



LESSON LEARNED WORKSHOP REPORT

DREF Dengue- Malaysia

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Introduction and Executive Summary

Dengue fever remains a pressing public health concern in Malaysia, with the country experiencing a high burden of cases and periodic outbreaks. The disease is primarily transmitted by Aedes mosquitoes posing significant challenges for control and prevention efforts. Urban areas, characterized by high population densities, often endure the most of dengue outbreaks, worsened by environmental factors such as the rainy season and improper waste disposal practices. Migrant populations, residing in substandard living conditions, are particularly vulnerable to dengue transmission, highlighting the need for targeted interventions to address environmental health awareness among this demographic.

The ongoing dengue outbreak in Malaysia presents substantial humanitarian implications, affecting individuals, communities, and the healthcare system. The outbreak strains healthcare resources, leading to shortages in medical supplies, hospital beds, and personnel, thereby increasing the risk of inadequate or delayed treatment for severe dengue cases. Families affected by dengue infections face significant financial burdens due to medical expenses and missed work, particularly impacting disadvantaged households. Moreover, epidemics disrupt children's education and decrease worker productivity, contributing to economic losses at the national level. Vulnerable groups, including the elderly, pregnant women, and individuals with underlying medical conditions, face heightened risks of severe dengue, intensifying mental distress within affected communities.

To address the escalating dengue situation, an operation is ongoing to target highly urban poor areas within the Petaling district of Selangor State, which report the highest number of dengue cases. The operation aims to enhance public awareness, early case detection, and community engagement through health promotion, risk communication, and collective village cleaning efforts. Close coordination with the Ministry of Health (MoH) is essential to provide necessary support and escalate vector control and patient care activities in response to the projected increase in daily dengue cases in Petaling.

Methodology

A participatory approach was used to capture all the lessons learned during the DREF dengue project. During the workshop participants were asked to analyze the strengths, weakness, the success and what can be improved in current DREF Dengue project and upcoming projects. The workshop was held for one and half day. Participants were break into four thematic groups:

1. WASH group
2. Health Group
3. CEA, PGI and Migration Group
4. Operational Management Group

The lessons learned workshop are involving the process of:

1. Identification/ Reviewing:
Reflection and team discussions during the group works activities such as timeline review, what went well and what did not go well.
2. Analyzing:
Identifying what is the highlight of the project, the impact, causes and possible opportunities based on the timeline activities.
3. Sharing/Discussion:
Discussion of the findings of each activities and thematic by the participants.
4. Recommendation:
The lessons captured during the workshop were translated into possible best practice that can be implement in future operations/programme/project.



Participants of the Workshop

The workshop was attended by representatives from the International Federation of Red Cross and Red Crescent Societies (IFRC), Malaysian Red Cross Society (MRCS) National Headquarters (NHQ) staff, MRCS chapters and volunteers.

a. Facilitator

The workshop was facilitated by Mrs. Shao Yi Liew and Mrs. Rohini Indram from PMER department of IFRC APRO with support of MRCS PMER Officer and IFRC Senior Operations Support Officer of Malaysia country team.

b. Participants

24 participants were attended the workshop from various stakeholders:

- IFRC APRO: 6 persons (PMER, Country support team, DREF, Operation)
- MRCS NHQ: 12 persons (Secretary General, Health & Vaccination, Disaster Management, Migration, Mental Health and Psychosocial Support, Organizational Development and PMER)
- MRCS Selangor Chapter: 3 persons (Disaster Management)
- MRCS Volunteers: 3 persons

Participants were divided into four thematic groups as outlined in the methodology section. This thematic group formation was helpful in ensuring a comprehensive analysis of the DREF dengue operation. Each group brought together participants with relevant expertise and experience in their respective areas, facilitating a focused and in-depth examination of the project's various components. The division allowed participants to share their views, perceptions, and lessons learned specific to their thematic area, which included:

1. **WASH/Health Group:** Discussed water, sanitation, and hygiene interventions, identifying effective strategies and areas needing improvement in preventing dengue transmission. Evaluated the health-related aspects of the project, including public health education.
2. **CEA, PGI, and Migration Group (Cross-Cutting):** Focused on community engagement and accountability (CEA), protection, gender, and inclusion (PGI), and migration issues, examining how these elements impacted the project's effectiveness and community acceptance.
3. **Operational Management Group:** Analyzed the overall management and logistical aspects of the operation, looking at planning, coordination, resource allocation, and implementation efficiency.

