



Office of Internal Oversight Services

## INTERNAL AUDIT DIVISION

# AUDIT REPORT

---

## Medical evacuations in UNAMID

Medical evacuation activities in the mission were inadequate and ineffective mainly due to operational challenges

9 April 2010

Assignment No. AP2009/634/16

---

United Nations  Nations Unies

INTEROFFICE MEMORANDUM

MEMORANDUM INTERIEUR

OFFICE OF INTERNAL OVERSIGHT SERVICES · BUREAU DES SERVICES DE CONTRÔLE INTERNE  
INTERNAL AUDIT DIVISION · DIVISION DE L'AUDIT INTERNE

TO: Mr. Ibrahim Gambari, Joint Special Representative  
A: African Union-United Nations Hybrid Operation  
in Darfur

DATE: 9 April 2010

REFERENCE: IAD: 10-00238

FROM: Fatoumata Ndiaye, Director  
DE: Internal Audit Division, OIOS



SUBJECT: **Assignment No. AP2009/634/16 – Audit of medical evacuations in UNAMID**

OBJET:

1. I am pleased to present the report on the above-mentioned audit.
2. Based on your comments, we are pleased to inform you that we will close recommendations 1, 3, 11, 13 and 14 in the OIOS recommendations database as indicated in Annex 1. In order for us to close the remaining recommendations, we request that you provide us with the additional information as discussed in the text of the report and also summarized in Annex 1.
3. Please note that OIOS will report on the progress made to implement its recommendations, particularly those designated as high risk (i.e., recommendations 1-3, 5, 6 and 8) in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Mr. Henry Anyidoho, Principal Deputy Joint Special Representative, UNAMID  
Mr. Mohamed Yonis, Deputy Joint Special Representative for Operations and Management, UNAMID  
Mr. Wolfgang Weiszegger, Acting Director of Mission Support, UNAMID  
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors  
Ms. Susanne Frueh, Executive Secretary, Joint Inspection Unit  
Mr. Moses Bamuwanye, Chief, Oversight Support Unit, Department of Management  
Mr. Seth Adza, Chief, Audit Response Team, Department of Field Support  
Mr. Byung-Kun Min, Special Assistant to the USG-OIOS  
Ms. Eleanor Burns, Chief, Peacekeeping Audit Service, OIOS

---

## INTERNAL AUDIT DIVISION

---

### FUNCTION

*“The Office shall, in accordance with the relevant provisions of the Financial Regulations and Rules of the United Nations examine, review and appraise the use of financial resources of the United Nations in order to guarantee the implementation of programmes and legislative mandates, ascertain compliance of programme managers with the financial and administrative regulations and rules, as well as with the approved recommendations of external oversight bodies, undertake management audits, reviews and surveys to improve the structure of the Organization and its responsiveness to the requirements of programmes and legislative mandates, and monitor the effectiveness of the systems of internal control of the Organization” (General Assembly Resolution 48/218 B).*

---

### CONTACT INFORMATION

**DIRECTOR:**

Fatoumata Ndiaye: Tel: +1.212.963.5648, Fax: +1.212.963.3388,  
e-mail: [ndiaye@un.org](mailto:ndiaye@un.org)

**ACTING DEPUTY DIRECTOR:**

Gurpur Kumar: Tel: +1.212.963.5920, Fax: +1.212.963.3388,  
e-mail: [kumarg@un.org](mailto:kumarg@un.org)

**CHIEF, PEACEKEEPING AUDIT SERVICE:**

Eleanor Burns Tel: +1.917.367.2792, Fax: +1.212.963.3388,  
e-mail: [burnse@un.org](mailto:burnse@un.org)

---

# EXECUTIVE SUMMARY

## Audit of medical evacuations in UNAMID

OIOS conducted an audit of medical evacuations in the African Union - United Nations Hybrid Operation in Darfur (UNAMID). The overall objective of the audit was to determine the adequacy and effectiveness of the medical evacuation activities. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

Medical evacuation activities in the Mission were inadequate and ineffective mainly due to operational challenges. Following is the summary of some areas where improvements are required:

