



OIOS

Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

AUDIT REPORT

HIV/AIDS Programme in the United Nations Mission in Liberia (UNMIL)

Lack of staff with the necessary capacity impeded effective HIV/AIDS programme

19 November 2009

Assignment No. AP2009/626/05

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: Ms. Ellen Margrethe Løj
A: Special Representative of the Secretary-General
United Nations Mission in Liberia (UNMIL)

DATE: 19 November 2009

Fatoumata

REFERENCE: IAD: 09-

03137

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

SUBJECT: **Assignment No. AP2009/626/05 – Audit of HIV/AIDS Programme in UNMIL**

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 1-3 and 5), in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Mr. Moustapha Soumaré, Deputy Special Representative of the Secretary-General, UNMIL
Dr. Gameli Seadzi, HIV/AIDS Unit, UNMIL
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors
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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 HIV/AIDS Programme in UNMIL

OIOS conducted an audit of the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) programme in the United Nations Mission in Liberia (UNMIL). The overall objective of the audit was to assess the adequacy and effectiveness of the HIV/AIDS programme in UNMIL. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

Lack of staff and current staff lacking the necessary skills and experience impeded the effectiveness of the HIV/AIDS programme in UNMIL. In particular, there needs improvement in the following areas:

- UNMIL had no Mission specific standard operating procedures regarding referral, support and management of HIV/AIDS positive cases, or mechanisms for quality assurance of voluntary confidential counseling and testing (VCCT) services;
- Awareness and prevention training conducted in UNMIL did not reach all Mission personnel as 75 per cent of contingents, the largest group, did not receive the mandatory induction training;
- Condoms were not in stock in five out of eight sectors in the Mission area, and expired condoms were found at two sites. Distribution of condoms was hampered due to cultural and religious reasons but this should not prevent the HIV/AIDS Unit from making condoms available, in accordance with the Department of Peacekeeping Operations and Department of Field Support Policy Directive;
- Three out of eight sectors had no easy access to VCCT services; while four sectors had limited access to VCCT services. Shortfalls in providing quality counseling were also noticed; and
- None of the Medical Section staff and the HIV/AIDS Unit staff was trained in the use of post-exposure prophylaxis kits.

OIOS has made recommendations to address the issue identified during the audit and to further strengthen the HIV/AIDS programme in UNMIL.

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I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Programme in the United Nations Mission in Liberia (UNMIL). The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

2. Security Council Resolution 1308 (July 2000) set out the obligation of the UN Department of Peacekeeping Operations (DPKO) to provide awareness and prevention programmes for all peacekeeping personnel in order to reduce the risk of peacekeepers contracting and/or spreading HIV. The Security Council was concerned that peacekeeping environments are high risk areas for the spread of HIV and AIDS, which is a serious risk to not only the host country population and UN peacekeeping personnel, but also to the reputation of the UN and its future peacekeeping operations. To address these issues, DPKO and the Department of Field Support (DFS) issued a Policy Directive dated 1 December 2007 on the role and functions of HIV/AIDS units in UN peacekeeping operations (Policy Directive). The Policy Directive defines the functions and role of HIV/AIDS units in peacekeeping operations, outlines the framework within which they operate and provides the rationale for integrating HIV/AIDS in peacekeeping operations.

3. As per information provided by the UNMIL Medical Section, there were 17 cases of HIV/AIDS related fatalities in the Mission since March 2004. In Liberia, more than 5 per cent of the population is believed to be HIV positive.

4. The HIV/AIDS Unit, as outlined in this Policy Directive, is responsible to provide awareness and prevention programmes to Mission personnel and to integrate HIV/AIDS issues in Mission programmes, highlighting areas of specific concern.

5. The services provided by the HIV/AIDS Unit include awareness and prevention training, voluntary confidential counseling and testing (VCCT), and the distribution of condoms and post-exposure prophylaxis (PEP) kits. The number of civilian and uniformed personnel in UNMIL requiring the support of the HIV/AIDS Unit is 11,817. During the year ending 30 June 2009, the Unit worked towards the promotion of positive behavior change through VCCT and awareness training. The Mission HIV/AIDS Unit provided VCCT services to a total of 5,543 UN personnel. Another 4,564 Mission personnel received awareness training during the same period.

