

AFTER ACTION REVIEW



**WORKING
GROUP
AAR**

**FACILITATORS'
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.

Facilitation of an After Action Review is 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 thoroughly to identify underlying factors or root causes for each gap and best practice. The facilitator will do so using innate and trained analytical, communication and listening skills, as well as tools, such as events storming for building the timeline for the event under review, root cause analysis and other activities.

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 **Working Group AAR** methodology. It provides guidance for facilitators on how to run each step of the process and outlines the set up and the resources needed.

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 It should take the format of a 2.5 to 3 days workshop involving relevant stakeholders involved in the response.

Each AAR will require the following team members:

¹ See AAR Guidance for more information on AAR formats and for planning and preparing AARs.

- Overall AAR lead
- A lead facilitator
- A facilitator for each working group
- A note-taker for each working group
- A report writer

Where possible identify a second facilitator and note taker for each group as potential replacement in case of absence of main ones.

HOW TO USE THIS DOCUMENT

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.

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.



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 response. Then together the whole group works to build a physical timeline on the wall, discussing and agreeing upon key events and activities. The purpose of this session is to have a common operating picture amongst participants and agree on key facts related to the emergency being reviewed.



Session 3 – What went well? What went less well? Why? On the basis of *what 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 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.



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

VENUE LOGISTICS

Necessary logistics at the venue for the workshop include:

- 1 large meeting room able to accommodate 60-80 participants in focus groups (not plenary) with:
 - Computer (1 per group)
 - Projector and screen for plenary sessions
 - Audio system and 3 microphones
 - 8 flipcharts (with paper)
- Lunch and coffee breaks
- Translation services if needed
- Attendance sheets – for each of the workshop days

Note: if a room to accommodate this number of participants is not available then one large room with two smaller break out rooms (that are close by) could be used even as this is not the preference.

PARTICIPANT MATERIAL

All participants should have at disposal:

- Agenda
- Participant Manual

GROUP COMPOSITION

The participants should 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.

Each group should be assigned a colour that they will use throughout the AAR. A sign should be put on a flipchart indicating the colour card and corresponding names of all groups. (see figure 1)

Figure 1. Sign assigning colours to each working group to be displayed clearly on wall

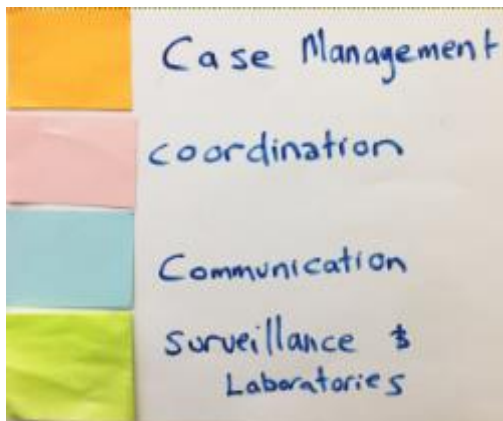
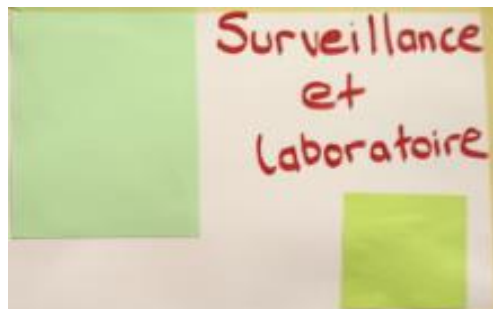


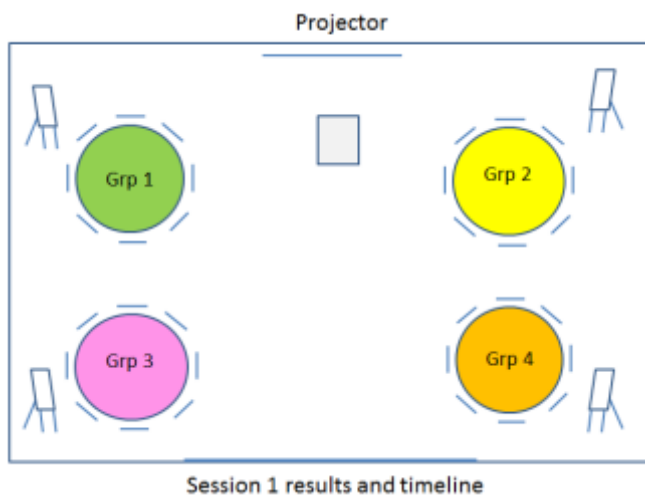
Figure 2. sign showing card and sticky note colour per group.