- There was inadequate management oversight of medical evacuation activities, which contributed to ineffective and inefficient evacuation activities. In particular, there were no performance indicators and reporting mechanisms that could be used in assessing the efficiency and effectiveness of medical evacuations.
- Restrictions imposed by the host government on the Mission's air operations impeded medical evacuation activities and the Mission's ability to promptly address medical emergencies.
- More than 50 per cent of the 239 medical evacuations related to military and police personnel who had pre-existing conditions, but the cost of the repatriation had not been recovered from troop contributing countries, as required.
- Medical equipment was not maintained in accordance with the relevant United Nations standards, impeding the Mission's ability to maintain the highest standards of medical services.
- The Mission did not maintain proper records of medical evacuations, precluding an effective assessment of the Mission's medical evacuation activities.
- The Mission had established the relevant investigative structures but these structures were not effective mainly due to staffing constraints. The lack of timely investigation of circumstances warranting evacuation diminished the Mission's ability to improve its medical evacuation activities.

OIOS made several recommendations to address the weaknesses identified by the audit and to improve the management and coordination of medical evacuations in UNAMID.

## TABLE OF CONTENTS

Chapter	Paragraphs
I. INTRODUCTION	1 - 5
II. AUDIT OBJECTIVES	6
III. AUDIT SCOPE AND METHODOLOGY	7 - 8
IV. AUDIT FINDINGS AND RECOMMENDATIONS	
A. Medical evacuation policies and procedures	9 - 14
B. Inadequate management oversight of medication evacuations	15 - 18
C. Lack of adequate and effective arrangements for medical evacuations	19 - 25
D. Medical emergency equipment	26 - 27
E. Ineffective life-saving interventions – first aid response	28 – 31
F. Non-recovery of the cost of medical evacuation relating to pre-existing conditions	32 – 35
G. Maintenance of medical evacuation records	36– 41
H. Investigation of incidents	42 - 48
V. ACKNOWLEDGEMENT	49
ANNEX 1 – Status of Audit Recommendations	

---

## I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical evacuations in the African Union-United Nations Hybrid Operation in Darfur (UNAMID). The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.
2. The Mission is responsible for providing medical support to 18,799 United Nations personnel located in the Darfur region of Sudan. The Mission deploys staff in areas where local/national medical facilities are inadequate. Therefore, the Mission maintains an aeromedical evacuation capability to effectively respond to the medical emergencies of staff.
3. The following sections have the shared responsibilities for casualty/medical evacuation: Medical Section, Security, Joint Operations Centre (JOC), Air Operations (AIROPS), and Movement Control (MOVCON). The overseeing medical professional makes the final decision for evacuation.
4. The Medical Section works in collaboration with the Force Medical Officer (FMO). The Medical Section is headed by a Chief Medical Officer (CMO). The authorized resources for medical support services are summarized in Table 1.

**Table 1: Approved resources for medical support**

<b>Financial Year</b>	<b>Approved Budget (\$ million)</b>	<b>Approved Staffing</b>	<b>Number of UN personnel served</b>
2007/2008	4.6	96	13,564
2008/2009	5.6	96	18,799

5. Comments made by UNAMID are shown in *italics*.

## II. AUDIT OBJECTIVES

6. The main objectives of the audit were to:
    - (a) Assess the efficiency and effectiveness of UNAMID's response to medical and trauma emergencies;
    - (b) Determine if there was effective coordination among the various sections of the Mission during casualty/medical evacuations;
    - (c) Verify the Mission's compliance with the policies and standard operating procedures on medical evacuations; and
    - (d) Determine if serious incidents requiring medical evacuation were properly investigated in accordance with UN guidelines.
-

---

### III. AUDIT SCOPE AND METHODOLOGY

7. The audit covered the medical evacuation activities and the administration of emergency procedures performed on patients during the period from 1 July 2008 to 30 October 2009.

8. The audit methodology included: (a) reviewing of relevant casualty/medical evacuation policies, guidelines and procedures; (b) interviewing the UNAMID medical and other personnel involved in the Mission's medical evacuation procedures; and (c) testing of relevant control procedures.

### IV. AUDIT FINDINGS AND RECOMMENDATIONS

#### A. Medical evacuation policies and procedures

##### Standard operating procedures for medical evacuations

9. The Mission has developed SOPs generally in accordance with guidelines provided in the Medical Support Manual. However, OIOS noted that a number of the SOPs were either incomplete or inadequate. For example, the FMO and the MEDEVAC Coordinator are considered key medical personnel during casualty/medical evacuations, but their responsibilities are not described in the SOPs. There is no mention in the SOPs of medical repatriation.

