



INTERNAL AUDIT DIVISION

OFFICE OF INTERNAL OVERSIGHT SERVICES

AUDIT REPORT

HIV/AIDS programme in UNMEE

11 December 2007

Assignment No. AP2006/624/03

United Nations  Nations Unies

INTEROFFICE MEMORANDUM

MEMORANDUM INTERIEUR

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

TO: Mr. Azouz Ennifar
A: Acting Special Representative of the Secretary-General
United Nations Mission in Ethiopia and Eritrea

DATE: 11 December 2007

REFERENCE: AUD-7-5:21 (07- 00 791)

FROM: Dagfinn Knutsen, Director
DE: Internal Audit Division, OIOS



SUBJECT: **Assignment No. AP2006/624/03: Audit of HIV/AIDS Programme in UNMEE**
OBJET: UNMEE

1. I am pleased to present the report on the above-mentioned audit, which was conducted in November 2006.

2. Based on your comments dated 22 November 2007, we are pleased to inform you that we will close recommendations 4, 7 and 9 in the OIOS recommendations database as indicated in Annex 1. OIOS is reiterating recommendation 1 and requests that you reconsider your initial response concerning this recommendation. 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 critical (i.e., recommendation 1, 5, 6, 7 and 8), in its annual report to the General Assembly and semi-annual report to the Secretary-General.

4. IAD is assessing the overall quality of its audit process and kindly requests that you consult with your managers who dealt directly with the auditors and complete the attached client satisfaction survey form.

cc: Mr. Philip Cooper, Director, DFS
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors
Mr. Jonathan Childerley, Chief, Oversight Support Unit, Department of Management
Mr. Byung-Kun Min, Programme Officer, OIOS

INTERNAL AUDIT DIVISION

FUNCTION

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EXECUTIVE SUMMARY

Audit of HIV/AIDS programme in UNMEE

OIOS conducted an audit of HIV/AIDS programme in UNMEE in November 2006. The overall objective of the audit was to determine whether the Mission is able to sustain its commitment to fight HIV/AIDS. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

The audit showed the need for a more concerted effort toward making civilian and military personnel aware of HIV/AIDS. OIOS also found that the Mission needed to establish closer ties with organizations such as the Eritrean Defense Force, country-based NGOs and host country medical personnel in carrying out its HIV/AIDS activities. Also, the HIV/AIDS Coordinator needed to regularly interact with senior UNMEE managers to inform them of major HIV/AIDS issues and how they should be addressed.

Adequate training is a key element in the fight against HIV/AIDS. The Mission provides a 2 to 3 hour HIV/AIDS awareness training session for civilian and military personnel during induction, although national personnel are not required to attend. The UNVs and international staff who responded to OIOS' survey reported attendance of 100 per cent and 82 per cent respectively. However, military respondents reported attendance at the training session of only 52 per cent. The survey also showed that the training needed to be updated to better address misconceptions about HIV/AIDS and emphasize preventive measures available.

The Mission needed to ensure that trained personnel were available to carry out voluntary counseling and testing (VCTs) and the regular availability of condoms to help prevent infection. Aside from the HIV/AIDS Policy Advisor there were no other accredited personnel to provide counseling. Efforts to monitor and evaluate the impact of the HIV/AIDS programme needed to be enhanced. In this regard, OIOS is recommending that the Mission assign at least one more technical expert to assist the Policy Advisor in creating a database to facilitate programme monitoring.

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I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the HIV/AIDS programme in UNMEE in November 2006.

2. Seventy per cent of all people infected with HIV live in sub-Saharan Africa, even though this area is home to only 11 per cent of the world's population. In 2004, an estimated 3.1 million people in the region were newly infected with HIV. Eritrea and Ethiopia are located in this region and have HIV/AIDS prevalence rates of 2.4 per cent and 4.4 per cent, respectively. Eritrea ranked 37th among the 166 countries with the highest number of HIV/AIDS cases and Ethiopia was ranked 25th.

3. The prevalence of HIV among UNMEE staff or among staff in any mission cannot be reliably gauged because the UN does not allow mandatory HIV testing before, during and after deployment. Moreover, troop contributing countries either do not test or share test results with the UN as these may suggest weaknesses within their military services.

4. Mandatory testing before deployment, however, cannot ensure that only HIV negative individuals are accepted in the Mission. Since HIV antibodies are usually detected from three to six months after initial exposure to the virus, a test taken by a person engaged in unsafe sexual behaviour at the present time may falsely appear as HIV-negative, even though the person is already infected. As a result, the UN, particularly UNAIDS, promotes voluntary counseling and testing (VCT) during and after deployment as this will ensure acceptance and cooperation from a possible seropositive HIV individual as well as his/her partner or partners. However, statistics on the rate of HIV prevalence based on VCTs performed cannot be obtained due to the lack of a database. The Policy Advisor contended that maintaining a database on the number of VCTs done and their results could be seen as a breach in confidentiality.

