



MANAGING THE COVID-19 CRISIS IN MÉDECINS DU MONDE FRANCE

Capitalization phase 1 (internal)
organisational and governance aspects

FINAL SYNTHESIS

November 2020

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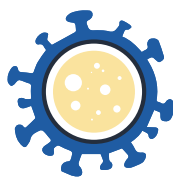
ACKNOWLEDGEMENTS

We would like to thank the many people who have contributed towards this capitalization process, often going as far as adjusting their very full agendas to make themselves available. It is because of the time and feedback they gave that this study was possible and that the study is, in our opinion, such a thorough piece of work. We felt that people spoke freely and sincerely and many of the interviews lasted twice - or even three - times as long as originally planned. All of these interviews were constructive, so many thanks to everyone who was involved.

We would also like to thank the members of the Steering Committee for their support, availability and flexibility throughout the period. Without exception, they ensured we had the resources needed to successfully complete this piece of work despite the short deadlines imposed and the constraints of this particular period.

We are aware that no report of just a few pages will be able to fully capture the stories and experiences - and the sometimes intense emotions - that have been communicated to us by so many people as we look back over a period that has been extremely unusual and complex in many ways. In spite of the constraints imposed by the exercise, we in turn have tried to be sincere in reproducing, to the best of our ability and in the time allotted to us, the essence of this collective experience, with a view to contributing towards a learning process that we hope will benefit the whole organisation.

The Capitalization Team



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LIST OF ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
BAM	Welcome to Médecins du Monde
CARE	Cooperative for Assistance and Relief Everywhere
CAOA	Reception, Referral and Support Centre (Centre d'accueil, d'orientation et d'accompagnement)
CASO	Healthcare, Advice and Referral Centre (Centre d'accueil, de soins et d'orientation)
CCC	COVID-19 Coordination Cell
CMT	Crisis Management Team
COFIL	Capitalization Steering Committee
COVID-19	SARS-CoV-2 coronavirus disease
CFR	French Red Cross (Croix-Rouge Française)
DFSI	Financial Management and Information Systems Directorate
DMA	Decision Making Authority
DOF	French Operations Directorate
DOI	International Operations Directorate
DSP	Health and Advocacy Directorate
HR	Human Resources Directorate
IMT	Incident Management Team
IPC	Infection Prevention and Control
MdM-F	Médecins du Monde-France
NGO	Non-Governmental Organisation
RM	Heads (or Co-Heads) of Mission
RPAI	Revitalisation of the International Associative Involvement
SOL	Solidarités International
TDH	Terre Des Hommes
TF	Task Force
ToR	Terms of Reference
WHO	World Health Organization



GENERAL INTRODUCTION

This capitalization study is the first phase of a request made at the end of May 2020 by the Board and approved as a priority by the Directors' Staff Meeting. The aim of this study is to look back over the period known as the "COVID-19 crisis" in order to identify and enable the collective appropriation of "lessons learned" from the way in which MdM-F adapted to this crisis and the elements to be retained, disregarded, developed or improved. More specifically, this first phase is expected to establish an organisational memory of the period and to create learning elements that are rapidly available to guide medium-term decision-making in two priority areas, namely the "organisational" and "governance" aspects of our work.¹

This document is a summary of the final report (see Appendix for detailed summary). Only the main elements of that report are recalled here. Like the final report, this summary will briefly present the methodological considerations that guided and structured this piece of work before presenting the results of the capitalization project in two parts.

Initially, the focus will be on the elements specific to the pandemic and how it was managed (Part A), both in terms of the timings of the events that took place during the period (Part A1) and the newly-created bodies that were dedicated to managing the crisis (Part A2).

The second part of the summary will look back at broader, structural considerations concerning the way in which the COVID-19 pandemic has shed light upon our pre-existing operating methods (Part B). This will involve reviewing the organisational and governance aspects of the Organisation (Part B1), the working methods and involvement of its actors (Part B2) and various cross-cutting issues related to our internal communication (Part B3).