By working within these thematic groups, participants were able to examine deeper into specific areas, ensuring that all critical aspects of the DREF dengue project were thoroughly reviewed. This structured approach facilitated the identification of both successes and challenges, enabling participants to generate well-informed recommendations for future operations. The insights gathered from these discussions were then shared and discussed in plenary sessions, promoting a holistic understanding of the project's performance and fostering a collaborative environment for continuous improvement.

Key Events of DREF Dengue Operation

The workshop began with a Timeline Exercise, where participants were asked to list all the significant events that occurred during the operation from before November 2023 up to April 2024. After the participants compiled the events, a discussion ensued between them and the facilitators to ensure consensus on the recorded events and to identify any potential omissions. The following is a summary of the events that were listed by the participants:



Following the summary of events, the participants and facilitators engaged in a thorough discussion to verify the accuracy of the timeline and to identify any events that might have been overlooked. This collaborative process ensured that the timeline was comprehensive and reflected all critical aspects of the operation.

TIMELINE



Highlights and Lowlights of the DREF Dengue



The "Highlights and Lowlights" session aimed to identify, reflect upon, and discuss the events listed in the timeline activities. In this session, highlights were defined as the positive or successful events, while lowlights referred to the less favorable or challenging events. Participants were asked to categorize each event as either a highlight or a lowlight based on their experiences and perspectives. This categorization and discussion process provided valuable insights into the operation's dynamics, highlighting both

successful strategies and areas needing improvement. It facilitated a comprehensive understanding of the operation's progress and set the stage for future planning and strategy development.

Following are the list of the events that received most votes from the participants for highlights and lowlights category:

| Highlights | Lowlights |
|--|--|
| <ul style="list-style-type: none"> • Government approval for the entire DREF Dengue operation. • Packing Dengue Kits. • Ovitrap workshop: training and installation. • Accommodation booking for volunteers. • Coordination and planning interventions with stakeholders. • Dengue prevention event at Pangsapuri Seroja and Subang Impian. • Good engagement with the community. • PDM deployment. • Claims and allowances were processed in a shorter period. | <ul style="list-style-type: none"> • Multiple meetings with NHQ. • No project leader at the beginning. • Long period for getting approval from MoH. • Limited timeframe to implement the DREF Dengue operation. • Coordination issues with PKD and the town council. • No policy for emergency procurement. • Bureaucracy surrounding unapproved purchases. • PPE usage is not suitable for fogging activities. • Some of the ovitraps installed went missing when the technical team was collecting them. • Discovery during PDM: the Dengue kits distributed were not used, and some of the beneficiaries did not receive the Dengue kits. |

What Went Well, What Didn't Go Well and Lesson Learned

During this session, participants were asked to break into three thematic groups, as outlined in the methodology section. Each group focused on a specific theme related to the operation. Participants were tasked with reflecting on the timeline exercise, where they reviewed the sequence of events and activities that took place during the operation. They were asked to identify aspects that went well and aspects that did not go well. This session is crucial because it provides an opportunity for participants to evaluate the strengths, weaknesses, opportunities, and threats (SWOT) perceived during the operation. By identifying these elements, participants can better understand the overall effectiveness of the operation. This reflective exercise allows participants to learn from past experiences and develop strategies for improvement in future operations.



