



Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

AUDIT REPORT

Provision of medical services in UNAMID

Delayed deployment of medical equipment and medicines and the inability of contingents to maintain their medical facilities on a self-sustainment basis negatively impacted the delivery of medical services in UNAMID

23 December 2009

Assignment No. AP2009/634/15

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. Henry Anyidoho
A: Joint Special Representative
UNAMID

DATE: 23 December 2009

REFERENCE: IAD: 09-03254

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



SUBJECT: **Assignment No. AP2009/634/15 - Audit of provision of medical services in UMAMID**
OBJET:

1. I am pleased to present the report on the above-mentioned audit.
2. In order for us to close the 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 4, 6, 7, 8, 9, 10, and 14) in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Mr. Mohamed B. Yonis, Deputy Joint Special Representative for Operations and Management, UNAMID
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors
Ms. Susanne Frueh, Executive Secretary, Joint Inspection Unit
Mr. Seth Adza, Chief, Audit Response Focal Point, Department of Field Support
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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).

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EXECUTIVE SUMMARY

Audit of the provision of medical services in UNAMID

OIOS conducted an audit of the provision of medical services in the African Union-United Nations Hybrid Operation in Darfur (UNAMID). The overall objective of the audit was to assess the adequacy and effectiveness of internal controls over the delivery of medical services. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

The Mission was providing medical services to staff, by the internal controls over the services need improvement as follow:

- UNAMID's Medical Support Plan has not yet been approved by the Department of Field Support as required by the Medical Support Manual;
- Delays in establishment of medical facilities and deployment of medical equipment and pharmaceuticals impeded the effective delivery of medical services;
- Critical medical equipment was not operational at all medical facilities;
- Fifteen contingents-operated Level 1 medical facilities did not meet the relevant self-sustainment requirements for that level. Deficiencies were identified in the areas of staffing and major medical equipment and supplies.
- There were insufficient incinerators in UNAMID to ensure the effective disposal of medical wastes in an environmentally friendly manner. At the sector locations where there were no functioning incinerators, medical wastes were buried in a landfills or burnt in the open, creating environmental hazards.
- There were no agreements with private hospitals outside the Mission for provision of medical care at higher levels.

OIOS made a number of recommendations to strengthen control weaknesses identified in the audit.

TABLE OF CONTENTS

| Chapter | Paragraphs |
|---|------------|
| I. INTRODUCTION | 1-5 |
| II. AUDIT OBJECTIVES | 6 |
| III. AUDIT SCOPE AND METHODOLOGY | 7 |
| IV. AUDIT FINDINGS AND RECOMMENDATIONS | |
| A. Governance and strategic planning | 8-14 |
| B. Medical support structure | 15-17 |
| C. Availability of medical facilities and equipment | 18-31 |
| D. Availability and storage of pharmaceuticals | 32-42 |
| E. Inventory of medical equipment and consumables | 43-45 |
| F. Private medical facilities | 46-47 |
| V. ACKNOWLEDGEMENT | 48 |
| ANNEX 1 – Status of Audit Recommendations | |

I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the provision of medical services 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. UNAMID's medical support is established to ensure the provision of integrated medical services to all staff members of the Mission. Medical services are provided at UN-owned medical facilities (Levels 1 and 2) and at the medical facilities of troop and police contributing countries (T/PCCs) (Levels 1, 2 and 3). Medical services are also provided to staff at private medical facilities (Levels 3 and 4). Table 1 shows the planned and actual numbers of UN-owned and T/PCC medical facilities operated in the Mission as of March 2009.

Table 1: UN-owned and T/PCC medical facilities in UNAMID

| Levels | UN-owned | | T/PCC | | Total | |
|---------------|----------|----------|-----------|-----------|-----------|-----------|
| | Planned | Actual | Planned** | Actual | Planned | Actual |
| Level 1/FMT* | 5 | 4 | 32 | 20 | 37 | 24 |
| Level 2 | 1 | 1 | 1 | 1 | 2 | 2 |
| Level 3 | 0 | 0 | 1 | 0 | 1 | 0 |
| Total: | 6 | 5 | 34 | 21 | 40 | 26 |

*FMT=Forward medical teams of T/PCC medical facilities
**No. of medical facilities planned for actual deployment at the end of March 2009

3. Changes to the number of T/PCC medical facilities occur on an ongoing basis as and when troops and police units are deployed. UNAMID has signed agreements with two private hospitals in Khartoum to provide Level 3 medical care to staff, and more complex medical cases are referred to Level 4 hospitals in Egypt, Kenya, South Africa and the United Arab Emirates.