6. The Chief of the HIV/AIDS Unit in UNMIL reports directly to the Deputy Special Representative of the Secretary General (DSRSG) for Recovery and Governance. The HIV/AIDS Unit has six authorized posts consisting of one international staff (Chief HIV/AIDS Officer at P-5 level), two UN volunteers, two national professional officers (NPOs), and one national staff.

7. The HIV/AIDS Unit does not maintain its budget separately, but the Chief HIV/AIDS Officer is required to identify budget requirements based on

programme plans, and liaise with the relevant substantive units of the Mission, including the Medical Section and the Integrated Mission Training Centre, in projecting costs to be included in the respective cost centers.

8. Comments made by UNMIL are shown in *italics*.

II. AUDIT OBJECTIVES

9. The main objectives of the audit were to assess:
- (a) The adequacy and effectiveness of HIV/AIDS programmes in UNMIL; and
 - (b) The support provided to integrate HIV/AIDS concerns in the specific Mission programmes.

III. AUDIT SCOPE AND METHODOLOGY

10. OIOS reviewed the functioning of the HIV/AIDS Unit with a focus on the effectiveness of HIV/AIDS programmes in UNMIL for the period from July 2008 to June 2009. Interviews, review of records/documents and 15 site visits within the Mission operational area were undertaken during the audit.

IV. AUDIT FINDINGS AND RECOMMENDATIONS

A. Staff skills and training

11. As per Section 7.1 of the Policy Directive, the HIV/AIDS Unit is responsible for implementing awareness and prevention programmes to all Mission personnel (civilian and uniformed) in the Mission to reduce the risk of Mission personnel contracting and/or transmitting HIV/AIDS. In addition, Section 9.3 of the Policy Directive states that the HIV/AIDS Unit shall organize periodic training of counselors to ensure expertise and capacity to provide accessible VCCT within the Mission, while Section 21 requires that all medical and HIV/AIDS Unit personnel should be trained in the use of PEP.

12. The HIV/AIDS Unit lacked an adequate number of staff and the current staff lacked the necessary skills and experience to implement the required awareness and prevention programmes. The HIV/AIDS Unit did not visit three out of eight sectors (38 per cent) to provide the necessary HIV/AIDS awareness and prevention programmes. Additionally, OIOS visits to the two static VCCT clinics in Monrovia observed that only one NPO nurse was working in each of the clinics. There were no assistants to receive and/or inform clients, while the nurse was conducting tests in the consultation room.

13. A review of all five HIV/AIDS Unit personnel files, excluding the Chief HIV/AIDS Officer, disclosed that their educational background was mainly in

the fields of education, development, and general nursing rather than in HIV/AIDS awareness and prevention. The Chief HIV/AIDS Officer stated that recruiting staff with the relevant qualifications and experience was a challenge. Hence, the approach taken was to employ the best available candidates and train them to enhance their skills. However, interviews with all HIV/AIDS Unit personnel indicated that they have not been provided with any training since they joined the Mission.

14. The HIV/AIDS Unit did not organize relevant trainings. For example, there was no training on the use of PEP and no training was provided to VCCT counselors. The Chief HIV/AIDS Officer stated that staff development training planned for the 2008/2009 fiscal year did not take place, highlighting the need to provide training for HIV/AIDS Unit staff to improve skills and continue their professional development. All HIV/AIDS Unit staff members stressed the need for training to improve their skills, especially those for counseling and handling HIV/AIDS related cases. The Chief HIV/AIDS Officer agreed that providing adequate training for the staff is a priority for the HIV/AIDS Unit.

15. The absence of continuous training opportunities for the HIV/AIDS Unit personnel may impede their further professional development, competence and performance, affecting their ability to maintain minimum standards and keep up-to-date with developments in the HIV/AIDS field.

Recommendation 1

(1) The UNMIL Office of the Deputy Special Representative of the Secretary-General for Recovery and Governance should ensure that the HIV/AIDS Unit is provided staff with the required skill set and given the necessary training as a matter of priority.

16. *The UNMIL Management accepted recommendation 1 and stated that skills development for staff members in the Unit has been planned for 2009-2010. Inter-mission exchange training in VCCT, PEP kit management, and monitoring and evaluation will be provided. Furthermore, to augment the strength of the Unit, a consultant will be employed for nine months for facilitation of behavior change communication amongst Mission personnel.* Recommendation 1 remains open pending receipt of documentation showing completion of the skills development and training initiatives.