In addition to identifying what worked and what didn't, participants also discussed the lessons learned from the operation. These lessons are critical for informing future strategies and ensuring that best practices are adopted while avoiding previous mistakes. By systematically analyzing the operation, the team can build on its successes and address any challenges encountered, eventually leading to more efficient and effective interventions in the future.

a. WASH/Health Group

| What went well | What did not go well | Lesson Learned |
|--|--|---|
| <ol style="list-style-type: none"> 1. Planning activities design: Revised activities based on previous interventions, with new methods discovered. 2. Training, especially for fogging (on-the-job training). 3. Improvisation and cost-efficiency of ovitraps. 4. Crowd control during health screenings. 5. Good teamwork and diversity among staff and volunteers. | <ol style="list-style-type: none"> 1. Limited health services available during the dengue prevention event. 2. Information sharing approaches by new volunteers require more training. 3. Coordination with local/government authorities was challenging due to a lack of response. 4. Implementation in the field was inconsistent as the same staff and volunteers were not involved in every event. | <ol style="list-style-type: none"> 1. Coordination with authorities required the influence of top management, including networking and identifying the right person in charge. 2. Opportunity to commercialize technology used in WASH and health, such as ovitraps. 3. Continuous training is needed to ensure program objectives are achieved. 4. Involvement of top management in every activity. 5. Capacity of manpower needs to be considered when planning interventions. |

b. Cross-cutting theme (PGI, CEA and Migration)

| What went well | What did not go well | Lesson Learned |
|--|--|---|
| <ol style="list-style-type: none"> 1. There is inclusivity across genders and age groups. 2. Activities and games were designed to meet the needs of the operations. 3. Involvement of both local and migrant populations during activities. 4. Migrant and host communities shared the common goal of preventing dengue. 5. Prior engagement with the migrant community through employers. 6. Engagement with the community to earn their trust and built rapport. 7. Training on PGI (Protection, Gender, and Inclusion) and CEA (Community Engagement and Accountability) to prepare volunteers. | <ol style="list-style-type: none"> 1. Safe space for children was not provided during community cleaning activities. 2. Dissemination of movement representation might have sparked fear and trust issues among migrants who perceive MRCS as enforcement. 3. The community was unsure of the itinerary during distribution, resulting in drop-offs in participation. 4. There was no explanation or guideline provided on the usage of the items in the dengue kit. | <ol style="list-style-type: none"> 1. Activities must be designed to comply with the requirements of the community's demographic and needs. 2. Include representatives from vulnerable groups during the dissemination of information or discussions. 3. Communication at all levels is crucial, including reaching out to parents and children. 4. Diversify communication mediums to ensure information reaches everyone in the community. 5. Continue empowering vulnerable groups. 6. Maintain continuity of engagement with the community pre and post-operations. |

c. Operational Management

| What went well | What did not go well | Lesson Learned |
|---|---|--|
| <ol style="list-style-type: none"> 1. Synergy of manpower between staff and volunteers. 2. Efficient coordination during the second phase between NHQ, IFRC, chapters and government agencies. 3. Second phase assessment for selecting areas of operation. 4. Effective project financial management by the Health and Vaccination team allowed for quick volunteer claims and reimbursements. 5. Frequent operational updates provided at every level. | <ol style="list-style-type: none"> 1. Coordination issues during the first phase such as seeking for person incharge and waiting for MoH approval. 2. The district health office did not share the full EnTo lab report with Selangor chapters regarding the samples collected via ovitraps. 3. Lack of guidelines provided to the community on how to use the dengue kits. 4. Low response from the community during PDM, despite high participation on the event day. | <ol style="list-style-type: none"> 1. Establish clear roles for the project manager, all sectors, and management to ensure well-defined responsibilities, reduce confusion, and increase efficiency. 2. Ensure operational preparedness, especially policies for finance and procurement. 3. Disseminate information about the impact of operations on social media. 4. Enhance coordination and teamwork among sectors to lead to efficient |

| | | |
|---|--|---|
| <p>6. Logistic coordination ran smoothly compared to previous operations.</p> <p>7. Procurement assistance in seeking alternative solutions when procuring operational items.</p> | <p>5. The timeline of activities clashed with festive seasons such as Christmas, Chinese New Year, Ramadan, and Hari Raya.</p> <p>6. Lack of clarity and guidelines for finance and procurement during emergencies hindered the timely deployment of activities.</p> | <p>decision-making and action.</p> <p>5. Maintain clear communication at every level.</p> |
|---|--|---|