5. The facts enumerated below, however, point to the high HIV vulnerability of Mission personnel, especially the military:

(a) The US General Accounting Office (GAO) demonstrated the potential prevalence of HIV/AIDS among peacekeepers by tabulating troops contributed by countries with HIV/AIDS prevalence greater than 5 per cent in 2001 (UNAIDS, "On the Frontline", p. 7). For that year, 17 per cent of UNMEE's military force came from countries with HIV/AIDS prevalence greater than 5 per cent compared with 9 per cent as of October 2006. HIV/AIDS prevalence is believed to be two to five times higher in the military than in civilian populations, which suggests that prevalence in these forces may be well over 10 per cent to 25 per cent.

(b) The sexual practices of the military identified by the Uniformed Services Task Force on HIV/AIDS as factors which predispose members to contract or transmit HIV were as also possessed by other UNMEE personnel (UNAIDS, "On the Frontline"p.4). The self-assessments made

by UNMEE participants in various HIV/AIDS training sessions as collated by OIOS showed that 76 per cent had sex without condoms and 42 per cent had sex without a condom with women other than their wives; 27 per cent had one or more sexual partners in a month, 18 per cent had sex in exchange for favours or money with sex workers and 9 per cent had contracted sexually transmitted diseases in the past.

(c) Sex workers or persons who exchange sex for money or material gain are convenient sexual partners for peacekeepers. The UNAIDS identified sex workers as having a higher prevalence of HIV infection because they engage in behaviours that put them at higher risk of infection. The latest round of HIV serosurveillance as reported by the USAID in year 2003 showed that sex workers remain the most at risk in Eritrea with a 22.8 per cent HIV prevalence (USAID, Health Profile: Eritrea, April 2005 , internet accessed).

6. Comments made by UNMEE are shown in *italics*.

II. AUDIT OBJECTIVES

7. The audit was intended to determine whether the Mission is able to sustain its commitment to fight HIV/AIDS. Specifically, the audit's primary objectives were to assess:

- (a) The adequacy of the Mission's HIV/AIDS training programme;
- (b) The adequacy of HIV/AIDS prevention measures such as information dissemination, publicity, distribution of condoms and provision VCTs;
- (c) Whether the Mission's HIV/AIDS activities were coordinated with those of other UN organizations and the governments of Eritrea and Ethiopia; and
- (d) Whether programme activities were properly monitored to ensure compliance with the intent of SC Resolution 1308.

III. AUDIT SCOPE AND METHODOLOGY

8. Due to the lack of an adequate database in Ethiopia, the audit focused on programme activities in Eritrea. The audit involved close coordination with the UNMEE HIV/AIDS Policy Advisor and the Military Training Cell Unit. The UNAIDS and selected Eritrean agencies as well as the Public Information Office and the Office of Human Rights provided available accomplishment reports and data on activities performed by their offices related to HIV/AIDS.

9. OIOS distributed 114 questionnaires to selected civilian and military personnel to establish the level of awareness of HIV/AIDS issues and concerns.

UN Military Observers who are based in the sectors were not surveyed because they are not based in Asmara and OIOS could not travel to their locations. Questionnaires for military personnel were distributed and collected on-site with the cooperation of the Field Commanders and the Military Training Cell. E-mailed questionnaires were sent to 30 civilian and UNV personnel selected by the UNMEE Administration and the UNV Programme Coordinator. Responses were received by email or through the Resident Auditor's COMCEN mailbox (see Annex 2 for the questionnaire used).

IV. AUDIT FINDINGS AND RECOMMENDATIONS

A. Organizational arrangement and collaboration with other organizations

10. The United Nations Security Council adopted Resolution 1308 in July 2000 to recognize the increasing security threat posed by HIV/AIDS. This resolution encouraged Member States and the international community including the UNAIDS to develop long-term strategies in areas such as HIV/AIDS education, prevention, confidential voluntary counseling and testing (VCT). Regarding uniformed personnel, the resolution called for:

- Treatment of infected personnel as part of their overall participation in peacekeeping operations;
- Training on issues related to HIV prevention;
- Pre-deployment orientation and ongoing training for peacekeepers on HIV/AIDS.

11. In keeping with the audit objectives in paragraph 7 above, particularly b and c, the UNMEE Task Force on HIV/AIDS was established in 2001 to develop and oversee the implementation of the HIV/AIDS programme and to establish and maintain collaborative action with the host countries' defense forces.