10. The lack of detailed and clear procedures may delay medical evacuation and repatriation of staff.

#### **Recommendations 1 and 2**

##### **The UNAMID Office of Mission Support should:**

**(1) Establish a process to ensure the completeness and adequacy of the standard operating procedures, which clearly outline the role and responsibilities of the Force Medical Officer and MEDEVAC Coordinator; and**

**(2) Ensure that the policies and procedures related to medical repatriation are properly reflected in the standard operating procedures.**

11. *The UNAMID Management accepted recommendation 1 and stated that the Medical Section and the Best Practices Section reviewed and updated the existing standard operating procedures. The role and responsibilities of the FMO and MEDEVAC Coordinator are clearly delineated. Based on the action taken by management, recommendation 1 has been closed.*

12. *The UNAMID Management accepted recommendation 2 and stated that the revised standard operating procedures on the UNAMID medical services will*

---

---

*reflect policies and procedures related to the medical evacuations and repatriations on medical grounds.* Recommendation 2 remains open pending issuance of the revised standard operating procedures by UNAMID Medical Services reflecting the policies and procedures related to medical repatriation.

Lack of clear guidance on medical evacuation

13. Some of the procedures in the Mission's Medical Evacuation Plan contradict the Mission's SOPs on Medical Evacuation. For example, the Plan indicates that all casualty/medical evacuations requiring the use of either land transport or aviation assets should be initiated by the Department of Safety and Security (DSS). However, according to the SOPs, the Chief Medical Officer (CMO) is responsible for initiating all casualty/medical evacuation requests. The CMO informed OIOS that the Medical Section follows the SOPs. This lack of clear guidance may result in a slow response to medical and trauma emergencies.

**Recommendation 3**

**(3) The UNAMID Office of Mission Support should revise the Medical Evacuation Plan and ensure that it is in agreement with the standard operating procedures on Casualty and Medical Evacuation.**

14. *The UNAMID Management accepted recommendation 3 and stated that the Medical Evacuation Plan has been revised and it is in agreement with the standard operating procedures on Casualty and Medical Evacuation.* Based on the action taken by management, recommendation 3 has been closed.

B. Inadequate management oversight of medical evacuations

15. The goal of the United Nations medical system is to enable the effective and efficient delivery of medical services, including medical evacuations (MEDEVAC). It is the responsibility of the Mission's Management to ensure effective and efficient life saving interventions.

16. There were no performance indicators and reporting mechanisms that could be used in assessing the efficiency and effectiveness of medical evacuations. The SOPs on Medical Evacuation and the Mission's Medical Evacuation Plan do not contain standards for assessing whether medical evacuations are being conducted in an efficient manner.

17. The Medical Services Division at UNHQ has established some expectations, but the Mission did not ensure compliance with these expectations. For instance, evacuation of a casualty from the site of injury to the closest medical facility should ideally be conducted within 1 hour of injury. It is also recommended that casualty evacuation to a Level 2 or 3 facility should take no more than 4 hours from the time of injury. There was no reliable documentation that could be used by OIOS to establish whether performance expectations were achieved.

---

#### **Recommendation 4**

**(4) The UNAMID Office of Mission Support should formulate detailed performance goals for medical evacuations to improve the management of and accountability over the medical evacuation process.**

18. *The UNAMID Management accepted recommendation 4 and stated that “After Action” reports are prepared for each evacuation. These reports contain lessons learned, which are analyzed and performance goals formulated to guide in future medical evacuations.* Recommendation 4 remains open pending receipt of the performance goals established for medical evacuations.

#### C. Lack of adequate and effective arrangements for medical evacuations

19. The Mission deploys staff in areas where local/national medical facilities are inadequate. Therefore, in order to implement timely and effective life-saving measures during medical emergencies, the Mission needs to maintain an effective aeromedical evacuation capability. According to the CMO, approximately 150 cases have been transferred from Level 2 to Level 3 facilities in Khartoum since the inception of the Mission. The CMO also stated that if the Level 3 hospital in Nyala attains full operational capacity, the number of medical evacuations to Khartoum will reduce significantly.

20. The Mission has the required aeromedical capability including dedicated air assets for evacuation and helicopters. However, there were indications that emergency medical evacuations had been routinely hampered.