Recommendation

The final session of the workshop focused on recommendation activities. During this session, participants were working in the group and need to outline both strategic and operational recommendations based on the lessons learned throughout the workshop. The goal was to translate these insights into a concrete action road map. This road map would serve as a guide for future operations, ensuring that the successful strategies are replicated and the challenges encountered are addressed. Participants collaborated to identify key areas for improvement and innovation, setting clear objectives and defining the steps needed to achieve them. By the end of the session, a comprehensive plan was developed, detailing specific actions, responsible parties, and timelines to implement the recommendations effectively. This proactive approach aimed to enhance the overall efficiency and impact of future operations.



WASH/Health:

| Priority | Recommendation | Responsible Units | Timeline |
|----------|--|---|---------------------------|
| High | Engagement with various stakeholders, including government agencies and other NGOs, to foster collaboration, share resources, and enhance the effectiveness of operations. | Higher management (NHQ, Chapters, and Branches) | Next operation/ 1 year |
| Medium | Conduct research and development, such as improving ovitraps, to innovate and enhance operational tools and methods. | Sector leads or related department | 2 years |
| | Involve expertise in programs, including planning and training, to ensure high-quality implementation and effective capacity building | IFRC, Higher management, Sector leads | Next operation/ 1 year |



| | | | |
|-----|--|--|-----------------------------|
| Low | Procure suitable PPE during the preparation phase to ensure safety and compliance during operations. | Programme manager or Local health dept | 6 months/ Next operation |
|-----|--|--|-----------------------------|

Cross-cutting themes (PGI, Migration, and CEA):

| Priority | Recommendation | Responsible Units | Timeline |
|----------|--|---|---|
| High | Design activities based on the demographics and specific needs of the community to ensure relevance, engagement, and effectiveness based on early assessment. | Sectors involved in operation | Every operation/project/programme |
| | Develop comprehensive and practical guidelines for Risk Communication and Community Engagement (RCCE) targeting all levels of stakeholders, ensuring clear communication strategies and effective engagement practices across the board. | Sector involved in operation and communication unit | 18 months |
| Medium | Develop or adapt practical guidelines for child safeguarding to ensure the safety and well-being of children involved in programs and activities, incorporating best practices and relevant policies to mitigate risks and promote a protective environment. | MRCS PGI with help of IFRC | 18 months |
| | Implement effective communication strategies during distribution and service delivery to ensure clear instructions, timely updates, and seamless coordination, enhancing the overall efficiency and satisfaction of participants and beneficiaries. | Sector involved in operation and communication unit | Every operation/project/programme |
| | Empower vulnerable groups by involving them as volunteers, providing training, support, and opportunities for meaningful participation, thereby promoting inclusivity, diversity, and community ownership in volunteer activities. | Organizational Development | Within 12 months, need to categorise volunteers |
| Low | Utilize various tools for PDM (Post-Distribution Monitoring) data collection, such as surveys, interviews, focus group discussions, and observation checklists, to gather comprehensive and accurate feedback on the distribution process and the impact of services or activities on beneficiaries. | PMER | Every operation/project/programme |



Operation Management:

| Priority | Recommendation | Responsible Units | Timeline |
|----------|--|--------------------------------------|-------------------------------|
| High | Develop a robust finance and procurement policy specifically tailored for emergency situations, outlining clear procedures, thresholds, and accountability mechanisms to ensure efficient resource allocation, transparency, and compliance with regulatory requirements during crisis response efforts. | Finance, Procurement and all sectors | Table to Council in Dec 2024 |
| Medium | Implement digitalization of procurement and logistics processes to streamline operations, improve efficiency, and enhance transparency. | IT and all sectors | To be confirm with IT Manager |
| | Conduct comprehensive training sessions for volunteers, focusing on specialized skills and knowledge required for rapid deployment to ensure readiness and flexibility in response to evolving needs and emergencies. | All sectors | Continuous |

