AFTER ACTION REVIEW

WORKING GROUP AAR

PARTICIPANTS' MANUAL

September 2019

World Health Organization

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INTRODUCTION

BACKGROUND

An After Action Review (AAR) is a qualitative review of actions taken to respond to a real event as a means of identifying best practices, lessons and gaps in the response. It relies primarily on the personal experience and perceptions of individuals involved in the response to assess what worked and what did not, why and how to improve. **AARs are not evaluations of performance** but a constructive, collective learning environment, where stakeholders within the health sector or between sectors, of an emergency response can find common ground on how to improve preparedness and response capability.

Participants on an AAR are determined by the health event being reviewed. Participants can be drawn from the health sector (human and animal), other government departments, private sector and the international humanitarian community and community representatives. It can also include participants from regional, sub regional or neighboring countries.

Participating in an AAR requires commitment and can be challenging. The format seeks to ensure that participants contribute throughout each of the working sessions, in individual reflection, group work and during plenary sessions. The participatory nature of the AAR dictates the need for participants to be fully engaged in the whole process, from start to finish.

After action review is standard practice and considered an essential element, among the international community and humanitarian actors, for emergency management. In these programmes, an event cannot be considered closed until an AAR has been undertaken.

Figure 1: AAR in the context of IHR capacity building and the emergency preparedness cycle

PURPOSE OF THIS MANUAL

The purpose of this manual is to explain for participants, the working group AAR methodology. It seeks to clearly outline the 5 steps of the AAR and the different process participants will be taken through over the course of your time together.

A working group AAR involves the analysis of multiple functions comprising the response to the event under review and can involve between 20-50 participants. [1]

HOW TO USE THIS GUIDANCE

The AAR process has been divided into 5 overall sessions and sub sessions. You will notice that:

- The 5 AAR sessions are presented sequentially in one main power point presentation that will be used during the workshop;
- Each session where applicable includes the duration, the required room set up, materials needed, and facilitation process and facilitator/note taker tips. All materials and the room setup should be done during breaks preceding each session.

OBJECTIVES OF THE AFTER ACTION REVIEW

- Demonstrate the functional capacity of existing systems to prevent, detect, and respond to a public health event;
- Identify lessons and develop practical, actionable steps for improving existing preparedness and response systems;
- Share lessons learned from the review with other public health professionals; and
- Provide evidence for the development of the national action plan for health security or to contribute to other evaluations such as the Joint External Evaluation or simulation exercises.

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[1] [1] See AAR Manual for more information on AAR formats and for planning and preparing AARs.

AFTER ACTION REVIEW PROCESS

The After Action Review exercise uses an interactive, structured methodology with user-friendly material, group exercises and interactive facilitation techniques and is divided into 5 sessions, outlined below.

Introduction: The AAR begins with introductory presentations on the AAR methodology, the objectives, agenda and an introduction to the event being reviewed.

Session 1 - What was in place before the response The purpose of the first setting is to establish the baseline for the review by establishing what was in place to support a health response? Participants are split into working groups, organized by functions of the response selected for review, and together they work to identify the plans and procedures coordination mechanisms, resources and preparedness activities that were in place to support a health response prior to the emergency. The groups then come together in plenary and place what they have identified on a chart on the board, identifying synergies between the functions.

Session 2 – What happened during the response? by identifying key milestones, achievement and activities in the health response, the same working groups develop a timeline of the event. Then together the whole group works to build a physical timeline on the wall, discussing and agreeing upon key events of the response. The purpose of this session is to have a common operating picture among participants and agree on key facts related to the emergency being reviewed.

Figure 2: Example of timeline

Session 3 – What went well? What went less well? Why?: On the basis of w*hat was in place before the response* (Session 1) and *what happened during the response* (Session 2), and drawing on experience, the working groups start to dig deeper into what worked, what did not and why. Through this session, the working groups collectively analyze actions to taken to respond in order to identify the best practices and challenges encountered, the impact on the response and why they occurred (the enabling/limiting factors). The discussion will stay focused on what happened and why, not on who did it. At the end of this session, the groups will have a chance to view and add content to all of the other working groups.