21. The host government’s assistance is required to successfully conduct an air evacuation, but there are many restrictions in place on UNAMID’s movement and flight operations. For instance, the host government temporarily grounded all air assets dedicated to medical evacuations. Additionally, the Mission is not authorized to operate its helicopters within its area of operation or from an injury site to the hospital or clinic. As a result, the Mission has been obliged to use other air assets, which are not suitable for medical evacuation.

22. The Mission’s ability to conduct medical evacuations in Darfur has also been hampered by the closure of the airports in Darfur at night, from 18:00 to 08:00 hours. Night landing is difficult or close to impossible in Darfur due to inadequate lighting. Airports in Darfur are also guarded by the Government of Sudan (GoS) military during the closed hours and access is prohibited.

23. The GoS expects the Mission to make special arrangements for the reopening of the airport in case of emergency. However, the Mission has experienced difficulties making such arrangements due to lack of cooperation from the relevant authorities of the host government. In one instance, a patient was taken to the airport at 06:00 with the proper medical escort, but the airport

---

authorities stated that they did not have the authority to allow the flight. The medical escort team returned to the El Fasher Level 2 hospital with the patient. The evacuation finally took place at 10:00 hours. This delay may have been the cause of the untimely death of the patient.

#### **Recommendations 5 and 6**

**(5) The UNAMID Joint Special Representative should actively engage the Host Government to obtain its full cooperation in the conduct of medical evacuations; and**

**(6) The UNAMID Office of Mission Support should provide the necessary assistance to the local authorities for the rehabilitation of Darfur airports to ensure that air evacuation can be conducted safely during night time.**

24. *The UNAMID Management accepted recommendation 5 and stated that all the concerns raised in this audit report have been addressed through the tripartite meeting held in November 2009. A system is now in place to ensure robust cooperation/liaison with the GoS for the smooth conduct of medical evacuations. Recommendation 5 remains open pending receipt of evidence showing the modalities in place for robust cooperation with the GoS.*

25. *The UNAMID Management accepted recommendation 6 and stated that the procurement action has been initiated for the rehabilitation of Darfur airports. Recommendation 6 remains open pending the rehabilitation of runways and airfield lighting systems at Darfur airports.*

#### **D. Medical emergency equipment**

26. The audit noted that the emergency equipment in El Fasher Level 2 hospital (the highest level of care available in Darfur) was not maintained in accordance with UN standards. In some instances, the emergency equipment was either missing or was never provided. As a result, the Mission was not prepared to maintain the highest standard of medical care for peacekeepers and civilian staff.

#### **Recommendation 7**

**(7) The UNAMID Office of Mission Support should procure emergency medical equipment that meet UN and accepted international standards.**

27. *The UNAMID Management accepted recommendation 7 and stated that all UN-owned medical facilities were fully equipped with emergency medical equipment by 30 November 2009. Recommendation 7 remains open pending receipt of documentation listing the emergency medical equipment procured by the Mission.*

#### **E. Ineffective life-saving interventions – first-aid response**

---

28. Deaths which occurred during evacuation or thereafter raise questions about the adequacy and effectiveness of emergency responses and first-aid provided to patients.

29. OIOS review of the circumstances surrounding three deaths indicated the need for a more comprehensive assessment by the medical professionals of the Mission's capacity to provide effective first-aid response in the event of emergency. Two of the deaths may have been prevented by more effective life-saving interventions. In the third case, the injured victim may have been evacuated prematurely. The CMO explained that the patient should not have been evacuated without first being stabilized.

30. The majority of casualties are first evacuated to the Level 2 hospital in El Fasher. Once stabilized, the patient is transferred to a Level 3 hospital in Khartoum. After receiving the medical care in Khartoum, the patient may return to Darfur for monitoring purposes.

### **Recommendation 8**

**(8) The UNAMID Office of Mission Support should assess the capacity of the Mission to provide effective first-aid response in Darfur and take appropriate measures to improve the capacity of the Mission.**

31. *The UNAMID Management accepted recommendation 8 and stated that the Medical Section in collaboration with the Integrated Mission Training Centre (IMTC) runs courses in first-aid procedures for staff members. Additionally, Pre-hospital Trauma Life Support (PHTLS) training sessions are conducted for all medical staff in the Mission area.* Recommendation 8 remains open pending receipt of documentation detailing the actions taken to improve the capacity of the Mission to provide effective first-aid response.

