate disposal of medical waste;
- Prepare comprehensive after-action review reports for all casualty evacuation operations, and strengthen coordination mechanisms between various Mission components involved in casualty evacuations;
- Resume the provision of training in basic and advanced trauma life support to enable medical personnel to effectively manage trauma cases;
- Take steps to conduct periodic testing of mass casualty response plans in all field office locations to ensure readiness to respond to mass casualty situations; and
- Conduct regular assessment visits to all Level III and IV medical facilities and document results of these performance assessments.

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 (HSS) is responsible for coordinating the delivery of medical care and preventative services to Mission personnel comprising 19,101 military and police, and 2,807 civilian staff. Medical services are provided in 47 medical facilities in the Mission's Headquarters in Juba and 9 field office locations. This includes 11 United Nations-owned (2 Level I plus and nine Level I facilities), and 36 contingent-owned (1 Level II plus, 4 Level-II and 31 Level I facilities) clinics.
3. UNMISS also has regional contracts with hospitals in Uganda and Kenya for the provision of Level III and IV medical support, and a letter of assistance arrangement with the Government of Egypt for the provision of medical services. From 1 January 2020 to 31 December 2021, UNMISS provided services to 114,025 outpatients and 2,279 inpatients consisting of Mission and contractor personnel, and staff of United Nations agencies, funds and programmes, and non-governmental organizations.
4. HSS is comprised of seven units, including staff counselling, infectious diseases and public health (IDPH), medical evacuation coordination, pharmacy, biomedical, administration, and clinical, medical case management and nursing services. The Section is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Chief Service Delivery and works in close cooperation with the Force Medical Officer. The Section has 114 authorized posts comprising 11 international and 55 national staff and 48 United Nations volunteers. HSS had an approved budget of \$8.4 million and \$8.0 million for 2021/22 and 2020/21 respectively. Actual expenditure for 2020/21 was \$9.2 million.

## **II. AUDIT OBJECTIVE, SCOPE, AND METHODOLOGY**

5. The objective of the audit was to assess the effectiveness and efficiency of the provision of medical services in UNMISS.
6. This audit was included in the 2021 risk-based work plan of OIOS due to the criticality of adequate medical services for staff working in difficult and remote locations.
7. OIOS conducted this audit from December 2021 to April 2022. The audit covered the period from January 2020 to December 2021. Based on an activity-level risk assessment, the audit covered high and medium risks areas in the provision of medical services, which included: medical support arrangements; medical inventory and waste management; medical repatriations and emergency medical capabilities; medical cost-recovery; and performance monitoring of medical facilities.
8. The audit methodology included: (a) interviews with key personnel; (b) review of relevant documentation; (c) analytical review of data; (d) review of contractual arrangements between UNMISS and third-party medical service providers; (e) site visits to medical facilities at the Mission's headquarters in Juba and field office locations in Bentiu, Bor, Malakal and Wau; and (f) sample testing of 93 of 332 manual request forms for medical supplies and consumables.

9. OIOS conducted detailed reviews of documentation related to minutes of townhall meetings by the Special Representative of the Secretary-General (SRSG); quarterly contingent-owned equipment inspection reports; hospital evaluation performance reports; reservations and transfer orders; mass casualty incident plans and after-action review reports; and medical evacuation and repatriation records.

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

### **III. AUDIT RESULTS**

#### **A. Medical support arrangements**

##### Need to regularly update the medical support plan

11. Medical support should be determined based on the operational requirements of the Mission and ensure provision of United Nations medical standard of care to all personnel. Operational requirements should be determined based on the Mission's concept of operations, an assessment of its area of operations, prevailing health threats, available medical facilities, and operational efficiency.

12. UNMISS developed and approved its medical support plan in October 2013 and initiated its revision in December 2016, but it had not been finalized or updated since then to ensure provision of adequate and efficient medical facilities, resources, and services. The following issues were noted:

##### (a) Inadequate medical facilities and structures

13. Three of the six United Nations-owned medical facilities visited did not meet required specifications for the provision of standard medical care. For example, the medical facility in Bor did not have a patient waiting area for consultations. Instead, patients had to wait outside under a tree for shade, with only one chair available. Also, this facility did not have a separate COVID-19 testing centre to mitigate the risk of transmission. In Bentiu, there was inadequate space to ensure privacy during consultations, and in Topping, unlike the structural arrangement of other medical facilities in the Mission, the doctors' rooms were not located adjacent to the patient ward which could cause delay in providing timely medical care to patients. Patients had to go through other offices to access the doctors' rooms which impeded on patient confidentiality.

14. Further, due to the location of the United Nations-owned Level I medical facility in Aweil, medical and casualty evacuations to the nearest Level II medical facility could not be completed within the prescribed one-hour timeline. Nevertheless, this facility had not been equipped to handle medical emergencies such as surgical procedures.