4. UNAMID's Chief Medical Officer (CMO) heads the Medical Services Section and has the overall responsibility to plan, organize, manage, supervise and coordinate medical services in the Mission. The CMO works closely with the Force Medical Officer (FMO) to ensure the effective provision of integrated medical support to the Mission.

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

II. AUDIT OBJECTIVES

6. The main objective of the audit was to assess the adequacy and effectiveness of internal controls over the delivery of medical services, and more specifically assess whether:

- (a) Contingents and UN-owned medical facilities are equipped and adequately staffed in accordance with relevant standards;
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- (b) Medical services are provided to staff in a timely and efficient manner;
 - (c) Viable agreements are in place with private hospitals to provide medical care at a higher level; and
 - (d) Disposal of medical waste complies with relevant standards.

III. AUDIT SCOPE AND METHODOLOGY

7. The audit covered the period from 1 January 2008 to 30 June 2009 and included reviews of relevant policies, guidelines and records. OIOS visited UN-owned medical facilities and medical facilities of T/PCCs in El Fasher, El Geneina, Nyala, Ummbarru, Zalingei and Zam Zam, and assessed the adequacy of medical facilities (equipment and consumables). The audit did not cover medical evacuation, which is covered by a separate audit (AP2009/634/16).

IV. AUDIT FINDINGS AND RECOMMENDATIONS

A. Governance and strategic planning

Lack of centralized information system to oversee and monitor medical facilities

8. The CMO has the overall responsibility to plan, organize, manage, supervise and coordinate medical services. However, there was no consolidated information on the facilities under the purview of the CMO. There was no information on the location of the medical facilities, operations, and stock levels of critical medical equipment and consumables. The CMO was thus unable to effectively control the flow of medical information from different sources within the Mission (e.g., Force Medical Officer (FMO), contingent-owned equipment (COE) inspection teams, and sector medical officers) and to ensure the effective delivery of medical services.

Recommendation 1

(1) The UNAMID Office of Mission Support should develop and implement a system that provides up-to-date information on the main activities of medical facilities in order to assist the Chief Medical Officer in managing and coordinating medical services in the Mission.

9. *The UNAMID Office of Mission Support accepted recommendation 1 and stated that a mission-wide system for regular medical reporting and data analysis has been established. This will be further enhanced in the pilot project of "Visual Studio 2008". Recommendation 1 remains open pending receipt of evidence regarding the establishment of the Mission-wide system for regular medical reporting and data analysis.*

Medical support plan lacks formal approval

10. The Medical Support Manual requires Department of Field Support's (DFS) approval of the Mission-specific medical support plan. The UNAMID Medical Support Plan, which is part of the overall Mission Support Plan, was prepared by DPKO in 2007 at United Nations Headquarters and does not fully reflect the experiences and unique circumstances of UNAMID. The CMO updates the Medical Support Plan on an ongoing basis and whenever a medical condition in the Mission change, but it has not been formally approved by DFS.

Recommendation 2

(2) The UNAMID Office of Mission Support should submit the current Medical Support Plan to the Department of Field Support for formal approval.

11. *The UNAMID Office of Mission Support accepted recommendation 2 and stated that the Medical Support Plan will be sent to the DFS for approval.* Recommendation 2 remains open pending the receipt of the approved Medical Support Plan.

Inconsistencies within the COE Manual

12. The COE Manual requires each Level 1 T/PCC medical facilities to have one set of certain critical medical equipment such as defibrillators and suction units. At the same time, the COE Manual requires each Level 1 medical facility to split into two Forward Medical Teams (FMTs) when necessary. However, since each facility is expected maintain one set of certain critical equipment, it is not possible to provide a complete set of such equipment to each of the two teams created from a single facility. Some T/PCCs equip their Level 1 medical facilities with additional equipment so that they can split into two FMTs when necessary. However, according to the COE Manual, the additional equipment provided by the concerned T/PCC is not reimbursable.

