SRHR After Action Review Report

Name of Project and Country, Dates of Operation

Dates of Review

Name and contact of those reviewing

**Outline**

Executive Summary

1. Context

1.1 – Emergency Context

1.2 – CARE’s activation of emergency response &

emergency preparedness / capacity prior to response

1. CARE’s Response

2.1- MISP implementation

2.2 - Emergency preparedness

2.3 Program quality

2.4Coordination and partnerships

2.5Logistics

2.6Assessment & M&E

3. Recommendations & Transition to Recovery

*Guidance:*

* *This After-Action Review template is meant to be used when there is an SRHR component to the emergency response, even when the SRHR component is limited.*
* *This review should be completed prior to any CARE Emergency Group (CEG) wide reports or reviews.*
* *If all parties agree, consider recording the After-Action Review section to capture qualitative feedback.*
* *Request that local partners join the review session, when possible.*

Executive Summary:

*Please provide a brief overview of the emergency context (including preparedness and capacity prior to response), CARE’s response activities, and any recommendations and action steps for transition to a recovery phase (comprehensive SRH services)*

1. Context
   1. Overview of the emergency context
   2. CARE’s activation of emergency response & emergency preparedness prior to response
2. **Activation of emergency response**
   * When was SRHR included in this response? What was the key factor(s) for this?
   * Was there an ERF launched for this response? If so, was SRHR included?
   * What other acute emergency response funding did the CO secure for this response? How much of it was for SRHR programming?
   * Who was/were the main donors for SRHR response efforts?
   * Who supported the SRHR component of this response? (probe: consider national and global staff support in-country and remote)
3. **Emergency Preparedness & Planning**
   * Was SRHR included as part of you Emergency Preparedness Plan prior to response?
   * Ask which SRHR minimum preparedness actions were included in your EPP prior to the response?
   * Did you have an SRHR focal point listed in your EPP prior to the response?
   * Do you have SRH staff in the CO attended a MISP training prior to this response?
   * Did your CO have experience implementing SRHR programs previously? If so, what type of programming? How was this leveraged in the emergency response?

2. Emergency Response

2.1 MISP Implementation

|  |  |
| --- | --- |
| **Objective 1. Coordination** | **Yes/No/Partially** |
| *CARE nominated an SRH focal point as part of the response* |  |
| *Was the SRH sub-working activated? If so, who took the lead and at what point in the response?*  *SRH Focal point attended regular SRH SWG meetings (did they attend other cluster meetings (health/ protection?) with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP*  Did CARE share reports/ data feedback with SRH Lead organization? |  |
| *Provides any data and feedback to SRH Lead organization on any issues related to MISP implementation.* |  |
| *In tandem with health/GBV/HIV coordination mechanisms, ensures mapping and analysis of existing SRH* |  |
| *Share information about the availability of SRH services and commodities* |  |
| ***Additional Questions on Coordination and Partnerships:*** | |
| *What relationship does your CO have with UNFPA at the national and local level? (probe: does CARE implement UNFPA funded programming and/or receive supplies and/or undertake joint capacity building)?* |  |
| *Does CARE have an existing MOU or partnership with the Ministry of Health (and/or district health office)?* |  |
| *Is your CO part of a coalition, technical working group, or national multi-actors platform?* |  |
| *Local Partners:*   * + *Has CARE identified local partners with SRHiE capacity?*   + *If yes, how did you assess capacity* |  |
| Objective 1 Promising Practices |  |
| Objective 1 Challenges |  |
| Objective 1 Recommendations |  |
| **Objective 2: Prevent sexual violence and respond to the needs of survivors:** | **Yes/No/Partially** |
| *Provision of clinical management of rape services* |  |
| *Referral for CMR and/or other GBV services (if so, please explain process)* |  |
| *Put in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral* |  |
| Objective 2 Promising Practices |  |
| Objective 2 Challenges |  |
| Objective 2 Recommendations |  |
| **Objective 3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STI’s** |  |
| *Establish safe and rational use of blood transfusion* |  |
| *Ensure application of standard precautions* |
| *Guarantee the availability of free lubricated male condoms and, where applicable (e.g. already used by the population), ensure provision of female condoms* |
| *Provide PEP to survivors of sexual violence as appropriate and for occupational exposure* |  |
| *Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV* |  |
| *Ensure the availability of health facilities of syndromic diagnosis and treatment of STI’s* |  |
| Objective 3 Promising Practices |  |
| Objective 3 Challenges |  |
| Objective 3 Recommendations |  |
| **Objective 4. Prevent Excess Maternal and Newborn Mortality and Morbidity** | **Yes/No/Partially** |
| *Ensure availability and accessibility of clean and safe delivery, essential newborn care, and lifesaving emergency obstetric and EmONC services including*   1. *Referral hospital level – Skilled medical staff and supplies for CEmONC* 2. *Health facility level -- Skilled birth attendants and supplies for vaginal births and BEmONC* 3. *Community level – Provision of information to the community about avail. of safe delivery and EmONC services. Clean delivery kits provided to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible* |  |
| *Establish a 24 hours per day, 7 days per week referral system to facilitate transport from the community to the health center and hospital* |  |
| *Ensure the availability of life-saving, post-abortion care in health centers and hospitals* |  |
| *Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable* |  |
| *Objective 4 Promising Practices* |  |
| *Objective 4 Challenges* |  |
| *Objective 4 Recommendations* |  |
| **Objective 5. Prevent unintended pregnancies** | **Yes/No/Partially** |
| *Ensure availability of a range of long-acting reversible and short-acting contraceptive methods [including male and female (where already used) condoms and emergency contraception] at primary health care facilities to meet demand* |  |
| *Provide information, including IEC materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and non-discrimination* |  |
| *Ensure the community is aware of the availability of contraceptives for women, adolescents, and men* |  |
| *Objective 5 Promising Practices* |  |
| *Objective 5 Challenges* |  |
| *Objective 5 Recommendations* |  |
| **Objective 6. Plan for comprehensive SRH Services as soon as possible** | **Yes/No/Partially** |
| *Work with health cluster/cluster partners to address the six health system building blocks:*   1. *Service Delivery* 2. *Health Workforce* 3. *Health Information System* 4. *Medical commodities* 5. *Financing* 6. *Governance and Leadership* |  |
| *What are COs plans for supporting transition to recovery (moving from MISP to comprehensive SRH)? How will CARE’s nexus approach to SRHR inform future action?* |  |
| Objective 6 Promising Practices |  |
| Objective 6 Challenges |  |
| Objective 6 Recommendations |  |
| **Other priority activity: Safe abortion care** | **Yes/No/Partially** |
|  |  |
| Objective 6 Promising Practices |  |
| Objective 6 Challenges |  |
| Objective 6 Recommendations |  |

