



INTERNAL AUDIT DIVISION

REPORT 2017/123

Audit of medical services in the
African Union-United Nations Hybrid
Operation in Darfur

The Mission needed to enhance its readiness to manage mass casualty incidents and strengthen controls over medicine and consumable usage, disposal of medical waste and deployment of uniformed personnel with pre-existing medical conditions

24 November 2017
Assignment No. AP2017/634/04

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the African Union-United Nations Hybrid Operation in Darfur (UNAMID). The objective of the audit was to assess the adequacy and effectiveness of governance, risk management and control processes over medical services in UNAMID. The audit covered the period from 1 July 2014 to 30 April 2017 and included: rehearsal of the mass casualty incident plan; medical supply and consumables; medical facilities; military and police personnel medical screening; medical evacuations and repatriations; health protection, education and awareness; medical waste disposal; and medical services evaluation.

UNAMID appropriately and promptly executed medical repatriations and evacuations, and implemented a health protection, education and awareness programme. However, UNAMID needed to rehearse its mass casualty incident plan; monitor and account for the use of medicines and medical consumables; formalize its agreements with third party Level 4 hospitals; ensure pre-deployment medical screening of military and police personnel to reduce deployment of uniformed personnel with pre-existing medical conditions; dispose medical waste in an environmentally friendly manner; and evaluate the efficiency and effectiveness of delivery of medical services.

OIOS made seven recommendations. To address issues identified in the audit, UNAMID needed to:

- Plan and conduct live quarterly exercises throughout the Mission to test the effectiveness of the mass casualty incident plan;
- Improve the monitoring of and accounting for medicines and medical consumables at medical facilities for better planning and decision-making regarding the quantities to order and timing to distribute to field locations;
- Work in liaison with the Logistics Support Division at United Nations Headquarters to renew the letter of assist with a government for the provision of Level 4 medical services and mass casualty medical services;
- Enforce the procedure for all military and police personnel deployed into the Mission to submit certified medical examination forms to the Force Medical Officer/Chief Medical Officer for review;
- Ensure that the Chief Medical Officer: determines whether medical conditions of repatriated military and police personnel were pre-existing, and submit all incidental costs of repatriating personnel with pre-existing medical conditions to United Nations Headquarters for reimbursement by the troop/police-contributing countries;
- Ensure that the Medical Service Section collaborates with the Engineering and Environmental Protection Section to expedite the installation of an incinerator in El Dien to ensure destruction of medical waste in an environmentally friendly manner; and
- Conduct a survey of medical services provided to patients of United Nations-owned medical facilities.

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

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Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the African Union-United Nations Hybrid Operation in Darfur (UNAMID).
2. The UNAMID Medical Services Section was established to ensure the health and well-being of mission personnel. The United Nations-owned medical facilities had the overall responsibility for a total of 3,186 staff comprising 830 international staff, 1,583 United Nations police officers, 166 United Nations volunteers, 147 military observers and 460 military staff officers. The contingent-owned medical facilities were responsible for the health and well-being of 15,238 military contingent personnel and 1,820 formed police personnel under medical self-sustainment agreements.
3. The Medical Services Section is headed by the Chief Medical Officer (CMO) at the P-5 level, who reports to the Director of Mission Support through the Chief, Service Delivery Service. The CMO is responsible for managing the provision of integrated medical services to UNAMID personnel, in close cooperation with the Force Medical Officer (FMO). For fiscal year 2016/17, the Medical Services Section had 58 approved posts comprising 12 international professional staff, 3 national professional officers, 7 field service staff, 7 United Nations Volunteers and 29 national staff.
4. The United Nations-owned medical facilities included four Level 1 hospitals and one Level 2 hospital while the troop-/police-contributing countries' (T/PCCs') medical facilities included 10 forward medical teams, 49 Level 1 hospitals, two Level 2 hospitals and one Level 3 hospital. UNAMID also contracted three Level 3 private hospitals in Khartoum used by the Mission for higher-level medical services. The Medical Services Section's budget was \$1.5 million for each of the fiscal year 2015/16 and 2016/17. The total cost of operating the two Level 2 and one Level 3 TCC medical facilities for fiscal year 2016/17 was \$21 million.
5. Comments provided by UNAMID are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