13. The inconsistency between the need for each facility to maintain critical equipment and the policy of disallowing reimbursement for additional equipment provided by T/PCC to split teams creates the potential of critical equipment not been provided to all facilities.

Recommendation 3

(3) The UNAMID Office of Mission Support should request the Department of Field Support to clarify apparent inconsistency in the Contingent-Owned Equipment Manual which requires each Level 1 medical facility to maintain one set of certain critical equipment but disallows the reimbursement to troop and police contributing countries for an additional set of such equipment due to the splitting of a medical facility into two Forward Medical Teams.

14. *The UNAMID Office of Mission Support accepted recommendation 3 and stated that the inconsistencies would be addressed at the next COE Workshop scheduled to be held at UN Headquarters in 2012. Meanwhile, UNAMID would submit its comments to DFS for consideration when “issue papers” are submitted for the COE Workshop.* Recommendation 3 remains open pending receipt of the transmittal of a request for DFS’ review of the inconsistencies in the Contingent-Owned Equipment Manual from UNAMID to the DFS.

B. Medical support structure

Level 1 and 3 medical facilities are co-located without an evaluation

15. Chapter 3 of the COE Manual provides that troops and police should be deployed with appropriate medical capacities. OIOS noted that the current medical support structure of the Mission has been designed in compliance with the COE Manual. Considering that some contingents are co-located in the Mission, there is a high possibility of multiple medical facilities being maintained in the same compound/vicinity once UNAMID is fully established and all troops are deployed. For example, once all T/PCCs are fully deployed, several Level 1 medical facilities might be established at the Super Camp in Nyala along with the already existing Pakistani Level 3 Clinic. This will result in the co-location of T/PPC and UN-owned medical facilities of different levels of medical support in a single compound.

16. In OIOS’ opinion, the co-location of medical facilities in the same compound is not cost-effective and is inconsistent with the provisions of the Medical Support Manual, which requires the integration of UN medical infrastructure and systems, to maximize the utilization of medical resources in a cost-effective manner.

17. OIOS also noted that the Medical Support Plan reflects the Concept of Operations of the Mission, which provides for each Battalion to deploy with two Level 1 Clinics whilst enabling units/force multipliers to deploy with one Level 1 Clinic, which will be organic to the units. The Mission underscored that this is in line with the basic military strategy, which requires deployment of troops with an organic Level 1 Clinic to provide emergency and primary health care. Additionally, the Mission stated that Member States demand the deployment of organic Level 1 and that a change in the strategy would require consultation. In view of these constraints and considering that the concept of operations reflect the unique circumstances of the Mission, OIOS does not make any recommendation in this regard.

C. Availability of medical facilities and equipment

Delayed establishment of medical facilities

18. There were delays in establishing medical facilities and transporting medical equipment and consumables, impacting the quality of medical support provided to UNAMID staff. For example:

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- Primarily due to the lack of medical equipment and drugs, the Nigerian Level 2 clinic in El Geneina only became operational in June 2009, more than one-year after deployment. The equipment arrived in the Mission in November 2008, but some of it was transported to the El Geneina medical facility only after six months. Upon arrival, most of the drugs had expired and were therefore discarded.
 - Delays in construction works by PAE (contractor) and UNAMID engineers for the Pakistani Level 3 clinic in Nyala prevented it from operating at full capacity. In July 2009, more than a year after the Mission was established, the main operating theatre, a central part of the clinic, was still under construction. OIOS noted that critical medical equipment such as state-of-the-art radiological equipment was already on the ground, but could not be used as the construction was not complete.

19. UNAMID is operating in a very challenging environment, which impacts on timely medical deployment of equipment, supplies and support services. Delays in transportation of equipment, bottlenecks in customs clearance, slow construction of medical facilities, and delays in the deployment of troops negatively impacted the delivery of medical services.

Recommendation 4

(4) The UNAMID Office of Mission Support should increase its efforts to ensure the timely transportation of medical equipment to enable the establishment of integrated medical services to the Mission.