Each group should be assigned a space which should be clearly marked with the name and colour of the group (see Figure 2). They should also be assigned a facilitator and a note taker who will be with them for the duration of the AAR. Where possible try and position groups so that they have a large section of wall space to place their flipchart paper.

The room should be set up with working spaces for each of the groups as well as a projector and screen for use during the session. Figure 3 shows the layout for AAR with 4 groups. It is suggested that the room is large enough to accommodate the 4 groups with sufficient space.

Figure 3. Workshop room layout



Facilitation Tips:

Participants should be reassured, that despite being assigned to a working group covering a specific function of the response, the AAR format allows for frequent feedback and input into other areas of the response.

RESOURCES AVAILABLE IN THE WORKING GROUP AAR TOOLKIT

The following resources are available to support the Working group AAR:

WG.01	Contents of Working group format
WG.02	Facilitators Manual Working Group AAR
WG.03	Participants Manual Working group AAR

PLANNING	
WG.P1	Planning Checklist Working Group AAR
WG.P2	Concept Note Template Working Group AAR
WG.P3	Budget Template Working Group AAR
WG.P4.1	Generic Agenda Working Group AAR (facilitators & note takers briefing)
WG.P4.2	Generic Agenda Working Group AAR (all participants)

CONDUCTING	
WG.C1	Facilitator's Briefing Presentation Working Group AAR
WG.C2	Generic presentation Working Group AAR
WG.C3	Note-taking Template Working Group AAR
WG.C4	Activity Sheet Template Working Group AAR
WG.C5	Database of trigger questions
WG.C6	Objective Based Evaluation Working Group AAR

RESULTS/FOLLOW UP	
WG.R1	Final Report Template Working Group AAR
WG.R2	Evaluation form Working Group AAR
WG.R3	Evaluation Survey Results Processor Working Group 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, sticky notes 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

- Note takers should capture everything that is written on the cards, flipcharts, sticky notes during all sessions.
- Note takers will be given a template for taking notes that is in the same format for each group to assist them with recording all that is discussed and written down on post its and flipchart.
- In case of additional information being discussed but not validated by the group for immediate consideration (not written down on post its), be sure to record it for future discussion.
- After the “world café” sessions, note takers should update their notes with inputs from other groups.

INTRODUCTORY SESSION

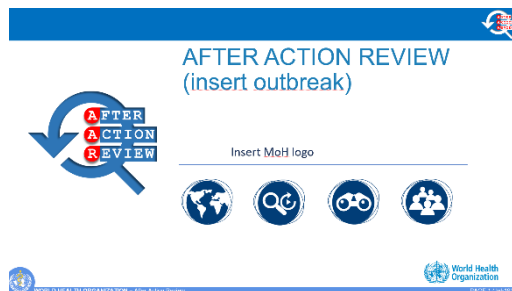
The objective of the session is to introduce the methodology and objectives of the AAR, as well as to provide an overview of the outbreak under review to all participants.

INTRODUCTION TO THE AAR PROCESS

Format: Plenary

Duration: 45 min

Facilitation: Lead facilitator



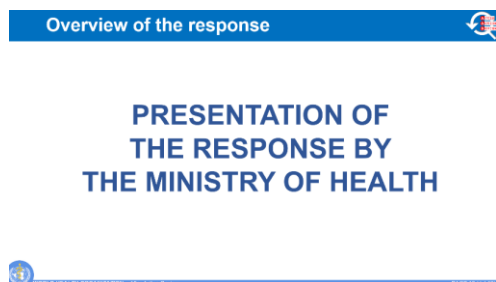
This session introduces the AAR process and how it fits within the IHR Monitoring and Evaluation Framework.

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.

GROUPS' COMPOSITION

- Groups of 10-12 people should be defined to cover all pillars/functions defined in the Concept Note;
- The composition of the working groups should be included in the PowerPoint after the presentation by the MoH and before the step by step methodology starts;
- This should also include the note taker and facilitator for each working group.



