



INTERNAL AUDIT DIVISION

REPORT 2016/087

Audit of medical services in the United Nations Multidimensional Stabilization Mission in the Central African Republic

Overall results relating to the effective management of medical services were initially assessed as unsatisfactory. Implementation of one critical and seven important recommendations remains in progress

FINAL OVERALL RATING: UNSATISFACTORY

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AUDIT REPORT

Audit of medical services in the United Nations Multidimensional Stabilization Mission in the Central African Republic

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA).
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. MINUSCA provided medical services to its personnel at: one United Nations-owned level 2 clinic operated by contingent personnel; two contingent-owned level 2 hospitals; and 31 contingent-owned level 1 clinics. MINUSCA also had contracts with four level 3 hospitals in Nairobi, Kenya and a level 3 hospital in Kampala, Uganda for evacuation of its personnel. The medical facilities are classified as either level 1 or 2 depending on their capabilities and complexities of treatments offered.
4. The MINUSCA Medical Section was headed by a Chief Medical Officer at the P-5 level and supported by 13 other staff: 5 professional, 4 field service and 4 national staff. The Chief Medical Officer was also supported by the Force Medical Officer in planning, reporting and inspection of contingent-owned medical facilities.
5. MINUSCA medical budgets for 2014/15 and 2015/16 were \$5.5 million and \$9.3 million, respectively.
6. Comments provided by MINUSCA are incorporated in italics.

II. OBJECTIVE AND SCOPE

7. The audit was conducted to assess the adequacy and effectiveness of MINUSCA governance, risk management and control processes in providing reasonable assurance regarding the **effective management of medical services in MINUSCA**.
8. The audit was included in the 2016 risk-based work plan of OIOS because of the operational and financial risks related to the provision of medical services in MINUSCA.
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 provide reasonable assurance that policies and procedures: (a) exist to guide medical services in MINUSCA; (b) are implemented consistently; and (c) ensure the reliability and integrity of financial and operational information.
10. The key control was assessed for the control objectives shown in Table 1.

11. OIOS conducted this audit from February to April 2016. The audit covered the period from 15 September 2014 to 30 April 2016. Field visits were made to the level 2 hospital in Bangui and 10 contingent-owned hospitals/clinics in Bangui, Kaga Bandoro, Bambari, Bossangoa and Bria.

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 MINUSCA governance, risk management and control processes examined were initially assessed as **unsatisfactory**¹ in providing reasonable assurance regarding the **effective management of medical services in MINUSCA**. OIOS made eight recommendations to address the issues identified.

14. MINUSCA prepared its medical support plan for 2015/16 and allocated resources to execute the plan. However, it was unable to establish medical facilities in Bambari, Bossangoa, Bangassou, Berberati and Ndele due to difficulties in sourcing service providers. MINUSCA also needed to: (a) implement cost-effective measures such as testing equipment for tropical diseases and training staff on their use; (b) improve controls over the medical supplies inventory at the Integrated Warehouse; (c) establish a preventive and corrective maintenance plan for its medical equipment and allocate resources to implement the plan; (d) monitor the shipment of blood along the supply chain; and (e) establish and implement a comprehensive preventive health programme.

15. The initial overall rating was based on the assessment of key control presented in Table 1. The final overall rating is **unsatisfactory** as implementation of one critical and seven important recommendations remains in progress.

Table 1: Assessment of key control

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

¹ A rating of “**unsatisfactory**” means that 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.

Regulatory framework

The MINUSCA medical support plan needed to be implemented

16. The Medical Support Manual requires MINUSCA to develop and implement medical support plans that identify requirements including staffing and material resources for executing the plan to maintain the physical and mental well-being of its personnel.