20. *The UNAMID Office of Mission Support accepted recommendation 4 and stated that the situation is attributable to the challenges UNAMID is facing in customs clearance and haulage of COE. The matter was elevated to the level of the tripartite mechanisms for resolution and the situation has improved. Recommendation 4 remains open pending the receipt of documentation showing that appropriate measures have been put in place to ensure timely transportation of medical equipment and consumables to its final destination in the Mission.*

Fifty-six per cent of Level 1 hospitals did not provide sufficient inward patient facilities

21. According to the COE and Medical Support Manuals, each Level 1 medical facility should have a capacity to treat up to five inward patients for up to two days. Five out of the nine Level 1 medical facilities visited by OIOS did not have the required capacity. The shortfall was attributed to shortage of space and/or a lack of equipment.

Recommendation 5

(5) The UNAMID Office of Mission Support should ensure that all Level 1 medical facilities have the required holding capacity.

22. *The UNAMID Office of Mission Support accepted recommendation 5 and stated that spacious observation rooms would be available to accommodate 5 beds when the newly designed Level 1 clinics are constructed in the Super camps to replace the ones that were inherited from United Nations Mission in Sudan (UNMIS). Recommendation 5 remains open pending receipt of confirmation from UNAMID that adequate holding facilities have been established for all medical facilities.*

Installation of defibrillators

23. At two T/PCC medical facilities visited by OIOS, defibrillators were not installed. At one facility the power cable was missing, and at the other, the defibrillator had not been unpacked.

24. Medical personnel were more concerned about complying with the provisions in the COE Manual (i.e., availability of equipment) than with the use of the equipment for intended purposes. Non-operational critical medical equipment may result in loss of life in an emergency situation.

Recommendation 6

(6) The UNAMID Office of Mission Support should ensure that critical medical equipment is properly installed and is functional.

25. *The UNAMID Office of Mission Support accepted recommendation 6 and stated that effort is being made to acquire the appropriate facilities for the installation of the equipment. Currently, most of these clinics have been established in tents or make-shift structures. Recommendation 6 remains open pending receipt of documentation showing that adequate measures have been put in place to ensure that medical equipment is properly installed and functional.*

Lack of self-sustainment of T/PCC medical facilities

26. A review of the COE inspection report for the first quarter for 2009 showed that more than 15 T/PCC Level 1 medical facilities did not meet the self-sustainment requirements for that level. Deficiencies were identified in the areas of staffing and major medical equipment and supplies. For example, the Nigerian Formed Police Unit Level 1 clinic in Zalingei did not have sufficient drugs and was therefore not capable of providing basic medical services.

27. It is the responsibility of each contingent's commander to inform the Mission if they are not able to adequately supply the needed medical equipment, drugs and/or consumables, and to request the Mission to procure them on their

behalf. This was not done, and although the CMO was aware of the shortfalls, no action was taken to provide the necessary medical supplies. OIOS was informed that several other T/PCC medical facilities were also unable to meet the self-sustainment requirements, negatively impacting their delivery of medical services.

Recommendation 7

(7) The UNAMID Office of Mission Support should supply the necessary drugs and medical supplies troop and police contributing countries medical facilities until such time that the facilities become fully self-sustained.

28. *The UNAMID Office of Mission Support accepted recommendation 7 and stated that non-sustaining troop contributing countries will be supplied with pharmaceuticals on a reimbursable basis. Recommendation 7 remains open pending receipt of written confirmation from UNAMID showing that the Mission has begun supplying drugs and medicines to T/PCC medical facilities until they become fully self-sustained.*

Medical waste disposal facilities were not operational

29. There were insufficient incinerators in UNAMID to ensure the effective disposal of medical waste. For instance:

- The incinerator at the UN-owned Level 2 clinic in the AMIS Compound was not functioning for eight weeks;
- The incinerator at the Zam Zam Camp was out of order;
- The Nigerian Level 2 clinic in El Geneina had no incinerator; and
- The incinerator at the Pakistani Level 3 clinic in Nyala was not connected to an electricity supply.