Finally, we will draw conclusions and present the main recommendations emerging from this capitalization study ●



METHODOLOGY

Rather than assessing the results or relevance, this capitalization project seeks to identify elements that could be a source of collective learning from the experience. The primary reason for and purpose of this piece of work was therefore the desire to improve our practices by pooling and analysing our experiences.

A qualitative methodology has been adopted which is based on a documentary review coupled with data collection in the form of semi-directive interviews. The sampling was carried out in such a way as to include people who contributed to the experience and represent different stakeholders, with the objective of seeking different sources of information and different points of view on the same subject. Known as "triangulation", this strategy makes it possible to search for commonalities without erasing differences. A total of 66 people from Médecins du Monde France were interviewed between 8 July and 24 September 2020 in 16 group interviews and nine individual interviews.²

¹. The Terms of Reference (ToR) for this first phase of the capitalization project are available in the final report.

². The list of interviewees by type of interview and the list of documents consulted are available in the final report.

The collated statements were analysed, and the results summarised according to the outline presented in the introduction. The recommendations that emerged from the interviewees were consolidated and prioritised by the Steering Committee and are presented in the last part of this report.

Strict ethical and accountability principles were agreed upon and applied to this study and are set out in the final report. In addition, several limitations of this project should be mentioned. Firstly, the fact that it was conducted by an “internal” team within MdM-F, with the limitations and biases that this implies in terms of the lack of experience of its members in qualitative survey methods and their subjectivity when it came to analyses. Second, the vagaries of data collection did not allow for a fine and detailed analysis of all the interviews. The measures taken to mitigate these biases are set out in the final report ●



PART A. REVIEW OF THE COVID PERIOD (MARCH-JUNE 2020)

Faced with the emergence of an unknown virus and its rapid spread around the world, MdM-F gradually put in place specific mechanisms to address the COVID-19 crisis. This first part of this report looks back over the period from the end of February and beginning of March 2020, when the pandemic was beginning to take hold in the world, until just before the summer of 2020. The results presented in this part will focus on the specific elements of the pandemic and how it was managed: the timing of the events that took place during the period (Part A1) and the newly-created bodies dedicated to managing the crisis (Part A2).

A.1. Chronology: the timescales of crisis management

The advent of the COVID-19 pandemic raised questions about our Organisation’s ability to respond to an exogenous and unexpected shock. On the whole, the people who were interviewed agreed that MdM-F demonstrated its ability to adapt, particularly at the beginning of the crisis. They noted that the various programmes were highly responsive, even those which were first to be impacted by the spread of an epidemic of an unknown virus. They also mentioned the great reactivity of the Organisation as a whole, with the necessary adaptation of a shared organisational framework that was quickly put in place and helped maintain activities in a downgraded way.

In terms of lessons learned, the feedback from this period reveals that three timescales govern our ability to respond.

First of all, the short term, which involves our ability to make decisions and implement actions quickly in an uncertain and changing context. With regard to this short-term dimension, there are a number of perspectives and the relevance of the specific and global responses to the crisis, in terms of the responses themselves and the forms they took, has been and will remain relative according to individual or collective needs, time-scales and dynamics. It will remain difficult, not to say

impossible, to determine the extent to which our response to the COVID-19 pandemic and its consequences might have been different. The mere fact that MdM-F reacted is an important point in itself to remember.

Then in the medium term, the experience of the last few months raises questions about our ability to translate the necessary adaptations into practice, particularly in terms of HR, in order to be able to sustain our response in the long term. This ideal of organisational flexibility which enables support to be provided to front-line teams by reallocating workloads and/or recruiting new human resources (salaried or voluntary, internal or external) seems all the more necessary as teams are exhausted both physically and psychologically and, although there is still a great deal of uncertainty as to how the COVID-19 pandemic will evolve, it certainly appears that it will become more chronic.

