







BACKGROUND

MSF Pool d'Urgence Congo (PUC) is an emergency response unit administered by the DRC country programme (OCB), covering 15 provinces in the western Democratic Republic of the Congo (DRC) and focusing on rapid detection of and response to medical and humanitarian emergencies. With roughly 80 permanent staff and 300 Pool de Réserve (PdR) staff available on its roster, the PUC aims to reduce morbidity and mortality within populations affected by emergencies by maintaining an extensive surveillance network and deploying rapid response teams to verify information and conduct interventions.

This external evaluation assessed the PUC's suitability to address emergency needs in the DRC through a theory-based approach. It aimed to provide a comprehensive analysis of the PUC's relevance based on the evolving humanitarian context in the DRC, its strategic positioning and the effectiveness of its operational approach.

METHODOLOGY

-  Mixed Methods Approach
-  Desk review
-  54 Key Informant Interviews
-  Focus Group Discussions with 15 PdR members
-  Online survey for permanent PUC staff and PdR
-  Analysis of 8 PUC interventions

RECOMMENDATIONS

1. **Address the risk of overspecialization** towards some scenarios (e.g. measles) by increasing exposure to more diverse/less frequent situations.
2. **Increase sensitivity of the V&D system**, specifically for humanitarian emergencies, through revised thresholds.
3. **Track and analyse intervals in a systematic manner** to better understand timing between alerts and intervention, and make this visible to all levels. Organize data-informed workshop(s) to streamline decision-making on this basis.
4. **Rationalize validation processes** through pre-approved response packages and greater budget autonomy.
5. **Improve efficiency** by transitioning towards digital record-keeping and invest in further digital skills for staff.
6. Conduct a **cost-benefit analysis** of purchasing a dedicated aircraft to increase timeliness and mobility.
7. Move beyond a historically independent mentality toward **more strategic collaboration and partnerships**, with MoH, partners, other MSF entities, and ensure the development of exit strategies for continuity after interventions.
8. **Systematize institutional learning** through regular dedicated platforms, 'pause and reflect' sessions across key departments adequate IKM and further investment in inter-PUC exchanges.
9. **Improve engagement with PdR** staff through more communication and transparency.
10. **Invest in polyvalence training** for both permanent and PdR staff to reduce team sizes during interventions.
11. **Further define the collaboration with the "Bureau d'Appui et de Liaison Intersections"** to refine communications between MSF and the MoH and strengthen advocacy.

CONCLUSION

Despite many changes over the past 30 years, the PUC **remains highly relevant** to current needs in the DRC. Its **surveillance system, Veille et Détection (V&D)**, fills a critical gap by providing timely data that complements the MoH reporting and informs other humanitarian actors. However, it seems **less capable of detecting atypical events or is less exposed to humanitarian crisis** (vs outbreaks). With recurrent measles interventions and given its geographical coverage, the PUC runs the risk of becoming over-specialized.

The PUC's has an exceptional **logistical capacity**. However, its capacity of two interventions and one exploration implies heavy **prioritization amongst needs**. Mobility is constrained by reliance on commercial and UNHAS airlines, leading to delays and financial losses. The PUC's reliance on community relationships, which underpin its V&D system, risks weakening if information sharing comes with expectations of an intervention.

Inefficiencies persist, including dependence on paper-based record-keeping, lack of standardization, and insufficient digital skills among staff. Recruitment processes of PdR staff for each intervention are also time consuming and, while the PUC has made effort to improve engagement with PdR staff, selection criteria and expectations remain unclear to them. Likewise, many permanent PUC staff consider the team sizes excessively large, despite improvements since 2019.

The PUC's **decision-making processes and budget validation requirements** are time consuming, challenging at times its core mandate. Data on time intervals is not systematically tracked or analysed at an overarching level, which hampers understanding and adaptive management. While platforms and mechanisms exist to reflect and learn, these could be made more systematic.

Collaboration with the MoH is strong, but concerns about dependency highlight the need to invest further in it. Despite strong interest in additional collaboration with partners, the PUC is used to acting independently and has had mixed results in the past due to differences in operational models and working styles.