30. In El Fasher, during the time that the incinerator was not working, UNAMID contracted the local authorities to dispose of medical wastes. However, the medical waste was not picked up in a timely manner, resulting in accumulation. At the sector locations where there were no functioning incinerators, medical waste was buried in a landfill or burnt in the open, creating environmental hazards.

Recommendation 8

(8) The UNAMID Office of Mission Support should ensure that medical waste incinerators are functional at all times and that waste is disposed of by the Mission and/or its contractors in an environmentally-friendly manner.

31. *The UNAMID Office of Mission Support accepted recommendation 8 and stated that the unserviceable incinerator has been repaired and that 10 additional incinerators would be delivered and installed in the fourth quarter of 2009. Recommendation 8 remains open pending receipt of documentation from*

UNAMID showing that the additional incinerators have been installed and are functional.

D. Availability and storage of pharmaceuticals

Shortages of blood and blood products

32. According to the DPKO Guidelines on blood and blood products, the recommended stock level for blood at Level 2 and Level 3 hospitals is 10 and 20 units respectively. The Nigerian Level 2 clinic in El Geneina only had two units of blood in stock and the Pakistani Level 3 clinic, which had just been established, did not have any blood and blood products.

33. The lack of adequate supply of blood may prevent the medical facilities from performing timely life-saving procedures.

Recommendation 9

(9) The UNAMID Office of Mission Support should ensure that blood and blood products are distributed to medical facilities in a timely manner and in compliance with the levels recommended by the DPKO Guidelines.

34. *The UNAMID Office of Mission Support accepted recommendation 9 and stated that with the improved services of Movement Control (MovCon) and Air Operations (Air Ops), the established supply chain is functional and operating satisfactory.* Recommendation 9 remains open pending receipt of documentation showing that adequate supplies of blood and blood products are available at UNAMID's medical facilities in accordance with the DPKO Guidelines.

Shortage of pharmaceuticals, consumables and laboratory testing equipment

35. The Mission's medical facilities faced shortage of essential testing equipment and consumables. For example, at the UN-owned Level 2 hospital in the AMIS Compound, the testing materials for Human Immunodeficiency Virus (HIV), syphilis, and Hepatitis C had expired. Further, glucometer strips for blood sugar testing were not available since January 2009. At several other UN-owned medical facilities, there was shortage of testing equipment and consumables, such as vacutainers, blood group testing equipment, glucometer testing strips and syringes.

36. OIOS acknowledges the challenges faced by the Mission in customs clearance, procurement lead times of six months or longer, and the difficulties of transporting equipment. However, improvements in logistical planning and having an adequate re-ordering system may prevent future shortages at the high levels presently experienced.

Recommendation 10

(10) The UNAMID Office of Mission Support should improve its logistical planning and implement a re-ordering system to ensure that drugs, medical supplies, and testing equipment are readily available at all medical facilities.

37. *The UNAMID Office of Mission Support accepted recommendation 10 and stated that an acquisition plan has been prepared, which includes contingency provisions for possible delayed deliveries.* Recommendation 10 remains open pending receipt of the acquisition plan.

Lack of controls over monitoring the temperature of blood and blood products

38. Temperature-controlled blood refrigerators were available at all medical facilities. According to standard procedures, temperature log sheets for the refrigerators need to be maintained and replaced weekly. This control was not effective as indicated below:

- The temperature log sheet at the UN-owned Level 1 clinic in Nyala showed that the temperature of the refrigerator was out of the relevant range of 2 to 6 degrees Celsius on several occasions. The log sheets were never changed and there was no evidence of any action taken to address the exceptions.
- It is not clear whether the temperature log sheets at the UN-owned Level 2 clinic in the AMIS Compound in El Fasher were replaced as a number of the sheets were missing and therefore not made available to OIOS.

39. Medical personnel did not appear to be sufficiently aware of the importance of temperature-controlled blood.

Recommendation 11

(11) The UNAMID Office of Mission Support should ensure that log sheets for temperature-controlled blood refrigerators are replaced on a weekly basis, properly filed and regularly checked by medical officers during their monitoring visits.

40. *The UNAMID Office of Mission Support accepted recommendation 11 and stated that this measure has already been implemented.* Recommendation 11 remains open pending receipt of log sheets for temperature-controlled blood refrigerators.

