



INTERNAL AUDIT DIVISION

AUDIT REPORT

Audit of the HIV/AIDS programme in MONUSCO

Overall results relating to the effective implementation of the HIV/AIDS programme were initially assessed as unsatisfactory. Implementation of two critical and one important recommendations remains in progress.

FINAL OVERALL RATING: UNSATISFACTORY

3 May 2012

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CONTENTS

	<i>Page</i>
I. BACKGROUND	1
II. OBJECTIVE AND SCOPE	1-2
III. AUDIT RESULTS	2-5
A. Regulatory framework	3
B. Project management	4-5
C. Coordinated management	5
IV. ACKNOWLEDGEMENT	5
ANNEX I Status of audit recommendations	
APPENDIX 1 Management response	

AUDIT REPORT

Audit of HIV/AIDS programme in MONUSCO

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Programme in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO).
2. In accordance with its mandate, OIOS provides assurance and advice on the adequacy and effectiveness of the United Nations internal control system, the primary objectives of which are to ensure (a) efficient and effective operations; (b) accurate financial and operational reporting; (c) safeguarding of assets; and (d) compliance with mandates, regulations, and rules.
3. Security Council resolutions 1308 (July 2000) and 1983 (June 2011) require the incorporation of HIV/AIDS awareness and prevention activities in peacekeeping programmes to mitigate the risk of peacekeepers contracting and/or transmitting the virus. The resolutions further stress the importance of strong support by United Nations leadership for HIV/AIDS prevention, treatment, care and support as a factor for reducing the stigma and discrimination associated with HIV/AIDS.
4. The focal point in MONUSCO was the HIV/AIDS Unit. The Unit was headed by the Chief HIV/AIDS Officer, at the P-4 level, who reported directly to the Deputy Special Representative of the Secretary-General, Resident Coordinator/Humanitarian Coordinator (DSRSG, RC/HC). The Unit received guidance from the Department of Peacekeeping Operations (DPKO) HIV/AIDS Policy Advisor at United Nations Headquarters, who was responsible for maintaining global oversight of the activities of HIV/AIDS Units in peacekeeping operations, and providing overall direction for administrative, policy and budget issues.
5. The Unit had nine authorized posts, and offices in Kinshasa, Goma, Bunia and Bukavu. The budgets for 2009/10 and 2010/11 were \$87,000 and \$123,300, respectively. Other resources for the provision of condoms and post exposure prophylaxis (PEP) kits were included in the Medical Services budget.
6. Comments provided by MONUSCO are incorporated in *italics*.

II. OBJECTIVE AND SCOPE

7. The audit of HIV/AIDS programme was conducted to assess the adequacy and effectiveness of MONUSCO governance, risk management and control processes in providing reasonable assurance regarding the **effective implementation of the HIV/AIDS programme**.
8. This audit was included in the 2011 OIOS risk-based work plan due to the criticality of raising awareness of the high risk of HIV/AIDS transmission in post conflict and peacekeeping environments.
9. The key controls tested for the audit were regulatory framework, project management and coordinated management. For the purpose of this audit, OIOS defined these key controls as follows:
 - (a) **Regulatory framework** - controls that provide reasonable assurance that the HIV/AIDS programme has been implemented in accordance with established policies and procedures.

(b) **Project management** - controls that provide reasonable assurance that the HIV/AIDS Unit has the required resources and has developed tools and mechanisms for successful implementation of the programme.

(c) **Coordinated management** - controls that provide reasonable assurance that there is adequate coordination amongst all the key players involved in HIV/AIDS activities in the country, and that potential gaps and overlaps are identified and dealt with in a timely manner.

10. OIOS conducted this audit from June 2011 to October 2011, and covered the period from 1 July 2009 to 30 June 2011.

11. OIOS conducted an activity-level risk assessment to identify and assess specific risk exposures, and to confirm the relevance of the selected key controls in mitigating associated risks. Through interviews, analytical reviews and tests of controls, OIOS assessed the existence and adequacy of internal controls and conducted necessary tests to assess their effectiveness.

III. AUDIT RESULTS

12. In OIOS' opinion, MONUSCO governance, risk management and control processes examined were **unsatisfactory** in providing reasonable assurance regarding the **effective implementation of the HIV/AIDS programme**. The HIV/AIDS Unit had a clear reporting line to the DSRSG, RC/HC, and received adequate technical guidance from the DPKO/DFS Policy Advisor. Nonetheless, there were insufficient resources assigned to the Unit, and a lack of adequate planning and coordination with substantive sections to effectively implement the mandated activities. Following the audit recommendations, MONUSCO was in progress of reviewing its capacity to deliver its mandate, and has improved access to counseling services and test kits.