6. The objective of the audit was to assess the adequacy and effectiveness of governance, risk management and control processes over medical services in UNAMID.
7. This audit was included in the 2017 risk-based work plan of OIOS due to operational and financial risks related to management of medical services in UNAMID.
8. OIOS conducted this audit from May to July 2017. The audit covered the period from 1 July 2014 to 30 April 2017. Based on an activity-level risk assessment, the audit covered higher and medium risk areas in the management of medical services in UNAMID, which included: rehearsal of the mass casualty incident plan; medical supply and consumables; medical facilities; military and police personnel medical screening; medical evacuations and repatriations; health protection, education and awareness; medical waste disposal; and medical services evaluation.

9. The audit methodology included: (a) interviews of key personnel, (b) review of relevant documentation, (c) analytical review of data, (d) physical inspection of medical facilities and (e) random sampling of transactions.

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

III. AUDIT RESULTS

A. Mass casualty incident plan and standard operating procedures

Mass casualty incident plan needed to be rehearsed

11. The Department of Peacekeeping Operations/Department of Field Support (DPKO/DFS) Medical Support Manual and UNAMID Medical, Public Health and Safety Support Plan require the Medical Services Section to prepare a mass casualty incident plan and undertake quarterly rehearsal of mock evacuation in coordination with the Movement Control and Aviation Sections. The mass casualty incident plan rehearsal is done to ensure readiness of air assets that are on standby for immediate tasking for casualty and medical evacuation at each level from the team sites up to Mission Headquarters.

12. UNAMID Medical Services Section had an approved medical contingency plan for mass casualty situations and disasters in the Mission area which was part of the Mission's security plan for Darfur. However, because of other priorities, the Medical Services Section in conjunction with the Movement Control and Aviation Sections had not rehearsed the mass casualty incident plan quarterly since April 2014. At the time of the audit, the CMO instructed the FMO to come up with quarterly mass casualty rehearsal plans and coordinate their execution.

13. Without rehearsing the mass casualty incident plan, there was a risk that the Mission may not be able to respond effectively during a mass casualty situation. For instance, following a helicopter accident at a team site in 2015, there was a seven-hour delay in evacuating the injured persons by the medical standby aircraft.

(1) UNAMID should take steps to plan and conduct live quarterly exercises throughout the Mission to test the effectiveness of the mass casualty incident plan.

UNAMID accepted recommendation 1 and stated that mass casualty incident exercise plans and instructions were being drafted to enable the launch of the first exercise in February 2018. Recommendation 1 remains open pending receipt of evidence that the mass casualty incident plan is being rehearsed.

Mission-specific medical services standard operating procedures needed revision and approval

14. The DPKO/DFS Medical Support Manual requires the CMO in conjunction with the FMO to develop and periodically review and update the Mission medical standard operating procedures based on policies and procedures set out in the DPKO/DFS Medical Support Manual and other directives from the Medical Services Division at United Nations Headquarters. The UNAMID Head of Mission's policy on written guidance requires the Best Practices Unit to review the standard operating procedures before they are approved by the Director of Mission Support.

15. The CMO developed the Mission's Medical Services, Medical Support and Preventive Medicine and Casualty Treatment and Evacuation standard operating procedures in July 2014 and submitted them to the Best Practices Unit for review. However, at the time of this audit, the Best Practices Unit had not reviewed the procedures and consequently, the Director of Mission Support had not approved them. OIOS noted that UNAMID medical standard operating procedures drafted in 2014 needed to be reviewed and aligned with the current version of the DPKO/DFS Medical Support Manual of 2015. The use of outdated and unapproved procedures could result in inefficient and ineffective administration of medical services in the Mission.

