INTERNAL AUDIT DIVISION

REPORT 2020/008

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

The Mission needed to improve medical arrangements to ensure timely and responsive medical care in all emergencies and optimal utilization of its medical facilities

8 May 2020
Assignment No. AP2019-620-01

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO). The objective of the audit was to assess the efficiency and effectiveness of medical services in MONUSCO and their compliance with established guidelines. This audit covered the period from 1 July 2017 to 30 June 2019 and included a review of medical support arrangements and performance of medical services.

MONUSCO's response and preparedness to the Ebola outbreak were adequate. However, the Mission's medical support arrangements were not fully effective to ensure timely and responsive medical care in all medical emergencies. Additionally, the utilization rate of several clinics/hospitals was low because they were located close to one another in the same area/camp, and there was a need to ensure optimal use of the Mission's medical facilities.

OIOS made five recommendations. To address issues identified in the audit, MONUSCO needed to:

- Establish adequate medical support arrangements in Beni to ensure timely and responsive medical care to its personnel in all medical emergencies;
- Conduct a comprehensive analysis of its medical facilities and take appropriate action to ensure their optimal utilization;
- Regularly rehearse its mass casualty response plan;
- Systematically collect and analyze performance data of all medical service contractors against established indicators and monitor them to ensure their services fully meet expected quality standards; and
- Establish a policy on recovery of costs for medical evacuations provided to non-United Nations entities.

While the audit was conducted prior to the COVID-19 crisis, the recommendations remain relevant. MONUSCO accepted the recommendations and have initiated action to implement them.

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Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO).

2. The MONUSCO Medical Section is responsible for coordinating delivery of medical care and preventive services to Mission personnel comprising 15,457 military, 1,148 police and 4,155 civilian staff. Medical services are provided through United Nations-owned (9 Level I medical facilities) and contingent-owned facilities (39 Level I, 2 Level II and 1 Level III facilities). The Section oversees medical evacuation arrangements with contracted medical facilities comprising one Level II facility in Kinshasa, two Level III facilities in Kampala, and one Level IV facility in Nairobi. From 1 July 2017 to 30 June 2019, MONUSCO provided services to 271,071 outpatients and 9,906 inpatients consisting of MONUSCO personnel, staff of United Nations agencies and non-governmental organizations, as well as the local population.

3. The Medical Section is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Chief of Service Delivery. The CMO works in close cooperation with the Force Medical Officer (FMO). The Section has 68 authorized posts comprising 12 international and 37 national staff and 19 United Nations volunteers. The approved budgets for the Medical Section for fiscal years 2017/18 and 2018/19 were $2.2 million and $2.0 million, respectively. In addition, $1.0 million was included in the Mission's travel budget for medical evacuation in each of the fiscal years.

4. Comments provided by MONUSCO are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

5. The objective of the audit was to assess the efficiency and effectiveness of medical services in MONUSCO and their compliance with established guidelines.

6. This audit was included in the 2019 risk-based work plan of OIOS due to health, operational and financial risks related to the management of medical services in MONUSCO.

7. OIOS conducted this audit from May to September 2019; prior to the COVID-19 crisis. The audit covered the period from 1 July 2017 to 30 June 2019. Based on an activity-level risk assessment, the audit covered higher and medium risk areas pertaining to medical support arrangements and performance of medical services.

8. The audit methodology included: interviews of key personnel; review of relevant documentation; analytical review of data; and visits to 27 out of 51 medical facilities in Goma, Kinshasa, Bunia and Entebbe.

9. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

III. AUDIT RESULTS

A. Medical support arrangements

Need to improve medical arrangements to ensure timely and responsive medical care in all emergencies

10. MONUSCO had a medical support plan that was approved in August 2019, which reflected the Mission's current operating environment, and adequately detailed the medical services and emergency arrangements including medical/casualty evacuation (medevac/casevac) of troop and police contributing countries (T/PCC) personnel through a network of 51 medical facilities and five aeromedical teams (AMET). OIOS visits to 27 medical facilities showed that they met the United Nations Medical Support Manual (Manual) minimum recommended standards.