B. Standard Operating Procedures

17. Section 11 of the Policy Directive states that the Chief HIV/AIDS Officer, in collaboration with the Chief Medical Officer (CMO) and the Force Medical Officer (FMO), shall develop Mission standard operating procedures (SOPs) and mechanisms for quality assurance of VCCT services to be circulated to all medical facilities and Mission VCCT services. According to Section 23, the Chief HIV/AIDS Officer should also assist the CMO in the development of Mission specific SOPs regarding the referral, support, and management of HIV/AIDS positive cases.

18. UNMIL had no Mission specific SOPs regarding referral, support and management of HIV/AIDS positive cases and mechanisms for quality assurance of VCCT services. This may result in diverse approaches being followed and noncompliance with internationally accepted minimum standards. This may also affect the delivery of HIV/AIDS programmes in the Mission. For example, staff conducting HIV/AIDS testing in the VCCT facilities in the Mission had no guidance regarding testing procedures which led to practices in breach of the Policy Directive and the World Health Organization (WHO) protocols.

19. A comprehensive SOP should ensure uniformity of approach to meeting the minimum internationally accepted HIV/AIDS standards.

Recommendation 2

(2) The UNMIL Chief HIV/AIDS Officer, in collaboration with the Chief Medical Officer and the Force Medical Officer, should develop Mission specific standard operating procedures and disseminate them to all responsible personnel.

20. *The UNMIL Management accepted recommendation 2 and stated that the development of a Mission specific SOP had started in consultation with the HIV/AIDS Policy Advisor of DPKO/DFS and should be completed by March 2010. Recommendation 2 remains open pending receipt of a copy of the SOPs.*

C. Operations

HIV/AIDS awareness and prevention trainings

21. The HIV/AIDS Unit should provide HIV/AIDS awareness training to all Mission personnel according to Section 9 of the Policy Directive. Additionally, induction training is mandatory for all Mission personnel. In the case of contingents and formed police units (FPUs), the HIV/AIDS Unit should make direct site visits within six weeks of deployment, and for contingents deployed for more than six months, the Unit must provide refresher training. In addition, Section 9.2 of the Policy Directive states that peer education training should be conducted and repeated to keep step with troop and police rotations. The aim is to go beyond raising awareness to changing risk behavior patterns.

22. HIV/AIDS awareness and prevention trainings conducted in UNMIL did not reach all Mission personnel as summarized below.

- Around 75 per cent of contingents did not receive the mandatory induction training. The HIV/AIDS Unit made no direct visit to any one of these as required. The Mission primarily targeted civilians, staff officers and military observers. The Mission also invited a group of officers nominated by their contingents to attend the induction training, with the expectation that they would in turn provide training to their respective troops. OIOS' visits to 10 out of 34 troop and FPU locations

who had been in the Mission area up to eight months found that only one contingent received training. This indicates that the training of trainers programme has not been effective.

- Eighty-one out of 980 (eight per cent) civilian, military observers and staff officers that checked into the Mission between July 2008 and June 2009 did not attend the mandatory induction training.
- The HIV/AIDS Unit did not provide refresher training to contingents deployed to the Mission more than six months earlier.
- The HIV/AIDS Unit did not provide any peer education training. Peer education training is a key strategy to maximize HIV awareness capacity and impact positively on risk-behavior environments.

23. Lack of awareness of HIV/AIDS impedes the Mission's ability to control high risk behaviors and reduce vulnerability. Also, inadequate awareness and prevention trainings may result in poor HIV/AIDS knowledge amongst Mission personnel. For instance, 23 per cent of 30 Mission personnel interviewed were not aware whether there are medicines that can cure AIDS. The Chief HIV/AIDS Officer stated that staffing and budgetary constraints impeded the adequacy of HIV/AIDS awareness training efforts outside Monrovia.

Recommendation 3

(3) The UNMIL Chief HIV/AIDS Officer should ensure that HIV/AIDS awareness and prevention trainings are provided to all Mission personnel, both uniformed and civilian.