15. The ambulances in Aweil, Bor and Topping compound in Juba were unsuitable to maneuver in rough terrains which could hinder timely medical response to patients with emergency needs. There were no canopy structures to protect ambulances from extreme heat, and as a result, standard medical supplies, consumables, and equipment, that are typically maintained in ambulances, had to be stored elsewhere. This slowed the response time to medical emergencies. Also, in Aweil and Bentiu, due to the lack of utility vehicles, two of the four ambulances were converted to utility vehicles and used for other operational activities such as collecting medical supplies from the airport and visiting contingent-owned medical facilities for inspections.

(b) Inadequate medical personnel in the Health Services Section

16. The Staff Counselling Unit did not have a permanent presence in 6 of 10 Mission locations and there were only six authorized staff counsellor posts, of which one was vacant, to serve over 2,807 civilian staff<sup>1</sup>. As a result, staff counsellors had to work long hours and over weekends and sometimes had to delay their rest and recuperation breaks by 4 to 10 weeks over and above the required six-week cycle. This posed a high risk to the health of the staff counsellors.

17. The IDPH Unit implementing the HIV programme did not have staff presence in field office locations such as Yambio and Bor, limiting the Mission's ability to provide support to affected staff in these locations. Of the 11 authorized posts, one was vacant, and the Chief of the Unit had been absent since February 2021. This impacted coordination with relevant Mission components and external parties, and implementation of operational activities such as conducting health promotions and awareness raising campaigns.

18. In addition, due to the lack of ambulance drivers in Bentiu, Rumbek and Wau, medical personnel had to drive ambulances, taking them away from their core duties.

19. UNMISS had not conducted a comprehensive analysis of its medical facilities and updated the medical support plan to ensure adequate resources and support arrangements and improved utilization of facilities. Since the Mission's medical support plan was updated in December 2016, there has been a 40 per cent increase in troop strength, 60 per cent increase in civilian staff, and the number of contingent-owned Level I medical facilities increased by 71 per cent. However, except for the Level 1 Plus clinics in Juba and Yambio, none of the remaining nine United Nations-owned medical facilities in field office locations had been upgraded or assessed for operational efficiency. The plan also needed to be updated to identify and respond to threats from infectious diseases such as COVID-19.

**(1) UNMISS should assess its medical facilities and level of provision of medical care and update the medical support plan to reflect current requirements, and guide planning and budgeting for more effective and efficient medical support arrangements.**

*UNMISS accepted recommendation 1 and stated that the Mission revised its Medical Support Plan when changes occurred in the mandate and in the operating environment. It further indicated that physical assessments of medical facilities were affected by the COVID-19 outbreak when movements were restricted. However, the Mission ensured more commitment to fulfilling the requirement for quarterly reporting of incidence of medical conditions to the Division of Healthcare Management and Occupational Safety and Health to compensate for the lack of physical inspections.*

UNMISS response to the COVID-19 pandemic was adequate

20. Following the declaration of the COVID-19 pandemic in March 2020, UNMISS established a Crisis Response Committee, headed by the SRSG, which met frequently to manage and respond to the outbreak. The Mission regularly communicated safety protocols, preventive measures and guidance related to quarantine, isolation and testing, and adequately managed personnel diagnosed with COVID-19. The Mission's risk register was updated to incorporate related risks and associated mitigating measures to ensure continued implementation of its mandate. UNMISS implemented adequate continuity measures including telecommuting, alternate working arrangements, and staff rotations, and maintained adequate stocks of fuel, rations, and medical supplies. In addition, troop rotations, regular flights and rest and recuperation leave were suspended, and there were tightened restrictions on movement around the Mission's bases. Regular

<sup>1</sup> Troop/police contributing countries provided staff counsellors for their respective personnel

special flights to neighboring countries were organized for the evacuation of non-essential staff and vulnerable Mission personnel.

21. In March 2021, UNMISS established vaccination centres in Juba and the nine field offices, developed a vaccine distribution plan, and provided mandatory vaccination-related training to medical personnel. There was also a dedicated portal to manage and track the roll out of the vaccination programme and as of December 2021, 15,646 personnel had been fully vaccinated, representing about 71 per cent of total Mission personnel. However, there was a drop in booster vaccination rates as only 870 (6 per cent) of the 14,776 eligible personnel had taken the shot by March 2022. This resulted in the disposal of about 75 per cent of booster doses delivered to the Mission.

22. Medical personnel attributed the low booster vaccination rate to hesitancy and misinformation about the efficacy of the booster vaccines. As the Mission was taking action to promote the benefits of vaccinations through email broadcasts and townhalls, OIOS does not make a recommendation in this regard.