Conclusion

Lesson Learned Workshop held for this DREF Dengue operation managed to captured several critical issues that need to taken seriously by all parties involved such as regarding the direction and capacity in vector control by the Disaster Management (DM) team. Despite the proposal being drafted collaboratively by the Health and IFRC teams, the DM team and some other sectors were not adequately involved, leading to a lack of coordination and understanding.

The absence of a designated project leader, combined with management issues and delays in finding a replacement, resulted in significant disruptions to project timelines and plans. Procurement, Post-Distribution Monitoring (PDM), and Lessons Learned Workshop (LLW) activities could have been completed within a reasonable timeframe if sufficient time had been allocated. This delay not only impeded the implementation of DREF but also emphasized the critical importance of timely leadership and decision-making in emergency response scenarios. Moreover, it had implications for MRCS's future DREF applications, underlining the necessity for improved processes, proactive management, and streamlined coordination to bolster the organization's preparedness and effectiveness in responding to emergencies. Despite similar issues being addressed in previous operations, they were not effectively translated into actionable lessons learned, indicating a need for enhanced learning and adaptation mechanisms within the organization.

Besides, coordination issues between government agencies and local authorities, compounded by the governing board's failure to approve updated procurement policies, hindered progress and reverted to outdated procedures, showcasing a lack of urgency and understanding of the project's needs. Safety concerns, particularly regarding unsuitable locations for activities involving children, were identified, prompting a reevaluation of community welfare and risk mitigation strategies. These concerns underscore the need for careful consideration of the physical environment and potential hazards when planning and executing activities involving vulnerable populations such as children. Additionally, challenges with ovitrap usage and data sharing between MRCS and the District Health Office underscored the importance of effective communication and collaboration among stakeholders. Despite these challenges, there were notable successes, including the improvised ovitrap testing, welfare provisions for volunteers, and effective community engagement strategies during activities like community cleaning. The involvement of migrants in activities, facilitated through connections with resident committees and workplaces, highlighted the importance of inclusivity and community engagement. Likewise, the inclusion of Mental Health and Psychosocial Support (MHPSS) activities was recognized as beneficial for holistic community well-being.



In conclusion, while the project faced significant challenges stemming from coordination issues, management delays, and policy setbacks, there were valuable lessons learned and successes achieved. Moving forward, it is imperative to address these challenges proactively, improve coordination mechanisms, and prioritize timely decision-making to ensure the effective implementation of future emergency response initiatives. By learning from past experiences and leveraging strengths, the organization can better navigate challenges and achieve its objectives in serving vulnerable communities effectively.



Annex 1: List of Participants

| Name | Organization | Unit |
|-----------------------------|----------------|-----------------------|
| Haji Hakim Bin Haji Hamzah | MRCS | Secretary General |
| Ho Chung Shin | MRCS | Health & Vaccination |
| Muhammad Syafiq Naim | MRCS | Health & Vaccination |
| Nurul Atikah Binti Azman | MRCS | Health & Vaccination |
| Loo Juosie | MRCS | Health & Vaccination |
| Muzaidin Bin Mujilim | MRCS | DM |
| Jamilah Zainal | MRCS | DM |
| Donnie Leong | MRCS | Migration |
| Adib | MRCS | OD |
| Norazah | MRCS | OD |
| Syafina Darlila | MRCS | PMER |
| Noorulhuda Ismail | MRCS | MHPSS |
| Collin Abel Nathan | IFRC | Malaysia Country team |
| Azra | IFRC | Malaysia Country team |
| Shao Yi Liew | IFRC | PMER QA |
| Rohini Indran | IFRC | PMER |
| Farah Nur Wahyuni Zainuddin | IFRC | Operation |
| Rachel Lee | IFRC | DREF |
| Niranjanan Seevernesveran | MRCS Selangor | DM |
| Agilan Munusamy | MRCS Selangor | DM |
| Yeeswaran Murugan | MRCS Selangor | DM |
| Rumana | MRCS Volunteer | Health & Vaccination |
| Ibrahim Muse Muhamad | MRCS Volunteer | Health & Vaccination |
| Harbans Singh | MRCS Volunteer | Health & Vaccination |



