**RAPID ACCOUNTABILITY REVIEW**

**Guidance update June 2018**

**What is a Rapid Accountability Review?**

A RAR is a *rapid performance assessment of emergency response* against CARE’s HAF that takes place within the first few months of an emergency response. It generates findings and recommendations that are used to make immediate adjustments to the response. It is also a key source for any response review and performance management process.  It usually entails interviews with CARE management, staff, communities and other key external stakeholders, and is led by an independent team leader.

**What is the purpose of an RAR?**

The overall goal of the RAR is to improve the quality of CARE’s response by assessing its compliance with established good practice

More specifically, the RAR:

* + Provides a real time assessment of HAF compliance during early emergency response
	+ Ensures that the views of our key stakeholders are taken into account in making adjustments to our response and in drawing lessons learned.
	+ Identifies good practices, highlight gaps (including gaps in capacity)  gaps and areas for improvement
	+ Makes recommendations to CARE management (CO, CI and CARE Members) for immediate action related to the ongoing response

**When does it take place?**

* + Ideally, a RAR is conducted within 2 months of the start of an emergency event, and feeds into the general response review and performance management process
	+ A similar process can also be repeated at later stages of response in order to take stock of HAF compliance and improvements made, or to feed into a particular event such as a response evaluation, an emergency strategy review, or EPP event

**What are some of the key steps and who is involved?**

A RAR involves interviews with staff, partners, peers and communities.  There are some key steps that take place before and after.

Planning for the review

* + An independent team leader leads the review and provides an external viewpoint.
	+ The TL works closely with a counterpart from the CO, providing coaching to this staff member. They together will train, supervise and support also staff who will be needed to conduct interviews and facilitate FGDs (see below), translate and process data.
	+ The duration will vary depending on the context, and the scope of the review.  To date, reviews of this kind have taken from 3 days to 10 days.
	+ A mix of methods is used, that can include key informant interviews, focus group discussions, document review, observation and (if feasible) simple survey techniques – see below.

Conducting the Review

* + The review takes place in both HQ and field locations and requires logistics support to set up interviews, and organise workshops. If possible a relatively small but representative sample of stakeholders should be interviewed, including:
* CARE Senior Management
* CARE Program and Program Support staff
* CARE Member and CEG staff
* Key CARE partners
* Key Government stakeholders
* Coordinator(s) of clusters where CARE had significant involvement
* Peer agencies (UN agencies, INGOs, national NGOs)
* Affected community members (if possible, separate men, women, vulnerable groups)
	+ Questioning during interviews is based on the HAF but will vary in the level of detail or approach depending on the stakeholder group being interviewed:
		- relatively detailed questions for CARE program staff directly involved in the response (see Staff engagement questionnaire in separate document).
		- much less detailed questions for external stakeholders, such as government officials and peers.
	+ For Focus Group Discussions (FGD) with affected communities it is recommended to use a simplified Community Scorecard methodology covering the three main component of Accountability to Affected Populations (AAP): Information Sharing / Transparency, Participation & Decision Making, Feedback & Complaints (see separate [Guidance Note](https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/RAR-EXERCISE1_field-scoring-of-accountability.docx)).
	+ Brief workshops may also be conducted with CO field staff to explore issues in more depth with staff, and to draw out their lessons and recommendations. The [Staff Engagement Questionnaire](https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/CARE_RAR_Staff_Engagement_2017_02_24.docx) is designed as a comprehensive scorecard in order to allow for comparability and to inform CARE wide performance metrics (see below).
	+ All the information collected should be synthesised against the RAR summary framework which is aligned with the CHS indicators.

 After the review

* + The results (findings, recommendations and draft scorecard ratings) are presented to CO management, the Crisis Coordination Group (CCG) and (if applicable) to the Emergency Response Advisory Committee (ERAC) for their feedback and validation.
	+ A final version of the RAR report is submitted to CEG for dissemination and made available through information sharing platforms in CARE as well as on external platforms (if agreed by all stakeholders).
	+ The results are also shared with participants and key informants of response reviews (e.g. AAR) and evaluators for their reference.
	+ The RAR findings also inform the [Response Performance Summary](https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/2017_11_14_RPS-guide-template.xlsx) which constitutes the summary performance record for the response.
	+ CEG follows up with CO and other relevant parts of CARE on the findings and recommendations of the RAR.