17. The MINUSCA Medical Section had prepared a medical support plan for fiscal year 2015/16 and allocated \$9.3 million in the 2015/16 budget, which identified the need for establishing an integrated healthcare system and included the staffing and material resources needed to execute the plan. The plan required, among others, the establishment of a United Nations-owned level 1 clinic in the following locations: Bangui, Bambari, Bossangoa, Bangassou, Berberati and Ndele. The Medical Section submitted the plan to the Director of Mission Support in May 2015. However, MINUSCA had not started operating the United Nations-owned level 1 clinics envisaged in the plan mainly because it was experiencing difficulties in sourcing operators to manage the clinics and it considered sourcing providers internationally as uneconomical because there was a small number of staff at the locations where these clinics were required.

18. As a result, the Mission relied on contingent-owned medical facilities operated under self-sustainment, which were inadequately staffed and equipped to provide medical services to staff comprising 30 civilian personnel in Bambari, 25 in Bossangoa, 23 in Berberati, 13 in Ndele and 11 in Bangassou. Since the contingent-owned medical facilities were not adequate, the Mission spent over \$150,000 between February and April 2016 to evacuate nine staff from Bambari to Bria and Bangui for tropical diseases such as malaria. The lack of adequate and timely medical services, may in part, be the reason for the death of seven MINUSCA personnel from malaria while in the Mission.

(1) MINUSCA should implement cost-effective measures such as: (i) providing contingent medical facilities with test equipment for tropical diseases and training them in using the equipment and treating these diseases; and (ii) training staff at these locations on how to prevent malaria and providing them with repellants, nets and prophylaxis.

MINUSCA accepted recommendation 1 and stated that it: (i) had drafted a memo to advise all contingent commanders to submit their requirements for malaria prevention kits to be provided on a cost reimbursable basis noting they are required to be self-sustained; (ii) was providing malaria prevention training to the staff and was distributing insect repellants and chemoprophylaxis to civilian personnel; and (iii) had ordered 2,000 mosquito nets to be delivered to the Mission by mid-September 2016. Recommendation 1 remains open pending receipt of evidence that MINUSCA has: (i) ensured that contingent medical facilities have adequate test equipment for tropical disease and their staff have been trained in using the equipment and treating these diseases; and (ii) trained staff on how to prevent malaria and providing them with repellants, nets and prophylaxis.

There was a need for adequate management of medical equipment and supplies

19. The Medical Support Manual requires the Chief Medical Officer to procure and distribute supplies and control the Mission's medical assets.

20. Discussions with the Chief Medical Officer, a visit to MINUSCA Integrated Warehouse and visits to three field locations indicated that the Medical Section had procured and distributed medical supplies to medical facilities throughout the Mission and also maintained an inventory of medical

supplies in an Integrated Warehouse, which was managed and controlled by the Warehouse Unit. However, the audit results indicated that the inventory was not properly controlled as follows:

- The Warehouse Unit did not properly classify, segregate and arrange inventory items in an orderly manner, which made it difficult for them to identify and control all inventory belonging to the Medical Section;
- Boxes containing medical equipment were not labeled to indicate the contents and were covered with dust and cobwebs. The exact number of medical equipment items was not known either to the Warehouse Unit or the Medical Section; and
- Three sea containers with medical supplies including medications were without air-conditioning to maintain the medicines at the required temperature in the warehouse. Some boxes in the containers were not labeled and did not have bin cards on them to indicate the quantity, description of items and their expiry dates.

21. The above resulted due to: (a) inadequate space in the Integrated Warehouse; (b) failure to implement effective warehouse management procedures; and (c) lack of a dedicated manager for medical equipment and supplies. As a result, there was an increased risk of theft and damage of medical supplies, procuring items that are available in stock, and ineffective medical treatment of staff due to the inability to promptly locate the required medical supplies. Subsequent to the audit, MINUSCA recruited a pharmacist that would also be responsible for managing medical supplies. The Mission was in the process of establishing a new Integrated Warehouse with sufficient space at another location. However, the Mission still needed to implement effective warehouse management procedures to improve controls over inventory in the Integrated Warehouse.

(2) MINUSCA should implement an effective mechanism to improve controls over the medical supplies inventory at the Integrated Warehouse.