24. *The UNMIL Management accepted recommendation 3 and stated that induction training for new Mission personnel is conducted every two weeks and suggested that the Mission leadership strongly encourage new staff to attend the induction programme.* Recommendation 3 remains open pending confirmation by the Mission that all uniformed personnel receive the mandatory induction training.

Condoms

25. Section 17 of the Policy Directive states that male and female condoms should be available to all Mission personnel. The Chief HIV/AIDS Officer is responsible for identifying needs and developing a Mission supply strategy regarding monitoring availability and tracking usage/distribution to sectors. Further, Section 19 of the Policy Directive requires that a number of communal sites be identified for condom dispensers. As indicated in Section 16 of the Policy Directive, the provision of condoms is a preventive health and safety measure and is in no way an explicit or implicit encouragement for sexual relations.

26. OIOS found that the distribution of condoms was not adequately planned and monitored to ensure that all Mission personnel have easy access to quality condoms.

27. There was no strategy for monitoring the availability and tracking the usage/distribution to the sectors. Condom stock (all in Monrovia) was assessed as insufficient as the HIV/AIDS Unit budget of \$40,668 for condoms for the 2008/2009 financial year was not utilized. Condoms were not in stock in five regional offices visited. Only expired condoms were found at two sites, evidencing inadequate stock control procedures and the lack of monitoring mechanisms. Further, condom dispensers were not installed in any of the seven regional administrative sectors.

28. There were a number of factors impacting the distribution of condoms as indicated below:

- The China Transport Unit in Monrovia had no access to condoms as a result of strict Chinese troop deployment rules;
- The Commanding Officer (CO) of the Ghana Battalion in Buchanan (Sector 3B Headquarters) stated that it was difficult to reconcile the provision of condoms and the policy of zero-tolerance of sexual exploitation and abuse in United Nations Peacekeeping Operations. On this basis, the CO stated that condoms were not provided; and
- The Chief Operations Officer and the Medical Doctor with the Jordanian FPU in Monrovia stated that condoms were not provided as their soldiers should not engage in sexual activities due to their religious beliefs.

29. The Chief HIV/AIDS Officer in UNMIL stated that provision of condoms is demand driven. Condoms are required to be provided as a fundamental health and safety response. Inadequate and ineffective provision of condoms may expose Mission personnel to unsafe sexual practices, and increase the risk of transmission of HIV or other sexually transmitted infections.

Recommendations 4 and 5

The UNMIL Chief HIV/AIDS Officer should:

- (4) Conduct a review to ensure quality condoms are available to all Mission personnel in easily accessible dispensers in compliance with the related DPKO/DFS Policy Directive; and**
- (5) Educate all Mission personnel to redress prevailing misconceptions relating to the distribution and use of condoms.**

30. *The UNMIL Management accepted recommendation 4 and stated that one Unit staff member has been given the task of monitoring condom distribution in the Mission. Inventory of condom dispensers and condom supply to contingents and sectors will be reviewed and a policy finalized by December 2009. Recommendation 4 remains open pending OIOS verification of the installation of easily accessible condom dispensers and continued supply of quality condoms.*

31. *The UNMIL Management accepted recommendation 5 and stated that the recommendation will be implemented as part of the induction training and the continuing education programme. Recommendation 5 remains open pending assurance that the Mission implements programmes to help dispel the misconceptions on the distribution and use of condoms.*

Voluntary Confidential Counseling and Testing

32. Sections 10 to 15 of the Policy Directive support the right of Mission personnel to know their HIV status through easy access to VCCT. The Chief HIV/AIDS Officer is responsible for monitoring and ensuring that the HIV testing in both static and mobile clinical settings conforms to WHO protocols. HIV/AIDS testing requires the signed consent of the individual and should be accompanied by pre- and post-test counseling. Confidentiality regarding both the request for a test and the test result must be maintained. In addition, the national policy of the medical facility provider or that of the individual's nation cannot override the stated rules of confidentiality, according to Section 13 of HIV Testing Policy for Uniformed Peacekeepers (January 2004).

33. The HIV/AIDS Unit in UNMIL lacked adequate capacity to provide quality VCCT services as field visits, interviews and review of VCCT records disclosed a range of serious issues contravening the Policy Directive and WHO protocols.