12. The Task Force was chaired by the UNMEE Deputy SRSG and co-chaired by the UNAIDS Country Coordinator. Other members included the UNMEE HIV/AIDS Policy Officer and the Chiefs of Health and Training Cells, a representative from the Eritrean Defense Force (EDF) Health Services and one representative from each of the main force contingents. The Task Force met monthly to review progress of the programme, to adopt the budget and to make recommendations to the SRSG and the defense forces.

13. Initially, UNAIDS considered the UNMEE Programme successful and it became the subject of a UNAIDS case study for emulation by other missions because it recognized both national and international uniformed services in the fight against HIV/AIDS.

14. OIOS noted, however, that in recent years, participation by Mission leadership has not been very visible as the DSRSG for Humanitarian Affairs and UNAIDS Country Coordinator posts were only filled in late 2006 after being vacant for almost one year. Moreover, while HIV/AIDS remained a humanitarian and substantive issue, the HIV/AIDS Policy Advisor admitted that he had never been invited to discuss his concerns and activities during senior management meetings unlike the substantive offices involved in human rights, QIPS and public information.

15. It is important to note that UNMEE has established close ties with the UN agencies involved in HIV/AIDS. However, collaboration with the EDF and even with other national agencies and NGOs in Eritrea ceased for reasons which are not clear. According to the HIV/AIDS Policy Advisor, formal invitations for dialogue previously received from the EDF simply stopped. Moreover, collaborative efforts are now channeled through the UN Country Team and UNAIDS.

16. OIOS met with the Director of the Eritrea National AIDS and Tuberculosis Division (NATCOD) and the EDF Medical Director, who noted in separate interviews that UNMEE had decided not to meet with them anymore.

17. The NATCOD Director noted that his agency does not need any direct assistance from UNMEE. He advised that UNMEE should ensure that its personnel do not consort with women in the local population to reduce the HIV incidence in the country, which presently stands at 2.4 per cent. The Director noted that he would usually see local women with UNMEE military men and that he recognizes the danger posed by these relationships. In his view, the Mission needed to address its problems before offering help to Eritrea.

18. The EDF Medical Director, however, welcomed the possibility of renewing ties with the Mission. He noted that direct information exchanges between UNMEE and the EDF have helped both organizations in their HIV/AIDS initiatives in the past and should be continued, but not only through the distribution of condoms or training materials which the Eritrean Defense Force can obtain on their own. Consistent interaction will keep both organizations abreast of existing initiatives, concerns and approaches and how and where assistance can be sought by both organizations. He noted that his organization is more knowledgeable about Eritrea and can certainly be of assistance to UNMEE.

19. Representatives of BIDHO, an Eritrean non-government organization involved in the rehabilitation of people either living with or affected by HIV and AIDS noted that they recalled meeting with the former DSRSG, other NGOs and the then SRSG Legwaila, who pledged to support some of the organization's projects through UNMEE Quick Impact Projects Trust Fund. In addition, BIDHO was involved with the UNMEE HIV/AIDS Awareness programmes. BIDHO specifically identified the help needed from UNMEE through QIPS, for funding small-scale income generating projects and from the UNMEE engineers for building very small HIV/AIDS awareness centers in the field.

20. The UNMEE HIV/AIDS Policy Advisor correctly noted that under SC Resolution 1308, his unit's concern should be mainly focused on UNMEE personnel. However, his unit performs activities in keeping with the UNMEE's humanitarian mandate, which are not limited to Mission personnel as evidenced by the HIV/AIDS information dissemination campaigns conducted by the PIO in coordination with the Policy Advisor's office. For example:

- The UNMEE News, which has a print run of 10,000 copies per publication and 95 per cent circulation rate, features a regular column on HIV/AIDS. During 2004-05 UNMEE News contained at least 8 articles pertaining to HIV/AIDS, while there were 15 such articles during 2005-06.
- Between September and December 2005, 3 of 16 radio programmes were dedicated solely to making the public aware of UNMEE HIV/AIDS activities. As of November 2006, 4 of 46 programmes produced dealt with HIV/AIDS.

