



INTERNAL AUDIT DIVISION

REPORT 2015/066

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Overall results relating to the effective management of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo were initially assessed as partially satisfactory. Implementation of three important recommendations remains in progress

FINAL OVERALL RATING: PARTIALLY SATISFACTORY

26 June 2015
Assignment No. AP2014/620/12

CONTENTS

	<i>Page</i>
I. BACKGROUND	1
II. OBJECTIVE AND SCOPE	1-2
III. AUDIT RESULTS	2-5
Regulatory framework	2-5
IV. ACKNOWLEDGEMENT	5
ANNEX I Status of audit recommendations	
APPENDIX I Management response	

AUDIT REPORT

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO).
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. Medical services in MONUSCO were provided at United Nations-owned and contingent-owned medical clinics and hospitals. Medical facilities in MONUSCO included: 16 United Nations-owned level one clinics, 52 contingent-owned level one clinics, three contingent-owned level two hospitals, one contingent-owned level three hospital and five aero-medical evacuation teams. MONUSCO also had a level one-plus clinic at the Entebbe Logistics Base in Uganda, and had access to a level four military hospital in Pretoria, South Africa for uniformed personnel.
4. The MONUSCO Medical Section was headed by a Chief Medical Officer at the P-5 level, who was assisted by 10 professional officers, 5 field service and 55 national staff, and 28 United Nations volunteers. Three staff were based in South Africa to assist medical evacuees and nine at the Entebbe Logistics Base. The Chief Medical Officer was also supported by the Force Medical Officer in the planning, reporting and inspection of contingent-owned medical facilities.
5. The budgets for United Nations-owned medical facilities for fiscal years 2012/13 and 2013/14 were \$8.9 million and \$8.7 million, respectively. The budgets for contingent-owned medical facilities for fiscal years 2012/13 and 2013/14 were \$13.1 million and \$14.9 million, respectively.
6. Comments provided by MONUSCO are incorporated in italics.

II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of MONUSCO governance, risk management and control processes in providing reasonable assurance regarding the **effective management of medical services in MONUSCO**.
8. The audit was included in the 2014 risk based audit plan of OIOS because of the risks related to the provision of medical services to staff and uniformed personnel.
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: (i) exist to guide MONUSCO medical services; (ii) are implemented consistently; and (iii) 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 September to December 2014. The audit covered the period from July 2013 to August 2014.
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 MONUSCO governance, risk management and control processes examined were initially assessed as **partially satisfactory**¹ in providing reasonable assurance regarding the **effective management of medical services in MONUSCO**. OIOS made three recommendations to address the issues identified. MONUSCO had: assessed and properly approved requirements for medical evacuations; and assessed the capabilities of contingent-owned medical facilities and monitored their performance. However, MONUSCO needed to: (a) prepare a comprehensive medical support plan based on a needs assessment and allocate resources to meet the medical needs of its staff; (b) implement adequate procedures to ensure timely acquisition of medicines and medical supplies; and (c) record and report accurate medical statistics for all contingent-owned medical facilities.

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

Table 1: Assessment of key control

Business objective	Key control	Control objectives			
		Efficient and effective operations	Accurate financial and operational reporting	Safeguarding of assets	Compliance with mandates, regulations and rules
Effective management of medical services in MONUSCO	Regulatory framework	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory

Regulatory framework

There was a need for adequate medical support planning

15. The Department of Field Support (DFS) Medical Support Manual for Peacekeeping Operations required MONUSCO to develop medical support plans based on its needs, major health threats including endemic diseases, occupational hazards, psycho-social stress factors, environmental risks, and civilian and military/police personnel.

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.

16. In 2014, MONUSCO prepared a draft medical support plan for Kinshasa mainly pertaining to the closure of clinics as part of the Mission's transfer to the east. However, MONUSCO had not taken into consideration the medical requirements for operations that were expected to remain in the west. Also, MONUSCO did not prepare a medical support plan for other locations including the eastern part of the country where the Mission had transferred most of its operations. As a result, the Mission lacked adequate facilities to meet the medical support needs of its staff. For example, in Kinshasa which became a family duty station in July 2014, staff members used private medical facilities that had not been vetted by the Mission.