#### Need to provide guidance on the responsibilities of the Infectious Diseases and Public Health Unit

23. In accordance with directives<sup>2</sup> from the Department of Operational Support (DOS), in July 2021 UNMISS integrated the HIV Unit into HSS to ensure economies of scale, efficiency of resources and synergies between existing medical expertise. The newly created IDPH Unit in HSS is tasked with implementing additional responsibilities related to health promotion, public health and prevention of non-HIV infectious diseases, in addition to previously mandated HIV-related programmes and activities.

24. While the Unit raised awareness on infectious diseases, trained peer educators, health promoters, and post-exposure prophylaxis (PEP) custodians, and provided confidential counselling testing services, other mandated activities of the HIV programme were not implemented. For example, the Unit had not conducted external outreach and assistance to national institutions to raise awareness of the disease and build or strengthen their capacity to effectively respond to HIV-related cases. This was partly due to COVID-19 restrictions and refocused priorities on curbing the spread of the virus. However, despite the gradual easing of related restrictions in the Mission since January 2022, the Unit was yet to resume implementation of the HIV-mandated activities.

25. Other than COVID-19, the IDPH Unit had not implemented additional responsibilities related to the management of infectious diseases, including strengthening of disease tracking and surveillance systems, outbreak investigation, active case finding and contact tracing. While the Mission received guidance from the Division of Healthcare Management and Occupational Safety and Health (DHMOSH) in DOS on the integration and scope of the additional duties, and this was discussed during a CMO conference in January 2022, IDPH Unit staff needed clarification on the practical implementation of these tasks.

**(2) UNMISS should: (a) resume implementation of HIV-related mandated tasks, including external outreach programmatic activities; and (b) develop an action plan on the implementation of additional responsibilities related to the management of infectious diseases and public health.**

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<sup>2</sup> With the transfer of the oversight of HIV programme of field missions from the Division of Policy, Evaluation and Training in the Department of Peace Operations to the Division of Healthcare Management and Occupational Safety and Health's Public Health Section in DOS, in late 2019, Missions were required to integrate their HIV Units and accompanying programmes within their medical sections. In November 2020, DOS issued terms of reference with additional responsibilities for the newly formed Unit.

*UNMISS accepted recommendation 2 and stated that it would resume external outreach of programmatic activities in communities which were delayed due to the COVID-19 pandemic. It agreed that there was a need to finalize terms of reference for HIV/AIDS units (now IDPH Unit) in peacekeeping missions including health promotion and disease prevention aspects; and for the Division of Healthcare Management and Occupational Safety and Health to provide a standard generic training module adapted to mandate. Additionally, UNMISS intended to establish standard operating procedures for the IDPH Unit.*

## **B. Medical inventory and waste management**

### Need to improve inventory management at the Mission's medical warehouse

26. UNMISS developed demand plans for the acquisition of medical supplies, consumables, and equipment and on a quarterly basis, performed an ageing analysis of its inventory. However, UNMISS had inventory levels above its annual demand requirements resulting in a build-up of dead stock<sup>3</sup> in the warehouse. As of 31 December 2021, UNMISS had dead stock valued at \$79,000, representing an increase of 179 per cent from January to December 2021. This included medical supplies and consumables for the treatment of respiratory infections, cardiovascular and gastrointestinal conditions. Moreover, based on consumption trends, 67 per cent (\$736,000) of all the Mission's medical inventory valued at \$1.1 million as of 31 December 2021 was sufficient to cover requirements for more than a year. For instance, based on consumption trends, the Mission had enough face masks to last for more than 10 years, and there was a risk of items expiring without usage, as was the case at the time of the Ebola crisis in 2017.

27. Physical inspection of 33-line items of medical inventory amounting to \$85,000 showed discrepancies between Umoja inventory records and physical stocks for 8-line items. These included items such as mefloquine, atropine sulphate, pregnancy test kits and cannula. The discrepancies occurred because warehouse staff physically issued medical supplies and consumables prior to completing the required approval process in Umoja. OIOS also identified items valued at about \$2,200 that had been stored at the warehouse for over three years but were not recorded in Umoja and had expired without being used. These items were transferred from other Missions, and included gauzes, plaster of Paris, transport tubes for viral samples and bed linen.

28. In addition, there was inadequate segregation of duties as warehouse staff had been inappropriately granted inventory user roles allowing them to approve reservations in Umoja (issuances from the warehouse). This was done to avoid delays in issuing stock due to a lack of trained staff in HSS. During the audit period, warehouse staff approved 1,297 reservations totaling \$4 million. In addition, there were weak controls over the issuance of items from warehouses as documentation on cargo movement requests, gate passes and acknowledgment by recipients were not always maintained. These practices increased the risk of inventory loss and poor recordkeeping.

29. In two previous audits (report nos. 2021/059 dated 8 December 2021 and 2021/068 dated 17 December 2021), OIOS raised recommendations related to updating inventory records in Umoja, training of staff on the stock reservation approval process, segregation of duties and management of excessive inventory stocks. As these recommendations were still under implementation (annex II), OIOS does not make any additional recommendation in this report.