Finally, from a longer term perspective, our ability to respond in crisis situations depends on the Organisation's willingness to build on the know-how that it has progressively accumulated, including that emerging from the recent COVID-19 period. Due to its unprecedented nature, neither MdM-F nor anyone else could have specifically prepared for the occurrence of COVID-19. However, as a result of COVID-19, and provided we undertake this methodological and structural work of building upon our know-how, we are now better equipped to manage even better next time, to expect the unexpected and to prepare for the next unpredictable crisis ●

A.2. Description of "Dedicated" Covid mechanisms: assessment and lessons learned

MdM-F's response to the COVID-19 epidemic was reflected in choices that led to the creation of various bodies dedicated to addressing the COVID-19 crisis, which had not previously existed within the Organisation:

- The **"Task Forces"**, three successive versions of a small team in charge of the day-to-day management of the organisational aspects of the crisis.
- The **Decision Making Authority** (DMA): a body set up in parallel with the first Task Force to enable faster decision-making on aspects relating to mandates usually relating to the Bureau of the Board.
- Two **Committees** on **"Health"** and **"External Communication"**, which can be likened to working groups on their respective subjects. They complement the overall crisis management system initiated by the creation of the Task Forces and the DMA.

Because they either filled a pre-existing gap (Health Committee) or made it possible to respond to needs not covered by existing bodies (the various Task Forces), the fact that the various bodies created to manage the COVID-19 pandemic were complementary to existing mechanisms is an essential criterion for providing clear added value. In this respect, the need to maintain a Task Force, a DMA or any other body dedicated to crisis management, in principle, must first of all be guided by the existing capacity to routinely manage - or not - needs that are anticipated in the short or medium term according to whether the COVID-19 epidemic does become more chronic.

With regard to more structural considerations, the operating methods and mandates of the Health Committee seem an interesting option to explore in order to feed into the work underway internally on the development of an internal Ethics Committee at MdM-F.

Finally, while it is important to seek complementary when establishing dedicated mechanisms, any new bodies must also adopt operating methods that are consistent and adapted to pre-existing organisational and decision-making methods. Once this has been achieved, the mandates, responsibilities, perimeters and operating methods can take different forms according to the needs that have to be met. However, whatever the choices made, their clear formalisation, when the mechanism is created and in formats that can be shared by all the actors within the Organisation, seems to be an essential prerequisite for the proper functioning of a new body which, from the moment it is created, will be integrated into the existing one either in the short or longer-term ●

"How do you manage a crisis in a way that is adapted to the organisation you are in, that is coherent with your organisational context?" Employee / Headquarters / Cross-cutting

MDM

20 January - Week of January 20 - "Lotus Bus" reports testimonies from Chinese women returning from Wuhan after the Chinese New Year celebration.

6 February - First note on COVID-19: "Personal Protection" and "Travel" recommendations.

17 February - New DOI takes up position.

27 February - Second note on COVID-19: "Prevention and Good practices" + "Travel".

End February - Start of the COVID Coordination Unit.

10 March - First dedicated COVID-19 note on "Travel": First publication of the "4 general principles which will guide our management of the epidemic and its impacts"

11 March - First COVID-19 memo on "HR framework": Preventive measures / lockdown / vulnerable persons / right of withdrawal.

14 March - Update of the HR memo announcing remote working would be implemented for all.

15 March - HR/COVID-19 note on the "Implementation of stage 3": announcement of a "Activity Continuity Plan".

15 March - Note on COVID-19: "HR framework for international missions (national and expat staff)".

17 March - COVID Coordination Unit ends and Task Force 1 is launched. Task Force Coordinator begins work.

19 March - Provision and distribution of a "Activity Continuity Plan" framework for missions.

20 March - Note on COVID-19: "French travel policy". The fifth "major principle" appears for the first time: "Be operationally present".