MINUSCA accepted recommendation 2 and stated that the recruitment of a pharmacist to manage medical inventory was pending the approval of the Central Review Board. In the meantime, a pharmacist was recruited on a temporary basis to work closely with the Mission's Integrated Warehouse to improve controls over the medical inventory. Recommendation 2 remains open pending receipt of evidence that the pharmacist recruited by MINUSCA has implemented adequate controls over the inventory of medical supplies.

Need for MINUSCA medical facilities to meet established standards

22. The Medical Support Manual requires MINUSCA to calibrate and maintain medical equipment in accordance with manufacturers' standards to ensure accurate test results, correct diagnosis and proper treatment of patients. The Medical Support Manual and the Memorandum of Understanding (MoU) between the United Nations and the troop-/police-contributing countries (T/PCCs) require a level 1 clinic to be equipped with basic laboratory equipment, maintained under optimal hygienic conditions, and hold medical supplies and consumables for 60 days.

23. OIOS site visits to the level 2 hospital in Bangui and 10 contingent-owned medical facilities and discussions with medical personnel indicated that MINUSCA had never calibrated all 43 pieces of medical equipment that required calibration although the manufacturer required the calibration of each item of equipment at least once every six months. The equipment included two anesthesia machines, one

hematology analyzer, one biochemical analyzer and three electrocardiography machines. The audit results also indicated that:

- Other critical equipment including a ventilator for the intensive care unit, one ultra-sound machine and one X-ray machine were not operational due to defective parts and/or missing components;
- The contingent-owned level 1 clinic in Bossangoa did not have the required laboratory equipment such as microscopes and OIOS observed that the clinic was dirty and unhygienic with dilapidated patient beds without covers. The clinic also did not have the required drugs and medical supplies; and
- Five of the contingent-owned level 1 clinics in Bangui had boxes of medication and medical consumables stored on the floor or in sea containers without air conditioning.

24. The above resulted because MINUSCA had not established and implemented a preventive and corrective maintenance plan for its medical equipment and allocated resources to implement the plan. The MINUSCA COE Unit advised that it regularly inspected, assessed and surveyed contingent-owned medical facilities with the support of the Force Medical Officer. However, the claim by the COE Unit was not supported by evidence of such inspections for 17 of 31 medical facilities. Neither the Force Medical Officer nor the Chief Medical Officer was able to confirm that these inspections had been completed.

25. Since medical facilities were not properly equipped, MINUSCA and contingent personnel had to be evacuated to higher level clinics, resulting in increased evacuation costs and the risk of a large number of staff not being able to receive medical treatment in a timely manner. Also, there was an increased risk of misdiagnoses and diminished capacity to conduct tests and procedures required of critical equipment such as ventilators, ultra-sound machine and X-ray machine.

(3) MINUSCA should establish and implement a preventive and corrective maintenance plan for its medical equipment and allocate resources to implement the plan.

MINUSCA accepted recommendation 3 and stated that the TCC operating the level 2 hospital in Bangui had deployed a medical technician in line with the MoU to undertake daily trouble shooting and calibration of medical equipment. MINUSCA further stated that an electro-medical technician was being recruited and a maintenance contract would be established by 31 December 2016 to perform scheduled maintenance of medical equipment in United Nations-owned medical facilities. Recommendation 3 remains open pending receipt of evidence that a preventive and corrective maintenance plan for MINUSCA medical equipment has been implemented.

The blood supply chain needed to be reviewed to minimize the risk of blood shortages

26. The Medical Support Manual requires MINUSCA to maintain sufficient supply of blood in its medical facilities.

27. Discussions with the Chief Medical Officer and medical staff of 10 of the 31 medical facilities indicated that MINUSCA was experiencing frequent blood shortage. For example, during OIOS field visits to Kaga Bandoro and Bria, it was noted that the contingent-owned level 2 hospitals had no blood in stock. Medical personnel at the two hospitals indicated that they have been experiencing repeated blood shortages and at times they relied on troops for blood donation.