11. Since July 2019, the Mission has conducted two "train the trainer" sessions and monthly training on administering first aid and prevention of infection and blood loss controls for all T/PCCs. Additionally, during its inspections of contingent-owned equipment, the Mission had started checking that all T/PCCs have first aid training certificates and first aid kits with combat application tourniquets.

12. However, medical support arrangements did not fully meet the 10-1-2 timeline concept in responding to emergencies, which requires access to skilled first aid within 10 minutes of the point of injury; advanced life support no later than one hour; and limb and lifesaving surgery no later than two hours. Approximately 3,255 T/PCC personnel in Beni, where the most active military operations were taking place, were farther than one hour by road and/or by flight from the nearest hospital capable of providing advanced care. There were also insufficient medical staff to form and dispatch forward medical teams to provide first response. AMET staff estimated, based on their experience, that the average time to deploy was 30 minutes whereas the Aviation Section required an average of 45 to 60 minutes for an aircraft to take off, hampering the timeliness of medical response. Additionally, analysis undertaken by the Mission in 2017, showed that the response time exceeded the required 10-1-2 timeline.

13. To address above, in December 2018, the Special Representative of the Secretary-General sent a code cable to the erstwhile Departments of Peacekeeping and Field Support to upgrade some contingent-owned Level I facilities in Beni to Level I Plus or relocate a Level II facility from Bunia to Beni. However, as of the date of the audit, no action had been taken due to inadequate follow-up and coordination between the Mission and the departments in United Nations Headquarters, and as a result, the Mission had insufficient ability to provide timely and responsive medical care to its personnel in medical emergencies.

(1) MONUSCO should establish adequate medical support arrangements in Beni to ensure timely and responsive medical care in all medical emergencies.

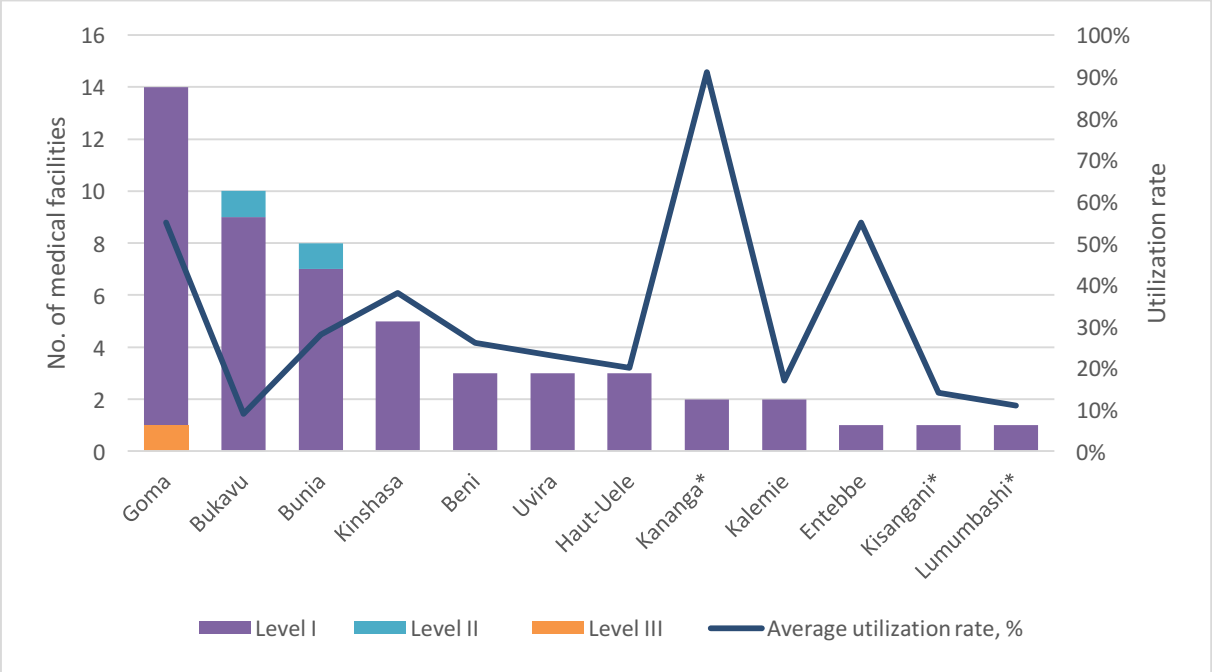
MONUSCO accepted recommendation 1 and stated that it had recognized the importance of higher level of medical care provider at Level I Plus or Level II and would revisit its proposal to determine the best fit for placement of medical services in accordance with its operational requirements. The Mission had invited the countries contributing Force Intervention Brigades to provide forward surgical teams and thus far one country has now deployed a forward surgical team in Beni. Additional long term options were also being considered for augmenting Mission's medical and surgical capabilities in Beni in line with the Mission's footprint and configuration. Recommendation 1 remains open pending receipt of evidence of actions taken to ensure timely and responsive medical care in all medical emergencies.