17. The above resulted as key positions of the Medical Section had been vacant during most of the audit period and the Mission had not considered developing a comprehensive medical support plan as a priority during the period of reconfiguration because the actual number of staff for each location was difficult to determine. The vacancies included the position of the Chief Medical Officer at the P-5 level that was vacant from December 2013 to January 2015, and the position of the Deputy Chief Medical Officer at the P-4 level that has been vacant since March 2014, and was still vacant at the end of the audit. Subsequently, in January 2015, the Mission recruited a Chief Medical Officer.

(1) MONUSCO should prepare a comprehensive medical support plan based on a needs assessment and allocate adequate resources to meet the medical needs of its staff.

MONUSCO accepted recommendation 1 and stated that it was in the process of developing a comprehensive medical support plan based on the needs assessment of the Mission. The delay was due to the Mission's move from west to east of the country. Recommendation 1 remains open pending receipt of a copy of the medical support plan and evidence of its implementation.

The Mission had adequately assessed and properly approved the requirements for medical evacuations

18. The DFS Medical Support Manual for Peacekeeping Operations required medical evacuations of internationally recruited staff and military personnel to be approved by the Medical Services Division in New York or by the MONUSCO Chief Medical Officer in the case of emergencies. The Manual also required MONUSCO to ensure that medical support services were timely and responsive.

19. A review of 30 of the 479 aero-medical evacuations during the period from January 2013 to June 2014 undertaken within-Mission and to South Africa indicated that the evacuations were approved by the Medical Services Division or the Chief Medical Officer as appropriate. The review also indicated that medical evacuations were made in a timely manner after assessing the medical care required and the capacity of medical facilities in the Mission's areas of operation.

20. OIOS concluded that MONUSCO had implemented adequate controls to ensure medical evacuations were assessed and approved in accordance with the delegation of authority, and undertaken in a timely manner.

The Mission had assessed the capabilities of contingent-owned medical facilities and monitored their performance

21. The Contingent-owned Equipment Manual required MONUSCO to perform operational readiness inspections of contingent-owned medical facilities every six months to verify the capabilities of facilities to implement preventative controls related to hygiene, rodents and vectors of infectious diseases, treatment capacity, availability of medicines and medical supplies, operability of medical equipment, and staffing. MONUSCO medical doctors were responsible for performing these inspections. The Force

Medical Officer in collaboration with the Chief Medical Officer was also required to assess the capabilities of contingent-owned medical facilities and to monitor their performance.

22. A review of inspection schedules, 24 inspection reports, and visits to 8 out of 64 contingent-owned medical facilities indicated that MONUSCO medical doctors conducted the operational readiness inspections of all 8 facilities as required. Furthermore MONUSCO took action to address the issues identified such as requesting for defective equipment to be replaced, and undertaking follow-up visits where necessary. The Medical Section also regularly monitored the performance of contingent-owned medical facilities through weekly visits and reports.

23. OIOS concluded that MONUSCO had implemented adequate controls over operational readiness inspections of contingent-owned medical facilities.

There was insufficient stock of medicines and medical supplies

24. The DFS Medical Support Manual for Peacekeeping Operations required MONUSCO to hold adequate medical supplies and consumables. The checklist contained in the Manual and used by the Mission to assess its requirements for medical supplies required MONUSCO to maintain sufficient stocks for 60 days. The United Nations Procurement Manual also required MONUSCO to prepare acquisition plans to facilitate efficient and timely procurement of goods and services.

25. A review of the stock of medicines and medical supplies in warehouses in Kinshasa and Goma and the level-one clinics in Entebbe, Bunia, Goma, Bukavu, Kisangani and Kalemie indicated that the Mission did not maintain the required levels of medicines and medical supplies. As of September 2014 the value of drugs, vaccines and other medical supplies in the warehouses totaled approximately \$60,000, which was equivalent to only 15 days of supplies.

26. The above resulted as MONUSCO had not implemented adequate procedures to ensure timely acquisition of medicines and medical supplies. For example, the Procurement Section stated that delays in procuring medical supplies sometimes resulted as the items in requisitions prepared by the Medical Section did not always match the items in the vendor's catalogue.