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.

Set up:

- The “what was in place” matrix, presented below need to be sketched on a flipchart and presented to each group as example, with the following 5 headings:
 - Plans/procedures
 - Coordination mechanisms
 - Resources
 - Preparedness activities
 - Other
- Place on the table for each group a stack of the correct coloured index cards specific to the group (as described on page 5).

Material:

- Index cards
- “what was in place” matrix template

Facilitation process:

1. Each group, facilitator and note taker should move to their designated work area;
2. Groups work to identify the key things that were in place prior to the event to support a health emergency response in the function(s) being reviewed by the group; write them on a card. One item on each card (as in the figure 4)
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 how these should function (not how they did function during the response)

Figure 4: example card of a plan that existed before the outbreak. This card should be placed in the plans/procedures section of the table matrix



Figure 5: group work session for “what was in place prior to the response”



Facilitator and Note Taker Tips:

- Ensure the group focuses primarily on what was in place to support a health response prior to the event regardless if it was used or not during the response under review, in the function of the response the group is assigned to. The groups should not discuss as yet how things happened during the event under review, nor what worked and what did not.
- If issues related to what worked and what did not, or what should have been in place but was not, are mentioned, ensure that the note taker is recording these or they are being captured for more discussion/analysis on a flipchart. These will need to be discussed in Session 3.
- Don't assume that everyone will be aware of all the items that are being discussed. Ensure that each item identified is discussed and understood within the group.

SESSION 1.2 CONSOLIDATION OF WHAT WAS IN PLACE BEFORE THE RESPONSE

Duration: 1 hour

Format: Plenary

Facilitation: Working group facilitator

This session allows for groups to share and discuss in plenary what was in place before the response. The purpose is to find synergies among groups.

Set up:

- The sticky wall should be glued against the wall and sketch the matrix presented above on the sticky wall with the five headings (see figure x below).

Facilitation process:

1. The groups come together in plenary.
2. The lead facilitator invites each group to come forward one at a time and place their cards in the first box (plans and policies).
3. Each group should designate a rapporteur (preferably different from the facilitator and note taker) who will explain briefly what they have included and clump together any duplications or similarities found with other groups.
4. The lead facilitator can draw out any similarities and question the group about any obvious gaps.
5. Once all groups have placed their cards in the box, the same process is repeated for the next box until all 5 boxes are filled with cards.

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



Facilitator and Note Taker Tips:

- Ensure that the group does not get stuck trying to work out in which box to put what. This is more about identifying what was in place and the synergies across functional areas than categorizing what they have identified.



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

For disease outbreaks, the following specific definitions² can help participants identify the key milestone dates. Where possible these dates should be identified and posted onto the timeline before the timeline session begins.

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

² Definitions revised during Salzburg Global Seminar – Session 613: Finding Outbreaks Faster: How Do We Measure Progress? (4 to 8 November 2018) 

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

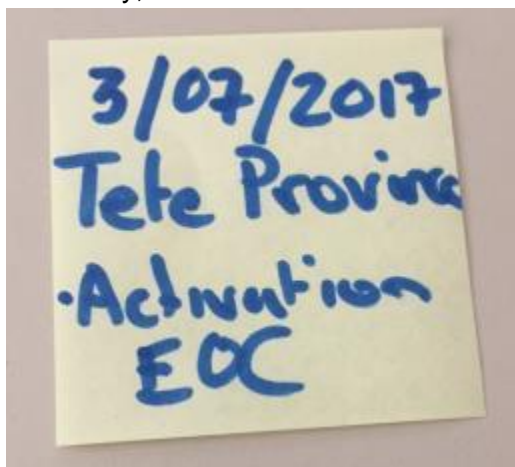
Material:

- 2 pads of sticky notes (per table) in the colour assigned to that group

Facilitation process:

1. Introduce the timeline development session. Lead facilitator will explain that a timeline is a visual method used to identify the key milestones of an emergency and map them in chronological order.
2. Each participant writes down on a sticky note key milestones which occurred in their functional area. One sticky note per milestone, using the sticky note colour assigned to the group. Each sticky note should include the event, date and location. See table below for key milestones.