28. The Mission experienced frequent blood shortage mainly because MINUSCA had not established a proper monitoring and tracking system for blood shipment along the supply chain, which resulted in frequent cold chain breakages and in-transit losses. Due to frequent blood shortage, there was a risk that blood would not be available when needed.

(4) MINUSCA should establish and implement a proper monitoring and tracking system for the shipment of blood along the supply chain.

MINUSCA accepted recommendation 4 and stated that it had increased its blood shipment from one to two per month and the vendor, the Procurement Division and the Medical Support Services at Headquarters in New York closely monitored shipments. MINUSCA also stated that its pharmacist would further enhance the monitoring of blood shipments. Recommendation 4 remains open pending receipt of evidence that the monitoring and tracking system implemented for the supply of blood is working effectively.

Disposal of bio-medical waste needed to meet United Nations standards

29. The Environmental Policy for Field Missions requires MINUSCA to dispose of medical waste through incineration or other suitable methods, such as sterilization, microwave methods and electro-thermal deactivation or by local contracts with medical agencies of the host nation to prevent immediate and future danger to personnel and the local population.

30. OIOS field visits to 10 out of 31 medical facilities indicated that MINUSCA did not dispose of bio-medical waste through incineration or other suitable methods, such as sterilization, microwave and electro-thermal deactivation. This was mainly because the Mission did not have a sufficient number of functional incinerators and trained staff to operate the existing incinerators. For example:

- The incinerator at the level 2 hospital in Bangui was not in use since it was assessed as unsafe following an incident where a staff suffered minor burns while operating the equipment. As a result, the hospital was accumulating its medical waste in bins.
- The contingent-owned level 2 hospital in Kaga Bandoro had an incinerator but it did not completely burn the waste as required.
- A contingent-owned clinic in Bangui was accumulating waste of sharp objects as there was no solution to dispose of the waste in the absence of incinerators.
- The UNOE level 1 clinic in Bossangoa had a proper incinerator; however, it had not been used as MINUSCA had not trained staff on how to use the equipment.

31. MINUSCA had ordered six incinerators in January 2015, which were expected to be delivered in February 2015. However, the incinerators had not been received in the Mission as of May 2016, 15 months after the expected delivery date. MINUSCA was liaising with the vendor to expedite the shipment of incinerators and train staff on their use. In view of the actions being taken by the Mission, OIOS did not make a recommendation.

Medical personnel did not possess the necessary language skills

32. The Medical Support Manual requires MINUSCA to have the required categories of medical staff and support personnel with the relevant professional competencies and language skills in their medical facilities.

33. Field visits to the level 2 hospitals in Bangui and Kaga Bandoro and interaction with 10 of 57 medical personnel at the level 2 hospital in Bangui indicated that the personnel spoke and wrote very little English and French. A review of 47 out of 51 curriculum vitae of contingent medical personnel at the level 2 hospital in Bangui indicated also that 43 did not provide information about their language proficiency and skills, only three mentioned that they were proficient in English, and one indicated proficiency in both English and French. The French translator at the contingent-owned level 2 hospital in Kaga Bandoro spoke very basic French and had limited knowledge of the language.

34. MINUSCA had properly identified the need for medical staff with proficiency in French and English, and the Chief Medical Officer had sent a communication to the Departments of Peacekeeping Operations/Field Support (DPKO/DFS) on 28 August 2015 in this regard. However, the Mission did not effectively pursue the matter with DPKO/DFS to ensure that prompt action was taken to address the need for medical personnel with the required language skills. The Mission also did not hire adequate number of translators and interpreters with the relevant proficiency, or provide effective language training to medical personnel. As a result, medical and support staff could not effectively communicate with patients, which increased the risk that the medical needs of United Nations staff may not be adequately and effectively met.

(5) MINUSCA should take effective steps such as: (i) pursuing with DPKO/DFS the need for medical personnel with the required language skills; (ii) hiring adequate number of translators and interpreters with the relevant proficiency; and (iii) providing language training to medical personnel.