23 March - COVID-19 note "Organisation of services": Announcement of the creation of a "COVID Space" on the intranet.

27 March - "COVID-19 contingency plan" from the missions.

28 March - First Friday News dedicated to COVID-19.

31 March - Publication of the position paper on chloroquine France.

7 April - IPC - Infection Prevention and Control protocol.

19 April - IPC - Infection Prevention and Control protocol.

22 April - IPC - Needs Assessment Tool.

27 April - End of Task Force 1 and Task Force 2 is launched.

11 May - Activation of the "Summary table of the various COVID documents" on the intranet.

25 May - COVID-19/HR Note on "The impact of lifting lockdown on MDM (Headquarters and Regional Offices)".

29 May - First epidemiological bulletin.

11 June - Position paper on hydroxychloroquine

FRANCE

Pre-COVID

Coordination Unit

24 January - first three official cases

23 February - Orsan REB Plan | Stage 1

29 February - Orsan REB Plan | Stage 2

14 March - Orsan REB Plan | Stage 3

17 March - National lockdown

31 March - "Peak" of the epidemic: 7,578 new cases per day

14 April - 104,000 confirmed cases (cumulative) and 15,500 deaths (cumulative)

24 April - The sale of masks to the general public is authorised (until then they had been requisitioned by the State.)

11 May - National lockdown lifted

14 June - The whole country moves into the green zone except Mayotte and French Guiana

WORLD

7 January - Sequencing and identification of the "2019-nCoV" and then "SARS-CoV-2" coronavirus, the disease is called COVID-19

9 January - First official death in Wuhan, China

22 January - Wuhan City is locked down

23 January - Human-to-human transmission confirmed

26 January - Transmission by asymptomatic patients confirmed

30 January - WHO declares COVID-19 outbreak a "public health emergency of international concern", with China at the epicentre of the pandemic

21 February - First lockdown measures in Italy

6 March - WHO says the 100,000 threshold for COVID-19 cases has been exceeded worldwide

13 March - Europe is declared the epicentre of the pandemic

11 April - The United States is declared the new epicentre of the pandemic

22 May - Latin America is declared the new epicentre of the pandemic

6 July - India is declared the new epicentre of the pandemic





PART B. THE COVID-19 CRISIS: FOCUS ON OUR OPERATING METHODS

One observation that emerged from our interviews with employees and volunteers, at headquarters and in the field, in France and internationally, with people who were critical and optimistic about our ability to respond to a global pandemic of an unknown virus that has affected us individually and collectively, which was very widely shared by almost all, if not all of those who were interviewed was the way in which the advent of the COVID-19 crisis brought into sharp focus the strengths and vulnerabilities of our existing operating methods. In this, the second part of the summary capitalization report, we look at observations and lessons learned regarding broader and more structural aspects than the specific elements of the COVID-19 response seen in the first part.

“It revealed all our faults and magnified them 10-fold.” Employee / Headquarters / Cross-cutting

“For me, the virus only reinforced and highlighted what was already there.” Volunteer / Other / Cross-cutting

“Major organisational dysfunctions are not due to the COVID crisis. In fact, the COVID crisis simply highlighted long-standing dysfunctions within Médecins du Monde.” Employee / Headquarters / France

B1. Organisational and governance issues (the organisation)

The period we are studying highlighted, if there was any need to, pre-existing internal difficulties in the distribution of roles and the responsibilities of services, directorates and organisational bodies; difficulties that can be described as chronic and structural. The general observation is the lack of understanding, first of all of the responsibilities of the various services and bodies, sometimes even for those who are part of them, and secondly and above all, of the links and connections between these bodies and services. Clarification work is needed to enable a greater understanding of our structures in general, both in terms of the “routine” functioning of the Organisation and its actors, and probably even more so for “rushed” situations, as was the case during the period under study.

Furthermore, one of the lessons from this capitalization project, and more specifically of “regionalisation during the COVID-19 crisis”, is that although this clarification is required, the product and results of this process must not only be formalised in formats that can be shared by everyone within the Organisation but also must be communicated and supported in order to be genuinely appropriated by the actors and teams concerned.