34. It was noted that not all Mission personnel had easy access to VCCT. For instance, Mission personnel in three out of seven (43 per cent) regional administrative sectors, excluding Monrovia, had no access to VCCT services at all, while the remaining four sectors had access to VCCT services for only 22 days per year. Eighty-nine per cent of the people who had undergone the tests were uniformed personnel who were due to be rotated out of the Mission. In addition, 7 out of 30 Mission personnel (both uniformed and civilians) interviewed were not aware that VCCT is available in the Mission area.

35. OIOS visits to the two static VCCT facilities in Monrovia found that these clinics operate in poor and low hygiene conditions, which pose a health risk to both clinic staff and Mission personnel attending the clinic. For instance, the VCCT clinic at the UNMIL Headquarters at the Pan African Plaza in Monrovia had no ventilation, water supply, or adequate space to operate. The consultation room is partly used as storage, which may attract rodents.

36. There were no monitoring mechanisms to ensure that VCCT services were in conformity with the policies set out in the Policy Directive and WHO protocols, resulting in the following conditions:

- Based on 30 cases reviewed, no signed consent was obtained from any of the clients tested;
- Confidentiality of testing was not always assured. For example, a mobile VCCT team member visited the Ghana Battalion in Buchanan (Sector 3B Headquarters) on 24 February 2009 and carried out testing for 161 troops in one day, where confidentiality of the request for the test could not be assured. The waiting area of the VCCT clinic at the Pan African Plaza in Monrovia is situated in a communal area shared by the clinic, the HIV/AIDS Unit, and the Force Medical Office, where confidentiality of the request for the test is not protected; and
- Good quality counseling services could not be assured. For example, in one day, 150 troops from a Nigerian Battalion in Tubmanburg (Sector 1A Headquarters) were tested. This translates into three minutes per test and indicates that there was inadequate time to provide quality pre- and post-test counseling, complete all the necessary documents including signing consent forms, carry out the tests, and provide the test results. Additionally, there were no appropriately trained VCCT counselors to conduct the necessary pre- and post-test counseling.

37. Lack of adequate capacity to provide quality VCCT services limited staff's access to the services.

Recommendation 6

(6) The UNMIL Office of the Deputy Special Representative of the Secretary-General for Recovery and Governance should ensure that all UN personnel in the Mission have easy access to quality voluntary confidential counseling and testing services.

38. *The UNMIL Management accepted recommendation 6 and stated that VCCT services are provided at two static locations in Monrovia and as a mobile service in the sectors. Personnel from the Contingent-Owned Equipment Level 2 hospitals may be trained and mandated to conduct VCCT and report to the HIV/AIDS Unit. This option will be evaluated and if found appropriate, will be incorporated in the new SOPs. Recommendation 6 remains open pending confirmation that VCCT services are available Mission-wide.*

Post-Exposure Prophylaxis

39. Section 20 of the Policy Directive states that it is the joint responsibility of the CMO, FMO, and Chief HIV/AIDS Officer to ensure that 28-day PEP kits, used to protect individuals exposed to HIV, are available in all sectors of the Mission area. The CMO and the Chief HIV/AIDS Officer are responsible to

ensure that all medical and HIV/AIDS Unit personnel are trained in the use of PEP. The administration of PEP is a medical decision, but the Chief HIV/AIDS Officer must be informed to ensure appropriate counseling.

40. PEP kits were not available in all sectors except Monrovia where 108 PEP kits had arrived in April-June 2009. No use of PEP was reported, and 100 PEP kits purchased in October 2007 expired and were destroyed as confirmed by the Chief HIV/AIDS Officer. Additionally, as previously indicated, none of the HIV/AIDS Unit staff have been provided training in the use of PEP.

41. Lack of PEP kits in all sectors and lack of training provided to all medical and HIV/AIDS Unit staff in the use of PEP may result in less protection for Mission personnel who are exposed to HIV.

Recommendation 7

(7) The UNMIL Chief HIV/AIDS Officer should ensure that post-exposure prophylaxis kits are available in all sectors in the Mission area and that the appropriate personnel are trained in their use.

42. *The UNMIL Management accepted recommendation 7 and stated that discussions on a PEP kit custodial and administration system with the FMO, CMO and the Chief Security Advisor have started and should conclude by December 2009. Additionally, one staff member will be trained in PEP kit management and use.* Recommendation 7 remains open pending verification of availability of PEP kits in all sectors of the Mission and that all medical and HIV/AIDS Unit personnel are trained in the use of the kits.