MINUSCA accepted recommendation 5 and stated that it would address a facsimile to DFS recommending that contingent medical personnel take language proficiency tests prior to their deployment and that contingent-owned level 2 hospital personnel be deployed with interpreters. MINUSCA further stated that it was offering language classes and the registration was opened to medical personnel. Recommendation 5 remains open pending receipt of evidence that MINUSCA has taken effective steps to ensure that it has medical personnel with the required language skills in its medical facilities.

Health education and preventive medicine practices needed to be enhanced

35. The Medical Support Manual requires the Chief Medical Officer to implement preventive health education programmes such as health campaigns, promoting workplace safety, implementing HIV/AIDS prevention measures and malaria prophylaxis programmes.

36. The MINUSCA Medical Section sent out several broadcasts through electronic mails on health related issues to all staff, delivered HIV-related training during the induction programmes for new personnel and established an HIV/AIDS working group in March 2016. However, the Section had not implemented other measures such as HIV prevention measures or awareness campaigns, maintaining an intranet page on medical issues and distributing newsletters or fact sheets on medical issues. As a result, there was a risk that MINUSCA personnel were not fully aware of the full spectrum of preventive health measures. This had contributed to the high rate of malaria, which constituted about 46 per cent of all the infectious diseases reported and was the leading cause of disease-related deaths in the Mission.

37. The above resulted because the Chief Medical Officer had not taken actions to establish and implement a comprehensive preventive health programme in coordination with the Force Medical Cell.

(6) MINUSCA should establish and implement a comprehensive preventive health programme.

MINUSCA accepted recommendation 6 and stated that it had developed a comprehensive health programme and the implementation was ongoing in close collaboration with relevant sections. Recommendation 6 remains open pending receipt of a copy of the comprehensive preventive health programme and evidence that it is being implemented.

The medical contingency plan needed to be communicated to all medical facilities and tested

38. The Medical Support Manual requires MINUSCA to: (a) prepare and implement a contingency plan for mass casualty incidents and test the plan on a regular basis to ensure its effectiveness in emergency situations; and (b) develop and implement training programmes for members of the rescue chain, including senior management.

39. The Medical Section had developed a contingency plan in February 2016 for mass casualty incidents and MINUSCA management approved the plan on 7 April 2016. However, the Medical Section had not yet implemented the plan. This was mainly because the Section had not developed a roll-out plan including a timetable for: (a) disseminating the contingency plan to the Mission's medical personnel; (b) conducting drills to test the effectiveness of the plan; and (c) providing the necessary training to members of the rescue chain, including senior management. As a result, there was a risk that MINUSCA would not be able to effectively respond to the medical needs of its staff during a crisis.

(7) MINUSCA should develop and implement a roll-out plan including timetables for: (i) disseminating the contingency plan for mass casualty incidents to the Mission's medical personnel; (ii) conducting drills on the plan; and (iii) providing the necessary training to members of the rescue chain, including senior management.

MINUSCA accepted recommendation 7 and stated that it had disseminated the medical component of the contingency plan for mass casualty incidents to all concerned sections/units and that it would implement training plans and conduct drills by 30 November 2017. Recommendation 7 remains open pending receipt of evidence of a copy of the contingency plan for mass casualty incidents as well as evidence that the required drills have been conducted and necessary training provided.

Mandatory reporting requirements needed to be complied with

40. The Medical Support Manual requires MINUSCA to compile and submit the following to the Medical Support Section at the United Nations Headquarters: (a) a monthly Medical Staff Aid 3A report summarizing medical outpatient and inpatient attendances at United Nations medical facilities; (b) a monthly Medical Staff Aid 3B report summarizing the medical health of United Nations personnel within the mission; (c) a quarterly Medical Staff Aid MSA-2 report showing the composition and capability of each medical unit following any rotation or change in composition of medical units; and (d) a final report of the Force Medical Officer at the end of his/her tour of duty, highlighting the Force Medical Officer's observations, assessments and recommendations on medical administrative and operational matters.