*Every question in these sections does not need to be answered, as long as the overall question was answered.*

**2.2 Program Quality**

* 1. What approaches did the emergency response adopt to support gender and diversity inclusion? (how was the response sensitive to age, disability, other minority groups)?
  2. What approaches did the emergency response adopt to ensure access to rights-based SRH services? (probe for privacy, confidentiality, services free from provider bias, affordability, etc)
  3. What approaches did the emergency response adopt to support integrated programming to meet holistic needs of affected population (probe for core sectors: GiE including GBV, WASH, FSL, Shelter, etc)

**2.3 Logistics**

1. Did your response include an SRHR supplies component? Why or why not?

If so,

1. did they arrive on time (probe: when did they arrive)?
2. What was the supply chain process? (Probe: how were orders calculated, were supplies provided by UNFPA or elsewhere, where were they stored and how were they distributed; share sample of plan)?
3. Logistics Human Resource Capacity? (probe: did you CO have a logistics focal point who supported this process, did the global team provider support)?
4. Do you currently have buffer stock or unused supplies?
5. Did your CO have prior experience importing and/or procuring SRHR supplies?
   1. Did your CO have prior authorization to import SRHR supplies, equipment, and medicines before this response?
   2. Did your CO include vendors for SRHR supplies, equipment and medicines (including RH kits) on its Approved Vendor List before this response?
   3. What lessons did you learn from this experience? (Probe: what worked well, what did not work well, what could have been done differently)

**2.4 Assessment & M&E**

1. Was SRHR included in a broader integrated RAPID needs assessment?
2. Did CARE conduct an SRHR needs assessment within the first month of the emergency? If so, who was this shared with and when?
3. What key indicators did the project utilize to monitor SRHR programming? Why were these indicators selected/ set?
4. Did the project meet the targets? Please explain, if not.
5. How was the data utilized for action to inform program decisions?
6. Are there other data points that should have been included?

**2.5 Is there anything else that you would like to highlight about this response?**

3: Recommendations & Transition to Recovery

Based on responses above, identify *key actions for inclusion in emergency preparedness and planning* going forward in the areas of:

* 1. Human resources and training
  2. Partnerships and collaboration
  3. Capacity of host country Ministry of Health, National Disaster Management
  4. Logistics
  5. TA Support

4: Do you have any feedback on how to improve this tool?