Figure 7: example of sticky note with an activity, location and date



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

SESSION 2.2: BUILDING A TIMELINE - GROUP

Duration: 50 min

Format: Working groups

Facilitation: Working group facilitator

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

Set up:

- The period covered by the timeline should be discussed with the Ministry of Health. A tentative group timeline should be prepared in advance covering the period agreed upon.

Material: (per group)

- 2 pads of sticky notes in the colour assigned to that group
- Working group timeline template

Facilitation process:

1. After the group has spent approximately 10 minutes working by themselves to write key milestones on sticky notes, the group should be brought together to build a comprehensive timeline for the function.
2. For each group, a person should be selected to act as the rapporteur for the *Building of Timeline – Plenary session* (session 2.3) that is to follow.
3. Together the groups should 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. Together the groups should:
 - Remove duplication of events
 - Agree on approximate dates
 - Fill in gaps with new sticky notes

Facilitator and Note Taker Tips:

- As you work your way through processing the milestones already submitted, keep the discussion open and allow participants to add more sticky notes at any point. Let the discussion flow organically.
- Encourage the participants to discuss facts of the emergency, how and when it happened.
- Insist when necessary in having a date for each milestone (dd/mm/yy) or at least the period when it took place.
- If there are disagreements, do not force a conclusion, since there may be valid different interpretations. In this situation, you may need to have multiple sticky notes to reflect different views of a single event/actor, and to return to these in subsequent discussion and/or consult with the incident manager and competent government officials who are knowledgeable of the emergency under review for clarification.

SESSION 2.3: BUILDING A TIMELINE - PLENARY

Duration: 1 hour

Format: Plenary

Facilitation: Lead facilitator

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.

Set up:

- The sketch for the plenary timeline to be filled by group timelines should be prepared before the start of this session, as shown in the picture below.

Figure 8: Plenary consolidation of all working group timelines on sticky wall.



Facilitation process:

1. The lead facilitator will lead the group through building the timeline displayed on the wall. This will be done incrementally over blocks of time.
2. Each group rapporteur will come forward and add their sticky notes for a period of time identified by the lead facilitator (it could be the entire period under review or by month/phase of the period if more appropriate). They will clarify key events and timing. All remaining groups will do the same one after the other, clumping duplicate milestones.
3. This process will be repeated for the remaining period(s) of time, with each group rapporteur adding their sticky note events individually.
4. The lead facilitator will ask questions, clarify timing and details as needed throughout the process
5. Highlight if there are delays in the following 4 timeliness metrics.
 - 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).

Long intervals can indicate that there are gaps or challenges that should be further explored in sessions 3 and 4.

6. If available, the epi-curve will have been overlaid prior to the exercise and will be introduced once the timeline has been built
7. The lead facilitator can comment on the timeline against the epi-curve, just to look at the trends in the epi-curve and the corresponding events/activities on the timeline, without trying to establish any relationship or causality.



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

Through session 3.1, 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).

Set up:

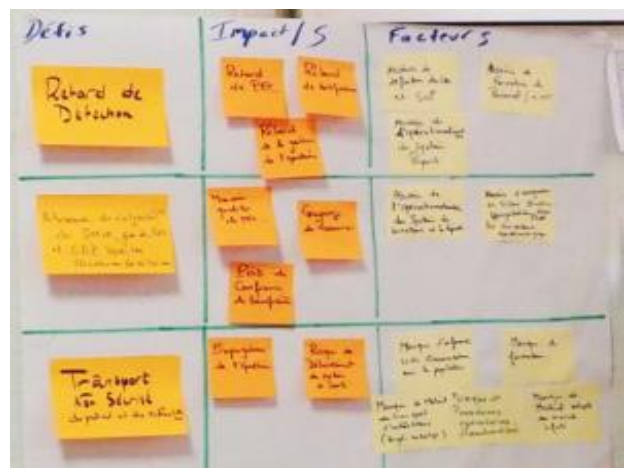
1. Matrices for recording best practices and challenges should be prepared on flipchart paper, as shown in Figure 8, beforehand and presented against the wall. The matrix should have the following headings:

CHALLENGES	IMPACT(S)	LIMITING FACTOR(S)

BEST PRACTICES	IMPACT(S)	ENABLING FACTOR(S)

2. Each group should have the space for up to 6 best practices and 6 challenges (4 x flipchart sheets in total).
3. An example for each group should be prepared by the facilitator so that the group understands what is expected as outputs of this session.
4. Ensure that the note takers are filling the note-taking template.
5. Use the prepared set of trigger questions for the function under review to steer and help guide the discussions, but without turning the session into a Q&A like.