13. The initial overall rating of unsatisfactory was based on the assessment of key controls presented in Table 1 below. The final overall rating is unsatisfactory as implementation of two critical and one important recommendations remains in progress.

Table 1: Assessment of key controls

	Key controls	Control objectives			
		Efficient and effective operations	Accurate financial and operational reporting	Safeguarding of assets	Compliance with mandates, regulations and rules
Effective implementation of the HIV/AIDS programme	(a) Regulatory framework	Partially satisfactory	Partially satisfactory	Unsatisfactory	Partially satisfactory
	(b) Project management	Unsatisfactory	Partially satisfactory	Unsatisfactory	Partially satisfactory
	(c) Coordinated management	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
FINAL OVERALL RATING: UNSATISFACTORY					

A. Regulatory framework

Policies and procedures

14. There were adequate policies and procedures for the implementation of the HIV/AIDS programme including the DPKO Policy Directive on the role of HIV/AIDS in United Nations peacekeeping operations. Also, MONUSCO had developed standard operating procedures to guide the implementation of the HIV/AIDS mandate in MONUSCO. However, these policies and procedures were not consistently adhered to, and the programme was not implemented effectively, as outlined in the following paragraphs.

Mandatory HIV/AIDS induction and awareness training

15. MONUSCO implemented the mandatory HIV/AIDS workplace induction programme. However, staff arriving in the Mission's sectors through Entebbe did not have access to the training. This was due to insufficient training officers in the sectors. Moreover, records to confirm attendance for both HIV/AIDS induction training and subsequent refresher courses were not consistently maintained. MONUSCO was taking action and developed a plan to ensure that training was available to all Mission personnel.

There were inadequate facilities and equipment available to staff

16. The DPKO Policy Directive required staff to have access to voluntary confidential counseling and testing (VCCT) facilities to determine their HIV status, and to ensure the availability of PEP kits. However, of the 26 Mission locations:

- Only five had VCCT facilities and counselors, and test kits were just provided in July 2011. The facilities at these five locations were adequately designed to ensure privacy and confidentiality. The Chief HIV/AIDS Officer explained that the slow procurement process had prevented the timely establishment of the relevant facilities.
- Only 13 had PEP kits due to delays in procurement, and communal areas had insufficient stocks of condoms.

(1) MONUSCO should ensure that there are adequate voluntary confidential counseling and testing facilities and kits at all locations, and these are readily available to Mission personnel.

MONUSCO accepted recommendation 1 and stated that it had scaled up its VCCT services by training additional counselors for mission-wide coverage. The Mission had a sufficient number of test kits and there were 20 active VCCT centers. Recommendation 1 remains open pending receipt of evidence of adequate VCCT facilities and test kits at all locations.

(2) MONUSCO should provide adequate and current post exposure prophylaxis kits and stocks of condoms for distribution as required.

MONUSCO accepted recommendation 2 and stated that the Mission had 31 PEP custodians fully equipped with PEP kits. Training of additional custodians would be conducted in May 2012 by the HIV/AIDS Unit and the Medical Section. Additional PEP kits and condoms would be made available following a recent agreement with other United Nations agencies. Recommendation 2 remains open pending receipt of evidence of adequate PEP kits and condoms at all relevant locations.

B. Project management

Inadequate staffing levels impeded the effective implementation of the HIV/AIDS programme

17. Of the nine authorized posts for the HIV/AIDS Unit, seven had been encumbered and the posts in Goma and Bunia had been vacant since November 2010 and June 2011, respectively. Since the audit, a further three posts had become vacant in Kinshasa.

18. The staffing resources, taking into consideration the number of field locations, and as compared with the African Union-United Nations Hybrid Operation in Darfur (UNAMID) as shown in Table 2, seemed to be insufficient to ensure that the HIV/AIDS programme was implemented effectively. This was consistent with the results of a study conducted by DPKO in 2007 which identified shortage of HIV/AIDS staff and the impact of the staffing shortage on the implementation of the HIV/AIDS mandate. Moreover, although 83 per cent of MONUSCO personnel were located in the Eastern Region, only three HIV/AIDS staff members were assigned to the East compared to six in Kinshasa covering the Western Region. There were limited monitoring and supervision visits by the Chief of Unit, and the required monthly reports to the Senior Management Team and the DPKO Policy Advisor were not always prepared.