16. OIOS established that UNAMID had staff shortages in the Best Practices Unit which had since been addressed with the recruitment of a Best Practices Officer in 2016. The CMO stated that the procedures would be revised and re-submitted to the Best Practices Unit for review. Based on this, OIOS is not making a recommendation at this time.

B. Medical supplies and consumables

There was a need to enhance supervision of distribution of medicines and medical consumables at United Nations-owned medical facilities

17. The DPKO/DFS Medical Support Manual requires UNAMID to establish a medical logistics support framework to ensure efficient procurement, transportation, distribution, storage and accounting of medical supplies such as pharmaceuticals and medical consumables to ensure continuous operation of medical facilities deployed.

18. A review of UNAMID pharmaceuticals and medical consumables logistical framework indicated that the Medical Services Section had an information system capable of producing reports on consumption (used and expired) pattern of medicines and medical consumables to ensure that future needs are anticipated to facilitate timely ordering, delivery and distribution of supplies. However, the Medical Services Section staff did not consistently input data about the quantity of medicines supplied to medical facilities and record the medicines issued to patients into the current stock management system due to inadequate supervisory oversight. Consequently, data on the usage and stockholding of medicines and medical consumables at medical facilities was inaccurate or not available. This was because the medical supplies were deemed consumed once issued from the Central Medical Warehouse to medical facilities.

19. Although the Mission had challenges in getting the host government to approve the clearance of the shipment of its medical supplies from Port Sudan, the logistical framework for medicines and medical consumables were inadequate as it did not anticipate procurement lead times and hence contributed to:

(a) Shortages of essential medicines and medical consumables such as: (i) reagents for automated biochemist analyser and prostate specific antigen machine at three out of four Level 1 hospitals; (ii) glucometer and urinalysis test strips at four out of five medical facilities; (iii) malaria prophylaxis and all Mission-recommended vaccines at all medical facilities; (iv) essential drugs such as common antibiotics, cardiovascular, respiratory and gastro-intestinal; and (v) pads for the only two defibrillators in Sector Central.

(b) The medical facilities stocking large quantities of same medicines and medical consumables with the same or close expiry date resulting in large quantities of expired drugs. UNAMID had yet to quantify the value of expired medicines and medical supplies at its medical facilities.

20. UNAMID also did not have a system in place to systematically transfer medicines and medical consumables from one UNAMID medical facility that had excess supplies to other facilities that had shortages. OIOS noted that UNAMID medical facilities had varying quantities and type of medicines that could have been moved around the Mission area. For instance, Sector Central had run out of main cardiovascular medicines while the other medical facilities had the drugs in stock.

21. The lack of adequate medicines and supplies increased health and safety risk to Mission personnel.

(2) UNAMID should ensure that the Chief Medical Officer implements supervisory procedures to effectively monitor and account for medicines and medical consumables at medical facilities to facilitate planning and decision-making regarding the quantities to order and timing to distribute.

UNAMID accepted recommendation 2 and stated that it had implemented a monitoring mechanism. Recommendation 2 remains open pending receipt of evidence of implementation of the monitoring mechanisms, including copies of monthly reports on utilization (dispensed/expired) and stockholding of medicines and medical consumables.

C. Medical facilities

There was a need for formal agreements with Level 4 medical facilities

22. The UNAMID Medical, Public and Safety Support Plan requires the Mission to maintain operational medical services at Level 1, 2 and 3 within the Mission area and to establish contractual agreements for Level 4 definitive care and specialized medical treatment otherwise not available within the Mission area and ensure that the medical services are integrated and available to all members of staff.

23. At the time of the audit, UNAMID had a total of 53 Level 1, 3 Level 2 and 1 Level 3 operational medical facilities in the Mission. To complement the Level 3 medical facilities in the Mission, UNAMID had contracts with three Level 3 third-party medical facilities in Khartoum. However, UNAMID had no subsisting formal agreements or letter of assist with Level 4 DFS-approved medical facilities in Kenya, Egypt, South Africa and the United Arab Emirates. Peacekeeping missions operating in East and Southern African can only enter into contracts with facilities in countries that DFS had pre-approved. The Logistics Support Division of DFS on behalf of UNAMID signed a letter of assist with the Egyptian government for Level 4 medical facilities, which expired on 15 October 2013 and was never renewed.

