AFTER ACTION REVIEW

DEBRIEF AAR FACILITATORS' MANUAL

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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 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.

Facilitation of an After Action Reviews can be a challenging task. Discussion during AARs can be very dynamic and energetic and it is the role of the facilitator to keep the discussion on track towards agreed objectives, to ensure that all voices are heard and to ensure that key themes are analysed sufficiently to identify underlying factors.

OBJECTIVES OF AN 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.

PURPOSE AND AUDIENCE

The purpose of this document is to explain the **Debrief AAR** methodology. This format involves small group or plenary review of a limited number of functions. It tends to be more informal and focuses on the specific operations of a team. The scope is narrow allowing for focused learning outcomes It would normally be undertaken over half a day and involve less than 20 people.

An Debrief AAR will require the following team members:

- Lead facilitator
- Assistant facilitator
- Note taker/report writer

HOW TO USE THIS DOCUMENT

This manual provides guidance for facilitators on how to run a Debrief AAR. It outlines some of the key components of a Debrief AAR in order for facilitators to adapt the process to meet the needs of the group.

AFTER ACTION REVIEW PROCESS

The Debrief After Action Review exercise should be adapted to suit the participants and objectives of the review. The key components that need to be included are:

- **Objective observation:** Establish how actions were actually implemented in contrast to how they are supposed to or normally happen, according to plans and procedures;
- **Analysis of gaps and contributing factors:** Identify the gap between planning and practise. Analyse what worked and what did not work, and why;
- **Identify areas of improvement:** Identify actions to strengthen or improve performance and how to follow up.

Below is an example of the methodology that could be adapted. This should be undertaken over approximately half a day. If the group is 10 people or less all the sessions can be done in plenary. If the group is much larger than this it will work better to split the group into working groups for sessions 1 and 2. During these sessions the groups can work on the activities before consolidating in plenary.

Introduction: The AAR begins with an explanation of the process followed by a presentation of the timeline and agreement on what should have happened during the response. This can be as simple as the group agreeing that for instance the Strategic Response Plan (for WHO) or the Health Response Plan (MOH) is what should have been followed, or reviewing a standard operating procedure.

Session 1. What went well? What went less well? Why? Participants will identify what worked, what did not and why. Through this session, the participants identify the best practices and challenges encountered during the response, their 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.

Session 2. What can we do to improve for next time? Participants will identify and develop key activities in order to address the best practices and challenges, and their causes, arising during health response. Working group will not only develop the activities but also the timeline of implementation, responsible, support needed and indicators. See the activities template in the toolbox.

Session 3. Way Forward: together the group will decide how best to take the action plan forward.

WORKSHOP SET UP

VENUE LOGISTICS

Necessary logistics at the venue for the workshop include:

- 1 large meeting room able to accommodate the number of participants in the group:
  - Computer
  - Projector and screen
  - Flipcharts with flip chart paper
- Translation services if needed
- Attendance sheet
- Lunch and coffee break(s)

RESOURCES AVAILABLE IN THE DEBRIEF AAR TOOLKIT

The following resources are available to support the AAR:

D.01	Content of Debrief AAR
D.02	Facilitators' Manual Debrief AAR

PLANNING	
D.P01	Planning Checklist Debrief AAR
D.P02	Concept Note template Debrief AAR
D.P03	Budget Template Debrief AAR
D.P04	Generic Agenda Template Debrief AAR

CONDUCTING	
D.C01	Presentation Debrief AAR
D.C02	Note-taking Template Debrief AAR
D.C03	Activity Sheet Template
D.C04	Database of trigger questions

RESULTS/FOLLOW UP	
D.R01	Final Report template Debrief AAR
D.R02	Participant Evaluation Survey AAR
D.R03	Participant Survey Results Processor Debrief AAR

GENERAL FACILITATION TIPS

WHAT TO DO WHILE FACILITATING:

- Maintain an impartial perspective and use open-ended questions to guide the discussion.
- Maintain the structure and focus of the discussion and mediate any heated debates
- Reinforce the fact that it is possible to disagree because the perceptions of individuals about what happened may differ.
- Focus on learning. The AAR is not evaluation of performance but an opportunity to learn from challenges and best practices.
- Encourage people to give honest opinions. AAR will only add value if participants speak frankly of their experience and if the challenges that were faced during the event are discussed openly. For the AAR, hierarchy should be suspended as much as possible so that all participants can speak freely.
- Focus on issues related to the AARs objective and scope, but allow for some flexibility in the discussions. Often, particularly through the use of tools such as root cause analysis, additional issues may arise. It is important to let these issues be explored without losing sight of the expected output.
- Guide participants toward identifying corrective actions and solutions and facilitate the process of seeking agreement on key themes.
- Do not hesitate to remind participants of the ground rules in order to mitigate any disruptive behaviour.
- Be specific in the development of recommendations and actions. A key challenge is to derive lessons that can be applied to other events, situations and contexts but not generic enough to lose relevance. For example, the recommendations *strengthen surveillance* does not help to identify concrete actions that need to be undertaken.
- Encourage active participations from all participants, including quiet participants. If there are any very quiet participants or dominant ones, consider breaking into smaller groups for quick discussions/brain storming.
- Manage time: start on time, end on time and avoid substantial changes to the agenda.
- Encourage the groups to 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.

WHAT TO AVOID WHILE FACILITATING

- **Critiquing, criticizing or judging performance.** The AAR is not an evaluation of an individual or team's performance and this perception should be avoided at all costs. It is also not an external evaluation of a country's performance. Unless otherwise stated, the emphasis of the AAR should always be on learning and improvement.
- **Focussing on the negative.** An AAR is as much focussed on the recording and analysing what worked well, as it is about what did not. Identified best practises should be analysed to understand how they can be institutionalized or applied more widely to have greater impact.
- **Lecturing.** While the AAR is about learning, lecturing participants should be avoided. Lessons should be drawn from experience and deduction of participants not facilitators.
- **Allowing your own opinion or experiences to influence or disrupt the groups conversation.**

WHAT TO PAY ATTENTION TO DURING THE AAR:

- **Differences of opinion or perceptions among participants** regarding the structures, standard operating procedures and communication mechanisms. This may lead to the identification of inconsistencies between coordination processes, insufficient awareness among technical experts, etc.
- **Lack of coherence in coordination and information sharing between** (a) individual sectors, (b) levels or entities within the health sector, (c) civil society/community and (d) partners (UN and NGOs) in all stages of emergency response (detection-assessment-response-recovery).
- **Existing legal and organizational frameworks**: structures at national and local levels with specific responsibilities to responding to the events. Secondary legislation, such as regulations and standards, should be paid attention to;
- **Ability to scale up:** surging capacity from normal operations to emergency operations in terms of activation and process for scaling-up capacity for the response.
- **Accessibility of resources:** not only availability but the access to necessary resources to conduct response activities.
- **Timeliness of informing (and involving, if appropriate) the National IHR Focal Point** is critical in case the event has potential cross-border consequences or satisfies any of the Annex 2 criteria;
- **Linkages to existing global or regional information systems**
- Availability of **multi hazard emergency response plans** and **multi-hazard alert systems;** their coordination between various sectors.

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 of the problem has not been answered.

NOTE TAKERS TIPS

- Notes will need to be taken during the AAR. There is a note taker template to assist in this process.
- The note taker should record what is written up on the flip charts. Where possible they should try and capture any additional information that is discussed but not written down. This is particularly true for sessions done in plenary.

INTRODUCTORY SESSION

The AAR begins with an explanation of the process followed by a presentation of the timeline and agreement on what should have happened during the response. This can be as simple as the group agreeing that for instance the Strategic Response Plan (for WHO) or the Health Response Plan (MOH) is what should have been followed, or reviewing a standard operating procedure.