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<sup>3</sup> Dead stock is defined as any item for which no transaction has occurred for a year or longer



- (3) UNMISS should strengthen internal controls at the medical warehouse by ensuring acknowledgment of receipt of medical supplies and consumables by medical personnel in field office locations.**

*UNMISS accepted recommendation 3 and stated that the Health Services Section, in coordination with the Centralized Warehouse Unit would make efforts to strengthen internal controls over the inventory management of medical supplies to ensure that medical personnel in field office locations acknowledge receipt of medical supplies and consumables.*

Need for installation of incinerators in all field office locations

30. To avoid exposure of Mission personnel and the local population to infectious agents and toxic substances, hazardous medical waste must be appropriately disposed of by incineration. OIOS field visits to 27 of the 47 medical facilities showed that medical waste was appropriately segregated in color coded bins and sent for disposal by incineration to Level II medical facilities or the Property Disposal Unit yard in the Tomping compound in Juba.

31. Due to inadequate disposal capacities at the facilities in Juba and Wau, medical waste in Aweil had not been disposed of for over a year and was instead stored in sea containers. While the Mission had purchased six incinerators in November 2020 to be installed in five office locations (Aweil, Kuajok, Rumbek, Torit, and Yambio), due to other priority projects, the required engineering work had not been completed for installation.

- (4) UNMISS should expedite the installation of incinerators in its field office locations to ensure appropriate disposal of medical waste.**

*UNMISS accepted recommendation 4 and stated that incinerators have been transported to their respective field office locations and were pending installation by the Engineering Section.*

### **C. Medical repatriations and emergency medical capabilities**

Need for contingent units' compliance with pre-deployment requirements of their Memorandums of Understanding

32. Memorandums of Understanding (MoUs) signed with the United Nations require Troop/Police Contributing Countries (T/PCCs) require that their respective personnel meet the standards established by the United Nations for service with peacekeeping operations. The Medical Support Manual requires medical facilities to provide standard medical care to all Mission personnel.

33. Personnel provided by T/PCCs did not always meet language requirements and medical care could not be provided in three contingent-owned Level I clinics in Bentiu and Bor and the Level II clinic in Wau because medical personnel were not proficient in English which was needed to communicate with patients in these locations. Medical drugs were also not labelled in English as required by the World Health Organization standards. While these facilities had interpreters, UNMISS staff were not comfortable communicating through the interpreters due to patient medical confidentiality. There was also a risk of misdiagnosis or wrong medical treatment. OIOS noted that the Level II medical facility in Wau had the lowest patient referral with an average utilization of 13 per cent compared to 20 per cent for similar facilities in the Mission.

34. The adequacy of pre-deployment medical screening and language skills has been raised by OIOS in previous audit reports (Report numbers 2018/060 and 2013/113). Therefore, OIOS is not making another recommendation in this report.

Need to prepare comprehensive after-action review reports for casualty evacuations and enhance coordination among key Mission components

35. To ensure timely and responsive medical care in all emergencies, UNMISS is required to establish an effective casualty evacuation system, which entails meeting the 10-1-2 timeline<sup>4</sup>. The UNMISS Medevac Coordination Centre in Juba is responsible for coordinating medical and casualty evacuations and there were aero-medical evacuation teams in 5 of the 10 field office locations. UNMISS had standard operating procedures on medical and casualty evaluations and provided relevant briefings to new Mission personnel, and effective December 2021, military personnel conducted monthly casualty evacuation field training exercises.

36. However, for the five casualty evacuations conducted during the audit period, UNMISS did not meet the optimal 10-1-2 timeline. On average, the Mission took six hours to complete casualty evacuations compared to the target of two hours. This was partly due to delays in obtaining flight safety assurance approvals and landing clearances from relevant host government authorities, especially for operating night flights, which was not within the Mission's control. Nevertheless, such delays could be better managed through effective coordination between relevant parties such as HSS, Aviation Section, Joint Operations Centre and contingent units to ensure timely sharing of relevant information and documentation. For example, a review of the three casualty evacuation timeline reports showed that in two cases, the Joint Operations Centre was contacted more than 30 minutes after the evacuation had already been activated. Also, in one casualty evacuation, the concerned contingent unit delayed in providing relevant information such as accurate grid location of the victim.

37. Additionally, the Mission Support Division did not initiate the preparation of comprehensive after-action reports for casualty evacuations, as required by the Mission's standard operating procedures. This prevented effective implementation of required actions to improve casualty evacuation operations in the Mission.