41. Discussions with the Chief Medical Officer and the Force Medical Officer indicated that MINUSCA did not compile and submit to DFS Medical Support Section:

- Both the Medical Staff Aid 3A and Medical Staff Aid 3B reports for the 18 months ended March 2016;
- The Medical Staff Aid-2 reports for the six quarters ended March 2016, as MINUSCA had not obtained these from contingent medical units deployed within the Mission; and
- The final report of the former Force Medical Officer at the end of his tour of duty in August 2015.

42. MINUSCA had not complied with the reporting requirements due to inadequate and ineffective coordination between the Force Medical Cell and the Medical Section regarding the compilation of the necessary information to prepare the reports. Non-compliance with the reporting requirements meant that the Mission missed the opportunity to periodically review and evaluate its medical support and take prompt corrective actions.

(8) MINUSCA should implement effective measures to improve coordination between the Force Medical Cell and the Medical Section to ensure timely preparation and submission of the required reports to United Nations Headquarters.

MINUSCA accepted recommendation 8 and stated that it had established weekly joint medical meetings of the Medical Section and the Force Medical Cell. MINUSCA further stated that the Force Medical Officer had disseminated the reporting formats to the contingents and had tasked sector medical officers to ensure collation of the required reports and their transmission to his office for review by the 5th of every month. After his review, the Force Medical Officer would transmit the reports to the Medical Section for further review, collation and submission to United Nations Headquarters. Recommendation 8 remains open pending receipt of evidence that weekly coordination meetings are being held between the Medical Section and the Force Medical Cell, and that sufficient guidance has been provided to contingents to ensure the timely preparation and submission of the reports to United Nations Headquarters.

IV. ACKNOWLEDGEMENT

43. OIOS wishes to express its appreciation to the management and staff of MINUSCA 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 Multidimensional Stabilization Mission in the Central African Republic

Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	MINUSCA should implement cost-effective measures such as: (i) providing contingent medical facilities with test equipment for tropical diseases and training them in using the equipment and treating these diseases; and (ii) training staff at these locations on how to prevent malaria and providing them with repellants, nets, and prophylaxis.	Important	O	Receipt of evidence that MINUSCA has: (i) ensured that contingent medical facilities have adequate test equipment for tropical disease and their staff have been trained in using the equipment and treating these diseases; and (ii) trained staff on how to prevent malaria and providing them with repellants, nets, and prophylaxis.	August 2016
2	MINUSCA should implement an effective mechanism to improve controls over the medical supplies inventory at the Integrated Warehouse.	Important	O	Receipt of evidence that the pharmacist recruited by MINUSCA has implemented adequate controls over the inventory of medical supplies.	August 2016
3	MINUSCA should establish and implement a preventive and corrective maintenance plan for its medical equipment and allocate resources to implement the plan.	Critical	O	Receipt of evidence that a preventive and corrective maintenance plan for MINUSCA medical equipment has been implemented.	31 December 2016
4	MINUSCA should establish and implement a proper monitoring and tracking system for the shipment of blood along the supply chain.	Important	O	Receipt of evidence that the monitoring and tracking system implemented for the supply of blood is working effectively.	August 2016
5	MINUSCA should take effective steps such as: (i) pursuing with DPKO/DFS the need for medical personnel with the required language skills; (ii) hiring adequate number of translators and interpreters with the relevant proficiency; and (iii) providing language training to medical personnel.	Important	O	Receipt of evidence that MINUSCA has taken effective steps to ensure that it has medical personnel with the required language skills in its medical facilities.	August 2016
6	MINUSCA should establish and implement a comprehensive preventive health programme.	Important	O	Receipt of a copy of the comprehensive preventive health programme and evidence that its being implemented.	August 2016

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

² Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

³ C = closed, O = open

⁴ Date provided by MINUSCA in response to recommendations.