27. The lack of adequate stock of medicines and medical supplies meant that medical facilities did not consistently have sufficient medicines to treat staff for common diseases such as malaria, or to provide booster vaccinations.

(2) MONUSCO should implement adequate procedures to ensure timely acquisition of medicines and medical supplies.

MONUSCO accepted recommendation 2 and stated that adequate stock management procedures were in place; but delays in the procurement process was caused by the implementation of Umoja. The Medical and Procurement Sections; however, would enhance their coordination to further improve the existing procedures and ensure the timely acquisition of medicines and medical supplies. Recommendation 2 remains open pending receipt of evidence that MONUSCO has put in place adequate procedures to ensure it has sufficient stocks of medicines and supplies.

There was a need for accurate recording and reporting of medical statistics by contingent-owned medical facilities

28. The Medical Guidelines for Peacekeeping Operations required MONUSCO to submit statistics and reports on medical support services including the number and category of staff in receipt of such

services, diagnoses and trends, casualties and medical facilities to the Medical Support Section of DFS. United Nations-owned clinics used the application called the Hospital Management System to record and report the required information. The contingent-owned medical facilities, which were required to submit their statistics to the Medical Section for inclusion in the monthly report, recorded the data manually on standard forms MONUSCO supplied.

29. MONUSCO resumed submitting the required reports and statistics to DFS in January 2014 after having stopped two years earlier because of a lack of supervision. A review of 30 of the 304 reports prepared by United Nations-owned clinics in Kinshasa, Bukavu, Goma, Bunia, Kisangani and Uvira indicated that the clinics had recorded and reported their diagnoses accurately.

30. However, a review of the contingent-owned clinic reports for January to March 2014 indicated that 33 of the 52 clinics had not submitted the required medical statistics to the MONUSCO Medical Section. This resulted as contingents had not been adequately trained and briefed on the requirement. Also, MONUSCO was only following up with 9 of the 33 clinics, as the remaining 24 clinics were not included on the list used by the Medical Section to monitor the reporting process. The list of clinics was incomplete due to a lack of procedures to ensure it was kept up-to-date. A review of available reports prepared by the contingent-owned clinics during January to March 2014 indicated that the clinics were not properly classifying diseases. For instance, 23 per cent of non-infectious diseases and 20 per cent of infectious diseases were classified as other diseases. In contrast, the civilian medical facilities had taken more time in assessing and classified less than 5 per cent of these diseases as others. As a result, MONUSCO statistics and reports on medical services were inaccurate.

31. The above resulted as MONUSCO had not implemented adequate procedures, including training, on reporting by contingent-owned clinics.

(3) MONUSCO should implement adequate procedures and provide additional training to contingents to ensure accurate recording and reporting of medical statistics by contingent-owned medical facilities.

MONUSCO accepted recommendation 3 and stated that the current Hospital Management System would soon be replaced by an improved database, to be established in all medical facilities. Also, MONUSCO conducted training for newly deployed military personnel. Recommendation 3 remains open pending receipt of evidence that adequate training has been provided to contingent medical personnel to enable them to accurately and promptly record and report medical statistics.

IV. ACKNOWLEDGEMENT

32. OIOS wishes to express its appreciation to the Management and staff of MONUSCO for the assistance and cooperation extended to the auditors during this assignment.

(Signed) David Kanja
Assistant Secretary-General for Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Recom. no.	Recommendation	Critical ² / Important ³	C/ O ⁴	Actions needed to close recommendation	Implementation date ⁵
1	MONUSCO should prepare a comprehensive medical support plan based on a needs assessment and allocate adequate resources to meet the medical needs of its staff.	Important	O	Receipt of a copy of the medical support plan and evidence of its implementation.	June 2015
2	MONUSCO should implement adequate procedures to ensure timely acquisition of medicines and medical supplies.	Important	O	Receipt of evidence that MONUSCO has put in place adequate procedures to ensure it has sufficient stocks of medicines and supplies.	September 2015
3	MONUSCO should implement adequate procedures and provide additional training to contingents to ensure accurate recording and reporting of medical statistics by contingent-owned medical facilities.	Important	O	Receipt of evidence that adequate training has been provided to contingent medical personnel to enable them to accurately and promptly record and report medical statistics.	October 2015

² Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

³ Important recommendations address important deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

⁴ C = closed, O = open

⁵ Date provided by MONUSCO in response to recommendations.