**(5) UNMISS should: (a) prepare comprehensive after-action review reports for all casualty evacuation operations; and (b) strengthen coordination mechanisms through timely information-sharing between the various Mission components involved in casualty evacuations.**

*UNMISS accepted recommendation 5 and stated that there was an ongoing review of the current SOP on casualty evacuation which is valid until December 2022. The draft review would incorporate the requirement for a comprehensive after-action review report for all casualty evacuation operations and would act to strengthen coordination mechanisms through timely information-sharing among relevant Mission components.*

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<sup>4</sup> The optimal 10-1-2 timeline requires access to skilled first aid within 10 minutes of the point of injury or the onset of symptoms; advanced life support as soon as possible, and no later than 60 minutes; and access to limb- and lifesaving surgery, no later than two hours.

### Need to provide basic and advanced trauma life support training to medical personnel

38. Thorough patient assessment, application of rapid diagnostic tests and early activation of resources are vital to ensure optimal outcomes in patients with severe traumatic injuries. This requires medical personnel with training and certification in core skills of basic and advanced trauma life support. Interviews with all 22 medical doctors in the 11 United Nations-owned medical facilities indicated that for 20 staff, their certificates in basic and advanced trauma life support had expired, and the other two staff had not attended the training since joining the Mission in 2021. This was mainly due to the outbreak of the COVID-19 pandemic. However, with the easing of COVID-19 related restrictions, there was need for UNMISS to resume training to ensure medical personnel are up to date with advances in trauma management and have the required knowledge and skills to effectively manage trauma cases. The Mission did not utilize its allocated budget of \$44,000 to conduct these trainings in 2021/22.

**(6) UNMISS should resume the provision of training in basic and advanced trauma life support to enable medical personnel to effectively manage trauma cases.**

*UNMISS accepted recommendation 6 and stated that the Division of Healthcare Management and Occupational Safety and Health had established mandatory compliance measures to ensure that candidates shortlisted for medical nurses and doctors positions during the recruitment exercise possess valid licenses in basic life support (BLS) and advanced cardiovascular life support (ACLS) as part of its technical clearance. In July 2022, the Mission had established a contract for the provision of the BLS and ACLS training to medical personnel. At the same time, UNMISS, in consultation with other missions had started sending three laboratory technicians for training at the Centres for Disease Control in Kenya.*

### Mass casualty incident plans were in place but needed to be tested

39. UNMISS had mass casualty incident plans for Juba and all field locations, and the plans were up to date with clear delineation of roles and responsibilities to ensure a coordinated and effective response in mass casualty situations. Drills had not been conducted in 7 of the 10 field office locations and UNMISS indicated that drills had been suspended following the outbreak of the pandemic which required limited physical interactions. However, OIOS noted that the last drill in Aweil was conducted in 2016, about three years before the onset of the pandemic. There was need to resume mass casualty drills to ensure the Mission was adequately equipped and ready to respond to a mass casualty incident.

**(7) UNMISS should take steps to conduct periodic testing of its mass casualty response plans in all field office locations to ensure its readiness to effectively respond to mass casualty situations.**

*UNMISS accepted recommendation 7 and stated that HSS would prepare a schedule of the quarterly integrated mock drills to be conducted in each field office location for the rest of the year.*

## **D. Medical cost recovery**

### Procedures for improving cost-recovery from third-party entities were being implemented

40. UNMISS provided medical services, including emergency medical support and evacuation to personnel of United Nations agencies, funds and programmes, international service providers (contractors), and international non-governmental organizations (jointly referred to as “third-party entities”) on a cost-

recovery basis. The United Nations also reimbursed T/PCCs for medical services provided to UNMISS staff, and personnel of third-party entities.

41. The Mission had MoUs with 47 third-party entities that governed cost-recovery for services provided based on agreed upon rates plus a 7 per cent administrative fee. As of 31 December 2021, medical bills totaling \$312,700 had not been recovered, including \$149,172 (48 per cent) that had been outstanding for more than a year, as shown in figure 1.

**Figure 1-Aging of medical receivables from third-party entities as of 31 December 2021**



Source: UNMISS Budget and Finance Section

42. Long outstanding medical bills were caused by billing errors due to poor recordkeeping, lack of reconciliation of medical invoices, and ineffective efforts to collect outstanding amounts. UNMISS took action on this by providing training to billing focal points on the use of EarthMed invoicing functionalities, and designated three staff to review invoices, to reduce billing errors.

43. However, UNMISS did not have a mechanism to recover the cost of medical services provided to Mission personnel at the contingent-owned Level II and II plus medical facilities. During the period January 2020 to December 2021, the Mission incurred a total of \$399,000 for the cost of medical services provided by these facilities to its staff. A previous OIOS advisory engagement on the review of cost recovery of medical services provided by UNMISS to third parties dated 17 June 2021 raised recommendations related to these issues but, they were yet to be implemented by the Mission. As work was in progress to address weaknesses identified in the medical cost-recovery process, no additional recommendation was made in this report.