F. Non-recovery of the cost of medical evacuation relating to pre-existing conditions

32. The Medical Support Manual states that if repatriation is required for a chronic medical condition diagnosed or under treatment at the time of mission assignment, expenses may be borne by the concerned troop contributing country.

33. According to the Travel Unit, the Mission may have spent up to \$200,000 since its inception for travel expenses related to medical repatriations of military contingents. As indicated in Table 2 below, more than half of medical evacuations in the Mission were due to pre-existing medical conditions. However the related costs had not been recovered.

**Table 2: Number of medical evacuations by category of staff and medical condition**

---

Category	Number of medical evacuations	Number of medical evacuations due to injury/sickness while on duty	Number of evacuations due to pre-existing medical conditions
Military	162	68	94
Military Observers	11	2	9
UN Police	29	10	19
Formed Police Unit	3	3	0
International Staff	16	7	9
National Staff	2	1	1
Non-UNAMID Staff	16	13	3
<b>TOTAL</b>	<b>239</b>	<b>104</b>	<b>135</b>

34. The Mission did not establish procedures to recover costs associated with the repatriation of military personnel arriving in the Mission with chronic illnesses.

#### **Recommendation 9**

**(9) The UNAMID Office of Mission Support, in cooperation with DPKO/DFS should recover approximately \$200,000 from the concerned troop contributing countries related to the cost of repatriating military personnel who arrived in the Mission area with chronic illnesses.**

35. *The UNAMID Management accepted recommendation 9 but stated that these costs were incurred to repatriate former Mission uniformed personnel who were deployed under different sets of medical standards rendering cost recovery inappropriate and impossible.* Recommendation 9 remains open pending receipt of documentation showing that the uniformed personnel referred to in paragraph 32 arrived in the Mission under different medical standards.

#### G. Maintenance of medical evacuation records

36. Per the SOPs, the CMO is responsible for maintaining all written records of patients. A file of each medical evacuation must be maintained.

37. The audit noted that the documentation on medical evacuations was incomplete and fragmented. The filing system was less than satisfactory and relevant documents, both medical and non-medical, were not properly filed to allow for easy retrieval. For example, many documents were stored on the computer of the CMO in scanned format. On 19 April 2009, a fire destroyed the CMO's office and records were destroyed.

38. Data available from the Medical Services Section was not reliable and as a result, OIOS could not conduct effective analysis of medical evacuation cases. OIOS selected 24 cases of patients who died in the Mission and noted that basic information such as time of death, nature of the incident, medical report and autopsy report, etc was not available. Flight records on medical evacuations were not properly maintained. MOVCON could not provide OIOS with the flight manifest for all medical evacuations which took place in the Mission. Moreover,

---

the data obtained from the Air Operations Section indicated that no medical evacuation was conducted in the Mission between April and August 2008. In reality, medical evacuations took place on a number of occasions within that timeframe.

### **Recommendations 10 to 12**

#### **The UNAMID Office of Mission Support should:**

**(10) Develop a medical evacuation database in order to capture and maintain all relevant data related to medical evacuations;**

**(11) Ensure that a filing system is developed to keep all documents on medical evacuations: and**

**(12) Procure fire-proof file cabinets to securely maintain confidential medical records and prevent loss of documents caused by fire.**

39. *The UNAMID Management accepted recommendation 10 and stated that the Medical Services Section and CITS have developed the “Medical Services Electronic Database and Information Management System” which is currently being test-run. Recommendation 10 remains open pending implementation of the Medical Services Electronic Database and Information Management System.*

40. *The UNAMID Management accepted recommendation 11 and stated that a dedicated Military Medical Officer has been assigned to maintain a filing system to keep all documents on medical evacuations. He is backed up by two other Medical Officers to complete this task. Based on the action taken by management, recommendation 11 has been closed.*

41. *The UNAMID Management accepted recommendation 12 and stated that the Mission’s Supply Section has initiated the procurement action for fire proof filing cabinets. Recommendation 12 remains open pending the procurement of fire proof file cabinets to securely maintain confidential medical records and prevent loss of documents.*

### H. Investigation of incidents

42. Timely and proper investigations of accidents should help identify the causes of accidents and, to the extent possible, examine life-saving interventions including medical evacuation practices. The lessons identified by these investigations could be used to improve the Mission’s medical evacuation practices.