Annex 2: Agenda

| Lesson Learned Workshop 29.04.2024 & 30.04.2024 | | | | | |
|---|--|---------------|------------|---|-----------------|
| 29.04.2024 | | Facilitator | 30.04.2024 | | Facilitator |
| 11:00 AM | Depart from IPK | | 7:30 AM | Breakfast | |
| 11:30 AM | Early lunch at Lemang Daun Lerek Greenwood https://maps.app.goo.gl/cCBfrhx72VockPTg7 | | 8:30 AM | Session 3: Recap of Day 1 | Syafina |
| 12:30 PM | Depart to Institut Aminudin Baki (IAB), Genting Highland Branch https://maps.app.goo.gl/FZXJ3PggG7b3wS2K7 | | 9:00 AM | Group work: What went well & What didn't go well | Shao & Syafina |
| 1:30 PM | Check in and room allocation | | 9:30 AM | Group Work: Lesson Learned | Shao & Rohini |
| 2:45 PM | Gather | | 10:00 AM | Tea Break | |
| 3:00 PM | Opening Ceremony / Session 1: Introduction of Agenda | Syafina | 10:30 AM | Plenary | Shao & Syafina |
| 3:30 PM | Session 2 : Timeline Exercise | Collin & Shao | 11:00 AM | Group Work: Recommendation | Collin |
| 4:30 PM | Tea Break | | 11:30 PM | Recommendation Presentation | Collin & Rohini |
| 5:00 PM | Cont Session 2 | Collin & Shao | 12:00 PM | Wrap Up | MRCs (Sec Gen) |
| 6:00 PM | Dinner | Collin & Shao | 12:30 PM | Lunch | |
| 8:00 PM | Plenary | Rohini & Shao | 2:00 PM | DREF Process Lessons Learned- Sr Management with IFRC | Rachel |
| 9:00 PM | End of Day 1 | | 3:00 PM | Depart back to IPK https://maps.app.goo.gl/WelUSVP9nmv3JNfF59 | |

Annex 3: Activities during the workshop

a) Timeline Exercise

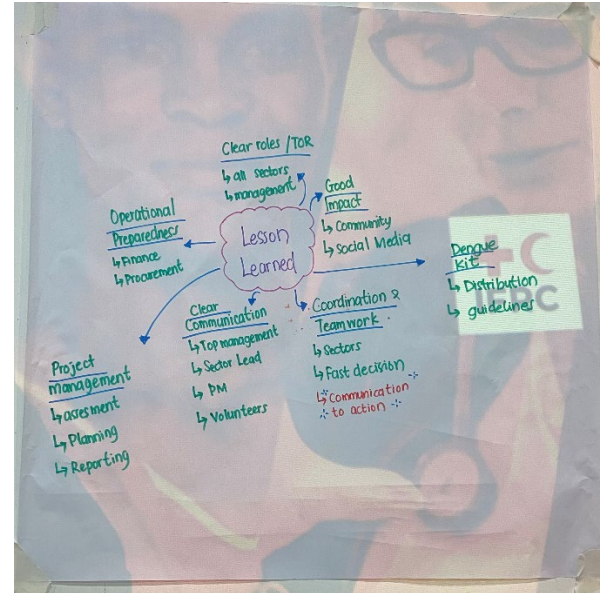
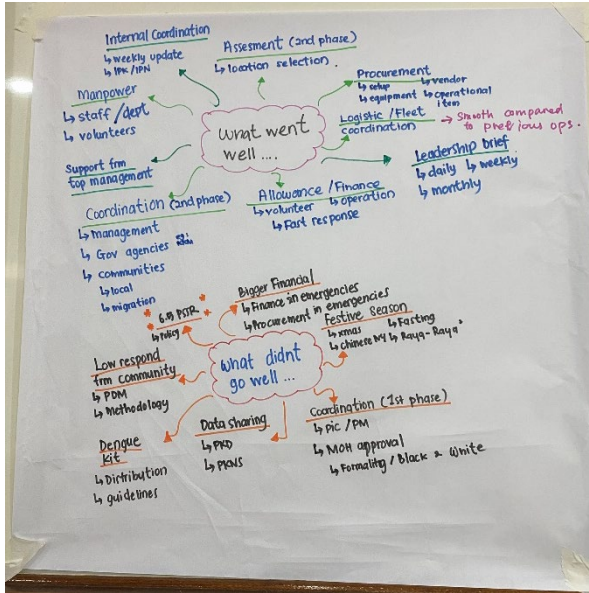