Figure 9: Example of challenge matrix



Material required:

- Large sticky notes in the colour assigned to that group
- Index cards in the colour assigned to that group

- Small sticky notes in the colour assigned to that group
- Printed copy of trigger questions (only for the facilitator)

Facilitation process:

1. On the basis of the Session 1 and Session 2, working group facilitator should lead the discussion on best practices and challenges.
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. See the example above for more information.
4. The lead facilitator, in coordination with national facilitators, should do a demonstration in plenary on how this task is completed using an example.

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 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.

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 monitor and correct rumors circulating in the community	No process or platform for the coordination of communication 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 during the event under review and not on who did what.
- Do not hesitate to take the group to look at the Session 1 results and Session 2 (timeline) to make sure the group is covering the area comprehensively.
- Limit key challenges to 6 and key best practices to 6.

- 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 challenges/best practices they wish to include on the flipcharts, the note taker should make sure that all challenges/best practice, impacts and factors discussed are in the template provided.
- For additional information on Root Cause Analysis refer to page 8.

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 practices.

Set up:

1. Each group should display their flipchart sheets on the wall with enough space for groups to gather around.

Facilitation process:

1. Each group has to move to the next working group in a clockwise direction (by keeping a sticky note pad with the colour of the group and adequate marker).
2. Everyone should move except the facilitator and note taker who should remain at his or her original groups
3. The group should read through the challenges and best practices, impacts and enabling/limiting factors. The facilitator can clarify any questions they might have but does not need to formally present what has been produced.
4. The groups should spend approximately 10-15 minutes at each board and use their sticky notes to contribute/complement the work.
5. Once the time is up a bell will ring or music be played to signal it is time for the group to move in a clockwise direction to the next working group.
6. Repeat this process until groups are back at their own sheets.
7. The facilitator and note taker of each group will share observations from the visiting groups and integrate them if appropriate. .

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.

Prior to session 3 the lead facilitator will have adjusted the Objective based evaluation template with indicators and examples for the core capacities relevant to the response 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 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 PRACTICES

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 the factors that led to failure.

Set up:

- Print Activity cards 12 for each working group

Activities identified should be 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 10. Activity Sheet Example

Activity	
<p>Activity:</p> <p>Conduct half day training for staff from regional laboratory on sample management</p>	<p>Key implementation steps and required resources:</p> <p><u>Technical</u></p> <ul style="list-style-type: none"> - % of SOPs updated - Development of training materials <p><u>Logistics</u></p> <ul style="list-style-type: none"> - Secure meeting room and workshop supplies
<p>Deadline : February 1st, 2021</p>	
<p>Focal point :</p> <p>National laboratory</p>	<p>Indicators:</p> <ul style="list-style-type: none"> - Percentage of people trained who can manage properly samples

Facilitation process:

1. For each challenge and best practice, and using the enabling and limiting factors associated, that have been identified, each 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, indicators (for monitoring the completion of the activity), and responsibility and focal point (where possible). One activity per activity card is to be completed.

Facilitation and Note Taker Tips:

- There should be no more than 10 activities in total. Each challenge/best practice does not reflect one activity necessarily. On the other hand, the groups may see the relevance to recommend more than one activity for a specific challenge/best practice.
- 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 handwriting and avoiding the use of acronyms is important
- Use the list of challenges and best practices and enabling/limiting factors on the sticky wall as a reference point to define activities

SESSION 4.2: DEFINE LEVEL OF DIFFICULTY AND IMPACT
Duration: 30min**Format:** Working group**Facilitation:** Working group facilitators

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).

Set up:

- Stickers of the appropriate colours will need to be distributed to all groups.