Recommendations 1 to 3

The UNMEE Administration should:

- (1) Consider reestablishing ties with the Eritrean Defense Force and with country-based NGOs in carrying out HIV/AIDS related activities and initiatives;**
- (2) Consider using a portion of Quick Impact Projects funds to support humanitarian projects focused on HIV/AIDS concerns; and**
- (3) Periodically invite the HIV/AIDS Policy Advisor to senior management meetings to ensure that UNMEE officials are aware of and can immediately decide on pressing HIV/AIDS issues and learn how other offices can be involved in addressing these issues.**

21. *The UNMEE Administration did not accept recommendation 1, explaining that the NATCOD Director had indicated that Eritrea does not need UNMEE's assistance. Without an offer or invitation to participate in the country's HIV/AIDS activities, it is very difficult for UNMEE to collaborate with the government agency. UNMEE added that its participation through the Joint UN HIV/AIDS initiative should be sufficient to cover this issue.* OIOS acknowledges the Mission's comments and recognizes the difficulties involved in re-establishing ties with the NATCOD Director. However, given the seriousness of the issues involved, OIOS believes that the Mission should seek to establish ties with country-based NGOs and approach the Eritrean Defense Force (EDF), considering that the EDF Medical Director had indicated that it was possible to renew UNMEE and EDF ties as regards HIV/AIDS issues. Therefore, OIOS is reiterating this recommendation.

22. *The UNMEE Administration accepted recommendation 2 and stated that it recognizes the need to mainstream HIV/AIDS activities into the Mission mandate. In this regard, the QIPs Project Review Committee will consider funding HIV/AIDS project proposals focusing on the Temporary Security Zone and adjacent areas.* Recommendation 2 remains open pending receipt of documentation from UNMEE showing that HIV/AIDS-related projects have been considered by the QIP Project Review Committee.

23. *The UNMEE Administration accepted recommendation 3 and stated that the Mission's senior management has agreed to periodically invite the HIV/AIDS Policy Advisor to the senior management meetings, to brief them on pertinent HIV/AIDS issues.* Recommendation 3 remains open pending receipt of documentation from UNMEE showing the attendance of the HIV/AIDS Policy Advisor in senior management meetings.

B. Awareness training for UNMEE personnel

24. Successful prevention efforts include clear and accurate communication about HIV/AIDS and methods to prevent infection, HIV counseling and testing, and treatment of sexually transmitted infections. While DPKO does not have a clear-cut policy on the nature and extent of treatment there are awareness training courses on HIV/AIDS, HIV counseling and testing which should be available on a voluntary basis.

25. The UNMEE Military Training Cell, along with the HIV/AIDS Policy Advisor, conducts the two to three hour awareness session on HIV/AIDS. This session is incorporated into the one week induction training programme for incoming UNMEE personnel.

26. All incoming international civilian personnel and UNMOs are required to take the induction training before coming on board. Military personnel on the other hand need to attend HIV/AIDS awareness training conducted by contingent personnel trained by the HIV/AIDS Policy Advisor during 5-day training for trainors' course. National personnel are not required to participate in awareness training on HIV/AIDS, although 33 per cent of survey respondents said that they had participated in such training.

27. The HIV/AIDS Policy Advisor conceded that UNMOs, who are deployed directly to Ethiopia, cannot attend the formal awareness workshop conducted in Eritrea as they arrive in small numbers rather than in large groups. A trained nurse explains HIV/AIDS issues to UNMOs as they arrive.

28. The Military Training Cell could only provide OIOS with training statistics for the year 2005-06 because no database was maintained for prior years. A total 339 staff attended the induction training: 7 international staff, 13 UNVs, 100 military personnel and 219 UNMOs. The training for trainors' course was attended by 60 trainor participants 2004-05 and 42 in 2005-06. This course has not been conducted during 2006-07.

29. In response to OIOS' survey, UNVs reported 100 per cent attendance at the induction course while international staff reported 82 per cent attendance and national staff reported 33 per cent attendance. The Training Cell explained that 100 per cent attendance cannot be ensured for international staff because they cannot be required to attend the induction course.

30. Attendance by the military respondents averaged about 52 per cent as shown below.

Contingent	No. of months in UNMEE	Percentage of respondents who have attended UNMEE training
Indian	One month	53%
Jordanian	Five and ½ months	67%
Kenyan	Four months	36%
Average		52%

31. The Military Training Coordinator explained that the low attendance at training may be due to the failure of the military trainers to conduct the training as required. He noted that in the past, training in the field was monitored on-site by the Training Cell. However, due the ban on helicopter travel imposed by the Eritrean government and fuel shortages, monitoring activities cannot be conducted.

32. Based on our survey, the AIDS/HIV awareness rating across Mission components averaged 72 per cent: with international and national staff scoring 78 per cent; UNVs 85 per cent and military respondents averaged 63 per cent. The generally low awareness ratings of the military point to the need to reevaluate the training approach applied and to properly screen the qualifications of military trainers. The national staff achieved a rating of 78 per cent despite having the lowest attendance rate at 33 per cent. OIOS believes that this can be explained by the fact that 44 per cent of these staff stated that they attended awareness workshops in Eritrea outside of UNMEE and 78 per cent noted that they were aware of VCTs.