The timeline should at minimum include:

OUTBREAK MILESTONES	DEFINITION
Date of outbreak start	Date of the symptom onset in the primary case or earliest epidemiologically linked case
Date of outbreak detection	Date the outbreak or disease-related event is first recorded by any source or in any system
Date of outbreak notification	Date the outbreak is first reported to a public health authority
Date of outbreak verification	Earliest date of outbreak verification through a reliable verification mechanism
Date of laboratory confirmation	Earliest date of laboratory confirmation in an epidemiologically linked case
Date of outbreak intervention	Earliest date of any public health intervention to control the outbreak
Date of public communication	Date of first official release of information to the public from the responsible authority
Date of outbreak end	Date the outbreak is declared over by responsible authorities

And additionally:

- AAR timeline start (often the beginning of the response)
- AAR timeline end (often the end of the response).

Long intervals between the below key milestones can indicate that there are gaps or challenges that should be further explored in session 1 and 2.

- time interval to detection (between outbreak start and outbreak detection)
- time interval to laboratory confirmation (between outbreak detection and laboratory confirmation)
- time interval to public communication (between outbreak detection/laboratory confirmation and public communication)
- time interval to response (between outbreak detection and outbreak intervention).

SESSION 1: 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.

IDENTIFY THE CHALLENGES AND BEST PRACTICES

Material required:

- Flip chart paper

Facilitation process:
Work with the group to help them identify the best practices and challenges from the response.

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. See the example below for more information.

Use of Trigger Questions: Trigger questions should have been shared with each facilitator as a print out during the facilitator's briefing and facilitators should be by now familiar with those questions. Those print out are not shared with participants and facilitators should refer to them and used the questions when needed to stimulate reflections and discussions of the group. The trigger questions help to ensure that the most important themes of the function under review are covered. The group does not need to work through and answer each trigger question. Rather they should be a reference to keep the group on track and ensure aspects of a function are being considered.

Root cause analysis: facilitators should apply root cause analysis principles in order to progressively unpack the reason as to why something did or did not happen, during this session. This includes repeatedly (up to 5 times) asking "why" something did or did not happen, in order to reveal the root cause of the issue.

Outputs from this session:

Through the discussions the group should fill in the table drawn on a flipchart paper. Only noting down the key challenges and best practice, impacts and factors.

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.*

Facilitation and Note Taker Tips:

- Ensure that the discussion stays focused on what happened not on who did what.
- Ensure that the identified impact is explicit in how this challenge or best practice influenced the course of the response.
- While the group will record the key challenge/best practices they wish to include on the flip charts, the note taker should also capture any additional challenges/best practice, impacts and factors that are discussed in the template provided.
- For additional information on Root Cause Analysis refer to page 7

SESSION 2: WHAT CAN WE DO TO IMPROVE 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.

IDENTIFY KEY ACTIVITIES TO OVERCOME CHALLENGES AND LEARN FROM BEST PRACTICE

Set up:

- Print Activity cards for the group

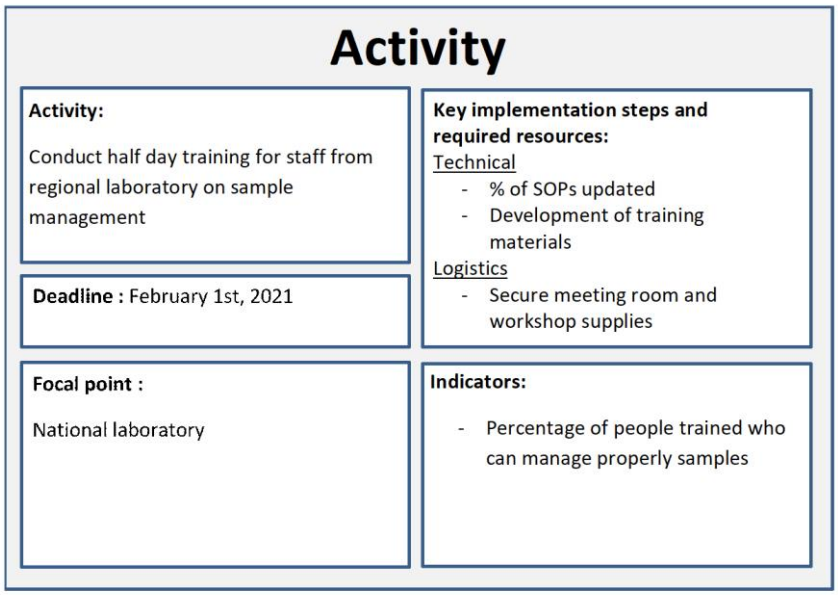
Facilitation process:

1. For each challenge and best practice, and using the enabling and limiting factors associated, that have been identified, the group identifies key activities to overcome challenges and institutionalize best practice.
2. For each activity, a sheet should be complete (as in Figure 9) with the activity description, required support, desired date of achievement, indicator (for monitoring the completion of the activity), and responsibility and focal point (where possible). One activity per activity card is to be completed.

Activities identified should concrete and realistic:

- *"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.

Figure 1. Activity Sheet Example



Facilitation and Note Taker Tips:

- Ensure that the activities identified are actionable and clear. General statements that do not define clear actions should not be included on the activity sheets.
- Activities should be achievable and not an unrealistic 'wish list'.
- This session will be the basis for the recommendations for future work, therefore good hand-writing and avoiding the use of acronyms is important
- Use the list of challenges and best practice and enabling/limiting factors on the sticky wall as a reference point to define activities

SESSION 3: 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.

During this final session will work to build agreement on how the activities that have been identified should be taken forward and monitored.

Facilitation Process:

1. Participants are given 30 minutes to brainstorm and identify next steps to ensure that activities identified during the AAR are taken forward;
2. The AAR facilitator should debrief group results and encourage discussion towards a consensus on next steps.

Facilitator and note-takers tips

- The groups should be discussing next steps to ensure a process for implementation and follow up activities, not the implementation of the activities themselves. This may include embedding results in an existing coordination mechanism, or 3 monthly meetings of the multi-sectoral group to view progress, or advocacy activities.
- The workshop note taker should be recording this session in order to capture ideas and consensus around next steps.

OTHER INSTRUCTIONS

WORKSHOP EVALUATION

Participants are asked to provide their feedback on the workshop using an evaluation questionnaire. A generic evaluation survey is in the AAR toolkit.

SAFETY AND SECURITY

In some contexts (or countries), a security risk assessment may be required in order to ensure a safe working environment for conducting an AAR. The local security advisor or appropriate security agent should provide guidance on the necessary security arrangements.

MATERIAL REQUIRED

Please note: if you have more than 4 groups you will require an additional color card and post it (small and large) for each group.

Black fine-point marker pens (x24)

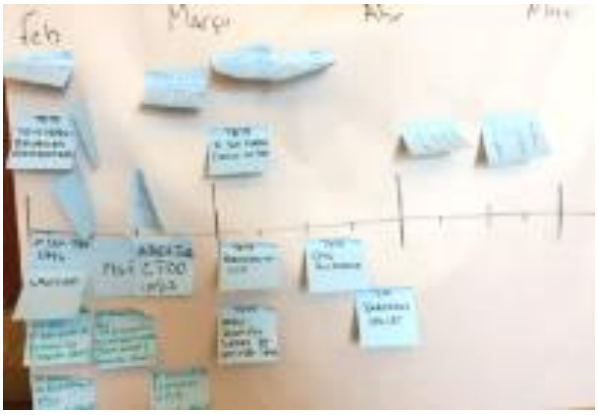
Colored marker pens (x24)

Masking tape

(2 x roll)

Activity cards (160 gm paper)

MATRIX TEMPLATES

Session	Instructions	Example
Introduction	A timeline can be prepared prior to the beginning of the workshop. This can then be discussed and agreed upon at the start of the workshop.	
Session 1 Best practices / challenges matrix	Best practices matrix should 3 columns entitled: • Best practices • Impact(s) • Enabling factors Challenges matrix should 3 columns entitled: • Challenges • Impact (s) • Limiting factors 2 best practices matrices and 2 challenges matrices should be prepared for each group