Finally, in addition to the pre-existing links and exchanges of information, and in light of the new methods of exchange that were established during the period under review, some bodies wished to intensify, or even create, new forums for discussion and exchange involving other types of inter-team or inter-institutional relations. Insofar as these do not encroach on the role of existing bodies or teams, and have a defined objective that is formalised in advance to avoid reproducing vagaries and the difficulties that result from them, these new spaces could effectively contribute towards making exchanges more fluid and encouraging dialogue between members of the Médecins du Monde community ●

“There are a lot of bodies and it’s not clear how they all work together. [...] These roles need to be clarified. It has to be clear, otherwise it doesn’t work.” Volunteer / Other / Cross-cutting

B2. Working methods and involvement (people)

The impact that the COVID-19 pandemic had, both directly on activities and indirectly as a result of the widespread lockdown that was abruptly imposed and which lasted some time, directly affected us, both as members of the Organisation and as individuals. This led to additional complexities when it came to adapting and continuing our activities, which we managed, albeit sometimes with a heavy human cost³, as well as with disruption to our working habits and engagement.

Firstly, in terms of human resource management, by questioning our ability to put the necessary adaptations into practice in order to be able to sustain our response over time. Faced with different implications for individuals, the ideal of reallocating workloads and/or recruiting new human resources to reinforce them faced several constraints when it came to implementation. Furthermore, it did not always succeed in leading to concrete and fully satisfactory actions despite opportunities, whether salaried or voluntary, internally or externally.

Then, by shifting to a compulsory all-digital approach, rapidly promoting remote working tools and methods as the only means of collaboration, control and communication. A shift that has undoubtedly been made, but which has not always been supported by the organisation, forcing employees and volunteers to deal with their own abilities to use, exploit, research and take the initiative to master what were, for many people, new technological challenges. A digital transition was initiated but remains incomplete and, in addition to the material and technical aspects alone, it involves major human issues and the risk of widening gaps between categories of actors when it comes to the mastery and use of these tools.

Finally, in spite of a strategic will to strengthen middle management with a view to a better distribution of powers and tasks, the crisis confirmed the observation that decision-making power is still very centralised and concentrated on a rather limited number of bodies, leading to numerous failures in communication, missed opportunities to support the “empowerment” of people in positions of responsibility, as well as an overload of work for the decision-makers because of the additional needs imposed by managing COVID-19 ●

B3. Internal communication

Too much information, not enough information, nobody’s happy! As the subject of major shared concern and dissatisfaction, our internal communication methods and their effects during the COVID-19 period played an important role in the interviews conducted as part of this capitalization project, something that had been expected but the extent of which had not been anticipated. It is difficult to summarise this issue, as the subject proved to be cross-cutting, not to say omnipresent, in the many themes that were addressed during the interviews. It is difficult to summarise the feedback because it was extremely broad in terms of our organisational structure, the governance, strategic, operational and institutional aspects of the organisation, the tools and formats used, and touched upon people and their feelings, and even time-scales. In the end, the subject was perhaps the greatest source of frustration and innovation over this period.

In terms of lessons learned, since this is the exercise that we have to carry out, it can perhaps be summarised that, from a purely conceptual perspective (as it does not correspond to the reality of what happened), if there is indeed an area where “classic” crisis management mechanisms are proving, for the moment, to be inadequate for the characteristics of the COVID-19 crisis, it is in the field of internal communication. While the mechanisms for managing kidnappings or attacks aim at absolute control of information to confine it to a closed sphere of restricted people, the COVID-19 epidemic, because it affected everyone as an actor of the Organisation and as an individual, required, on the contrary, collective and shared empathetic communication, which opened up an opportunity to strengthen cohesion and the feeling of belonging. And although the various findings presented in this section reaffirm the central importance of communicating, or rather knowing how to communicate, the feedback from the way in which COVID-19 was managed also reminds us that it is just as essential to know how to listen ●

“I think there’s a real lack of internal communication within the Organisation, a real lack of fluidity of information, not because people want to hide information, but rather because it doesn’t circulate well.” Volunteer / Other / Cross-cutting

“What’s the criteria? Open your ears!” Employee / Headquarters / France

³. See Part “A1. Chronology: the timescales of crisis management.”