Material: (per group)

- 30 round blue stickers (8mm)
- 30 round green stickers (8mm)

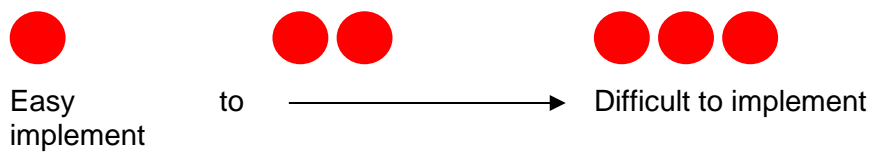
Facilitation process:

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

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



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



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 11: Activity card example

<h2 style="display: inline; margin-left: 20px;">Activity</h2>	
<p>Activity:</p> <p>Draft and disseminate SOPs for surveillance procedures</p>	<p>Key implementation steps and required resources:</p> <p><u>Technical</u></p> <ul style="list-style-type: none"> - Identify relevant stakeholders - Set up a technical working group - Mapping of relevant structures for dissemination <p><u>Resources</u></p> <p>Cost for updated manuals</p>
<p>Deadline : July 1st, 2021</p>	<p>Indicators:</p> <ul style="list-style-type: none"> - % of SOPs updated - Percentage of people trained who can manage SOPs for surveillance procedures
<p>Focal point :</p> <p>National Public Health Institute</p>	

SESSION 4.3: SHARING KEY ACTIVITIES WITH OTHER WORKING GROUPS

Duration: 1 hour

Format: World café (10-15 minutes per rotation)

Facilitation: Lead facilitator

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.

Set up:

- Each of the groups completed challenges; best practices and activities should be displayed on a sticky wall or on flipchart paper on a wall.

Facilitation Process:

1. The lead facilitator will guide the group through the World Café process outlined below
2. Facilitators and note takers stay with their board throughout the activity, each group moves in a clockwise direction to the next group.
3. Facilitator give brief introduction (under 5 minute) of activities identified
4. Group then provides feedback: suggestions, edits, additions on their assigned sticky notes (10 minutes)
5. At the sound of the bell/music each group moves to the next group. This is repeated until each group is back in their original room/board
6. When groups are back at their boards, the facilitator and note taker will summarize feedback from the rest of the group and any changes or additions will be made to activities (the note-taker will make sure that any changes will be inserted in the note-taking template).

Figure 12: World café



Facilitator and Note Taker Tips:

- All group will have already seen the best practices and challenges in Session 3.3. so ensure that the brief overview of the activities you give each time a new group arrives is less than 5 minutes long.
- As each group gives feedback, note this down in order that you are able to feed it back to your original group when they have visited all the other groups.



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

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.

Set up:

All the challenges, best practices and activity sheets should be brought into the plenary room and put up on the walls.

Material:

5 yellow stickers (8mm) per participant

Facilitation Process:

1. Each participant is given 5 stickers.
2. Participants are asked to put one sticker on the 5 activities that they believe should be set as highest priority.
3. The facilitator stresses the importance of not being biased by other participants' votes and to take into account the impact and difficulty evaluation when choosing their priority actions;
4. After all the votes have been made, facilitators for each group to do a tally of the number of dots for each activity in their function. They should then write the total number of dots per activity on the activity.

Figure 13: Activity card prioritized by participants with stickers

Activité	
Activité: Choisir des priorités à l'initiative des équipes de santé communautaire	Appui requis (si nécessaire): Appui technique OMS FAO-DIG
Date de réalisation: Dec 2017	
Responsabilité et point focal: D. HBSV	Indicateurs: Priorités établies

Facilitator and Note Taker Tips:

- Note takers should record the level of impact, difficult and the number of votes

- Number yellow stickers can be adapted based on the number of groups and therefore the number of activities

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.

Set up:

- New groups should be created in order to mix individuals and to encourage reflection, not around activities identified, but on the follow up process for implementing activities.

Facilitation Process:

1. Groups are given 30 minutes to brainstorm and identify possible risks that can hamper the implementation of priority activities and mitigation measures (solutions) for a successful implementation of the activities identified during the AAR.

	PRIORITY ACTIVITIES	POSSIBLE RISKS THAT CAN HAMPER THE IMPLEMENTATION OF PRIORITY ACTIVITIES	MITIGATION MEASURES (SOLUTIONS)
NAME OF THE PILAR/FUNCTION			

2. The Overall AAR Lead should debrief groups outputs and encourage discussion towards a consensus on next steps (1h).

Facilitator and note-takers tips:

- The groups should be discussing ways to ensure a process for implementation and follow up activities, not the implementation itself of the activities. This may include linking with existing and upcoming planning processes, strategies and legal frameworks.