Table 2: HIV/AIDS Unit staffing as at 30 September 2010

Mission	Number of staff in the Mission	Authorized posts for HIV/AIDS Unit	Staffing levels	Number of sites or locations
UNAMID	23,515	16	1 P-5, 1 P-4, 1 P-2, 5 UNVs, 1 NPO and 7 GS	3 sectors/6 locations
MONUSCO	24,510	9	1 P-4, 1 F-S3, 2 UNVs, 4 NPOs and 1 GS	2 regions/26 locations

19. The staffing resources available to the HIV/AIDS Unit and their location needed to be reviewed, with the aim to increase MONUSCO's capacity and effectiveness to deliver on its HIV/AIDS mandate. The review should consider greater involvement of substantive sections to integrate HIV/AIDS activities into their programmes.

Work planning was not effective

20. The HIV/AIDS Unit work plans for 2009/10 and 2010/11 did not include the activities to be undertaken by the HIV/AIDS training officers in the sectors. Target dates for the implementation of training, sensitization, information, education and outreach activities were not clearly established. There was no systematic monitoring and reporting on planned activities, and as a result a number of planned activities were not implemented including training on the use of PEP kits, training of counselors, capacity building for 500 persons in local communities and appointment of focal points for HIV/AIDS in sectors. It also resulted in significant delays in the procurement of HIV/AIDS related supplies such as PEP kits, HIV test kits for VCCT and condoms.

Need for better coordination to integrate HIV/AIDS issues into mandated MONUSCO programmes

21. There was limited interaction between the HIV/AIDS Unit and other substantive sections in MONUSCO such as the Disarmament, Demobilization and Re-integration, Sexual and Gender Based Violence and Child Protection to ensure that HIV/AIDS activities were mainstreamed into their

programmes. While there were Joint Protection Teams and Joint Inspection Teams working on the “protection of civilians” mandate, these were insufficient to engage the host population and provide awareness to reduce HIV risk and vulnerability, and to manage its impact.

(3) MONUSCO, in order to increase the capacity of the HIV/AIDS Unit to deliver its mandate, should improve the coordination of its work planning with substantive sections to ensure that HIV/AIDS prevention activities are effectively mainstreamed into its programmes. These plans should be regularly monitored and reported on to ensure more effective utilization of resources.

MONUSCO accepted recommendation 3 and stated that it would review the staffing resources of the HIV/AIDS Unit and their locations to increase the Mission’s capacity and effectiveness to deliver on its HIV/AIDS mandate. The review would consider greater involvement of substantive sections to integrate HIV/AIDS activities into their programmes. Work plans would be regularly monitored and reported on to ensure that HIV/AIDS preventive activities are effectively mainstreamed into the Mission’s programmes. Recommendation 3 remains open pending OIOS verification that HIV/AIDS activities have been effectively mainstreamed into the work plans of other programmes.

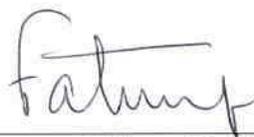
C. Coordinated management

Adequate coordination with the Government and the United Nations Country Team

22. The HIV/AIDS Unit implemented several outreach programmes including: (a) providing education on HIV/AIDS to the Democratic Republic of the Congo (DRC) police and armed forces; (b) assisting the Government of DRC in developing new legislation on the rights of citizens living with HIV/AIDS; (c) organizing a capacity building workshop in Matadi; and (d) co-funding national outreach activities. The Public Information Division of MONUSCO assisted in organizing and broadcasting messages on HIV/AIDS to the local population.

IV. ACKNOWLEDGEMENT

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



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STATUS OF AUDIT RECOMMENDATIONS
Audit of the HIV/AIDS programme in MONUSCO

Recom. no.	Recommendation	Critical ¹ / important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	MONUSCO should ensure that there are adequate voluntary confidential counseling and testing facilities and kits at all locations, and these are readily available to Mission personnel.	Critical	O	Receipt of evidence of adequate number of VCCT facilities and test kits at all locations.	June 2012
2	MONUSCO should provide adequate and current post exposure prophylaxis kits and stocks of condoms for distribution as required.	Critical	O	Receipt of evidence of adequate PEP kits and condoms at all relevant locations.	June 2012
3	MONUSCO, in order to increase the capacity of the HIV/AIDS Unit to deliver its mandate, should improve the coordination of its work planning with substantive sections to ensure that HIV/AIDS prevention activities are effectively mainstreamed into its programmes. These plans should be regularly monitored and reported on to ensure more effective utilization of resources.	Important	O	OIOS verification that HIV/AIDS activities have been effectively mainstreamed into the work plans of other programmes.	December 2012

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

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

3 C = closed, O = open

4 Date provided by MONUSCO in response to recommendations.