43. The Mission has the relevant investigative structures including the Mission Special Investigation Unit (SIU), the Board of Inquiry (BoI) Unit, and a position of Force Provost Marshall. However, these structures were not effective mainly due to staffing constraints as indicated below:

- 
- There were 11 incidents, which resulted in deaths that were not investigated. The BoIs were not established for 10 incidents that took place between February and December 2008. OIOS was informed that staff are reluctant to serve on the BoIs for personal reasons.
  - At the time of the audit, the Force Provost Marshall position had not been filled. The Force Provost Marshall is responsible for carrying out investigation of incidents involving the military.
  - The SIU lacked the manpower and necessary equipment to adequately investigate serious incidents. The SIU is responsible for investigating incidents involving civilian staff members, police advisors and military observers.

#### **Recommendations 13 to 17**

**(13) The UNAMID Chief Security Advisor should take urgent measures to hire additional qualified investigators and procure the necessary equipment to enable the Special Investigation Unit to become fully operational.**

**(14) The UNAMID Joint Special Representative, in cooperation with the UNAMID Force Commander, should take urgent measures to fill the Force Provost Marshall position.**

**(15) The UNAMID Chief Security Advisor and the Force Provost Marshall should take urgent actions to ensure that investigations of serious incidents are initiated in a timely manner in compliance with the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.**

**(16) The UNAMID Joint Special Representative should ensure that Boards of Inquiry are convened in a timely manner when required under the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.**

**(17) The UNAMID Joint Special Representative should provide the necessary leadership to ensure that members appointed to the Board are actually serving unless they have reasonable cause for being unable to serve.**

44. *The UNAMID Management accepted recommendation 13 and stated that additional qualified investigators from the UN Police (UNPOL) have been embedded in SIU. The necessary equipment to enable SIU to become fully operational has been procured. Based on the action taken by management, recommendation 13 has been closed.*

---

45. *The UNAMID Management accepted recommendation 14 and stated that the Force Provost Marshall has been recruited. Based on the action taken by management, recommendation 14 has been closed.*

46. *The UNAMID Management accepted recommendation 15 and stated that a Joint Special Investigation Team has been established since the inception of the Mission to deal with all serious incidences. Recommendation 15 remains open pending receipt of statistics indicating that the investigations of serious incidents are initiated in a timely manner as stipulated in the DPKO/DFS Policy Directive and standard operating procedures on BoIs.*

47. *The UNAMID Management accepted recommendation 16 and stated that guidelines have been established to ensure that BoIs are convened in a timely manner when required under the DPKO/DFS Policy Directive and SOPs on BoIs. Recommendation 16 remains open pending receipt of statistics indicating that Boards of Inquiry are convened in a timely manner as stipulated in the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.*

48. *The UNAMID Management accepted recommendation 17 and stated that the Mission has published instructions advising staff members that it is their statutory obligation to participate in BoIs. Programme managers have also been advised to reflect participation in BoIs on staff member's ePAS in order to recognize the additional duties they performed and be motivated to serve on the BoI. Recommendation 17 remains open pending receipt of documentation indicating that staff members appointed to the BoI are actually serving unless they have reasonable cause for being unable to serve.*

## V. ACKNOWLEDGEMENT

49. We wish to express our appreciation to the Management and staff of UNAMID for the assistance and cooperation extended to the auditors during this assignment.