- Another discussion should take place on the monitoring on the implementation of these activities, (for example by embedding results in an existing coordination mechanism, or 3 monthly meetings of the multisectoral 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 using note-taking template.

OTHER INSTRUCTIONS

TIPS FOR WORKING GROUP EXERCISES

- For each session, the lead facilitator should be moving around all groups to make sure that the instructions are well understood by all participants;
- Take pictures of all outputs produced during the working group sessions, as this will help to capture the proceedings of each session and complement the note taking;
- Ensure that note takers are recording everything that is being written on cards, flipchart paper, sticky notes etc. in the relevant sections of the note takers template

WORKSHOP EVALUATION

On the last day of the workshop, participants are asked to provide their feedback on the workshop using an evaluation questionnaire. A generic evaluation survey is available 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 colour card and sticky note (small and large) for each group.

Pink index cards
(x 100)



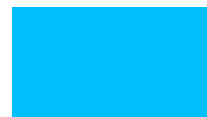
Orange index cards
(x100)



Green index cards
(x100)



Blue index cards
(x100)



Small sticky notes
(5 pads in each of the
colours above)



Large sticky notes
(1x pad in each of the
colours above)
(98.4mmx149mm)



Black fine-point marker
pens (x24)



Coloured marker pens
(x24)



Blue-tack sheets
(x8)



Masking tape
(any color)
(4 x rolls)



Scotch tape
(2 x rolls)



Round stickers
(x250 for three colors)



A Sticky Wall



Glue Stick
(x 5)





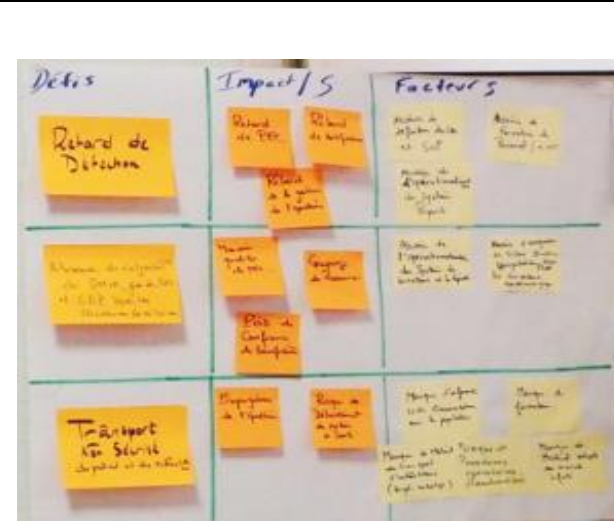
Activity cards
(x75) (160 gm paper)

Activity	
Activity	Required support
Resources/Instructions	Materials
Responsibilities and Roles	

Flipchart papers
(x4)



MATRIX TEMPLATES

Session	Instructions	Example			
<p>Session 1.1</p> <p>What was in place before the response</p>	<p>Each working group should receive an empty matrix containing 5 boxes with the following headings</p> <ul style="list-style-type: none"> Plans and procedures Coordination mechanisms Resources Preparedness activities Other 				
<p>Session 2.2</p> <p>Working group timeline template</p>	<p>The exact time period of the response that will be reviewed during the AAR should be agreed upon beforehand with AAR leads. An empty timeline covering this period should be drawn on flipchart paper and put on the table of each working group, so that the working groups can create timelines for their specific functional areas.</p>				
<p>Session 3.1</p> <p>Best practices / challenges matrix</p>	<p>Best practices matrix should have 3 columns entitled:</p> <ul style="list-style-type: none"> Best practices Impact(s) Enabling factors <p>Challenges matrix should have 3 columns entitled:</p> <ul style="list-style-type: none"> Challenges Impact(s) Limiting factors <p>2 matrices for best practices and 2 matrices for challenges should be prepared for each group.</p>				
<p>Session 5</p>	<p>Matrix of possible risks that can hamper the implementation of priority activities and mitigation measures (solutions) for a successful implementation of the activities identified during the AAR.</p>		<p>Priority activities</p>	<p>Possible risks that can hamper the implementation of priority activities</p>	<p>Mitigation measures (solutions)</p>
		<p>NAME OF THE PILAR/FUNCTION</p>			