Session 4 – What can we do to improve for next time? Working groups will work to identify and develop key activities in order to address the best practices and challenges, and their causes, arising during health response. Working groups will not only develop the activities but also the timeline of implementation, responsible, support needed and indicators. All participants will then have a chance to contribute to the work of other groups through a world café to ensure they are harmonized, realistic and achievable.

Session 5 – Way forward: – The final session will involve collective prioritization of activities identified during the AAR workshop through a voting process. Finally, the group will then together decide how the activities identified will be taken forward including the immediate next steps for ensuring implementation.

WORKSHOP SET UP

GROUPS

The participants will be divided into groups, according to the functions/pillars of the response under review. Individuals will be assigned to a specific group they contributed to the most during the response, and also the group that matches their technical expertise. Group composition should be determined before the AAR workshop and should be presented in the main presentation at the beginning of S1.1 Session.

Figure 3. Sign assigning colours to each working group to be displayed clearly on wall

Each group will be assigned a colour that they will use throughout the AAR. A sign will be place on the wall/flipchart with the function of each group and their corresponding colour. (see figure 1)
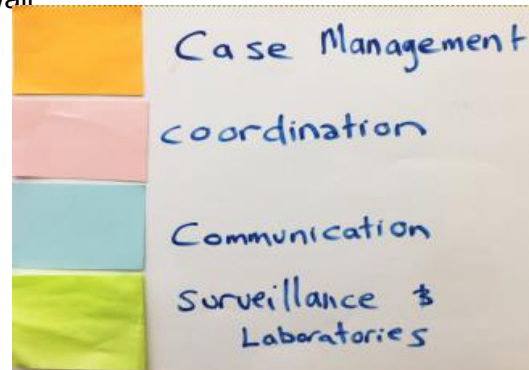
Each group will be assigned a space area, which will be clearly marked with the name and colour of the group. Each group will be assigned a facilitator and note taker who will be with you throughout the AAR.

TIPS FOR PARTICIPANTS

WHAT TO DO AS PARTICIPANT

- Participate actively and respectfully in all sessions
- Give honest opinions. AAR will only be successful if you speak frankly of your experience and if the challenges that were faced during the event are discussed openly.
- **Remember the AAR is not an evaluation of an individual or team's performance**. It is also not an external evaluation of a country's performance. The emphasis of the AAR should always be on learning and improvement.
- Allow other participants voices to be heard and encourage input from other group members
- Remember that it is possible to disagree because the perceptions of individuals about what happened may differ but remember to be respectful in your interactions.
- Try to suspend hierarchy to ensure all participants can speak freely.
- Be specific; avoid generalizations especially in the development of activities. A key challenge is to derive lessons that can be applied to other events, situations and contexts but not generic enough to lose relevance.
- Write legibly on the cards, post-its and flipcharts. Much of the work relies on all participants being able to read the results of other working groups.
- Be reassured that despite being assigned to a working group covering a specific function/s through out the 5 sessions process there are frequent opportunities to feedback and input into other groups.

WHAT TO AVOID WHILE PARTICIPATING

- **Focusing on the negative.** An AAR is as much focused on the recording and analysing what worked well, as it is about what did not. Identified best practices should be analysed to understand how they can be institutionalized or applied more widely to have greater impact.
- **Lecturing other participants.** While the AAR is about learning, lecturing other participants should be avoided.

ROOT CAUSE ANALYSIS

Root cause analysis (RCA) is a method used to identify the causal factors that led to success or failure in relation to a specific issue or problem identified. The root cause is a factor, which leads to a particular outcome (good or bad). The removal of this factor will prevent the outcome from occurring. The purpose is to address the root cause if necessary, in order to prevent a negative outcome or to identify root causes for best practices, which can be applied systematically or applied in different contexts or areas. The purpose of the RCA is to focus the interventions on those have long -term impact rather than relying on quick fixes.