STATUS OF AUDIT RECOMMENDATIONS

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Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
7	MINUSCA should develop and implement a roll-out plan including timetables for: (i) disseminating the contingency plan for mass casualty incidents to the Mission's medical personnel; (ii) conducting drills on the plan; and (iii) providing the necessary training to members of the rescue chain, including senior management.	Important	O	Receipt of evidence of a copy of the contingency plan for mass casualty incidents as well as evidence that the required drills have been conducted and necessary training provided.	30 November 2017
8	MINUSCA should implement effective measures to improve coordination between the Force Medical Cell and the Medical Section to ensure timely preparation and submission of the required reports to United Nations Headquarters.	Important	O	Receipt of evidence that weekly coordination meetings are being held between the Medical Section and the Force Medical Cell, and that sufficient guidance has been provided to contingents to ensure the timely preparation and submission of the reports to United Nations Headquarters.	August 2016

APPENDIX I

Management Response

Management Response

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Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	MINUSCA should implement cost-effective measures such as: (i) providing contingent medical facilities with test equipment for tropical disease; and (ii) training them in using the equipment and treating these diseases; training staff at these locations on how to prevent malaria and providing them with repellants, nets, and prophylaxis.	Important	YES	CMO	(i) Ongoing	<p>(i) A memo from CMO through DMS to FC dated 1 Aug 2016 has been drafted to advise all contingent commanders to submit their requirements of the items listed hereunder:</p> <ul style="list-style-type: none"> - Mosquito and Insect Repellent Body Spray - Mosquito net (bed net) - Malaria Rapid Test Kit - Chemoprophylaxis (Mefloquine, Doxycycline and Malarone) <p>To be provided to the contingents on a cost reimbursable basis, noting that contingent medical facilities are required to be self-sustaining. The Fax is attached for reference.</p> <p>Also an e-mail dated 14th July 2016 from CMO to FMO and Sector Medical Officers requested dissemination of information to contingent medical facilities regarding distribution of Mosquito and Insect repellent Body Spray to contingents on a cost reimbursable</p>

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

² Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

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					<p>(ii) Awareness Training is under implementation.</p> <p>Distribution of insect repellents, chemoprophylaxis, and malaria drugs is on-going.</p> <p>Distribution of mosquito (bed) nets will commence as soon as delivered.</p>	<p>basis. The e-mail is attached for reference.</p> <p>(ii) Malaria and HIV Awareness training is ongoing. Comprehensive Training Program is attached.</p> <p>Distribution of insect repellents, and chemoprophylaxis to MINUSCA civilian personnel mission-wide is near to completion. Distribution Plan as well as records of the same are attached for reference. It is to be noted that issuance for the sectors and regions are made to the RAO, Acting RAO or Head of Office for further distribution.</p> <p>2000 Mosquito nets (bed nets) are yet to be delivered to the mission by mid-September 2016. Packing list from vendor is attached for reference.</p> <p>Civilian staff and non-contingent uniformed personnel deployed to the regions will be accorded priority in the distribution.</p>
2	MINUSCA should implement an effective mechanism to improve the control over inventory, including medical supplies at the Integrated Warehouse.	Important	YES	CMO	Under implementation	<p>- PSJO for P-3 Pharmacist is completed, for processing to CRB.</p> <p>- Meanwhile, TDY Pharmacist is on ground to manage medical inventory</p>

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						<p>including medical supplies at the IW. The TOR of TDY Pharmacist is attached for reference. The TDY Pharmacist has primarily been working closely with the Mission's Integrated Warehouse, to improve storage of medical items, relocate the medical storage, codify and issue medical items, and follow up on immediate operational requirements.</p> <p>- Approved staffing for 2016-17 budget year includes a FS Medical Assets Manager.</p>
3	<p>MINUSCA should establish and implement a preventive and corrective maintenance plan for its medical equipment and allocate resources to implement the plan.</p>	Critical	YES	CMO	<p>(i) implemented</p> <p>(ii) Selection process for Electromedical Technician within the Medical Cell is completed. Selected candidate will arrive by 30 September 2016.</p>	<p>(i) The current rotation of a TCC (deployed in July 2016) has deployed with a Medical Technician in line with their MOU to undertake daily troubleshooting and calibration of medical equipment being used in the Bangui Hybrid Level 2 Hospital. Related NVs are attached for reference.</p> <p>(ii) A UNV Electro-medical Technician is being recruited under the 2016-17 Budget. Selection is completed.</p>