33. The survey also showed the need for the HIV/AIDS Policy Advisor to update the Programme's training module to address misconceptions and emphasize preventive measures available, which are discussed below (see also Annex 3 – Summary of Survey Results).

Misconceptions

- 22 per cent of respondents were not aware that HIV cannot be transmitted by mosquitoes;
- 49 per cent were not aware that HIV can be transmitted by oral sex;
- 24 per cent were not aware that an HIV test can only detect a person's HIV condition three to six months before the test. This misconception was noted in 33 per cent of local staff;
- 11 per cent were not aware that HIV cannot be prevented by drinking antibiotics;

-
- 21 per cent believed that AIDS is just a new name for old diseases such as malaria;
 - 15 per cent believed that AIDS can be spread through casual contact.

Preventive measures

- 29 per cent of respondents were not familiar with VCT. 81 per cent of INDBATT and 58 per cent of JORBATT respondents said that they did not know what VCT is;
- 36 per cent did not know that VCT is available in UNMEE;
- 83 per cent did not know what a post exposure preventive kit (PEP) is. It should be noted that only civilians and UNVs responded to this question.

Recommendations 4 to 7

The UNMEE Administration should:

(4) Re-evaluate its HIV/AIDS Awareness Training Programme and ensure that all UNMEE civilian and military personnel, including national staff, are required to attend the HIV/AIDS Awareness session and that those who complete the course receive a certificate of attendance;

(5) Re-evaluate its HIV/AIDS Awareness Training Programme and ensure that the military trainers report on the military personnel who attended the HIV/AIDS training, and issue certificates of attendance to participants after this data is certified as correct by the Sector Commander;

(6) Ensure that the training module includes additional discussions about misconceptions and preventive measures because the lack of adequate information on these issues can result in unsafe sexual behavior thereby increasing HIV/AIDS prevalence; and

(7) Ensure that military trainers are properly screened for competence and the ability to impart knowledge, and ensure that preference is given to medical doctors of the contingents to provide this training.

34. *The UNMEE Administration accepted recommendation 4 and stated that the Mission has already established training evaluation methodology that is applicable to all in-house training, including HIV/AIDS awareness training. An evaluation is conducted after each training session, whereby feedback is given to the trainer. A follow-up evaluation is done every six months to further evaluate the impact of the programme. In this regard, the re-programmed HIV/AIDS training programme will start in November 2007 in Asmara and in March-July 2008 in Addis Ababa. Furthermore, as part of the integrated induction training*

course for all new staff members, all UNMEE civilian and military personnel, UNVs and national staff are required to take the HIV/AIDS awareness training course when they join the Mission. After they take the induction course, the Integrated Training Cell issues certificates of completion to all participants. Based on the action taken by the Mission, recommendation 4 has been closed.

35. *The UNMEE Administration accepted recommendation 5 and stated that, in coordination with the HIV/AIDS Policy Advisor, the Integrated Training Cell will issue certificates to military personnel who attended the HIV/AIDS awareness training course conducted by military trainers (team leaders) and trainers of trainers in the sectors. The military trainers (team leaders) and trainers of trainers will report to Sector Commanders the attendance of all military participants. Recommendation 5 remains open pending receipt of documentation from UNMEE showing that the attendance of military personnel in HIV/AIDS awareness training course has been properly reported and that certificates of attendance have been issued to those who successfully completed the course.*

36. *The UNMEE Administration accepted recommendation 6 and stated that the training module is constantly under review and modified, according to feedback received from participants. Additional discussions about misconceptions and preventive measures will be included. Recommendation 6 remains open pending receipt of documentation from UNMEE showing that misconceptions about HIV/AIDS and preventive measures have been included in the HIV/AIDS training programme.*

37. *The UNMEE Administration accepted recommendation 7 and stated that, on the military side, the Chief, Integrated Training Cell screens and monitors the military trainers' (team leaders') and trainers of trainers' competence and ability to impart knowledge. In coordination with the HIV/AIDS Policy Advisor, the Chief, Integrated Training Cell will give preference to medical doctors of the contingents to provide HIV/AIDS awareness training. Based on the explanation provided by the Mission, recommendation 7 has been closed.*

C. Availability of preventive and protective measures

38. OIOS found that the UNMEE HIV protection and prevention measures primarily VCTs and the use of condoms are not adequate:

- Aside from the HIV/AIDS Policy Advisor, there are no accredited or trained personnel who can provide counseling. The Mission's Level 1 Civilian Medical Unit, Level 2 Jordanian Hospital as well as the INDBATT and Kenyan contingents may be capable of HIV testing. However, the requisite counseling to be performed especially if a person is found HIV positive cannot be done if the HIV/AIDS Policy Advisor is not available. This may explain why VCT availability cannot be advertised as in other missions and why VCTs are known to only a limited number of respondents. Even fewer respondents were aware of Post Exposure Prophylaxis (PEPs);

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- Condoms are not readily available in the Mission according to the Force medical head, the HIV Policy Advisor and the Camp Administrator. However, according to the Supply Section from 16 June 2003 to 26 July 2006, a total of 126,000 male condoms and 47,000 female condoms were purchased. The supply of 105,000 condoms purchased in July 2006 was expected to last for three years.

39. Fifty per cent of respondents indicated that they do not engage in any sexual activity in the Mission. As such, these condoms will only be used by 50 per cent of all Mission personnel.

40. According to the Asmara Camp Administrator and the Policy Advisor, national cleaning staff take large numbers of condoms and sell them in the local market because the country is experiencing a severe lack of condoms following the expulsion of USAID from Eritrea. The Policy Advisor also noted that the Mission will eventually be facing the same problem once the current stock of condoms is used.

Recommendations 8 and 9

The UNMEE Administration should:

(8) Immediately address the staffing problems in the HIV/AIDS Programme Unit particularly the lack of trained staff to provide voluntary counseling and testing in the sectors; and

(9) Ensure that the Camp Administrator and the Sector Administrators in the field take action to stop the theft and sale of condoms, and impose the appropriate disciplinary action when necessary.

41. *The UNMEE Administration accepted recommendation 8 and stated that the HIV/AIDS Programme Unit is already aware of the shortage of staff in the Unit. The Unit submitted a budget proposal requesting one UNV staff member. Recommendation 8 remains open pending receipt of documentation showing the approval of the HIV/AIDS Programme Unit's request for one UNV staff member.*

42. *The UNMEE Administration accepted recommendation 9 and stated that an advisory regarding the theft and sale of condoms is being issued to all staff and that Camp and Sector Administrators have been briefed to take appropriate preventive measures. The Conduct and Discipline Unit has also been requested to design a case study regarding the theft and sale of condoms, to be incorporated in staff training. Based on the explanation provided by the Mission, recommendation 9 has been closed.*

D. Monitoring accomplishments of the Programme

43. The HIV/AIDS Policy Advisor noted that the success of the programme can be gauged through HIV prevention among peacekeepers based on the number of people reached through awareness training, and a reduction in HIV prevalence in the community as a result of discussions with the residents.

44. However, the success of the HIV/AIDS Programme cannot be evaluated relative to the above indicators because the Unit does not maintain a database on the activities conducted. OIOS was informed that it would be difficult to maintain such a database because the Programme's activities are handled by other sections and the unit is manned by only one person, the HIV/AIDS Policy Advisor.

45. Funds for the purchase of condoms are included in the Supply Section's budget, and the Policy Advisor is not aware of how many condoms were purchased. Moreover, the Mission AIDS training programmes are conducted by the training cells and as a result, the Advisor is not able to track the number of training programmes and training participants. The Advisor is also not aware of the number of VCTs conducted or HIV tests performed to gauge the probable HIV prevalence among VCT participants. In addition, radio and print campaigns are funded from the Public Information Office's budget and its community outreach activities are funded from the Human Rights Office's budget. The Advisor was not aware of the nature and extent of the AIDS dissemination campaigns.

Recommendations 10 and 11

The UNMEE Administration should:

(8) Provide the HIV/AIDS Unit with at least one technical staff member to assist the Policy Advisor in creating a database and monitoring programme activities to ensure they are in line with its action plans; and

(9) Require the preparation of a separate budget for HIV/AIDS activities to facilitate comparison of accomplishments versus plans and to allow the Unit, subject to approval by the DSRSG for Humanitarian Affairs to decide on what priority activities should be pursued.

46. *The UNMEE Administration accepted recommendation 10 and stated that the HIV/AIDS Programme Unit has already submitted a budget proposal requesting one UNV staff member who can assist the HIV/AIDS Policy Advisor and monitor the Unit's programme activities. Recommendation 10 remains open pending receipt of documentation showing the approval of the HIV/AIDS Programme Unit's request for one UNV staff member.*

47. *The UNMEE Administration accepted recommendation 11 and stated that the recommendation will be included in the next budget cycle.*

Recommendation 11 remains open pending receipt of documentation from UNMEE showing the inclusion of the recommendation in the next budget cycle.