GENERAL CONCLUSION

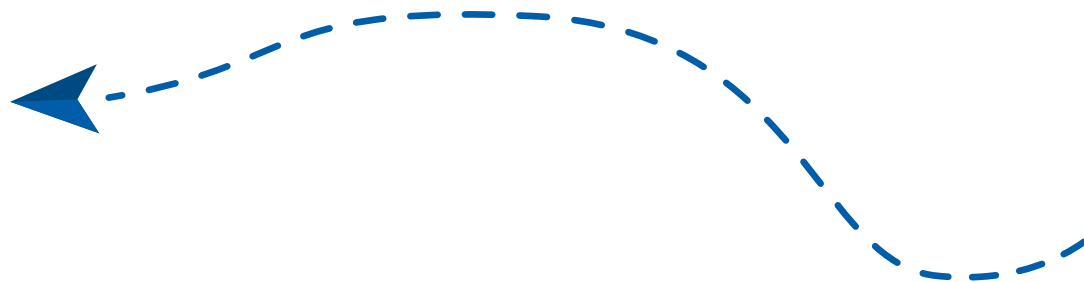
“We are an Organisation that is capable of responding to emergencies, but our internal organisation and governance prevent us from doing so better.” Employee / Headquarters / International

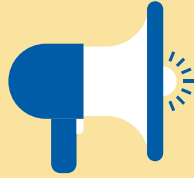
Faced with the advent of the COVID-19 crisis, MdM France reacted and adapted. This has not been without its difficulties and challenges and going beyond this initial capitalization study, lessons will have to continue to be learned from our experience. And yet, this adaptation has enabled our Organisation to carry out its mandate and its work, which says a lot about the individual and collective capacities of the MdM-F community. Our Organisation has been able to demonstrate its capacity to adapt at all levels and, ultimately, has done so in a way that perhaps even goes beyond what could have been hoped for in the face of the major uncertainties and rapid changes imposed by an unknown virus, a highly evolving epidemic and a crisis that was completely unprecedented in so many respects.

The COVID-19 crisis is not over, and as long as the virus circulates, it will continue. However, while many parameters are still unknown, the situation is not the same, as we have learned to live and work with the epidemic. Our knowledge of the virus has greatly improved, our options for dealing with it have expanded, our programmes have now adapted, and our working methods have been adjusted. Today, the crisis continues, but it would seem that the emergency is over. While it is still necessary and important to continue to adapt, the stakes have changed. It is no longer a question of dealing with a totally new situation but now of holding out for the long run.

This capitalization study reflects a shared observation of a crisis that has exacerbated the structural vulnerabilities of our organisational and governance arrangements. As such, what is striking is that these vulnerabilities were already known and had been identified. The COVID-19 crisis served as a reminder that several strategic areas in the transformation plan are the levers of success to mitigate its consequences. Thus, rather than being perceived as vulnerabilities that must be suffered, this crisis situation, complex as it may be, can conversely be seen as an opportunity for the Organisation to accelerate the achievement of strategic objectives that are already planned and underway.

These opportunities may not yet have been fully realised and that it is up to us to seize them in order to continue to improve and adapt, for the next wave of COVID-19, for the next unprecedented crisis and, more broadly, to keep our teams at work and continue to provide response for the communities with whom we engage ●





GENERAL RECOMMENDATIONS PUT FORWARD BY THE COFIL

Timescales:

- o Immediate: to be continued or implemented by the end of 2020
- o Short term: by March 2021
- o Medium term: by June 2021

Legendary :

- Priority 1
- Priority 2

1

To be continued as part of the COVID-19 crisis current management

Maintain the “COVID-19” **Task Force** with appropriate adjustments according to the phases and time scales – to be reassessed every 3-6 months

Maintain a **Health Committee** to make medical/health decisions when dilemmas emerge from operations and ensure wide-spread communication of the decisions/solutions made to benefit everyone.

o *Medium term*: Document this committee’s experiences to serve as inputs on the establishment of an ethics committee.

Maintain **discussion mechanisms** between the Board and the regional delegates or group heads/Board, and cross-cutting and cohesive mechanisms without creating additional bodies.