Plenary session for timeline exercise

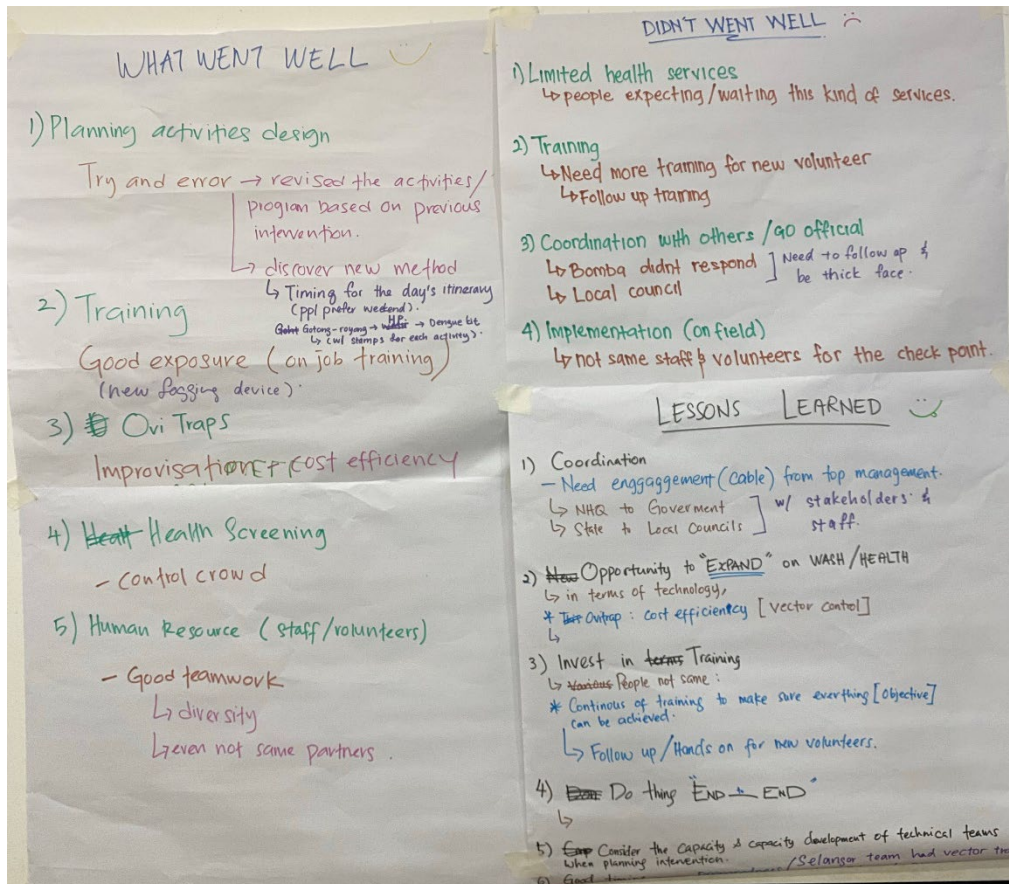
b) Highlights and Lowlights session



c) What Went Well, What Did Not Go Well and Lessons Learned Session



Operational Management's Findings



WASH/Health Team's Finding

IFRC PGI, Mig, CEA, etc **MRCs**

What went well?