### STATUS OF AUDIT RECOMMENDATIONS

Recom. no.	Recommendation	Risk category	Risk rating	C/O <sup>1</sup>	Actions needed to close recommendation	Implementation date <sup>2</sup>
1	The UNAMID Office of Mission Support should establish a process to ensure the completeness and adequacy of the standard operating procedures, which clearly define the role and responsibilities of the Force Medical Officer and MEDEVAC.	Operational	High	C	Implemented	31 August 2009
2	The UNAMID Office of Mission Support should ensure that the policies and procedures related to medical repatriation are properly reflected in the standard operating procedures.	Operational	High	O	Issuance of the revised standard operating procedures on UNAMID Medical Services reflecting the policies and procedures related to medical repatriation.	May 2010
3	The UNAMID Office of Mission Support should revise the Medical Evacuation Plan and ensure that it is in agreement with the standard operating procedures on Casualty and Medical Evacuation.	Operational	High	O	Pending receipt of evidence showing the cooperation of the GoS.	Not provided
4	The UNAMID Office of Mission Support should formulate detailed performance goals for medical evacuations to improve the management of and accountability over the medical evacuation process.	Operational	Medium	O	Receipt of documentation detailing the performance goals established for medical evacuations and the related accountability over the medical evacuation process.	October 2009
5	The UNAMID Joint Special Representative should actively engage the Host Government to obtain its full cooperation in the conduct of medical evacuations.	Governance	High	C	Implemented	October 2009
6	The UNAMID Office of Mission Support should provide the necessary assistance to the local authorities for the rehabilitation of Darfur airports to ensure that air evacuation can be conducted safely during night time.	Operational	High	O	Rehabilitation of runways and airfield lighting systems at Darfur airports.	Not provided
7	The UNAMID Office of Mission Support should procure emergency medical	Operational	Medium	O	Receipt of documentation listing the emergency medical equipment procured by	

Recom. no.	Recommendation	Risk category	Risk rating	C/O <sup>1</sup>	Actions needed to close recommendation	Implementation date <sup>2</sup>
	equipment that meet UN and accepted international standards.				the Mission.	
8	The UNAMID Office of Mission Support should assess the capacity of the Mission to provide effective first-aid response in Darfur and take appropriate measures to improve the capacity of the Mission.	Operational	High	O	Documentation detailing the actions taken to improve the capacity of the Mission to provide effective first-aid response.	Not provided
9	The UNAMID Office of Mission Support, in cooperation with DPKO/DFS should recover approximately \$200,000 from the concerned troop contributing countries related to the cost of repatriating military personnel who arrived in the Mission area with chronic illnesses.	Compliance/ Financial	Medium	O	Receipt of documentation evidencing that the uniformed personnel repatriated arrived in the mission area prior to the inception of the Mission and confirmation from DPKO/DFS that these funds should not be recovered.	Not provided
10	The UNAMID Office of Mission Support should develop a medical evacuation database in order to capture and maintain all relevant data related to medical evacuations.	Information resources	Medium	O	Full deployment of the Medical Services Electronic Database and Information Management System.	May 2010
11	The UNAMID Office of Mission Support should ensure that a filing system is developed to keep all documents on medical.	Operational	Medium	C	Implemented	October 2009
12	The UNAMID Office of Mission Support should procure fire-proof file cabinets to securely maintain confidential medical records and prevent loss of documents caused by fire.	Operational	Medium	O	The procurement of fire proof file cabinets to securely maintain confidential medical records and prevent loss of documents caused by fire.	June 2010
13	The UNAMID Chief Security Advisor should take urgent measures to hire additional qualified investigators and procure the necessary equipment to enable the Special Investigation Unit (SIU) to become fully operational.	Human resources	Medium	C	Implemented	N/A
14	The UNAMID Joint Special Representative, in cooperation with the UNAMID Force Commander, should take	Human resources	Medium	C	Implemented	30 June 2009

Recom. no.	Recommendation	Risk category	Risk rating	C/O <sup>1</sup>	Actions needed to close recommendation	Implementation date <sup>2</sup>
	urgent measures to fill the Force Provost Marshall position.					
15	The UNAMID Chief Security Advisor and the Force Provost Marshall should take urgent actions to ensure that investigations of serious incidents are initiated in a timely manner as stipulated in the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.	Operational	Medium	O	Receipt of statistics indicating that the investigations of serious incidents are initiated in a timely manner as stipulated in the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.	Not provided
16	The UNAMID Joint Special Representative should ensure that Boards of Inquiry are convened in a timely manner when required under the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.	Compliance	Medium	O	Receipt of statistics indicating that Boards of Inquiry are convened in a timely manner as stipulated in the DPKO/DFS Policy Directive and standard operating procedures on Boards of Inquiry.	Not provided
17	The UNAMID Joint Special Representative should provide the necessary leadership to ensure that members appointed to the Board are actually serving unless they have reasonable cause for being unable to serve.	Compliance	Medium	O	Receipt of documentation indicating that staff members appointed to the Board of Inquiry are actually serving unless they have reasonable cause for being unable to serve.	Not provided

1. C = closed, O = open

2. Date provided by UNAMID in response to recommendations.