Maintain and develop the value of the **Friday News sessions** in their new format (e.g. translation)

2

To be implemented for optimising our response to the continuing COVID-19 crisis

2.1 Protecting the health of the salaried and volunteer teams:

Reprioritise all current work areas and communicate priorities in order to adjust the workload. o *Immediate*

2.2 Keeping a trace:

Quickly embark upon **work to reference, sort, reformulate and standardise reference frameworks** for the key documents, and archive them (based on what has already been done with the “SharePoint COVID-19”). o *Medium term*

2.3 Taking account of governance issues:

Communicate the work on **regionalisation** and support the teams on the distribution of responsibilities in the regions. In particular, ensure the effective implementation of an emergency decision-making mechanism within the colleges.

o *Medium term*

Continue work on **RPAI** by addressing the issue of groups and their role and by anticipating a decline in international volunteer involvement if the situation persists.

Draw up and distribute a **training document explaining the role of the departments and mechanisms** specifying their interactions, composition and, for the mechanisms created, their added value and scope.

2.4 Taking account of organisational issues:

Move towards an electronic signature for every stakeholder. o *Short term*

Immediately formalise the digital transition for all in order to collectively translate the real but unfinished progress that has been made and to avoid a digital divide between users. o *Medium term*

Clarify, formalise and communicate processes related to **purchasing and inventory management** for French Operations including the role and scope of General Services and Logistics. Incorporate specific considerations for managing emergency and shortage situations. o *Short term*

2.5 Promoting working methods and engagement:

Develop a formalised system for **recording the skills, availability and motivation** of in-house staff and volunteers, who may be recruited on a one-off or ongoing basis to provide support. o *Medium term*

Develop the capacity to recruit **external expertise** and involve people already familiar with MdM. o *Medium term*

Maintain, strengthen and generalise the way in which we **integrate** new volunteer and salaried HR resources on a “minimum”, very short and easily mobilised way. o *Short term*

Strengthen **Middle Management** to facilitate short-term action and make managers more accountable while relieving pressure on management staff. o *Medium term*

Provide managers with **remote management** tools and support them with implementation. o *Medium term*

2.6 Promoting internal communication:

Define and implement an **internal communication policy**

- Formalise the flow of information at all levels, with special attention to the lower and “intermediate” levels. o *Medium term*
- Specify and share information on communication patterns (circuits and communication channels) o *Short term*
- Develop and implement “cross-cutting” ways of providing information, allowing for the exchange of practices and the improvement of communication at programme, regional and national levels. o *Short term*
- Train decision-makers (volunteers and employees) and managers in the use of communication tools, practices, techniques and strategies. o *Short term*

Develop production or protocols defining the “minimum standard elements” in a sufficiently precise way to allow operational decision-making but also sufficiently broad to allow operational adaptations to a specific territorial or operational context. Find a balance between the technicality and practicality of the production. o *On an ongoing basis*

- Centralise production in a single space (SharePoint)

- Improve communication between headquarters and the field with the objective of giving greater clarity to the teams on what to expect and the timeframe (work schedule).
- Develop simple and short formats which are alternative, visual, educational and fun and which are adapted to the needs of the teams, and in some cases those of people affected by our programmes.

3

Using some of the lessons learned during the COVID-19 crisis to be prepared in case of a new crisis

Depending on the nature of the crisis, **assess the crisis management needs and the capacity of existing mechanisms** to meet them in order to create and/or maintain a dedicated body or bodies if justified by additional added value.

- Recruit a dedicated HR resource from the outset, even if this is not a long-term appointment
- Define, formalise and communicate from the outset a framework for how the dedicated bodies are to work (roles and responsibilities, reassignments, connection between bodies)
- Anticipate the “routine” reappropriation by existing bodies of subjects once they have been dealt with by the new bodies.

As part of the setting up of a **Task Force** for a global and cross-cutting management of the crisis:

- Distinguish between a Task Force with a global and cross-cutting steering role and a possible working group, dedicated to operational aspects, technical output, etc...
- Identify members with the seniority and access to strategic information needed to manage the crisis.
- Identify and recruit the internal resources necessary for the operation (secretariat, communication, etc.)
- Indicate on ongoing documents what progress has been made

Initiate a **process to build on the expertise** resulting from the management of the COVID-19 crisis, in particular by bringing the Emergency Department into the process (institutional and micro level).