Integrating HIV/AIDS concerns

43. HIV/AIDS is a cross-cutting issue, and it is the responsibility of the HIV/AIDS Unit to work with other sections in UNMIL towards integrating and mainstreaming HIV/AIDS activities into core Mission mandated activities. Section 25 of the Policy Directive states that the Chief HIV/AIDS Officer should identify which Mission mandate components the HIV/AIDS Unit can integrate HIV/AIDS concerns and provide technical input and support to the relevant policy and operational plans. Examples of Mission mandate activities in which the HIV/AIDS Unit can integrate HIV/AIDS concerns include human rights and protection, gender, public information, quick impact projects (QIPS), etc.

44. The HIV/AIDS Unit did not provide any evidence showing that it identified which mandate components the Unit can integrate HIV/AIDS concerns and provided technical input and support to the relevant policy and operational plans, except in the case of gender related activities. This may lead to missed opportunities to draw on existing capacity such as pooling of resources, sharing training materials, and joint outreach projects to implement integrated Mission concepts.

45. For example, joint awareness training by the HIV/AIDS Unit and the Conduct and Discipline Unit could have been used to address misconceptions that making condoms available is in conflict with the UN zero tolerance policy on sexual exploitation and abuse. Similarly, the HIV/AIDS Unit could collaborate with the Medical Services Section on the provision of VCCT services, especially in remote areas. Further, the HIV/AIDS Unit could provide technical input and support in the design and allocation of QIPS to include community based projects focusing on reducing the vulnerability of women and girls, in areas with large deployment of peacekeepers.

46. Lack of an integrated approach may lead to inefficiencies and reduced effectiveness in implementing the HIV/AIDS component of the Mission mandate.

Recommendation 8

(8) The UNMIL Chief HIV/AIDS Officer should identify which Mission mandated tasks could integrate HIV/AIDS concerns and provide technical input and support to the relevant policy and operational plans.

47. *The UNMIL Management accepted recommendation 8 and stated that integration and joint implementation efforts were done with units such as Gender, Conduct and Discipline, Public Information and United Nations Police in the past; Mission Support and Human Rights will be added. Recommendation 8 remains open pending receipt of evidence that Mission mandated tasks for integrating the HIV/AIDS concerns have been identified and technical input and support is being provided.*

D. Monitoring

48. Section 32 of the Policy Directive states that the Chief HIV/AIDS Officer should monitor the overall implementation of the Policy Directive in the Mission and provide advice to senior management on issues and trends that should inform policy dialogue. In addition, the Chief HIV/AIDS Officer should have access to and collaborate in the collection of HIV/AIDS related evacuations, repatriations and deaths as per Section 27 of the Policy Directive.

49. There were no HIV/AIDS programme action plans with clearly defined and measurable objectives in UNMIL. None of the tasks the HIV/AIDS Unit is mandated to perform in the Mission are described with defined timelines and identified responsibilities. As a result, consistent monitoring on the overall implementation of the Policy Directive and the impact of the HIV/AIDS programme activities has not been done. Current data collection systems and routines were largely inadequate and need improvement. For example, the HIV/AIDS Unit did not maintain records of HIV/AIDS positive cases, repatriations and deaths, which for the purpose of analyzing HIV issues and developments made it difficult to track trends to inform policy dialogue. The Chief HIV/AIDS Officer confirmed that some of the programmes are institutionalized, but are not in a detailed written format.

50. The absence of detailed HIV/AIDS programme action plans and monitoring mechanisms may lead to inconsistent and disorganized activities which may not be aligned with the objectives of HIV/AIDS Unit in the Mission, and may result in the Unit's inability to provide timely advice to other units and the senior management in UNMIL.

Recommendations 9 and 10

The UNMIL Chief HIV/AIDS Officer should:

(9) Ensure that comprehensive HIV/AIDS programme action plans with clearly defined objectives, identifying responsibilities and timelines for each task the HIV/AIDS Unit is mandated to perform, are developed.

(10) Ensure that a comprehensive system to monitor the overall implementation of the Department of Peacekeeping Operations Policy Directive on the role and functions of HIV/AIDS Unit is developed, to analyze and identify trends to inform policy dialogue.