24. The CMO stated that the Mission rarely used Level 4 medical services and when the need arose, the Mission accessed the services through United Nations organizations that had contracts with Level 4 medical facilities. The lack of formal agreements created uncertainties regarding the medical services that should be provided to staff, charges and the settlement of disputes, and could result in not getting timely flight clearances and obtaining visas for patients referred by UNAMID to the countries with appropriate medical facilities for medical emergencies. The standard United Nations Letter of Assist for Level 4 medical services provides a country with medical facilities to facilitate prompt medical flight clearances and patients' visa issuance to enable patients to get timely definitive medical treatment.

(3) UNAMID in liaison with the Logistics Support Division at United Nations Headquarters should take steps to renew the letter of assist with a government for the provision of Level 4 medical services and mass casualty medical services.

UNAMID accepted recommendation 3 and stated that it had requested the Logistics Support Division to renew the letter of assist and that it would follow up on such request. Recommendation 3 remains open pending receipt of evidence of action taken by the Logistics Support Division on UNAMID request to renew the letter of assist.

D. Military and police personnel medical screening

Need to enforce pre-deployment medical screening of military and police personnel and determine the number of personnel deployed with pre-existing medical conditions

25. The UNAMID Medical, Public and Safety Support Plan requires the Medical Services Section to devise and enforce monitoring procedures on strict pre-deployment screening and vaccination of military and police personnel in collaboration with the Medical Services Division to reduce to the barest minimum incidences of chronic pre-existing conditions. The 2015 DPKO/DFS Medical Support Manual also requires the: (a) T/PCC medical officers to submit certified medical examination forms to the office of the CMO/FMO on arrival in the Mission for review to ensure that pre-deployment medical screening and vaccination of military and police personnel have been completed in line with the United Nations standards; and (b) the CMO to determine the number of military and police personnel deployed in the Mission with pre-existing medical conditions before the individuals are repatriated on medical grounds and charge the concerned T/PCC for incidental repatriation costs of individuals that are clearly non-compliant with the guidelines.

26. The medical repatriation database recorded that between July 2014 and April 2017, 152 military and police personnel were repatriated from the Mission on medical grounds. On 10 May 2010 and 7 June 2013, the UNAMID Joint Special Representative issued code cables to the Under-Secretary-General of DPKO and the African Union requesting for intervention on the need for T/PCCs to ensure complete and adequate pre-deployment medical screening and immunisation of military and police personnel to forestall the upward trend of repatriation of personnel with chronic and pre-existing medical conditions. In addition, on 4 March 2017, the FMO issued an instruction requiring all troops and police to submit certified medical examination forms to the CMO/FMO for review. However, the FMO had not requested the two military battalions and two formed police unit personnel that were deployed in the Mission in May and June 2017 to submit their certified medical examination forms. The FMO stated that his office was working out modalities of how to implement the requirement. During the period covered by the audit, the Mission spent \$1.2 million on uniformed personnel who sought high level medical services at third-party Level 3 medical facilities in Khartoum.

27. The CMO or a designate overlooked the need to determine whether any of the 152 repatriated military and police personnel had pre-existing medical conditions due to other priorities. Consequently, all repatriation costs were borne by UNAMID. OIOS could not ascertain the total incidental costs related to the repatriation of the 152 staff. The last determination of whether a repatriated staff had a pre-existing medical condition covered a five-month period between December 2013 and April 2014, which showed that 16 repatriated uniformed personnel had pre-existing medical conditions that entailed a total repatriation cost of \$110,597 that was submitted to United Nations Headquarters for recovery.

(4) UNAMID should enforce the procedure for all military and police personnel deployed to the Mission to submit certified medical examination forms to the Force Medical Officer/Chief Medical Officer for review.

UNAMID accepted recommendation 4 and stated that screening procedures had started with the newly deployed military and police personnel. Recommendation 4 remains open pending receipt of

evidence of review of certified medical forms of all newly deployed military and police by UNAMID medical officers.