V. ACKNOWLEDGEMENT

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

STATUS OF AUDIT RECOMMENDATIONS

Recom. no.	C/O ¹	Actions needed to close recommendation	Implementation date ²
1	O	Reconsideration by the Mission of its initial response to this recommendation	Not provided
2	O	Submission to OIOS of documentation showing that HIV/AIDS-related projects have been considered by the QIP Project Review Committee	2007/2008
3	O	Submission to OIOS of documentation showing the attendance of the HIV/AIDS Policy Advisor in senior management meetings	November 2007
4	C	Action completed	Implemented
5	O	Submission to OIOS of documentation showing that the attendance of military personnel in HIV/AIDS awareness training course has been properly reported and that certificates of attendance have been issued to those who successfully completed the course	November 2007
6	O	Submission to OIOS of documentation from UNMEE showing that misconceptions about HIV/AIDS and preventive measures have been included in the HIV/AIDS training programme	Ongoing
7	C	Action completed	Implemented
8	O	Submission to OIOS of documentation showing the approval of the HIV/AIDS Programme Unit's request for one UNV staff member	2008/09 budget
9	C	Action completed	Implemented
10	O	Submission to OIOS of documentation showing the approval of the HIV/AIDS Programme Unit's request for one UNV staff member	2008/09 budget
11	O	Submission to OIOS of documentation from UNMEE showing the inclusion of separate budget for HIV/AIDS activities in the next budget cycle	Not provided

¹ C = closed, O = open

² Date provided by UNMEE in response to recommendations

Survey Questionnaire sent to selected civilian, UNV and military personnel

DO YOU KNOW WHAT HIV/AIDS IS?

Survey Objective: The purpose of this survey is to determine the need for conducting more HIV/AIDS awareness campaigns and information dissemination and what these campaigns should emphasize. .

Please DO NOT put your names to ensure CONFIDENTIALITY.

General questions:

Questions	Answers
1. How many years have you been with UNMEE?	
2. Have you had HIV testing when you applied for UNMEE service in your home country?	Yes _____ No _____
3. Have you attended an awareness workshop on HIV/AIDS in your home country?	Yes _____ No _____
4. Have you attended an awareness session on HIV/AIDS in UNMEE? If yes, when?	Yes _____ No _____
5. Do you know what Voluntary Counselling and Testing (VCT) is?	Yes _____ No _____
6. Do you know that VCT is available in UNMEE?	Yes _____ No _____
7. Have you undergone VCT while here in UNMEE?	Yes _____ No _____
8. Do you think that you should get VCT while here in UNMEE?	Yes _____ No _____
9. I don't think I should get a VCT while in UNMEE because	<p>----- I never engaged in sexual activities while here in Asmara</p> <p>----- Because I am sure I do not have HIV/AIDS</p> <p>----- Because I am scared or embarrassed to go</p> <p>____ Because if I know I have HIV, I would be upset</p> <p>----- Because I don't know what VCT is</p> <p>----- Because I don't know where I can have VCT</p>
10. Please check what best describes your belief about engaging in sexual activities while posted in UNMEE: (you can check more than one)	<p>----- As long as I use condoms, I do not see the need to stop having sexual activities here in UNMEE.</p> <p>----- As long as I engage in sex with only one stable partner while here in UNMEE, I need not worry.</p> <p>----- No, I do not engage in any sexual activity while here in the Mission</p> <p>----- I make sure that my girlfriend/boyfriend</p>

	here in the Mission is “clean” Is AIDS-free ----- It is not the Mission’s business what I do during my free time—if I have HIV then it is my problem.
11. Do you know what PEP kits are?	Yes _____ NO _____

Please answer “yes “ or “ no” to these questions about HIV/AIDS. If you are not sure or do not know the answer, the tick off “don’t know”.

Statements	Yes	No	Don’t know
1. HIV can be transmitted by mosquitoes			
2. HIV can be transmitted through oral sex			
3. There are medicines that can cure AIDS.			
4. HIV antibodies are usually detected from three to six months after initial exposure to the virus.			
5. HIV can be prevented by drinking antibiotics before sex.			
6. HIV can be prevented by taking a bath before and after sex.			
7. You will feel signs and see symptoms if you have HIV			
8. If you tested negative in the HIV test last Monday, it means that you do not have HIV last Monday.			
9. Children cannot be affected by HIV/AIDS			
10. Sexual intercourse with a virgin will cure AIDS			
11. HIV can easily be transmitted by a person being tattooed.			
12. HIV is the same as AIDS			
13. There is no AIDS in Africa; AIDS is nothing more than a new name for old diseases.			
14. AIDS can be spread through casual contact (shaking hands, kissing) with an HIV infected person.			
15. HIV can infect only gay men and drug users.			