APPENDIX I

Management Response



Mission de l'Organisation des Nations Unies
pour la Stabilisation en République
démocratique du Congo

United Nations Organisation Stabilization
Mission in the Democratic Republic of Congo

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CONSOLIDATE PEACE

INTEROFFICE MEMORANDUM

Date: 16 June 2015
Ref.: ODMS/15/OM/02109

To: Ms. Eleanor T. Burns, Director
Internal Audit Division
Office of Internal Oversight Services

From: Guy Siri
Director of Mission Support
MONUSCO

Subject: Management Response to Draft Audit Report - Management of medical services in MONUSCO (Assignment No. AP2014/620/12)

1. Thank you for your interoffice memorandum reference IAD-15-7-5-7(12) dated 5 June 2015, requesting the mission to provide comments on the recommendations in the draft audit report on management of medical services in MONUSCO.
2. Attached please find Appendix I - Management Response, for your consideration. Supporting documents will be provided to the Resident Audit Team.

Best regards.

Cc Mr. Rajesh Chadha, O-i-C, ISS, MONUSCO
Dr. Moustafa Aly, Chief Medical Officer, MONUSCO
Mr. Bolton Tarleh Nyema, Chief, Peacekeeping Audit Service, Internal Audit Division, OIOS
Ms. Jacoba Genis, Audit Focal Point, MONUSCO
Ms. Cynthia Avena-Castillo, Professional Practices Section, Internal Audit Division, OIOS
Mr. George Musiska, O-i-C, OIOS Resident Audit Office in MONUSCO

Attachment: Appendix I - Management Response

Peace it!

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Management Response

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Rec. no.	Recommendation	Critical ⁶ / Important ⁷	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	MONUSCO should prepare a comprehensive medical support plan based on a needs assessment and allocate adequate resources to meet the medical needs of its staff.	Important	Accepted	Chief Medical Officer	June 2015	MONUSCO is in the process of developing a comprehensive medical support plan based on the needs assessment of the mission. The delay was occasioned by the movement from West to East. Supporting document has been provided to the Audit Team.
2	MONUSCO should implement adequate procedures to ensure timely acquisition of medicines and medical supplies.	Important	Accepted	Chief Medical Officer/Chief Procurement Officer	September 2015	MONUSCO Medical Section has proper stock management procedures in place and keeps a strategic reserve of supplies while ensuring that medical stocks are ordered on time. Although the orders were placed on time, there were delays in the procurement process due to the implementation of Umoja. As a result of the delays, the supply hub of the vendors ran out of stocks, resulting in delayed supplies to MONUSCO. For example, some orders placed way back in 2014 are expected to arrive only in July 2015. However Medical and Procurement Sections will enhance their coordination to further improve the existing system and ensure the timely acquisition of medicines and medical supplies for the mission.

⁶ Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

⁷ Important recommendations address important deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

Management Response

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Rec. no.	Recommendation	Critical/ Important	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
3	MONUSCO should implement adequate procedures and provide additional training to contingents to ensure accurate recording and reporting of medical statistics by contingent-owned medical facilities.	Important	Accepted	Field Medical Officer/Medevac Unit	October 2015	<p>MONUSCO is currently using the Hospital Management System (HMS), an application that allows patient data to be accessible at all UNOE level I facilities and by UNOE Medical staff. This electronic system was an initiative of the MONUSCO Medical Section but will soon be replaced by an improved database that will be established in all medical facilities of peacekeeping missions to ensure that missions are closely integrated and monitored by the Medical Service Division, UNHQ in real time. According to communication with MSD, UNHQ, this system (called EARTHMED) will be implemented in MONUSCO in October 2015.</p> <p>In addition to the above, the Chief Medical Officer has reorganized and implemented training in Medevac/Casevac procedures at Goma, within and by the Medical Section. One such training will be conducted on 24 June 2015. These special trainings will further reinforce the understanding and orientation especially to the newly deployed military personnel in the field. Supporting documents have been provided to the Audit Team.</p>