- (5) UNAMID should take steps to ensure that the Chief Medical Officer or a designate: (a) determines whether the medical conditions of repatriated military and police personnel were pre-existing; and (b) submits all incidental costs of repatriating personnel with pre-existing medical conditions to United Nations Headquarters for reimbursement by the troop-/police-contributing countries.**

UNAMID accepted recommendation 5 and stated that relevant data relating to repatriations made on medical grounds because of chronic pre-existing illness in the first quarter of fiscal year 2017/18 had been processed and would be transmitted to United Nations Headquarters. Recommendation 5 remains open pending receipt of evidence of transmittal of the list of names of military and police staff repatriated because of pre-existing medical conditions to United Nations Headquarters for recovery of incidental costs from T/PCCs.

E. Medical evacuations and repatriations

Medical repatriations and evacuations were appropriately approved

28. The DPKO/DFS Medical Support Manual requires the CMO or a designate to submit a written request for repatriation of military or police personnel on medical grounds using a prescribed form to obtain authorization from the Director of Medical Services Division at the United Nations Headquarters prior to the repatriation. The Manual also requires the Director of Mission Support to approve within-mission medical evacuations, in consultation with the CMO/FMO. The UNAMID invoice processing standard operating procedures require the CMO to verify invoices from third-party medical facilities for evacuated patients against the contracted prices before the invoices are paid.

29. A review of 70 out of 152 medical repatriation for the period July 2014 to April 2017 indicated that the CMO submitted a written request for medical repatriation using the prescribed form and obtained the approval of the Director of Medical Services Division. In addition, a review of 50 out of 453 medical evacuation to third-party Level 3 medical facilities in Khartoum showed that the evacuations were properly justified by T/PCC medical officers, patients were promptly evacuated and the evacuations were approved by the Director of Mission Support and CMO. Furthermore, a review of 36 payment vouchers for \$885,917 out of \$1,208,723 paid to Level 3 hospitals in Khartoum in respect of 206 patients during the audit period indicated that: (a) the payments were for staff evacuations that were approved by the Mission, and (b) the CMO verified the invoice amounts against the contracted prices before the invoices were paid by the Finance Section.

30. In addition, a review of the medical evacuation database indicated that UNAMID incurred \$487,700 on 80 special flights for evacuating 995 personnel and 42 non-United Nations persons on humanitarian basis from one medical facility to another within the Mission area.

31. OIOS concluded that medical repatriations and evacuations and incidental financial costs were properly approved, in line with the Medical Support Manual and UNAMID standard operating procedures.

F. Health protection, education and awareness

UNAMID health protection, education and awareness training programme was adequate except for challenges in procuring required immunizations

32. The UNAMID Medical Support and Preventative Medicine standard operating procedures require United Nations-owned Level 2 medical facilities to: (a) stock a small amount of yellow fever, typhoid, meningitis, hepatitis and tetanus vaccines, and prophylaxis for malaria and human immunodeficiency virus (HIV); (b) undertake disease vector control; (c) ensure hygiene and sanitation is maintained at all Mission facilities; and (d) provide health education and training to staff.

33. A review of the health protection, education and awareness programme indicated that:

(a) The five United Nations-owned medical facilities had adequate HIV post-exposure prophylaxis kits but did not have all the recommended vaccines. Only one out of five medical facilities had yellow fever vaccine and only two out of five facilities had malaria prophylaxis.

(b) The UNAMID Medical Service Section working in conjunction with T/PCCs and Facilities Management Unit had adequate stock of fumigation chemicals and machinery and effectively implemented the fumigation plan against mosquitos, snakes, rodents, bees and cockroaches at UNAMID facilities. To complement the in-house fumigation efforts, UNAMID engaged the services of a contractor to fumigate against snakes and rodents at all UNAMID facilities.