Drugs and consumables were not properly organized in warehouses

41. The drugs and consumables were not properly organized in warehouses in the sectors. Many drugs were stored in boxes, which were not placed in an orderly manner thereby making it difficult to access them. While space shortages

and insufficient storage containers at T/PCC medical facilities were cited as the main constraints, additional efforts are needed to ensure that drugs are properly stored and safeguarded to reduce the risk of damage and theft, as well as inaccessibility to important drugs in an emergency situation.

Recommendation 12

(12) The UNAMID Office of Mission Support, in collaboration with the Force Medical Officer, should ensure that drugs and medicines are properly stored and safeguarded against damage and theft, and that they are accessible if needed immediately during an emergency.

42. *The UNAMID Office of Mission Support accepted recommendation 12 and stated that Medical Services and the Engineering Services have launched a Mission-wide programme for safe drug storage. The storage facilities for all T/PCC medical facilities will be moved into hard-wall accommodations. Recommendation 12 remains open pending receipt of confirmation that appropriate measures have implemented to ensure proper and safe storage of drugs and medicine.*

E. Inventory of medical equipment and consumables

Inventory of drugs and consumables are not up to date

43. A fire in the ARC Compound in April 2009 destroyed most inventory records maintained by the Medical Services Section. There was no electronic back-up and the Galileo Inventory System was not up-to-date due to back log in the Receiving and Inspection Unit.

44. There is need for a system to help ensure that up-to-date information on the inventory of drugs and consumables is available to facilitate the planning and decision-making process. This will ensure that drugs and medicines in the right quantities are ordered, delivered and distributed in a timely manner.

Recommendation 13

(13) The UNAMID Office of Mission Support should develop and implement a system for monitoring the movement of drugs and medicines and to facilitate planning and decision-making regarding the right quantities to order, deliver and distribute.

45. *UNAMID accepted recommendation 13 and stated that CITS is installing the “Visual Studio 2008” application, which will facilitate the monitoring of drugs and medical supplies. Recommendation 13 remains open pending receipt of confirmation that “Visual Studio 2008” has been implemented.*

F. Private medical facilities

Lack of formal agreements

46. There was no formal agreement or contract with Level 4 private medical facilities outside the Mission area. UNAMID referred patients to Level 4 medical facilities in Kenya, Egypt, South Africa and the United Arab Emirates without any formal agreements. The lack of formal, signed agreements created uncertainties regarding the medical services that should be provided to staff, charges, and the settlement of disputes.

Recommendation 14

(14) The UNAMID Office of Mission Support should formalize agreements with private hospitals providing Level 4 medical services outside the Mission area to clarify the scope of treatment and to have an agreed scale of reimbursements for services provided.

47. *The UNAMID Office of Mission Support accepted recommendation 14 and stated that following an assessment visit, a Memorandum of Understanding with the United Arab Emirates will be negotiated and signed to provide Level 4 coverage to Mission personnel. A Letter of Assist with Egypt will also be arranged.* Recommendation 14 remains open pending the receipt of copies of formal agreements with Level 4 medical facilities.

V. ACKNOWLEDGEMENT

48. 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 ¹ | Actions needed to close recommendation | Implementation date ² |
|------------|---|---------------|-------------|------------------|--|----------------------------------|
| 1 | The UNAMID Office of Mission Support should develop and implement a system that provides up-to-date information on all the main activities of medical facilities in order to assist the Chief Medical Officer in managing and coordinating medical services in the Mission. | Strategy | Moderate | O | Receipt of evidence regarding the establishment of the Mission-wide system for regular medical reporting and data analysis. | In progress, end of 2009. |
| 2 | The UNAMID Office of Mission Support should submit the current Medical Support Plan to the Department of Field Support for formal approval. | Governance | Moderate | O | Receipt of the DFS-approved Medical Support Plan. | Not provided |
| 3 | The UNAMID Office of Mission Support should request the Department of Field Support to clarify apparent inconsistency in the Contingent-Owned Equipment Manual which requires each Level 1 medical facility to maintain one set of certain critical equipment but disallows the reimbursement to Troop and police contributing countries for an additional set of such equipment due to the splitting of a medical facility into two Forward Medical Teams. | Governance | Moderate | O | Receipt of the transmittal of a request for DFS' review of the inconsistencies in the Contingent-Owned Equipment Manual from UNAMID to the DFS. | Not provided |
| 4 | The UNAMID Office of Mission Support should increase its efforts to ensure the timely transportation of medical equipment to enable the establishment of integrated medical services to the Mission. | Operational | High | O | Receipt of documentation showing that measures have been put in place to ensure timely transportation of incoming medical equipment and consumables to its final destination in the Mission. | On-going |
| 5 | The UNAMID Office of Mission Support should ensure that all Level 1 medical facilities have the required holding capacity. | Compliance | Moderate | O | Receipt of documentation from UNAMID that adequate holding facilities are in place at UNAMID's medical facilities. | On-going |