Utilization of medical facilities was low

14. Peacekeeping missions are encouraged to ensure cost-efficiency of their medical support arrangements, including by considering the integrated modular services concept[1], the location of and distance between medical facilities and where applicable, upgrading existing facilities.

15. OIOS analysis showed that the average utilization rate of medical facilities across the Mission during the audit period was 32 per cent. This was because both contingent-owned and United Nations-owned Level I medical facilities were deployed in the same area/camp, and the Mission had not considered utilizing the integrated modular services concept to achieve cost-efficiency. Also, the Mission had not established a benchmark or analyzed utilization of its medical facilities. For example, in Bukavu, there were one United Nations-owned Level I and one contingent-owned Level II as well as eight contingent-owned Level I facilities, and the average utilization rate of these facilities was 9 per cent, as shown in Chart 1.

Chart 1 Utilization of medical facilities in MONUSCO by location



* *As of 30 June 2019, these locations were closed as part of the streamlining of operations*
Source: OIOS analysis of patients seen by clinics and hospitals from July 2017 to June 2019

16. The above resulted because the Mission had not conducted a comprehensive analysis of its medical facilities (contingent and United Nations-owned) by locations in order to achieve efficiency and optimize utilization of available medical resources. It was also because the Mission assumed that adoption and implementation of the integrated modular service concept was not achievable because the deployment of a contingent-owned Level I clinics were firm requirements in the memoranda of understanding (MOU) between the United Nations and T/PCCs. In OIOS opinion, the MOU terms and conditions should be formulated and negotiated based on actual requirements on the ground to avoid reimbursing T/PCCs for the full capacity of medical facilities with low utilization rates.

[1] The integrated modular services concept is one whereby the co-location of United Nations and contingent medical facilities, resources and personnel in certain locations can result in the provision of medical services to an integrated patient population.

(2) MONUSCO should conduct a comprehensive analysis of its medical facilities (contingent and United Nations-owned) and take appropriate action, including adoption of the integrated modular service concept, to ensure their optimal utilization.

MONUSCO accepted recommendation 2 and stated that although the deployment of the level I contingent-owned hospitals was planned and executed by the Force based on operational needs, the Force Medical Officer in coordination with the Force would conduct a comprehensive analysis of the contingents' hospitals deployed across the Mission. The comprehensive review results would help determine whether the Mission can adopt the integrated modular service concept and be submitted to the Force Commander for review. In addition, the Mission stated that although the audit observed underutilization of some medical facilities, deployment of Level I facilities was not static and some Level I facilities might be split into two forward medical teams. Recommendation 2 remains open pending receipt of the results of the comprehensive analysis, and actions taken to ensure the optimal utilization of medical facilities.

Need to rehearse the mass casualty response plan

17. MONUSCO is required to prepare and rehearse a mass casualty response plan annually to ensure readiness of the Mission to respond to mass casualty situations effectively.