(c) The UNAMID Public Health Unit undertook weekly food safety and hygiene inspections at restaurants and grocery shops in UNAMID camps. The Unit also ensured that the food handlers at restaurants had valid medical certificates. TCC/PCC medical doctors also inspected military camps monthly to ensure that hygiene and sanitation were maintained.

(d) The UNAMID Public Health Unit issued medical broadcasts to staff on various medical conditions according to the World Health Organization health days and issued disease outbreak alerts. The Unit also undertook programmes/medical services that were aimed at reducing diseases burden through prevention of diseases and/or early diagnosis. In that regard, the Medical Services Section undertook 11 prostate screening, 11 mammography screening, 28 echocardiography, 4 holter monitoring, 2 blood pressure monitoring and 2 treadmill exercises stress tests as part of the health promotion for non-communicable diseases between July 2016 and March 2017.

34. The Chief Pharmacist stated that the vaccines had been ordered but the host government had not cleared the items at Port of Sudan despite the Mission writing several note verbales to the government authorities. OIOS verified that the vaccines were ordered by the Mission with expected delivery date of 30 July 2016 but were only partially delivered at the time of the audit.

35. UNAMID adequately implemented the health protection, education and awareness training programme notwithstanding the shortages of vaccines and malaria prophylaxis that was beyond the control of the Mission. To reduce the impact of the vaccine shortage, staff members were advised to use their medical insurance to get vaccines when on rest and recuperation or annual leave outside the Mission. T/PCCs were also required to ensure troops/police were immunized before their deployment. Based on evidence of action the Mission had taken to acquire necessary vaccines, OIOS is not making a recommendation at this time.

G. Medical waste disposal

There was a need to ensure that medical waste incinerators were operational at all times

36. The DPKO/DFS Environmental Policy for field missions requires UNAMID to properly dispose medical waste through incineration or other suitable methods, such as sterilization, microwave and electro-thermal deactivation to ensure that medical waste does not present any immediate or future danger to personnel or the local population.

37. A visit to all the five sector headquarter medical facilities and review of medical waste disposal records kept by the Waste Management and Environmental Protection Section indicated that medical waste was correctly and promptly disposed of through incineration at three out of five sectors.

38. During OIOS visit to El Dien (Sector East) on 3 July 2017, the medical doctor stated that the incinerator had not been functional since November 2016 but there was no documentation to show that the Medical Services Section had requested the Engineering Section to repair the incinerator. The area around the incinerator was littered with medical waste. The Sector Engineer stated that the Section had not received a request from the hospital to repair the incinerator which had not been in use for some time. The Engineer would, however, discuss with the doctor and Security Section to identify a safe area to relocate and properly install the incinerator for use, but did not give a timeline for the task. In Zalingei, the incinerator had not been functional for two months at the time of OIOS visit but was under repair by a technician from El Fasher.

39. As a result of the non-functional incinerators in El Dien, there was accumulation of expired medical drugs and other medical waste awaiting disposal that posed danger to UNAMID personnel and the environment.

(6) UNAMID should ensure that the Medical Services Section collaborates with the Engineering and Environmental Protection Sections to expedite the installation of an incinerator in El Dien to ensure destruction of medical waste in an environmentally friendly manner.

UNAMID accepted recommendation 6 and stated that Medical Services Section would work closely with the Engineering and Environmental Protection Sections to expedite the installation of incinerator in El Dien. Recommendation 6 remains open pending receipt of evidence that the incinerator in El Dien has been installed and in use.

H. Medical services evaluation

There was a need to undertake periodic evaluation of medical services

40. The Procurement Manual requires the Medical Services Section to evaluate the performance of the contracted Level 3 medical facilities semi-annually and best practices on provision of services require United Nations-owned medical facilities to establish a feedback mechanism regarding the quality of medical services provided to staff.