## **E. Performance monitoring of medical facilities**

### Need to conduct regular performance assessment visits to Level III and IV medical facilities and document the results of the assessments

44. The Contingent-Owned Equipment Unit conducted quarterly inspections of TCC Level I, II and II plus medical facilities. The CMO and Force Medical Officer also conducted semi-annual performance evaluations of the four Level II and one Level II plus TCC medical facilities. All recommendations made for improvement had been implemented.

45. For United Nations-owned Level I and I Plus clinics, the CMO visited each facility once a year and monitored their performance based on daily activity reports. Also, as part of its responsibility for administering patient experience surveys in missions, DHMOSH rolled out quarterly patient feedback surveys to TCC Level II and II plus, and United Nations-owned Level I Plus medical facilities in June 2021. OIOS review of the results of these surveys showed that the performance of the TCC Level II and II plus, and United Nations-owned Level I Plus medical facilities was satisfactory. DHMOSH also developed a

plan to roll out surveys to all Level I medical facilities. OIOS concluded that adequate procedures were in place to assess the performance of medical facilities through patient feedback and experience surveys.

46. UNMISS had a Medical Coordination Cell at the Regional Service Centre in Entebbe which closely monitored the performance of Level III and IV hospitals in Uganda and Kenya through regular follow-up with hospitals on the treatment of patients, and review of clinical records of patients submitted to the CMO. Even though annual assessment was required for Level III and IV hospitals in Uganda and Kenya, the CMO conducted only one assessment visit to the Level III medical facility in Uganda during the period from 1 January 2020 to 31 December 2021, and the results of this visit was not documented.

**(8) UNMISS should conduct regular assessment visits to all Level III and IV medical facilities and document the results of these assessments and any corrective action taken to address performance issues.**

*UNMISS accepted recommendation 8 and stated that the Chief Medical Officer conducted assessment visits to all Level III contracted medical facilities in Kampala, Uganda, and documented results of the performance assessments. Due to operational requirements and under staffing, assessment visits to Level IV medical facilities in Kenya was not possible. However, the Mission relied on the feedback from other missions since the medical facilities were covered by a regional contract shared by all other missions in the region. Nevertheless, the Mission made budgetary provisions for these visits which were included in budget submissions and were approved on a yearly basis.*

#### **IV. ACKNOWLEDGEMENT**

47. 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.

Internal Audit Division  
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 <sup>5</sup> / Important <sup>6</sup>	C/ O <sup>7</sup>	Actions needed to close recommendation	Implementation date <sup>8</sup>
1	UNMISS should assess its medical facilities and level of provision of medical care and update its medical support plan to reflect current requirements and guide planning and budgeting for more effective and efficient medical support arrangements.	Important	O	Receipt of evidence that the Mission has assessed its medical facilities and level of provision of medical care and updated its medical support plan to reflect current medical requirements.	15 July 2023
2	UNMISS should: (a) resume implementation of HIV-related mandated tasks, including external outreach programmatic activities; and (b) develop an action plan on the implementation of additional responsibilities related to the management of infectious diseases and public health.	Important	O	Receipt of evidence that the Mission has resumed implementation of mandated HIV-related tasks, including external outreach programmatic activities, and an action plan for the implementation of additional responsibilities related to the management of IDPH Unit, including the establishment of standard operating procedures for the Unit.	15 July 2023
3	UNMISS should strengthen internal controls at the medical warehouse by ensuring acknowledgment of receipt of medical supplies and consumables by medical personnel in field office locations.	Important	O	Receipt of evidence of action taken by UNMISS to ensure that medical personnel in the field offices acknowledge receipt of medical supplies and consumables.	15 July 2023
4	UNMISS should expedite the installation of incinerators in its field office locations to ensure appropriate disposal of medical wastes.	Important	O	Receipt of evidence of installation of incinerators and appropriate disposal of medical wastes in all field office locations.	15 July 2023
5	UNMISS should: (a) prepare comprehensive after-action review reports for all casualty evacuation operations; and (b) strengthen coordination mechanisms through timely information-sharing between the various Mission components involved in casualty evacuations.	Important	O	Receipt of evidence indicating that comprehensive after-action reports are prepared for all casualty evacuations, and that mechanisms for regular and timely information sharing among relevant Mission components involved in casualty evacuations have been established.	15 July 2023

<sup>5</sup> Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

<sup>6</sup> Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.

<sup>7</sup> Please note the value C denotes closed recommendations whereas O refers to open recommendations.

<sup>8</sup> Date provided by [entity] in response to recommendations. [Insert "Implemented" where recommendation is closed; (implementation date) given by the client.]