Practically, RCA is simply the application of a series of well-known common-sense techniques, which can produce a systematic approach to the identification, understanding and resolution of underlying causes. This can be summarized in the following steps:

- Define and understand the problem
- Identify the root cause
- Define what would be the corrective action
- Confirm the solution

Root cause analysis should be used when a problem is identified that clearly requires deeper examination or for which the why the problem occurred has not been answered.
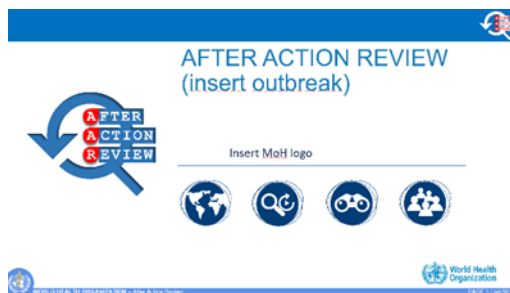
INTRODUCTORY SESSION

Session objective: to introduce the methodology and objectives of the AAR, as well as to provide an overview of the outbreak under review to all participants.

INTRODUCTION TO THE AAR PROCESS

Format: Plenary
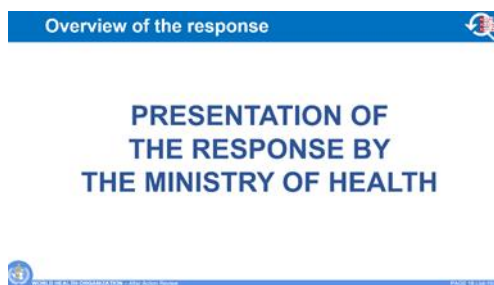**Duration:** 45 min
Facilitation: Lead facilitator

This session introduces the AAR process and how it fits within the IHR Monitoring and Evaluation Framework

HEALTH RESPONSE OVERVIEW

Duration: 30 min
Format: Plenary
Facilitation: MoH Focal Point

This presentation by the Ministry of Health will give an overview of the health response: the strategy, the objectives, the partnerships and an outline of the key events that took place.

SESSION 1: WHAT WAS IN PLACE BEFORE THE RESPONSE

Session objective is to set the scene of what was in place prior to the event to support a health response. The purpose is to establish a baseline of existing processes of responding to an emergency in order to inform the analysis of its functionality during the response under review.

SESSION 1.1 IDENTIFICATION OF WHAT WAS IN PLACE PRIOR TO THE RESPONSE

Duration: 1 hour
Format: Working Group
Facilitation: Working group facilitators

The purpose of this session is to map out all existing processes and resources (specific and nonspecific) that could be used to respond to the event/ emergency under review. This first session aims to establish the baseline of what existed before the emergency and against which the analysis of what worked well, what worked less and why will be determined.

Figure 4: group work session for "what was in place prior to the response"

Figure 5: example card of a plan that existed before the outbreak. This card should be placed in the plans/procedures section of the table matrix

Process:

1. Group work to identify the key things that were in place <u>prior to the event </u>to support a health emergency response in<u> the function(s) being reviewed by the group</u>. This can include plans and policies, resources, coordination mechanism, preparedness activities and other
2. Write them on a card. One item on each card (as in the figure 5)
3. Each item should be placed in the appropriate box of the "what was in place" matrix
4. Each item that is identified should be explained to ensure all members of the group are aware of <u>how these should function</u> (not how they did function during the response.

SESSION 1.2 CONSOLIDATION OF WHAT WAS IN PLACE BEFORE THE RESPONSE

Duration: 1 hour
Format: Plenary
Facilitation: Working group facilitator

Figure 6: plenary consolidation of the "what was in place prior to the emergency" sessions

This session allows groups to share and discuss in plenary what was in place before the response. It allows the group to draw out the synergies across the functional groups and raise awareness of what was in place to support a response in other functional areas

SESSION 2: WHAT HAPPENED DURING THE RESPONSE

Session objective: To discuss and agree upon the key events of the response and corresponding activities that led to the event and those resulting from them, and when they took place. This will lead to the development of a comprehensive timeline. Each group will start by working on a timeline separately before consolidation during plenary of all groups timelines. Ultimately, the aim is to have a common operational picture of what happened.

SESSION 2.1: BUILDING A TIMELINE – INDIVIDUAL

Duration: 10 min
Format: Individual
Facilitation: Lead facilitator

This session aims to initiate personal reflection on the when of key events and activities during the emergency response.

Process:

The group is asked to reflect individually on the key milestones of the emergency and write them on post-it notes. One post-it per milestone. Each Post it should include the event, date and location.