| Recom. no. | Recommendation | Risk category | Risk rating | C/O ¹ | Actions needed to close recommendation | Implementation date ² |
|------------|--|---------------|-------------|------------------|--|----------------------------------|
| 6 | The UNAMID Office of Mission Support, in co-operation with the Force Medical Officer, should ensure that critical medical equipment is properly installed and is functional. | Operational | High | O | Receipt of documentation from UNAMID that adequate measures have been put in place to ensure that medical equipment is properly maintained and functional. | Immediate |
| 7 | The UNAMID Office of Mission Support should supply the necessary drugs and medical supplies Troop and police contributing countries medical facilities until such time that the facilities become fully self-sustained. | Operational | High | O | Receipt of documentation from UNAMID that the Mission has begun supplying drugs and medicines to T/PCC medical facilities until they become fully self-sustained. | Immediate |
| 8 | The UNAMID Office of Mission Support should ensure that medical waste incinerators are functional at all times and that waste is disposed of by the Mission and/or its contractors in an environmentally-friendly manner | Operational | High | O | Receipt of documentation showing that the additional incinerators are functional. | Immediate |
| 9 | The UNAMID Office of Mission Support should ensure that blood and blood products are distributed to medical facilities in a timely manner and in compliance with the levels recommended by the DPKO Guideline. | Operational | High | O | Receipt of documentation showing that adequate supplies of blood and blood products are available at UNAMID's medical facilities in accordance with the DPKO Guidelines. | Immediate |
| 10 | The UNAMID Office of Mission Support should improve its logistical planning and implement a re-ordering system to ensure that drugs, medical supplies and testing equipment are readily available in medical facilities. | Operational | High | O | Receipt of the acquisition plan and a subsequent assessment of its adequacy by OIOS. | Immediate |
| 11 | The UNAMID Office of Mission Support should ensure that temperature log sheets for temperature-controlled blood refrigerators are replaced on a weekly basis, properly filed and regularly checked by Medical Officers during their monitoring visits. | Operational | Moderate | O | Receipt of log sheets for temperature-controlled blood refrigerators. | Immediate |
| 12 | The UNAMID Office of Mission Support,, | Operational | Moderate | O | Receipt of confirmation that appropriate | On-going |

| Recom. no. | Recommendation | Risk category | Risk rating | C/O ¹ | Actions needed to close recommendation | Implementation date ² |
|------------|--|-----------------------|-------------|------------------|--|----------------------------------|
| | in collaboration with the Force Medical Officer, should ensure that drugs and medicines are properly stored and safeguarded against damage and theft, and that they are accessible if needed immediately during an emergency. | | | | measures have implemented to ensure proper and safe storage of drugs and medicine. | |
| 13 | The UNAMID Office of Mission Support should develop and implement a system for monitoring the movement of drugs and medicines and to facilitate planning and decision-making regarding the right quantities to order, deliver and distribute. | Information Resources | High | O | Receipt of confirmation that “Visual Studio 2008” has been implemented. | 01/05/2009 |
| 14 | The UNAMID Office of Mission Support should formalize agreements with private hospitals providing Level 4 medical services outside the Mission area to clarify the scope of treatment and to have an agreed scale of reimbursements for services provided. | Strategy | Moderate | O | Formal agreements with Level 4 medical facilities. | 30/11/2009 |

1. C = closed, O = open

2. Date provided by UNAMID in response to recommendations.