## STATUS OF AUDIT RECOMMENDATIONS

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

Rec. no.	Recommendation	Critical <sup>5</sup> / Important <sup>6</sup>	C/ O <sup>7</sup>	Actions needed to close recommendation	Implementation date <sup>8</sup>
6	UNMISS should resume the provision of training in basic and advanced trauma life support to enable medical personnel to effectively manage trauma cases.	Important	O	Receipt of evidence of the resumption of training in basic and advanced trauma life support for medical personnel.	15 July 2023
7	UNMISS should take steps to conduct periodic testing of its mass casualty response plans in all field office locations to ensure its readiness to respond to mass casualty situations effectively.	Important	O	Receipt of evidence of the schedule prepared for the quarterly integrated mock drills, including after-action reports following the periodic testing of mass casualty response plans in all field office locations.	15 July 2023
8	UNMISS should conduct regular assessment visits to all Level III and IV medical facilities and document results of these performance assessments.	Important	O	Receipt of evidence that regular assessment visits are being conducted to all Level III and IV medical facilities and the results and any corrective action are documented.	15 July 2023

## Open recommendations of previous OIOS audit assignments

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

OIOS report no.	Title of audit assignment	Rec. no.	Recommendation	Target implementation date
2021/059	Audit of centralized warehouse management in UNMISS (AP2020-633-07)	3	UNMISS should train responsible technical sections staff on the stock reservations approval process in Umoja.	30 June 2022
2021/059	Audit of centralized warehouse management in UNMISS (AP2020-633-07)	5	UNMISS should implement effective controls, including increased supervisory review, to ensure procedures for the issuance of stock from warehouses are adhered to and proper supporting documentation is in place.	30 June 2022
2021/068	Audit of demand and source planning in UNMISS (AP2020-633-01)	1	UNMISS should take necessary action to: (a) develop accurate demand plans that fully take into consideration inventory holdings and expected changes to operational requirements; and (b) increase its efforts to identify excess inventory and those at risk of becoming obsolete so that they can be declared surplus for use elsewhere.	30 December 2022



# **APPENDIX I**

## **Management Response**

**UNITED NATIONS**

United Nations Mission  
in South Sudan




**NATIONS UNIES**

Mission des Nations Unies  
en Soudan du Sud

Date: 26 July 2022

To: Ms. Fatoumata Ndiaye  
Under-Secretary-General for Internal Oversight  
Services

From: Nicholas Haysom   
Special Representative of the Secretary-General  
United Nations Mission in the Republic of South  
Sudan

Subject: **Management Response to the draft report of an Audit of Medical Services in the United Nations Mission in the Republic of South Sudan (Assignment No. AP2021-633-03)**

1. UNMISS acknowledges receipt of the draft report from OIOS on the Audit of Medical Services dated 12 July 2022.
2. Please find attached the Management Response to the recommendations as indicated in Appendix I.
3. Thank you for your consideration and support.

cc: Mr. Qazi Ullah, UNMISS  
Dr. Iqbal Mohd, UNMISS  
Dr. Risikatu Amusa, UNMISS  
Ms. Elizabeth Gregory, UNMISS

## Management Response

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

Rec. no.	Recommendation	Critical/ <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual(s)	Implementation date	Client comments
1	UNMISS should assess its medical facilities and level of provision of medical care and update its medical support plan to reflect current requirements and guide planning and budgeting for more effective and efficient medical support arrangements.	Important	Yes	CMO - Lead C,SD DMS	15 July 2023	<p>The UNMISS Medical Support Plan is revised based on the mandate changes and other changes in the Mission's operating environment. The annual workplan of the Health Services Section lists the activities, deliverables, and success criteria for the period.</p> <p>Physical assessments of medical facilities were not regular during the COVID-19 outbreak when movements were restricted. However, more commitments were made including the introduction of "incidence of medical conditions in UN health care facilities" by Clinical Governance Section, DHMOSH. These reports on the incidence of medical conditions for UNMISS UNOE clinics, TCC clinics and L2 hospitals. are being submitted on a quarterly basis by the Health Services Section to DHMOSH.</p> <p>Budgetary requirements are planned according to the historical expenditures. The budget allocated for medical services at the field level has been sufficient during the audit period including extra-budgetary provision in response to COVID-19 pandemic for Immediate Operational Requirements (IOR).</p>

<sup>1</sup> Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

<sup>2</sup> Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.