18. The mass casualty response plan, approved in February 2017 adequately captured the risks associated with mass evacuation of MONUSCO personnel in relevant events, such as war and conflict in the region, attacks on the United Nations personnel, fire, aircraft crash and natural disasters. The plan defined the roles and responsibilities of medical staff and support units to ensure a coordinated and effective response in mass casualty situations and disasters. The Mission was also working with the government of Rwanda to designate the country as a haven for the evacuation of its personnel in case of eruption of a volcano in Goma. However, during the audit period, the Mission had not conducted any live/desktop exercise to rehearse the effectiveness of the response plan. The Mission stated that this was due to lack of staff positions responsible for coordinating these exercises due to downsizing of the Mission. In OIOS view, the Mission needed to prioritize and allocate staff to conduct live/desktop exercises to ensure effective response in the event of a mass casualty.

(3) MONUSCO should conduct regular rehearsals of the mass casualty response plan to ensure its readiness to respond to mass casualty situations effectively.

MONUSCO accepted recommendation 3 and stated that it had conducted rehearsal drills/exercises of the casualty response plan in the past. For example, on 14 January 2019, a training drill was conducted in Beni regarding casevac via air, focusing on protocol, reporting on high frequency radio, triage and loading of patients in and out of an Oryx helicopter. The training drill was combined with an ongoing troop training. Recommendation 3 remains open pending receipt of evidence that the mass casualty response plan is regularly rehearsed to ensure readiness to respond.

B. Performance of medical services

The Mission took adequate measures to protect its personnel from the Ebola outbreak

19. In response to the tenth outbreak of Ebola declared in the Democratic Republic of the Congo (DRC) in August 2018, MONUSCO issued regular broadcasts on personal hygiene, established hand washing and sanitization facilities, performed temperature checks at each entry point to its premises and conducted regular mandatory training and workshops on Ebola for Mission personnel. The Mission vaccinated about

200 Mission personnel who were at greatest risk of contracting the disease in the epicenter of the outbreak. Ebola vaccinations were also provided to some contingents on a voluntary basis upon receipt of consent from the respective T/PCC. OIOS therefore concluded that the Mission implemented adequate preventive measures to protect its personnel from the Ebola outbreak.

Need to systematically collect data to assess performance of medical service providers

20. To ensure effectiveness and quality of care, MONUSCO is required to periodically monitor and assess performance of contractors providing medical services.

21. During the audit period, the CMO/FMO or their designees visited all contracted hospitals every quarter and assessed hospital facilities meeting the standards prescribed in the United Nations Medical Support Manual. In addition, they regularly followed up on the condition of patients referred to hospitals. Based on these visits, the CMO/FMO reported that the facilities and performance of the contracted hospitals were generally satisfactory. However, the Mission was not adequately assessing the performance of medical service providers against the key performance indicators agreed in the various contracts. For instance, relevant data, such as response time to service calls, quality of physician/nursing care, meal quality and quantity and invoicing deadline, were not collected and analysed. Some of the medical facilities had put in place suggestion boxes and visitors' books, but the contents were not systematically analyzed and used to improve performance of medical services. As a result, the CMO/FMO had not adequately evaluated the performance of medical facilities against indicators established in the contracts.

(4) MONUSCO should systematically collect and analyze performance data of all medical service providers against indicators established in the contracts to ensure effectiveness and quality of services.

MONUSCO accepted recommendation 4 and stated that it would continue to conduct quarterly performance evaluation of contracted hospitals as per established contract management statement of works and advise the administration of the contracted hospitals on issues that need improvement. In addition, the Mission would conduct a survey on medical services provided by contracted hospitals, analyze feedback and take appropriate action. Recommendation 4 remains open pending receipt of the survey results on medical services provided by contracted hospitals and the appropriated actions taken.

Staff counselling services were adequate

22. General Assembly resolution A/RES/55/175 prioritizes improving stress counselling services available to United Nations staff, including the implementation of a comprehensive stress management training programme. Additionally, in October 2018, the Secretary-General launched a Mental Health Strategy that places greater emphasis on the wellbeing and mental health of United Nations staff.

23. MONUSCO had a Staff Counselling Unit that had five staff counsellors to provide confidential stress counselling services, promote and support the wellbeing and mental health of MONUSCO staff. It also established a Peer Helper Programme whereby several uniformed and civilian personnel in field locations were trained to provide preliminary support to peers seeking assistance at an early stage.