41. A review of medical services evaluation indicated that the CMO evaluated the performance of all three contracted Level 3 medical facilities semi-annually and submitted the evaluation reports to the Contracts Management Section as required. However, the CMO had not put in place a mechanism to get feedback from the patients of United Nations-owned medical facilities to help assess the efficiency and

effectiveness of medical services provided due to other priorities of the Section. The Director of Mission Support stated the Mission Support Division would develop an annual service survey questionnaire for all support sections that would include the Medical Services Section. The CMO stated that medical services evaluation questionnaire was developed and submitted to the Geospatial, Information and Communications Technology (GITTS) Section for broadcasting in April 2017. However, GITTS had not broadcast the medical evaluation questionnaire to UNAMID staff at the time of this report despite several reminders because staff tasked to issue the broadcast had been away from the Mission area.

(7) UNAMID should conduct a survey of medical services provided to patients of United Nations-owned medical facilities.

UNAMID accepted recommendation 7 and stated that the survey material had been developed and that it planned to release it after the global DFS survey that had just been concluded. Recommendation 7 remains open pending receipt of evidence that the survey of medical services has been administered.

IV. ACKNOWLEDGEMENT

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

(Signed) Eleanor T. Burns
Director, Internal Audit Division
Office of Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNAMID should take steps to plan and conduct live quarterly exercises throughout the Mission to test the effectiveness of the mass casualty incident plan.	Important	O	Receipt of evidence that the mass casualty incident plan has been rehearsed.	28 February 2018
2	UNAMID should ensure that the Chief Medical Officer implements supervisory procedures to effectively monitor and account for medicines and medical consumables at medical facilities to facilitate planning and decision-making regarding the quantities to order and timing to distribute.	Important	O	Receipt of evidence of implementation of the monitoring mechanisms, including copies of monthly reports on utilization (dispensed/expired) and stockholding of medicines and medical consumables.	30 November 2017
3	UNAMID in liaison with the Logistics Support Division at United Nations Headquarters should take steps to renew the letter of assist with a government for the provision of Level 4 medical services and mass casualty medical services.	Important	O	Receipt of evidence of action taken by the Logistics Support Division on UNAMID request to renew the letter of assist.	31 March 2018
4	UNAMID should enforce the procedure for all military and police personnel deployed to the Mission to submit certified medical examination forms to the Force Medical Officer/Chief Medical Officer for review.	Important	O	Receipt of evidence of review of certified medical forms of all newly deployed military and police by UNAMID medical officers.	31 December 2017
5	UNAMID should take steps to ensure that the Chief Medical Officer or a designate (a) determines whether the medical conditions of repatriated military and police personnel were pre-existing, and (b) submits all incidental costs of repatriating personnel with pre-existing medical conditions to United Nations Headquarters for reimbursement by the troop-/police-contributing countries.	Important	O	Receipt of evidence of transmittal of the list of names of military and police staff repatriated because of pre-existing medical conditions to United Nations Headquarters for recovery of incidental costs from T/PCCs.	31 December 2017

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 UNAMID in response to recommendations.

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
6	UNAMID to ensure that Medical Service Section collaborates with Engineering and Environmental Protection Sections to expedite the installation of an incinerator in El Dien to ensure destruction of medical waste in an environmentally friendly manner.	Important	O	Receipt of evidence that the incinerator in El Dien has been installed and in use.	31 March 2018
7	UNAMID should conduct a survey of medical services provided to patients of United Nations-owned medical facilities.	Important	O	Receipt of evidence that the survey of medical services has been administered.	31 March 2018

APPENDIX I

Management Response

AFRICAN UNION

الاتحاد الأفريقي



UNAMID



UNITED NATIONS

الأمم المتحدة

African Union – United Nations Hybrid Operation in Darfur

Office of the Joint Special Representative

19 November 2017

To: Mr. Arnold Valdez, Officer-in-Charge
Peacekeeping Audit Service
Internal Audit Division, OIOS

From: Jeremiah Mamabolo, Joint Special Representative
UNAMID

Subject: **Draft report on an audit of medical services in the African Union-United Nations Hybrid Operation in Darfur (Assignment No. AP2017/634/04)**

1. With reference to your memorandum of 12 November 2017, on the captioned-subject, please find attached UNAMID's response (Appendix I) to the draft report for your consideration.
2. I further confirm the factual accuracy of the report.