Examples:

- Coordination meetings started
- Bridge collapse
- First case detected
- Laboratory confirmation
- Declaration of the end of the outbreak
- CERF funding received
- Activation of multisectoral coordination
- Peak of outbreak reached
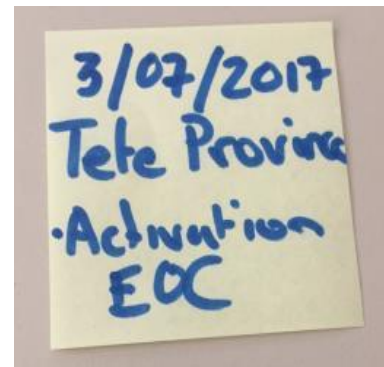- Distribution of new clinical guidelines

Figure 7: example post-it with on activity, location and date

SESSION 2.2: BUILDING A TIMELINE - GROUP

Duration: 50 min
Format: Working groups
Facilitation: Working group facilitator

In this session participants work as groups to identify key milestones and activities of the emergency response in order to create a comprehensive working group timeline.

Process:

Together the groups discuss, validate and place on the group timeline the milestones that individual participants have proposed. Each sticky note should include the event/activity, date and location. As they work together, the groups should:

Figure 8: Example of a consolidated working group timeline

- Remove duplication of events
- Agree on approximate dates
- Fill in gaps with new post-its

One person should be selected to be the spokesperson for the *Building a Timeline – Plenary session* that is to follow.
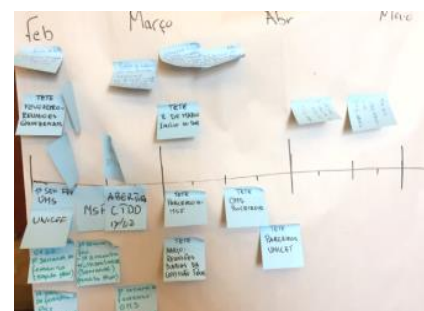
SESSION 2.3: BUILDING A TIMELINE - PLENARY

Duration: 45 min
Format: 1 hour
Facilitation: Lead facilitator

Figure 9: Plenary consolidation of all working group timelines on sticky wall.

This session aims to consolidate all group timelines into a comprehensive plenary timeline and to establish as a group, a common vision of the key milestones encountered during the emergency within the agreed scope.

SESSION 3: WHAT WENT WELL? WHAT WENT LESS WELL? WHY

Session objective: is to identify the key challenges and best practices encountered during the response, their impacts on the response, and the enabling and limiting factors that led to them.

SESSION 3.1: IDENTIFY THE CHALLENGES AND BEST PRACTICES

Duration: 3 hours
Format: Working Group
Facilitation: Working group facilitator

On the basis and referring frequently to the results of Sessions 1 (*what was in place before the response*) and Session 2 (*what happened during the response*), groups will identify and agree on the best practices and challenges experienced during the response, their impact on the response, and why they occurred (the enabling or limiting factors).
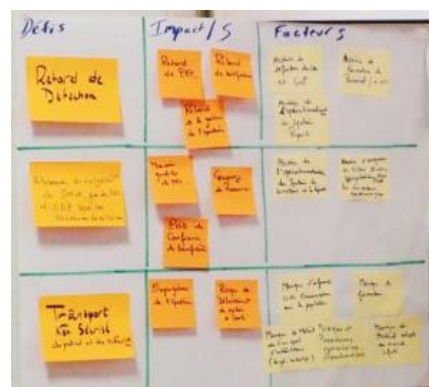
Process:

1. On the basis of the sessions 1 and Session 2, the groups will identify what worked and what worked less.
2. For all best practices and challenges identified, clearly articulated impact(s) on response activities should be identified and described in terms of the emergency under review.
3. For all best practices and challenges, enabling/limiting factors should describe the conditions and reasons, which led to the best practices and challenges being encountered during the response.

Use of Trigger Questions: your group facilitator may use trigger questions to stimulate reflections and discussions of the group;

Outputs from this session:

Through the discussions the group should fill in the table drawn on the sticky wall or on flipchart paper. Only noting down the key challenges and best practices, impacts and factors. The group should define a maximum of 6 challenges and 6 best practices. If there is more than this, the group should establish priorities among identified challenges and best practices.