24. During the audit period, the Staff Counselling Unit held 221 workshops for more than 4,000 staff on stress, anxiety and grief management, awareness on adaptive mechanisms in facing transitions, trauma debriefing and psychoeducation, personal development and group counselling sessions on grieving support and intervention after critical incidents. In addition, the Unit provided its services to more than 2,300 staff and visited 11 regional sectors. These services included individual and emergency counselling, stress and

psychological support to staff during the Mission reconfiguration and counselling to staff impacted by attacks by enemy forces. Furthermore, the Unit provided counselling services to staff affected by the closure of operations in 8 locations and the downsizing of staff in 11 others. The Unit was also in the process of reaching out to all sections/units in the Mission to identify their needs for counselling services.

Subsequent to the audit, the Mission issued a reminder to medical facilities on proper storage of blood and blood products

25. MONUSCO is required to establish a reliable supply of blood and coordinate its distribution, transport, storage and disposal within the Mission adhering to the World Health Organization's guidelines for storing blood and blood products to ensure their safety and quality.

26. During the audit period, MONUSCO received and distributed 876 units of blood to two contingent-owned Level II facilities in Bunia and Bukavu, one contingent-owned Level III facility in Goma and two contracted Level III facilities in Kinshasa and Kampala using a systems contract established by the United Nations Procurement Division. During a field visit to a Level II medical facility in Bunia, OIOS observed that blood was stored in a refrigerator with other medicines without any temperature control. Subsequent to the audit, the FMO issued a reminder to contingent-owned medical facilities to properly store and handle human blood and blood products as per established standards.

The Mission directed all contingents on established procedures for use, storage and disposal of medicines

27. The Mission is required to ensure efficient use and safe storage of medicines and properly dispose of medical waste to minimize health and environmental exposure.

28. All 27 medical facilities visited by OIOS maintained the required minimum stock of medicines and medical supplies. However, some contingents brought the minimum required medicine supplies during every troop rotation without considering existing stock levels, which resulted in overstocking because of low usage of certain medicines. One contingent donated to the local clinics drugs and medicines that were nearing expiration, increasing health and safety risks to the local community.

29. OIOS observed that contingents did not adequately follow the established procedures for the United Nations medicine inventory management and disposal of medical waste. For example, six contingent-owned medical facilities had 130 expired medicines, with three of them not properly isolating expired medicines from the non-expired. Three medical facilities did not maintain recommended temperature for medicine storage, and at another facility, expired medicine was dumped in open air. In Goma, the expired medicines transported by some contingent medical facilities for incineration were left unattended near the Mission's industrial incinerator for several days, posing health and safety risks, as well as reputational risk to the Mission if wrongfully used. This was because the contingents did not coordinate with the Medical Section and the Environment Protection Unit to arrange for immediate disposal of expired drugs and medicines or adequate storage pending incineration.

30. Subsequent to the audit, the FMO issued a directive to all contingent-owned facilities to: consider existing stock levels before ordering replenishment during rotation; properly secure controlled medicines; and dispose expired medicines by incineration in accordance with established procedures. The Medical Section also placed a container for storing expired medicine until incineration. Hence, OIOS did not make a recommendation on this.

Need for a policy on recovery of costs for medevacs provided to non-Mission entities

31. Relevant guidelines allow MONUSCO to carry out medevacs/casevacs of non-United Nations personnel on cost recovery basis. During the audit period, the Mission conducted 1,723 medevacs/ casevacs (153 casevacs, 1,507 medevacs and 63 follow-up medevacs) out of the DRC. These 1,723 evacuations were undertaken by using the Mission's special and routine flights in 996 and 586 cases respectively, commercial flights in 40 cases and combinations of these flights in 35 cases and by using ground transportation in 66 cases. Of the 1,723 medevacs/casevacs conducted during the audit period, 345 were conducted at the request of the Armed Forces of the DRC and non-governmental organizations such as Médecins Sans Frontières and the International Committee of the Red Cross based on humanitarian grounds and not directly related to the support of the Mission's mandate implementation. Because there was no clear policy, the Mission could not recover the cost of these 345 medevacs/casevacs which totaled $1.8 million.