Thank you.

Summary of Survey Results

Description	International	Local	UNV	Indian military	Jordanian Military	Kenyan Military
No. of respondents	11	9	8	32	12	25
Profile :						
Average years of service in the Mission	4 years	4years	1.5years	One month	5.5 Months	4 months
Per cent who have undergone HIV/AIDS testing in their country	45%	33%	62%	94%	84%	92%
Per cent who have attended awareness workshops in their country	45%	44%	100%	100%	33%	88%
Per cent who have attended awareness workshops in UNMEE	82%	33%	100%	53%	67%	36%
Per cent who know what VCT is	100%	78%	88%	19%	42%	96%
Per cent who know that VCT is available in UNMEE	100%	56%	75%	28%	67%	60%
Per cent who have had VCT	18%	11%	50%	41%	8%	4%
Per cent who see the need for VCT	45%	78%	88%	38%	42%	88%
Reason for not having VCT, do not see the need for VCT since I do not engage in sexual activity in the Mission	43%	60%	50%	31%	58%	58%
I'm sure I don't have HIV/AIDS	36%			47%	17%	31%
I'm too afraid or embarrassed to go	21%	20%	12%	56%	25%	12%
I do not know what VCT is				56%		
I do not know where to go for VCT		20%		11%		
Responses concerning sexual practices						
- as long as I use condoms there is no need to stop sexual activities	12%			17%	17%	7%
- as long as I have a stable partner, no problem	25%	27%	38%	20%	17%	
- I do not engage in any sexual activity	62%	45%	75%	63%	67%	79%
- It is not the UN's business if I have HIV		9%				11%
I don't know what PEP kits are	73%	89%	88%			
Frequency of common misconceptions						
Percentage of those who did not know that :						

Description	International	Local	UNV	Indian military	Jordanian Military	Kenyan Military
1. HIV cannot be transmitted by mosquitoes	18%	0%	12%	28%	33%	44%
2. HIV can be transmitted by oral sex	36%	44%	50%	87%	33%	44%
3. There are no medicines that can cure AIDS	18%	22%	0%	12%	17%	8%
4. HIV antibodies are usually detected from 3 to 6 months after initial exposure to the virus	27%	33%	0%	19%	42%	24%
5. HIV cannot be prevented by drinking antibiotics before sex	0%	11%	0%	25%	25%	4%
6. HIV cannot be prevented by taking a bath before and after sex				22%	17%	4%
7. You will not feel signs and see symptoms if you have HIV	45%	44%	25%	38%	67%	60%
8. If you tested negative in a recent HIV test, you may have had HIV at that time	27%	22%	12%	56%	42%	36%
9. Children can be affected by HIV/AIDS	36%	11%	0%	66%	33%	24%
10. Sexual intercourse with a virgin will not cure AIDS	0%	33%	12%	66%	17%	24%
11. HIV cannot easily be transmitted by a person being tattooed	82%	56%	75%	75%	75%	52%
12. HIV is not the same as AIDS	36%	33%	25%	50%	92%	52%
13. AIDS is not a new name for old diseases	9%	0%	13%	50%	42%	12%
14. AIDS cannot be spread through casual contact with an HIV infected person	0%	11%	12%	22%	33%	12%
15. HIV can infect not only gay men and drug users.	0%	11%	0%	22%	17%	12%

UNITED NATIONS



OIOS Client Satisfaction Survey

Audit of: HIV/AIDS programme in UNMEE

(AP2006/624/03)

	1	2	3	4	5
By checking the appropriate box, please rate:	Very Poor	Poor	Satisfactory	Good	Excellent
1. The extent to which the audit addressed your concerns as a manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The audit staff's understanding of your operations and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professionalism of the audit staff (demeanour, communication and responsiveness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The quality of the Audit Report in terms of:					
• Accuracy and validity of findings and conclusions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clarity and conciseness;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Balance and objectivity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The extent to which the audit recommendations were appropriate and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The extent to which the auditors considered your comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall satisfaction with the conduct of the audit and its results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any further comments you may have on the audit process to let us know what we are doing well and what can be improved.

Name: _____ Title: _____ Date: _____

*Thank you for taking the time to fill out this survey. Please send the completed survey as soon as possible to:
 Director, Internal Audit Division, OIOS
 By mail: Room DC2-518, 2 UN Plaza, New York, NY 10017 USA
 By fax: (212) 963-3388
 By E-mail: knutsen2@un.org*