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					Establishment of maintenance contract: 31 December 2016	(iii) Maintenance contract will be for the purpose of performing scheduled maintenance of medical equipment in UNOE medical facilities.
4	MINUSCA should establish and implement a proper monitoring and tracking system for the shipment of blood along the supply chain.	Important	YES	CMO	(i) Implemented (ii) Implemented (iii) Implemented	(i) Since March 2016, MINUSCA has increased its blood shipment from one to two shipments per month. (ii) Each shipment is being closely monitored since March 2016 by the vendor, PD and Medical Support Services, New York. (iii) A TDY Pharmacist is on ground to support monitoring and tracking activities. Also PSJO for P3 Pharmacist closed with candidate recommendation being made. The recruitment of the Pharmacist will enhance closer monitoring and tracking of blood shipments to MINUSCA.
5	MINUSCA should take effective steps such as: (i) pursuing with DPKO/DFS the need for medical personnel with the required language skills; (ii) hiring adequate number of translators and interpreters with the relevant proficiency; and (iii) providing language	Important	YES	For (i) and (ii) LSD/DFS/UNHQ	(i) And (ii) are under implementation	MINUSCA is addressing a facsimile to LSD recommending that TCC Level 2 medical personnel for deployment to MINUSCA undergo language proficiency testing and clearance by UNHQ prior to deployment to the field.

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

	training to medical personnel				For (iii) IMTC (iii) Commencing on 8 th Aug 2016 and ongoing	Additionally, the same facsimile is recommending the TCC Level 2 hospital personnel to deploy with interpreters to facilitate communication with UN personnel who utilize those facilities. Language classes (French, English and Sango) are being offered by the Mission IMTC commencing on 8 th August, and are open to registration by MINUSCA personnel including medical personnel.
6	MINUSCA should take actions to establish and implement a comprehensive preventive health programme.	Important	YES	CMO	Implemented and Ongoing	A comprehensive health program has been developed and implementation is ongoing. This is being coordinated by CMO in close consultation with FMO and IMTC. The program is attached for reference.
7	MINUSCA should develop and implement a roll-out plan including timetables for: (a) disseminating the contingency plan for mass casualty incidents to the Mission's medical personnel; (b) conducting drills on the plan; and (c) providing the necessary training to members of the rescue chain, including senior management.	Important	YES	CMO / FMO	(a) Dissemination: Implemented (b) Drills and (c) Training to be completed by 30 November 2017.	(a) Medical component of the plan has already been disseminated to all relevant sections / units. Tentative training plans for the medical component of the plan is attached.
8	MINUSCA should implement effective measures to improve coordination	Important	YES	CMO/FMO	Implemented	Weekly meetings of CMO and FMO is established.

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	<p>between the Force Medical Cell and the Medical Section to ensure timely preparation and submission of the required reports to United Nations Headquarters.</p>					<p>Joint weekly medical meetings established with Medical Cell, O/FMO, Hybrid Level 2 Hospital.</p> <p>Strengthened participation of UNOE medical doctors in COE verification inspections once the approved medical personnel for 2016-17 budget are on board.</p> <p>Reporting formats have been disseminated through the Force Medical Officer and Sector Medical Officers to all TCC and PCC medical facilities. Supporting documentation are attached.</p> <p>Sector Medical Officers have been tasked by FMO to ensure collation of required reports and transmit the same to his office by the 5th of every month for review, then transmission to Medical Cell for further review, collation and uploading in the MSS Reporting tool. Supporting documentation are attached.</p>
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