(5) MONUSCO should establish a policy on providing medical evacuations for non-United Nations entities on humanitarian grounds, including the cost recovery arrangements, if deemed appropriate.

MONUSCO accepted recommendation 5 and stated that the medevac services to other United Nations entities was on cost reimbursement basis based on established memoranda of understandings. The $1.8 million mentioned above related to humanitarian medevacs for the DRC war related civilian causalities to save life, limb and eye and cannot be recovered. The Mission would however establish a policy to provide guidance on conducting aero-medical evacuation to transport war related casualties on humanitarian grounds. Recommendation 5 remains open pending receipt of a copy of the policy for conducting medical evacuation for non-United Nations entities and relevant cost recovery arrangements.

IV. ACKNOWLEDGEMENT

32. 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.

(*Signed*) Eleanor T. Burns
Director, Internal Audit Division
Office of Internal Oversight Services

ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Rec. no.	Recommendation	Critical[2]/ Important[3]	C/ O[4]	Actions needed to close recommendation	Implementation date[5]
1	MONUSCO should establish adequate medical support arrangements in Beni to ensure timely and responsive medical care in all medical emergencies.	Important	O	Receipt of evidence of actions taken to ensure timely and responsive medical care in all medical emergencies.	30 September 2021
2	MONUSCO should conduct a comprehensive analysis of its medical facilities (contingent and United Nations-owned) and take appropriate action, including adoption of the integrated modular service concept, to ensure their optimal utilization.	Important	O	Receipt of the results of the comprehensive analysis, and actions taken to ensure the optimal utilization of medical facilities.	31 July 2021
3	MONUSCO should conduct regular rehearsals of the mass casualty response plan to ensure its readiness to respond to mass casualty situations effectively.	Important	O	Receipt of evidence that the mass casualty response plan is regularly rehearsed to ensure readiness to respond.	31 December 2020
4	MONUSCO should systematically collect and analyze performance data of all medical service providers against indicators established in the contracts to ensure effectiveness and quality of services.	Important	O	Receipt of the survey results on medical services provided by contracted hospitals and the appropriated actions taken.	31 July 2021
5	MONUSCO should establish a policy on providing medical evacuations for non-United Nations entities on humanitarian grounds, including the cost recovery arrangements, if deemed appropriate.	Important	O	Receipt of a copy of the policy for conducting medical evacuation for non-United Nations entities and relevant cost recovery arrangements.	30 September 2021

[2] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.
[3] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.
[4] C = closed, O = open
[5] Date provided by MONUSCO in response to recommendations.

APPENDIX I

Management Response

Mission de l'Organisation des Nations Unies pour la Stabilisation en République démocratique du Congo

United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

MONUSCO

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INTEROFFICE MEMORANDUM

Date: 25 April 2020
Ref.: SRSG/DMS/M-2020-335

To: Ms. Eleanor T. Burns, Director
À: Internal Audit Division, OIOS

From: Leila Zerrougui
De: Special Representative of the Secretary-General and Head of MONUSCO

Subject: **Mission response to the Draft Audit Report on the audit of medical**
Objet: **services in MONUSCO (Assignment No. AP2019/620/01)**

1. Your interoffice memorandum dated 17 March 2020 (Ref: OIOS-2020-00493) forwarding the Draft Audit Report on the audit of medical services in MONUSCO is acknowledged with thanks.