Thank you.

cc: Ms. Victoria Browning, Director of Mission Support, UNAMID
Mr. Erich Ball, Chief Service Delivery Service, UNAMID
Dr. Golla Bezabih, Officer-in-Charge, Medical Services Section, UNAMID
Ms. Dorothy Choto, Audit Focal Point, UNAMID
Mr. Alexandre Etocke, Chief Resident Auditor, OIOS
Ms. Cynthia Avena-Castillo, Professional Practices Section, Internal Audit Division, OIOS

APPENDIX I

Management Response
Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNAMID should take steps to plan and conduct live quarterly exercises throughout the Mission to test the effectiveness of the mass casualty incident plan.	Important	Yes	Chief Medical Officer	28 February 2018	UNAMID accepts the recommendation and confirms that the mass casualty incident exercise plans and instructions were being drafted to enable the launch of the first exercise by Feb 2018.
2	UNAMID should ensure that the Chief Medical Officer implement supervisory procedures to effectively monitor and account for medicines and medical consumables at medical facilities to facilitate planning and decision-making regarding the right quantities to order and timing to distribute.	Important	Yes	Chief Medical Officer	30 November 2017	UNAMID accepts the recommendation and confirms that a monitoring mechanism has been devised and implemented as indicated. Related monthly reports (Nov 2017) of utilization (dispensed/expired) and stockholding of medicines and medical consumable for all sectors will be submitted to the office of resident auditor once received.
3	UNAMID in liaison with the Logistics Support Division at United Nations Headquarters should take steps to renew the letter of assist with a government for the provision of Level 4 medical services and mass casualty medical services.	Important	Yes	Chief Medical Officer	31 March 2018	UNAMID accepts the recommendation and has already communicated formal facsimile to the Logistics Support Division (LSD) / DFS requesting for the renewal of the Letter of Assist (LOA) on 8 Nov 2017. Evidence of portfolio has been submitted to the office of the resident auditor. UNAMID will also do a follow-up with LSD/DFS for decision to UNAMID's request.

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

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

Management Response

Audit of medical services in the African Union-United Nations Hybrid Operation in Darfur

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
4	UNAMID should enforce the procedure for all military and police personnel deployed to the Mission to submit certified medical examination forms to the Force Medical Officer/Chief Medical Officer for review.	Important	Yes	Chief Medical Officer	31 December 2017	UNAMID accepts the recommendations and confirms that the screening procedures has been ongoing with the new deployments of military and police personnel. OIOS has also seen samples of certified medical examination forms The certified medical examination forms for other contingent will be made available to OIOS in due course.
5	UNAMID should take steps to ensure that the Chief Medical Officer or a designate (a) determines whether the medical conditions of repatriated military and police personnel were pre-existing, and (b) submits all incidental costs of repatriating personnel with pre-existing medical conditions to United Nations Headquarters for reimbursement by the troop-/police-contributing countries.	Important	Yes	Chief Medical Officer	31 December 2017	UNAMID accepts the recommendation and confirms that relevant data relating to repatriations made in the 1 st quarter on medical grounds as a result of chronic pre-existing illness has already been processed and will be transmitted to UNHQ/NY.
6	UNAMID should ensure that the Medical Services Section collaborates with the Engineering and Environmental Protection Section to expedite the installation of an incinerator in El Dien to ensure destruction of medical waste in an environmentally friendly manner.	Important	Yes	Chief Medical Officer	31 March 2018	UNAMID accepts the recommendation and confirms that the Medical Section would work closely with the Engineering and Environmental Protection Section to expedite the installation of incinerator in El Daen (Sector East) latest by 31 March 2018.

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Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
7	UNAMID should conduct a survey of medical services provided to patients of United Nations-owned medical facilities.	Important	Yes	Chief Medical Officer	31 March 2018	UNAMID accepts the recommendation and confirms that the survey material had been developed. However, it would be released after the Global Department of Field Support Survey that has just been concluded recently. UNAMID anticipates to conclude the activity latest by 31 March 2018.