51. *The UNMIL Management accepted recommendation 9 and stated that the workplan for the remainder of the 2009/2010 fiscal year will be completed in the suggested format and submitted to the DSRSG by 30 September 2009. Recommendation 9 remains open pending receipt of a copy of the workplan.*

52. *The UNMIL Management accepted recommendation 10 and stated that monitoring and evaluation of the policy's implementation will be achieved through daily briefings, weekly Unit meetings, monthly reports to the DSRSG's office and quarterly reports to DPKO/DFS, amongst others. Recommendation 10 remains open pending confirmation that steps have been taken to monitor and evaluate the policy's implementation.*

V. ACKNOWLEDGEMENT

53. We wish to express our appreciation to the Management and staff of the HIV/AIDS Unit 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 UNMIL Office of the Deputy Special Representative of the Secretary-General for Recovery and Governance should ensure that the HIV/AIDS Unit is provided staff with the required skill set and given the necessary training as a matter of priority.	Human Resources	High	O	Documentation showing completion of skills development and training initiatives.	30 June 2010
2	The UNMIL Chief HIV/AIDS Officer, in collaboration with the Chief Medical Officer and the Force Medical Officer, should develop Mission specific standard operating procedures and disseminate them to all responsible personnel.	Governance	High	O	Receipt of a copy of the Mission specific standard operating procedures.	31 March 2010
3	The UNMIL Chief HIV/AIDS Officer should ensure that HIV/AIDS awareness and prevention trainings are provided to all Mission personnel, both uniformed and civilian.	Human Resources	High	O	Confirmation by the Mission that all uniformed personnel receive the mandatory induction training.	30 June 2010
4	The UNMIL Chief HIV/AIDS Officer should conduct a review to ensure quality condoms are available to all Mission personnel in easily accessible dispensers in compliance with the related DPKO/DFS Policy Directive.	Operational	Medium	O	Verification of the installation of easily accessible condom dispensers and continued supply of quality condoms.	31 December 2009
5	The UNMIL Chief HIV/AIDS Officer should educate all Mission personnel to address prevailing misconceptions relating to the distribution and use of condoms.	Human Resources	High	O	Assurance that the Mission implements programmes to help dispel the misconceptions on the distribution and use of condoms.	30 June 2010
6	The UNMIL Office of the Deputy Special Representative of the Secretary-General for Recovery and Governance should ensure	Operational	Medium	O	Confirmation that VCCT services are available Mission-wide.	31 December 2010

Recom. no.	Recommendation	Risk category	Risk rating	C/O ¹	Actions needed to close recommendation	Implementation date ²
7	that all UN personnel in the Mission have easy access to quality voluntary confidential counseling and testing services. The UNMIL Chief HIV/AIDS Officer should ensure that post-exposure prophylaxis kits are available in all sectors in the Mission area and that the appropriate personnel are trained in their use.	Compliance	Medium	O	Verification of availability of PEP kits in all sectors of the Mission and that all medical and HIV/AIDS Unit personnel are trained in the use of the kits.	31 December 2009
8	The UNMIL Chief HIV/AIDS Officer should identify which Mission mandated tasks could integrate HIV/AIDS concerns and provide technical input and support to the relevant policy and operational plans.	Governance	Medium	O	Receipt of evidence that Mission mandated tasks for integrating the HIV/AIDS concerns have been identified and technical input and support is being provided.	30 June 2010
9	The UNMIL Chief HIV/AIDS Officer should ensure that comprehensive HIV/AIDS programme action plans with clearly defined objectives, identifying responsibilities and timelines for each task the HIV/AIDS Unit is mandated to perform, are developed.	Operational	Medium	O	Receipt of a copy of the workplan.	30 September 2009
10	The UNMIL Chief HIV/AIDS Officer should ensure that a comprehensive system to monitor the overall implementation of the Department of Peacekeeping Operations Policy Directive on the role and functions of HIV/AIDS Unit is developed, to analyze and identify trends to inform policy dialogue.	Governance	Medium	O	Confirmation that steps have been taken to monitor and evaluate the policy's implementation.	30 June 2010

1. C = closed, O = open

2. Date provided by UNMIL in response to recommendations.