2. Attached please find the Mission's comments on the recommendations in the Draft Report for your consideration.

3. Thank you and best regards.

cc. Ms. Fatoumata Ndiaye, Under-Secretary-General for Internal Oversight Services
Mr. Ebrima Ceesay, Director, Mission Support Division
Ms. Nancee Oku Bright, Chief of Staff
Mr. Azzam Ayyat, Officer-in-Charge, Service Delivery
Dr. Moustapha Aly, Chief Medical Officer
Ms. Annabelle Borg, Chief, Staff Counselling Unit
Col. Dr. Namrata Rawal, Force Medical Officer
Mr. Daniel Maier, Senior Planning Officer
Ms. Judith Atiagaga, Audit Focal Point
Mr. Daeyoung Park, Chief, Peacekeeping Audit Service, IAD, OIOS
Mr. Prances Sooza, Acting Chief Resident Auditor, IAD, OIOS
Mr. David Nyskohus, Acting Special Assistant to USG, OIOS
Ms. Cynthia Avena-Castillo, Professional Practices Section, IAD, OIOS

APPENDIX I

Management Response

Audit of medical services in the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	MONUSCO should establish adequate medical support arrangements in Beni to ensure timely and responsive medical care in all medical emergencies.	Important	Yes	Director of Mission Support	30 September 2021	The Mission has recognized the importance of higher level of medical care provider at the level of Level I + or Level II either by relocating the Moroccan level II or upgrading the Malawian and/or Tanzanian Level I to higher level. The mission is revisiting its proposal to determine the best fit for placement of medical services in accordance with operational requirements. In this respect, the Mission invited the FIB contributing countries to provide forward surgical teams and thus far, MALBAT has already responded with a Forward Surgical Team that is now deployed in Beni. Additional long term options are also being considered for augmenting Mission's medical and surgical capabilities in Beni in line with the Mission's footprint and configuration.
2	MONUSCO should conduct a comprehensive analysis of its medical facilities (contingent and United Nations-owned) and take appropriate action, including adoption of the integrated	Important	Yes	Force Medical Officer	31 July 2021	The Mission Force Medical Officer in coordination with the Force will conduct a comprehensive analysis of the TCC Hospitals deployed across the Mission. It should, however, be noted that deployment of COE Level I

[1] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.
[2] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

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Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	modular service concept, to ensure their optimal utilization.					Hospitals is planned and executed by the Force based on operational needs. The comprehensive review results will help determine whether the Mission can adopt the integrated modular service concept and will be submitted to the Force Commander for review. Although the audit may have observed underutilization of some clinics and hospitals, it should be noted that the deployment of level 1 hospitals is not static. When operationally required, Level 1 has to split into two forward medical teams.
3	MONUSCO should conduct regular rehearsals of the mass casualty response plan to ensure its readiness to respond to mass casualty situations effectively.	Important	Yes	Force Medical Officer in coordination with CMO	Completed and ongoing	The Mission has conducted rehearsal drills/exercises and casualty response plan in the past. On Monday 14 January 2019, the RSA AMET in Beni conducted training drills with TANZBATT, MALBATT and GUASFOR regarding CASEVAC via air. The focus was on CASEVAC protocol, CASEVAC reporting via HF radio, triage and loading of patients in and out of the Oryx. The training was combined with an ongoing troop training. Attached for verification is a feedback email report from the RSA AMET Team Leader on the exercises conducted.
4	MONUSCO should systematically collect and analyze performance data of all	Important	Yes	Chief Medical Officer	31 July 2021	MONUSCO will continue to conduct quarterly performance evaluation of

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Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	medical service providers against indicators established in the contracts to ensure effectiveness and quality of services.					contracted hospitals as per established contract management SOW and advise the administration of the contracted hospitals on issues that need improvement. In addition, MONUSCO will conduct a survey on medical services provided by contracted hospitals, analyze feedback and take appropriate action.
5	MONUSCO should establish a policy on providing medical evacuations for non-United Nations entities on humanitarian grounds, including the cost recovery arrangements, if deemed appropriate.	Important	Yes	Director of Mission Support	30 September 2021	It should be noted that the Mission provides medevac services to other UN entities on cost reimbursement basis based on established Memorandum of Understanding. The amount of 1.8 million dollars mentioned in the audit report relates to humanitarian medevacs for DRC war related to civilian casualties to save life, limb and eye and cannot be recovered. The Mission will, however, establish a policy to provide guidance on conducting aero-medical evacuation to transport war related casualties to save life, limb and eye on humanitarian grounds.