## Management Response

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

Rec. no.	Recommendation	Critical/ <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual(s)	Implementation date	Client comments
2	UNMISS should: (a) resume implementation of HIV-related mandated tasks, including external outreach programmatic activities; and (b) develop an action plan on the implementation of additional responsibilities related to the management of infectious diseases and public health.	Important	Yes	CMO - Lead OIC, IDPHU CHRO C,SD DMS	15 July 2023	<p>UNMISS acknowledges the audit observations. External outreach of programmatic activities in communities were delayed due to COVID-19 pandemic and will now resume.</p> <p>The movement of the HIV/AIDS Unit from the substantive component to the Mission Support Division was initially challenging particularly for HIV/AIDS Unit staff without a transition period and a clear road map.</p> <p>Additional tasks to the former HIV/AIDS Unit in the TOR from DHMOSH is still a proposal and the job codes are not existing in the HR Generic Job Profile. There is a need to act on the policy directives, role and function of HIV/AIDS Units (now IDPHU) in peacekeeping missions to include health promotion and disease prevention aspects. There is also a need for DHMOSH to provide a Standard Generic Training Module (SGTM) adapted to the mandate assigned to HPPID.</p> <p>Efforts will be made by the Mission to establish a Standard Operating Procedure (SOP) for IDPH Unit.</p>
3	UNMISS should strengthen internal controls at the medical warehouse by ensuring acknowledgment of receipt of	Important	Yes	CMO - Lead C, CWU DCMO Head Pharmacist	15 July 2023	<p>UNMISS acknowledges the audit observations. In coordination with the Centralized Warehouse Unit (CWU), efforts will be made to strengthen</p>

## Management Response

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

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual(s)	Implementation date	Client comments
	medical supplies and consumables by medical personnel in field office locations.					internal controls to oversee inventory management of medical supplies to ensure medical acknowledges receipt of medical supplies and consumables by medical personnel in field office locations.
4	UNMMISS should expedite the installation of incinerators in its field office locations to ensure appropriate disposal of medical wastes.	Important	Yes	Chief, Engineering Section	15 July 2023	UNMMISS acknowledges the audit observations. Incinerators have been transported to their respective locations in sectors and are pending installation by the Engineering Section.
5	UNMMISS should: (a) prepare comprehensive after-action review reports for all casualty evacuation operations; and (b) strengthen coordination mechanisms through timely information-sharing between the various Mission components involved in casualty evacuations.	Important	Yes	CMO - Lead DMS C, SD C, JOC C, Aviation Section C, MOVCON	15 July 2023	UNMMISS acknowledges the audit observations. The current SOP for CASEVAC is valid until December 2022. A review is on-going, and all the stakeholders are involved. The draft review will incorporate the requirement for a comprehensive after-action review report for all casualty evacuation operations and means to strengthen coordination mechanisms through timely information-sharing between the various Mission components involved in casualty evacuations.
6	UNMMISS should resume the provision of training in basic and advanced trauma life support to enable medical personnel to effectively manage trauma cases.	Important	Yes	CMO - Lead C, IMTC	15 July 2023	UNMMISS acknowledges the audit observations. Compliance measures are in place which ensure that during the recruitment of International UNV medical personnel nurses and medical doctors, a valid license in BLS & ACLS is a mandatory requirement and part of the technical clearance by

## Management Response

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

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual(s)	Implementation date	Client comments
7	UNMISS should take steps to conduct periodic testing of its mass casualty response plans in all field office locations to ensure its readiness to respond to mass casualty situations effectively.	Important	Yes	CMO - Lead HoFO, CMO, FMO, JOC CoS, CMT (Various Pillars: UNDDS, Fire Unit, Force/TCC, UNPOL/FPU, MSC, Eng., Movcon, UNMASS)	15 July 2023	<p>UNMISS acknowledges the audit observations.</p> <p>The Health Services Section will prepare a schedule of quarterly integrated mock drills in each sector to be performed for the rest of the year and provide documentary evidence accordingly.</p>
						<p>DHMOSH of shortlisted candidates before they can be considered for further assessment processes and selection.</p> <p>The UNMISS contract for BLS &amp; ACLS for the period 2016 – 2018 has expired. Procurement efforts to have a contract in place has failed for the last 3 years including re-bidding in FY 2021/2022. Nevertheless, the last bidding process was successful, and a contract was awarded.</p> <p>UNMISS also initiated a similar program for Medical Laboratory Practices and Management for the last three years, but the procurement processes were not successful. In consultation with other missions, UNMISS started sending 3 Lab Technicians to CDC, Kenya for training in July 2022.</p>

## Management Response

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

Rec. no.	Recommendation	Critical <sup>1/</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual(s)	Implementation date	Client comments
8	UNMISS should conduct regular assessment visits to all Level III and IV medical facilities and document results of these performance assessments.	Important	Yes	CMO	15 July 2023	<p>UNMISS acknowledges the audit observations.</p> <p>The CMO conducted regular assessment visits to all Level III contracted medical facilities in Kampala, Uganda in December 2021, and documented results of their performance assessments, including recommendation of expression of interest by the Case Medical Center Hospital Specialists to extend OPD services to UNMISS personnel and dependents.</p> <p>Due to operational requirements and under staffing, assessment visits to Kenya was not possible. However, UNMISS relied on the feedback from other missions since Level-4 Hospitals in Kenya is covered by a regional contract shared by all other missions in the region.</p> <p>Budgetary provision for these visits are always included and approved yearly.</p>