PGI

- There is inclusivity between gender & age balance.
e.g. During gotong-royong we can see that the community includes everyone.
- Activities & games implemented were designed to meet the comm. needs.
e.g. to occupy the children, we created sand art, card games, etc.

Migrant

- Involvement of local & migrants ~~and~~ all targeted community.
e.g. almost all targeted comm include the migrants in gotong-royong activity.
- Migrants & host comm. shared common goals - towards safe residential areas.
Host community better engagement.

CEA

- Acceptance from comm. leaders was good.
e.g. meeting with leaders on MRC fundamental principls.

Others

- Training & veterans bring a great impact in preparing the volunteers on what to expect during the comm. activities.

What didn't go well?

- Child safeguarding issue.
e.g. safe space for children wasn't provided during gotong-royong resulting the children to tag along the parents - DANGEROUS!

- Communication barriers - dissemination of movement representation to create a fear & trust issue among the migrants. (enforcement).
Migrant community fear of enforcement.

- Communication at all level was not done thoroughly.
e.g. Community wasn't sure of the tentative, during distribution, no. of people dropped.
Peak time was between 11am-1pm, maybe lots of other commitments.
No explanation or info. on the usage of items in dequre kit.

Team
PGI, MIG, CEA & ETC

Lessons learned

- Designed activities/games ^{to meet} the community demographic & needs.
- The need to have guidance/references on child safeguarding policy issue.
- Representative of migrants during dissemination (critical context).
- Communication at all level is important.
- Prepare communication tools on dequre kit.
- Include more CEA components (migration...)
- To continue empowering the vulnerable groups. as part of the community.

Cross-cutting theme's finding

d) Recommendation

| PRIORITY | RECOMMENDATION | UNIT IN CHARGE | TIMELINE |
|----------|---|--|---|
| HIGH | ① Activities designed based on Community Demographic & needs ↳ based on assessment ② Develop practical guidance of RCF targeting all level of stake holders | Sectoral Involve Comms & Sectoral Involve ↳ lead unit?? | Before the community through out 18 months |
| MEDIUM | ① Develop practical guideline for Cktal Safeguarding Have a briefing on safeguarding at the start of the distribution ② prepare comms tool for all distribution ③ Empower vulnerable group | PGI - Aida (reach out PGI APRO & support) Comms - involve as to non-aid OD | 15 months through out within 13 months |
| LOW | ① Various tool for PDM Data collection | PMER | 8 months |

| Priority | Recommendation | Responsible | Time line |
|----------|--|---|--------------------------------|
| High | To engage with other stakeholder /NGO/GO/agencies | - Top management ↳ NHQ, states, District level | - Next Operation - 1 Years |
| medium | research & development -eg. outmap. | - tech lead - Specific dpt ↳ WASH / DM. | - 2 years |
| medium | involvement of expertise in programmes - Planning - training | - IFRC - Top management - tech lead | - Next Operation - 1 Years |
| Low | to procure the PPE as one of the preparation (e.g. for fogging activity) | - PM - local health department | - 6 Months - Next Operation |

| Priority | Recommendation | Responsible PIC's | Timeline |
|----------|---|---------------------------|--|
| High | Procurement in emergencies policies Finance in emergencies policies | Carrot x PM x All team | Dec 2024 (GB Approval) ↳ Council Review |
| Medium | Training & Diversity } continuous ↳ Volunteers ↳ Pool of specialized vol. Digitalization ↳ RF ↳ Logistic ↳ Finance | All dept IT Lead | Ongoing (2 years) ↑ TBC |
| Low | XXXXXXXXXX XXXXXXXXXX * | | |

Recommendation by each groups