Figure 10: best practice/ challenge matrix

Challenge	Impact/s	Limiting Factors (why)
Lack of coordinated communication activities between Ministry of Health and partners	Inability to affect behaviour in order to reduce risks	No formalised communication plan is available
	Inability to monitror and correct rumors circulating in the community	No process or platform for the coordination of communcation activities with partners
		lack of advocacy and understanding of the importance of risk communication during outbreaks.
Limited capacity for testing in regional and district laboratories	Lab results were not processed fast enough and in some cases cases were missed diagnosed	Inadequate testing skills, specimen collection, transportation and storage.
		Inadequate equipment in laboratories
		Shortage of qualified staff due to inappropriate allocation of human resources at regional and district level

Best Practice	Impact/s	Enabling factors (why)
Regular cross border coordination cross border meetings conducted	Improved coordination between districts on both sides of the border	Relationship had been established prior to the response
	Ability to continue to monitor individuals on contact tracing lists as they moved from one side of the border to the other	Willingness to engage by all involved
Standard Operating Procedures (SOPs) and job aid for diagnosis drafted and distributed to all laboratories	Staff involved in the response was made aware of the appropriate procedures and were rapidly able to undertake necessary activities for sample management	SOPs adapted from a regional response to the national level
	No laboratory accidents or infections occurred	A robust information sharing system already in place which allowed sharing and uptake of SOPs etc.

Important definitions:

CHALLENGE: job, duty or situation that is difficult because you must use a lot of effort, determination, and skill in order to be successful.

For example, an identified challenge may be that laboratory results were not processed rapidly enough. Limiting factors (the why) initially might be identified as samples did not arrive early enough or that logistics systems were not in place. By applying the 5 whys method the co-facilitator may discover that in fact the root cause of the issue was that there was no fuel for the vehicles used to deliver the samples to the lab.

BEST PRACTICE: working method or set of working methods that is officially accepted as being the best to use in a particular business or industry, usually described formally and in detail.

A best practice is a response activity which was implemented during emergency under review, and improved performance or had a notable positive impact of the response. The purpose is to identify these best practices and the factors that led to them, in order to reproduce or institutionalize them for future emergencies.

For example, a best practice may be merging health taskforce meeting with Health Cluster meetings. The impact of this best practice was effective and early coordination with all health partners through Ministry led process. The enabling factor was an early invitation of all relevant stakeholders to health taskforce meeting created a sense of importance in the contribution of NGOs and willingness to participate in coordination processes.

SESSION 3.2 – SHARING CHALLENGES AND BEST PRACTICES WITH OTHER WORKING GROUPS

Duration: 1 hour (10-15 minutes per rotation)
Format: World Café
Facilitation: Lead facilitator

This session is an opportunity for working groups to share their challenges and best practice, impacts and factors. It allows participants to provide input to the other groups and point out synergies between the functional areas.

SESSION 3.3: OBJECTIVE BASED EVALUATION OF IHR (2005) CAPACITIES PERFORMANCE DURING THE RESPONSE

Duration: 1 hour
Format: Group work and Plenary
Facilitation: Facilitators and Lead facilitator

An AAR provides an opportunity to assess how the 13 IHR capacities (where applicable) performed during the response to the outbreak/emergency under review.

At the end of session 3, each group may be asked to evaluate the extent to which selected IHR core capacities covered by their group performed during the response. Using the Objective based evaluation template, each group will assign one the following qualitative ratings:

P = performed without challenges
S = performed with some challenges
M = performed with major challenges
U = unable to be performed.

This will be followed by a presentation and discussion to validate the ratings in plenary. Indicator(s) which could not be assigned to a group will also be discussed and validated during this plenary session.

SESSION 4: WHAT CAN WE DO TO IMPROVE FOR NEXT TIME?

Session objective: To identify the key activities that can be undertaken in order to overcome challenges and imbed best practices for future responses.

SESSION 4.1: IDENTIFICATION OF KEY ACTIVITIES TO OVERCOME CHALLENGES AND LEARN FROM BEST PRACTICE

Duration: 2 hours
Format: Working Group
Facilitation: Working group facilitator

On the basis challenges and best practices identified and their factors, each group focuses on the identification and development of key activities needed to institutionalize best practices or ensure that the conditions for success are reproduced in future emergency response; and to address challenges that were encountered or to address that factors that led to failure.

Process:

1. For each challenge and best practice, the group identifies key activities.
2. For each activity, a sheet should be complete (as in Figure 9) with the activity description, key implementation steps and resources, desired date of achievement, indicators (for monitoring the completion of the activity), and responsibility and focal point (where possible). One activity per activity card is to be completed.

Figure 11: Example empty activity

Maximum of 10 activities per group

The group is to come up with concrete and realistic activities.

Examples:

- *"Ensure better procurement processes in place for testing supplies"* is not an activity. *"Draft, disseminate and integrate procurement SOPs for testing supplies"* is.
- *"Build capacity of laboratory staff"* is not an activity, but *"designing and delivering a 3-day laboratory training for 20 staff"* is.

SESSION 4.2: DEFINE LEVEL OF DIFFICULTY AND IMPACT

Duration: 30 min
Format: Working group
Facilitation: Working group facilitator

This session encourages the group to begin the prioritization of activities by defining the level of impact of the activity identified and the level of difficulty. This will help the group to identify activities which are least difficult to implement but will have the greatest impact (low hanging fruit).

Process:

The group will now work to define the level of difficulty and impact for each activity using the scale below.

1. Use a blue sticker to indicate the level of **IMPACT** of each activity on improving preparedness and response capability

Low impact   →   High impact

2. Use a red sticker to indicate the level of **DIFFICULTY** of implementation (financial resources, human resources, political obstacles...)

Easy   to   →   Difficult to implement
implement
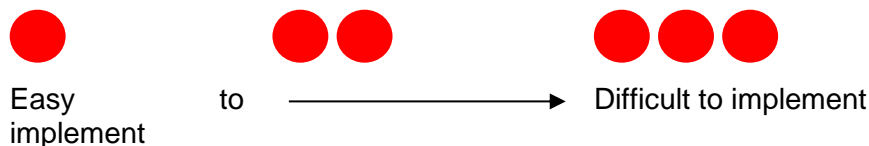
For instance, an activity such as draft and disseminate SOPs for surveillance procedures may be easy to implement and have a high impact. This would be represented by one red dot and 3 blue dots.

Figure 12: Activity card example

SESSION 4.3: SHARING KEY ACTIVITIES WITH OTHER WORKING GROUPS

Duration: 1 hour
Format: World café (10-15 minutes per rotation)
Facilitation: Lead facilitator

Figure 13: World café

The purpose of session 4.3 is to provide an opportunity for groups to provide input into the work of other groups. This exercise allows all the groups to see the activities other groups have identified and how they have rated their impact and level of difficulty to implement.

SESSION 5: WAY FORWARD

Session objective: Is to clarify the way forward for activities defined through the workshop and define the final steps in the AAR process.

SESSION 5.1: PRIORITISATION OF ACTIVITIES

Figure 14: Activity card prioritized by participants with stickers

Duration: 30 min
Format: Plenary
Facilitation: Lead facilitator

This session provides an opportunity for participants to identify those activities that they think should be priority activities. At the end of the session, all activities will be prioritized against each other.
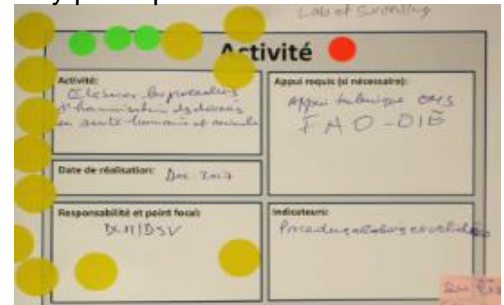
SESSION 5.2: NEXT STEPS AND CLOSING REMARKS

Duration: 1h30
Format: Group work and Plenary
Facilitation: Overall AAR Lead

This final session will work to build consensus on how the activities that have been identified should be taken forward and monitored. Ideally, this session should be led by the MoH.